THE ROLE OF THE CHURCH IN ADDRESSING HIV AND AIDS IN THE MAFIKENG COMMUNITY

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DEDICATION

I dedicate this dissertation to the Mmabatho Baptist Church family for giving me time to do this study.

DECLARATION

I, **EDWARD GOITSEMODIMO SELEKA,** hereby declare that this dissertation is written by me and that it is a record of my research effort. It has not been submitted before in any application for a degree or equivalence. I also declare that all borrowed ideas have been duly acknowledged by means of reference and quotation marks.

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CERTIFICATE OF ACCEPTANCE FOR EXAMINATION

This dissertation, entitled **The role of the church in addressing HIV and AIDS in the Mahikeng Community**, submitted by **EDWARD GOITSEMODIMO SELEKA** (student number 12973130) of the Department Theology in the Faculty of Human and Social Sciences, is hereby recommended for acceptance for examination.

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ABSTRACT

The study's main objective was to investigate the role of the church and to establish guidelines for the church to address HIV and AIDS effectively and efficiently in the Mafikeng community. The respondents of this study were church leaders and people living with HIV and AIDS (PLWHA) in the Mafikeng community. The church leaders and PLWHA were asked to answer the questionnaires, which included the following: biographical aspects, demographical aspects and their understanding of the role of the church as the agent of the *missio Dei* in the Mafikeng community.

It has been discovered that the church is involved in addressing HIV and AIDS, but that it still needs to be equipped in addressing this pandemic in accordance with the *missio Dei* and AIDS-related issues. The biblical functions of the church, which form the theoretical framework for the church to execute its ministry to those who are uninfected, infected and affected, are not integrated in the actions of the church. It has also been discovered that there is an element of stigma, which was revealed in both the literature study and survey. This offers the ministerial fraternity, the church at large and those in the academic field a way of assisting in curbing the spread and impact of HIV and AIDS in a coherent manner.

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LIST OF ACRONYMS

ABC:	Abstinence, be Faithful and Condomise
AIDS:	Acquired immune deficiency syndrome
ART:	Antiretroviral therapy
HIV:	Human immunodeficiency virus
NGO:	Non-governmental organisation
PACANet:	Pan-African Christian AIDS Network
PLWHA:	People living with HIV and AIDS
SACC:	South African Council of Churches
TEASA:	The Evangelical Alliance of South Africa
WCC:	World Council of Churces

CHAPTER 1

BACKGROUND TO THE STUDY

1.1 Introduction

Since its occurrence three decades ago, the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) have been responsible for pain and misery around the globe. According to Haug (2009:211), "the HIV/AIDS pandemic is a global problem, with as many as 33,2 million people living with the infection or the disease worldwide, sub-Saharan Africa being the home to 68% of the world's HIV- and AIDS-infected people".

Mwaura (2008:35) has observed the enormity and blow of HIV and AIDS in Kenya, where it is not only a major public health and development challenge, but where it has also had an extremely negative socio-economic impact upon the country as a whole. The pandemic cuts across all aspects of human existence, for instance social, political, ethical, spiritual, theological and cultural dimensions. It denies people their human rights, aggravates poverty, and creates helplessness and hopelessness that prompt people to question God and doubt the value of human existence sometimes.

According to Wright (2010:433), the world is devastated by a crisis beyond its grasp. Although this calamity, which is called HIV/AIDS, affects the whole world, countries in sub-Saharan Africa are being hit the hardest and almost one-third of the world's HIV-positive population and AIDS deaths occur in this region alone. While there are many organisations that help in fighting the HIV/AIDS pandemic, there are some that are notable, such as government departments, including Health and Education. Regardless of the primary objective of the church, the world of the 21st century still needs to experience the compassion and role of the church in fighting the HIV/AIDS pandemic.

Li *et al.* (2008:431) state that the problems that are caused by this pandemic worldwide are numerous, such as the sickness itself, financial burdens, stigma and discrimination, as well as anxiety about family. This observation obliges the church to demonstrate the loving and caring nature of God in serving people with HIV and AIDS, and by addressing the many calamities the world is encountering due to this pandemic.

1.2 Background

According to Gennrich (2004:5), "South Africa is one of the countries worst hit by the HIV pandemic. In 2008, HIV prevalence among pregnant women in the North-West Province was 31,0%. In that same year, HIV for the number of pregnant women in this region of the North-West Province, the area of Mafikeng, was 28%. This is high, because it does not account for men who are HIV positive". The manifestations of HIV/AIDS are a high rate of child neglect, suffering and misery, with three percent of the households headed by children, particularly in the demarcated area of the study, Mafikeng (Serumaga-Zake & Serumaga-Zake, 2006:15).

The spread and impact of this calamity is beyond the scope of just one organisation or strategy. The scourge of HIV and AIDS are devastating and intervention mechanisms call for the participation of every member of the community, using any available means to stop its spread and reduce its blow on individuals, families, communities and the society as a whole. Wright (2010:439) is of the opinion that, on top of different intervention strategies that are used in addressing the devastating effects of HIV and AIDS, the active participation of the church in dealing with HIV and AIDS in a way that will reflect the *missio Dei* (God's mission) is paramount.

Bosch (1991:10) says that "*missio Dei* refers to God's self-revelation as one who loves the world, God's involvement in and with the world, the nature and activity of God, which embraces both the church and world, and in which the church is privileged to participate". He further states that *missio Dei* enunciates the good news that God is a

God for people. In the absence of a cure, the church as the body of Christ is called to care holistically for the HIV/AIDS pandemic's infected and affected (James 1:27-28; Luke 10:25-37; Romans 12:1-21).

Due to the nature of the pandemic, the role of the church has been obscured in most societies for lack of a proper and sound biblical base for its ministry. The role of the church seems to differ from that of the state in most countries, including South Africa. By its very essence, the church is called to address the whole person through the whole gospel in words and deeds. The church also ought to address the problem of sin, which the government has very little authority over. According to Vorster (2004:241), the state has to curb the spreading of the disease in a practical and effective way, while the work of the church is based on Christian morality. As a result, this study is focusing on the role of the church in mitigating the spread and impact of HIV and AIDS in the Mafikeng area.

The author agrees with Haddad (2005:37), who maintains that a contextual theology still needs to be constructed to enable the church in executing its balanced ministry to the uninfected, infected and affected. Makgoba (2010:3) shares similar sentiments and observes that churches have poorly dealt with sexual issues; it hence finds it difficult to play its role of mitigating in the spread and impact of HIV/AIDS. This inability to discuss sexual issues freely renders the church almost inactive in combating this disease, which increasingly proves to be a problem, even to health ministries or departments worldwide.

According to the World Bank (2005:16), health systems remain very weak in many countries, including some that are the worst affected by HIV and AIDS, despite efforts over the years to improve. Health systems must be strengthened to fight HIV and AIDS, and to address numerous other diseases and health problems. Unfortunately, notwithstanding all that has been done to reduce the impact of HIV and AIDS, not much has been accomplished. Serumaga-Zake and Serumaga-Zake (2006:15) posit the observation that "it seems as if the Departments of Social Development and Health are

nonexistent." In the absence of help from the Department of Health, the church as Christ's body needs to assist the infected and affected.

The assertion in the previous paragraph hinges on the fact that Jesus Christ reached out to the lepers in his time. It therefore follows that the church as his body must do the same to people living with HIV and AIDS, as well as the affected. Ideally, the church is to complete and continue the mission of Christ on earth. Kumar (2006:1) states that "Jesus showed compassion to the lepers, touched them with love and mercy, and cared for them, giving them hope and redemption. And Jesus in turn expects his body, the church, to reach out to the HIV- and AIDS-infected in a similar manner".

Van Dyk and Van Dyk (2007:682) posit that, while HIV and AIDS were thought to be an exclusively medical problem at first, it soon became clear that it has a socio-economic and emotional impact on human development as well. Looking at the above statement, one can argue that HIV/AIDS has served as a risk factor in the breakdown of many families. It has thus created and placed a burden on the most vulnerable sectors of society, especially women and children, through the loss, in many instances, of breadwinners. No one is exempted from the impact of this pandemic. According to Mwaura (2008:36), it denies people their rights, aggravates poverty and creates a sense of helplessness and hopelessness, which prompts people to question God and doubt the value of their existence.

It is against this background that this study seeks to investigate the role of the church in addressing HIV and AIDS in the Mafikeng community of the North-West Province of South Africa. It also seeks to recommend guidelines for an integrated, coherent strategy and programme that will address HIV and AIDS in the church as part of the *missio Dei*.

1.3 Statement of the problem

The knowledge of being HIV positive paralyses and brings thoughts of death to people worldwide. When HIV is diagnosed in a family or community, it brings fear guilt shame and separation. Van Dyk (2008:4) states that the discovery of HIV produces panic,

hysteria, accusation and always, in the end, death. According to Barret-Grant *et al.* (2001:32-33), HIV and AIDS were discovered among gay men in the United States of America (USA). Resultantly, it was mistaken for God's plague on people. The silence, judgemental attitude and stigma prevailed and hindered the church from playing its role effectively and efficiently (Haddad, 2005:30-31). At that stage, the church had no biblical guidelines to address this pandemic. Richardson (2006:39) states that, although the church was involved in addressing HIV and AIDS piecemeal, it had no robust theological understanding of the way in which this scourge should be fought. Lack of an understanding of the *missio Dei* and misunderstanding the causes of HIV and AIDS still contribute to the difficulty of the church in playing its role to address this pandemic holistically. The effects of the pandemic continue to be experienced after three decades. The results, which need the church's involvement where there is no cure, are the following:

- The workforce is diminished, leaving orphans and widows behind without income.
- The hard-earned money is depleted by the nursing of an infected person.
- People living with HIV and AIDS continue to be rejected and judged by the church.
- The PLWHA are not incorporated into the life and ministry of the church to find a solution to this pandemic.
- HIV and AIDS are not discussed in the open, due to the stigma and the shame it often brings.

According to Dixon (2010:20), the church as the body of Christ needs to represent him in the world of HIV and AIDS. It was due to the above concerns that the research has been done, so that the role of the church in addressing HIV and AIDS may be more meaningful than at present.

1.4 Research questions

Given the research problem, the following research questions have given direction to this investigation:

- What part do the *missio Dei* and church play in God's outreach to the people in health-related distress?
- How does understanding of the *missio Dei* help the church in addressing HIV and AIDS?
- What programmes do churches have in place to address the HIV and AIDS pandemic in the Mafikeng area?
- How can the church get effectively and efficiently involved in the battle against HIV and AIDS in the Mafikeng area?

1.5 Aims and objectives

The aim of this research is to investigate the role of the church in addressing HIV and AIDS, so that guidelines for an integrated and coherent strategy and programme that will address this pandemic in the church as part of the *missio Dei* can be formulated in Mafikeng. The research was undertaken from the Reformation traditions. The aim of the research will be achieved through the following specific objectives, which are to

- determine from literature what the *missio Dei* and the role of the church are towards the health-related distress;
- investigate how the understanding of the *missio Dei* helps the church in addressing HIV and AIDS;
- investigate empirically the programmes of the churches in addressing the HIV and AIDS pandemic in the Mafikeng area; and
- formulate and establish guidelines for the churches in the Mafikeng area to address this pandemic effectively, efficiently and holistically.

1.6 Central theoretical argument

The central theoretical argument of this study is that the understanding of and commitment to the *missio Dei* of churches in the Mafikeng community will add value to academic development and community improvement. The study will also benefit church leaders and members to serve humanity effectively and efficiently in various distresses.

1.7 Definition of terms

1.7.1 *Missio Dei*

Wright (2006:23) describes *missio Dei* as God's own mission within the history of God's world for the redemption of God's creation in which God's people are committed to participate in at God's invitation and command. In this study, *missio Dei* refers to holistic activities of the church in ministering to people living with HIV and AIDS, as well as to people affected by the pandemic, in partnership with God.

1.7.2 Church

According to Grudem (1999:363), a church is the community of all true believers for all time. In this study, a church is a group of believers who are united in Jesus Christ, draw their teaching from the Bible and meet together to execute the mission of God on earth.

1.7.3 Community

A community is the surrounding area in which the church executes its ministry.

1.7.4 HIV and AIDS

HIV and AIDS are acronyms for human immunodeficiency virus and acquired immune deficiency syndrome.

1.7.5 Role

Role is a responsibility that the church undertakes to address the spread and impact of HIV and AIDS.

1.7.6 Mafikeng

In this study, Mafikeng refers to areas that have participated in the study such as Montshiwa, Unit2, Unit7, Unit8, Unit10, Unit15, Seweding, Setlopo, Montshiwa-Stadt, Tlhabologo and Signal Hill.

1.8 Structure of the research

The research has been divided into six chapters which have been organised as follows:
Chapter 1: This chapter focuses on the background information of HIV and AIDS in general, followed by the statement of the problem that has necessitated the study. The research questions, objectives and definition of terms are given.

Chapter 2: This chapter consists of defining *missio Dei* and the church's role in helping people in pain, looking at the following: *missio Dei* in the Old and New Testament, the characteristics of *missio Dei*, the life and ministries of Jesus and the apostles, and the functions of the church in relation to the people in health-related distress.

Chapter 3: This chapter includes a literature review regarding HIV and AIDS, and the problems related to the pandemic, as well as the understanding of how *missio Dei* helps the church in this era. It also looks at the programmes and the church's guidelines that are used to address this scourge.

Chapter 4: This chapter consists of the strategy that has been used to accomplish the objectives of the study. The instruments and procedures that have been used to gather information for the research are described and the way in which data have been analysed is given. The ethical matters have been complied to in order to ensure the confidentiality of the respondents' dignity.

Chapter 5: This chapter consists of data presentation and the analysis of the church's role in addressing HIV and AIDS in the Mafikeng community. The findings have been validated by the research questions and literature review.

Chapter 6: In this chapter, the summary, conclusion and recommendations of the researcher are presented.

1.9 Summary

This chapter has focused on establishing the background to the study, the problem statement, research questions, and aims and objectives. It has also included the structure of the research report. The following chapter will discuss the *missio Dei* and the church on health-related matters.

CHAPTER 2

LITERATURE REVIEW

MISSIO DEI AND THE ROLE OF THE CHURCH IN ADDRESSING HEALTH-RELATED ISSUES IN BIBLICAL TIMES

2.1 Introduction

This chapter focuses on the *missio Dei* and the church in ministering to people in health-related distress. The Old and New Testament passages that deal with sickness will be investigated to establish how God and his people dealt with sickness and diseases in biblical times; this is done in order to learn how to apply these principles in the era of HIV and AIDS today, and to learn how the *missio Dei* relates to sickness and disease. The investigation in this chapter will just highlight the principles that are imbedded Scripture in relation to sickness (even HIV and AIDS) and treatment without being exegetical, since this is not an exegetical study.

The church's nature and role will be looked into with the aim of understanding principles relating to health matters. This will be based on the ministries of Jesus and of the church during the apostles' time. The images, spiritual gifts and functions of the church will be studied to investigate how the church participated in the *missio Dei*.

2.2 The *missio Dei's* role in addressing health issues

Missio Dei is the mission of the God of love, compassion and hope in which the church is called to participate to carry out the interest of God toward the hurt and the whole creation. Bosch (1991:10) explains *missio Dei* as God's revelation of himself as the One who loves the world, who is involved in and with the world, as well as the nature and activity of God who embraces both the church and the world, and in whose work the church is privileged to participate.

In Exodus 15:26, God is revealed as the Lord who heals. From the very beginning of time, He is concerned about the wellbeing of all people. This self-disclosure of God sets a premise for his people to approach him when they are sick or ask him to intervene in the lives of the sick.

Missio Dei is God giving himself up, his becoming man, his laying aside of his divine prerogatives and taking our humanity, and his moving into the world in his Son and Spirit (Philippians 2:6-11). The world experiences Christ through the church as it carries out the *missio Dei*. The ministry of the church is the portrait of the nature or essence of the church in the world. It is supposed to emulate the Godhead in reaching out to the world and meeting people's needs wherever they are. *Missio Dei* is the firm base upon which the church's ministries must be established to reflect all that God has intended through his church.

According to Eckhardt (2011:122), an agent is one who acts or has the power or authority to act, one who is empowered to act for or represent another. The church as the agent of God's mission is expected to reach out to all people in the world as God has done in both the Old and New Testament; for instance, God reached out to Adam and Eve and made a substitute for them, even after they rebelled. He gave his Son to die for sinful humanity and built the church to preach, heal, love the sick and cast out demons. In both Testaments, God cleansed lepers who were abhorred in biblical times. This study focuses on the role of the church in addressing HIV and AIDS to show that *missio Dei* are not just empty words. Leprosy becomes a relevant example in the study, since HIV and AIDS were not known during biblical times.

Touthang (2005:2) states that God cares for everybody, irrespective of where they are in life. God is offended when people who have been created in his image are violated and despised by other human beings. He reaches out to the abused and harassed. This is revealed in the Bible by the messages of the servants of God. People who are harassed by life's problems catch God's attention and He responds by sending his servants to address the problems, regardless of the cause. The church cannot just

watch people suffering in sickness and any other plague; a holistic response is required from the church.

According to Van Zyl (2008:316), healing is a holistic experience in the Old Testament. It is the restoration of all relationships as well as of shalōm. To be restored to health is to be saved, not only from pain and potential death, but also from all other resulting trials. Above all, it is to experience a normal relationship with Yahweh again, although sick. To be healed is to be saved in the fullest sense of the word. The way in which healing was understood in the Old Testament sets the premise for the church's understanding of healing today. The church must look at all the things that affect the health of human beings in order to be effective and efficient in serving them holistically. Sicknesses, especially HIV and AIDS, affect a lot of things in the life and environment of the sick person.

2.2.1 The Old Testament

The Old Testament shows how God has been involved in his creation through time. The following events describe how He has provided for or responded to various situations in people's predicaments: The call of Abraham that is a new beginning and inclusive of other nations, the exodus and Job's calamities are all instances that demonstrate his concern for predicaments of people after sin. According to Bosch (1980:50), God reveals himself in the Old Testament as the One who, among other characteristics, has compassion for the poor, the oppressed, the weak and the outcast, for example the lepers. The Old Testament had a system of dealing with leprosy, which was incurable and contagious, and resulted in a person being isolated from people.

2.2.1.1 Creation

God created a habitable earth for human beings to enjoy. At that stage, there was no sickness and diseases, for God intended the best for his creation, as is his nature. In his eternal wisdom, God wanted people who were created in his image to be victorious and fruitful in all aspects (Hill & Walton, 2000:68). In Genesis chapters one and two, God

revealed himself as the loving, caring Father who created all things for his people. He is also shown as God who observes the condition of his people, for example the aloneness and loneliness of Adam, of whom He said in Genesis 2:18: "It is not good for the man to be alone. I will make a helper suitable for him." (Hughes 2004:38.)

Human beings are made to live in a community, just like God lives in community. He lives in a community of three persons who are God the Father, God the Son and God the Holy Spirit (Icenogle, 1994:21). Human beings lived in harmony with their environment and each other until this harmony was interrupted by wrong choices and decisions in the Garden of Eden. In creation, *missio Dei* is expressed by God's provision of the habitable earth for humankind. He is also portrayed as the God of fellowship or community.

2.2.1.2 The fall of man into sin

The disruption of God's intention was very costly to humanity. This disruption is called the fall of man into sin. De Haan (2004:16) observes that ever since the fall of man into sin, he has suffered a lot. The fall of man is the root of all his troubles to date. Erickson (2001:201) argues that the consequences of sin have a far-reaching, adverse impact upon our relationship with God and other humans. The suffering includes bad relationships, guilt, shame, isolation, sickness and death. The third chapter of Genesis describes the deplorable condition of human beings after turning away from God. This chapter shows how sin entered the world and wreaked havoc in every area of human life (Wright, 2010:40). This did not deter God from pursuing human beings with his incredible love and compassion. The mission of God is seen here again with God reaching out to those who broke his heart. Instead of God destroying human beings, his mercy constrains him.

In the Garden of Eden, God followed Adam and Eve after they violated his trust. He did not give up on them because of their sin. He reached out to them and covered their nakedness (Genesis 3:1-21). This is the pattern that the church needs to follow to reveal its essence in the world of pain, sickness and misery. The church is the church

only when its action is grounded in the mission of God to the world. The nature of the church is also made known by the image of the body that is discussed below. The fall of man into sin was the reason that God used Abraham to build a nation that had to attract other nations by revealing the nature of God's love and mercy.

2.2.1.3 The call of Abraham

Missio Dei is God's tireless reaching out to his people to rescue them from the problems they have caused for themselves and that are beyond them. Hebrews 1:1 states the following: "In the past God spoke to our forefathers through the prophets at many times and in various ways." The call of Abraham was one instance in which God spoke to human beings. People had turned away from God and He was still pursuing them. According to Wright (2010:68), the call of Abraham was missional, as God had other nations in mind when He called Abraham. Genesis 12 relates Abraham's call and God's purpose in the world. Abraham was not called for his family or nation only, but for the entire world. With the call of Abraham, the aim was to establish a new nation that would be a blessing to other nations. Thus, the purpose of Israel as a new nation was to serve those in her midst such as orphans, the widows, the poor and the strangers (Bosch, 1991:18; Goheen, 2011:29-32).

2.2.1.4 The exodus

The people of God, Israel, were in slavery in Egypt. God saw their oppression and tears, and heard their cries. He came down to deliver them by calling Moses to go to Egypt and tell the pharaoh to let his people go. The Bible says He is touched by the feelings of our infirmity (Hebrews 4:14-16). He did something about the plight of his people in bondage. The book of Exodus expresses the mission of God by showing us how He set his people free from captivity with the rod of Moses. According to Wright (2006:75), the exodus stands in the Hebrew Scriptures as the great defining demonstration of YHWH's power, love, faithfulness and liberating intervention on behalf of his people.

According to Haugk (1984:35), "God identified himself fully with humanness. He sent his Son into the world to live and breathe, to suffer and love, to minister and care and finally die". The book of Exodus reveals the God who sees, hears, speaks and comes to where his people are to help them (Exodus 3:7-10). God is always involved in caring and ministering to hopeless people in their dire conditions. The abovementioned description of God's concern does not necessarily deal with sickness, but demonstrates the compassion that God shows to those in pain and misery.

In Exodus, God reveals himself as the Lord who heals (Exodus 15:26). This revelation of God as the Healer shows concern for the sick among his people. In this verse, God also tells them what to do in order to be healthy. In the text, teaching plays an important role in healing.

> 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 attention to his commands and keep all his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the LORD, who heals you."

In the verse above, God communicates his desire for his people clearly. There is a need for the church to communicate the gospel in such a manner that the healthy will know how to avoid sickness and how to act in sickness. In the above passage, God tells people what will put them in danger and what will set them free from sickness.

The following are enumerated from the above text:

- Listening diligently to the voice of God
- Doing what is right in the sight of God
- Paying attention to the commandments of God
- Keeping the statutes of God

When addressing issues of any kind that would endanger people, clarity cannot be over-emphasised. For this study, the causes that fuel this pandemic, the ways to avoid contracting the disease and the mechanisms to address the problem must be clearly

communicated. In the verse that has been quoted above, it is implied that disobedience can plunge people into suffering and illness. Something to the contrary, though, is said about Job in God's conversation with Satan. This will be discussed in the following paragraph.

When God chose Abraham and created the nation of Israel, He set them apart and dealt with them in a special way when compared to other nations. However, the way in which He dealt with Israel is an example of how He desires to deal with all of humanity. In the scope of the *missio Dei*, it is, therefore, important to note that from the time that God called Abraham until Christ came to earth, Israel would stand as the representative of all human beings.

2.2.1.5 Job's suffering

The suffering of Job shows that bad things may happen to good people; it also shows the way in which one should hold onto God in pain and misery, and how people often react towards those who suffer. The suffering of the righteous is not always due to sin or evil. This is clearly captured by Walter (1997:449) when he describes what the book of Job does not support as far as suffering is concerned. He addresses two widely held views about suffering and prosperity: The first view is that suffering comes as a result of sin and is therefore a form of discipline. The second view is that prosperity and health are signs of righteousness. The book of Job clearly shows that Satan was part of the suffering of Job, although Job was not aware of this fact. Satan thought that Job served God only because God built a hedge around him.

2.2.1.6 The friends of Job and his suffering

According to Walter (1997:442), Job's three counsellors perpetuated the same satanic false doctrine of retribution/recompense. They held that the righteous never suffer and that the unrighteous always do. Each friend had his own approach to Job's problem, yet shared this theology of retribution/ recompense. Their perspective represented a popular, but incomplete theology. They believed that only good things happen to the godly, while adversity always indicates sin in one's life (Job 2:11). This view is still held

by different people today. Most people believe that evil things happen to the righteous because of personal sin. This perspective makes it difficult for people in adversity to ask for help.

According to the *Full life study Bible: NIV* (1992:709), Job's friends came to sympathise with him and comfort him after hearing about his suffering. The book of Job records their dialogue with the sufferer. In Job 2:13, the friends of Job were overwhelmed by what they saw, for they could not recognise him; he had sores from the top of his head to the sole of his feet. As a result, Job's friends could not speak.

2.2.1.7 Leprosy

In biblical times, leprosy was linked to sinful or wrong behaviour as well as natural causes. The following passages show how leprosy was linked to sinful behaviour: In Numbers 12 it is shown how Miriam was infected with leprosy after talking against Moses and his wife. The way in which Miriam was healed was through Moses' pleading with God. In 2 Chronicles 26:16-21, King Uzziah went into the temple and began to burn incense, disregarding the law of God. When the priests reprimanded him, he became furious and quarrelled with them; leprosy then broke out on his forehead as punishment from God. Gehazi, the servant of Elisha, was inflicted with leprosy after lying to Elisha about the things he took from Naaman. In 2 Kings 5:21-27 the episode that resulted in Gehazi being leprous is recorded. Other passages which illustrate that leprosy is not always linked to sinful behaviour and punishment are Leviticus 13 and 14 (Baden & Moss, 2011:644-645).

According to Brown (1971:463), leprosy was held in abhorrence by the Hebrews, partly because it was accompanied by ceremonial defilement which renders the sufferer unclean. This same sentiment is held by Dada (2007:589), who says that people suffering from the diseases enumerated in Leviticus 13, 14 and 15 were branded and isolated. Due to the fear of spreading the disease in the society, they were not accepted in the community. The priests in the Old Testament were given charge to act as

physicians to examine people and determine whether they were sick. They had the right to prescribe what could be done in any case of illness.

Leprosy had no cure and was contagious. People who had this disease had to stay outside the community to protect others from infection. When a person was tested for leprosy, the priest would isolate the person for seven days; after that period, the priest would observe the person. If after seven days there was no change, the priest would isolate the person for another seven days. In cases where the sores had disappeared and had not covered the body, the priest would declare the person clean. If there was a white swelling on the skin that had turned the hair on the skin white and if there was raw flesh in the swelling, it would be a chronic skin disease and the priest would pronounce the person unclean (Leviticus 13:4-17; Brown, 1971:465).

(a) Symptoms and testing of leprosy

According to Lockyer (1986:643), the word leprosy referred to a variety of symptoms in biblical times. The following were the symptoms of leprosy: sores, scabs and white, shiny spots beneath the skin. On seeing the symptoms, only the priest had the right to determine if the person had the disease.

Leviticus 13:45-46 lists the necessary actions of lepers as follows:

- To wear torn clothes
- To let their hair unkempt
- To cover the lower part of their faces
- To cry out: Unclean! Unclean!

This form of behaviour had to continue as long as the person was still infected. The patient was examined by the priests (Leviticus 13:2; 14:2). Lockyer (1986:643) states that the priest was the central figure in the Old Testament regulations for the care of patients and for sanitary precautions. To avoid the spread of the disease, the person was isolated from society. According to the Life application Bible (1991:185), lepers

were separated from family and friends, and confined outside the camp. The priest played a critical role in purging the community of this disease.

(b) The similarities between leprosy and HIV and AIDS

Gill (2006:137) states that "there are obvious affinities between leprosy in biblical times and HIV and AIDS in sub-Saharan Africa today". She highlights similarities between the two diseases as follows:

- In both contexts the diseases are incurable and even palliative treatment are unavailable for most victims.
- They are both objects of considerable stigma and exclusion.
- There is much fear about physical contact with both.
- Both involve the notion of impurity as well as untouchability.
- There are deep suspicions that both are the products of sinful behaviour.
- Both are seen by some as instruments of God's judgement.
- Both require repentance from the one who is suffering rather than compassion from other people.

These similarities make it difficult for the church to find its place in the fight against HIV and AIDS in communities. Since HIV is tainted with the connotation of sin as God's punishment, the process of preventing its spread and impact becomes problematic. People cannot disclose their status in an atmosphere that is filled with a judgemental attitude. The church needs to educate its membership and the community at large proactively on how this disease can and cannot be contracted. As much as leprosy was considered as evil, the priests and prophets ministered to the lepers, like in the healing of Naaman the Syrian. The latter case demonstrates God's compassion for nations other than Israel.

(c) The healing of Naaman in 2 Kings 5

Leprosy, like HIV and AIDS, disregards the status of a person and cuts across all social strata. Great and small are afflicted by this scourge.

> Now Naaman was commander of the army of the king of Aram. He was a great man in the sight of his master and highly regarded, because through him the LORD had given victory to Aram. He was a valiant soldier, but he had leprosy (2 Kings 5:1).

According to Dada (2007:594), Naaman was socially accepted in his community and a married man. The healing of this great man came as a result of the support of his household, namely his wife, a slave girl and his servant, as well as the king of Aram. They pointed him to the right place and encouraged him to do the right thing (2 Kings 5:2-5). The healing of the lepers was dependent on their cooperation with the priests of Israel. Naaman did his part by going to Samaria to meet Elisha the prophet, who commanded him to go and dip himself seven times in the river Jordan. This teaches us how the people of God must respond to people who are distressed when diseased, regardless of the nature of their illness. At first, Naaman was angry and compared the small Jordan River with the large rivers of his homeland. He was discouraged as a result, but his servant encouraged him (2 Kings 5:11-14). Eventually, he did as he was told.

Brown (1971:465) states that leprosy is a disease which was hated by the Hebrews, as it made people unclean. It was not only an Old Testament illness; Jesus addressed people suffering from leprosy in the New Testament. How Jesus dealt with the sick and people inflicted with leprosy in the New Testament are discussed below, coupled with his commands to his disciples.

2.2.2 The New Testament

The New Testament demonstrates how the life and ministry of Jesus, as well as the call, commission and ministry of the apostles carried out the *missio Dei* regarding health-related matters. In both Christ's and the apostles' ministries we observe God

reaching out to the marginalised and outcasts such as lepers and people with different illnesses.

Sider *et al.* (2002:46) are of the opinion that virtually every strand of biblical truth calls Christians to link word and deed in proclaiming and demonstrating the Good News of Christ's reign. Jesus' example, command and gospel set a pattern for the church to follow in touching the helpless.

2.2.2.1 The life and ministry of Jesus Christ

At the start of his ministry, Jesus put forth the reason for his coming to earth as that of bringing good news to all who are held captive by life's struggles and sufferings. Jesus responded with great compassion to the victims in society such as leprosy-affected people, vulnerable women and children. He touched, healed and restored them in such a way that they were able to enjoy life in all its fullness.

The birth of Jesus constitutes God coming to earth. This is the full expression of the *missio Dei* on earth. According to Matthew 1:2, He was born to solve man's greatest problem, namely sin, which is the cause of most of the diseases that cause humans to suffer. In Mark 2:1-12, a paralysed man was brought to Jesus to be healed. In verse five, Jesus said to the man: "Son, your sins are forgiven." The cause of his sickness was sin, hence Jesus said that his sins were forgiven. God's love, compassion and acceptance of all people in different conditions are demonstrated by the birth of Jesus, the forgiveness of sin and the healing of the paralysed man. The tone of the ministry of the church is set by this example. The church must attend to the sick, regardless of the cause of the sickness.

The ministry of our Lord Jesus Christ was holistic, as He addressed all the spiritual, social and physical needs of human beings. Jesus announced in Luke 4:18-19 that the mission of his ministry was to proclaim the gospel and to meet human needs. In his mission statement, He did not only talk about the preaching of the gospel, but He also talked about healing broken hearts, opening the eyes of the blind, setting the captives free, opening prison doors and proclaiming the year of the Lord's favour. This is what

Jesus came to do and He did it; He healed, for instance, the sick, fed the hungry and cleansed lepers (Matthew 8:2; Mark 1:40-45 and Luke 17:11-19).

According to Aphiri (2006:37), Jesus brought a gospel of life to his hearers. In the verse quoted above, the mission of Jesus was to invite people to a full life. When the message of Jesus is placed in the context of HIV, the mission of the church (which is the body of Christ) is to make a life of quality possible for everybody, as the church's mission is the continuation of Jesus' mission. Everything that devalues the life of people must be attended to with the same vigour, following the example of Jesus Christ. No one must be excluded from this life, for Jesus came for the whole world; He did not come for the healthy, but for the sick.

The sick are included in the ministry of Jesus and the church. As seen in Luke 4:18-19, Jesus' ministry to people was holistic and inclusive of everything that affects humanity; this is how the church must respond to the plight of the people today. The same thought about the mission of Jesus as a pattern for the church is advocated by Touthang (2005:2) when he says that devotion to God includes a dedication to justice and sympathy. In Jesus Christ, God revealed how the mission of the church must be carried out.

According to the *Life application Bible* (1991:1841), people with leprosy were not allowed fellowship with other people for fear of infecting others with the disease. If they were to come closer, they had to make their presence known. In the ministry of Jesus Christ, lepers were accepted and ministered to. In Mark 1:40-45, Jesus had mercy on a leper and touched him. After touching him, He told him to go the priests to check him and declare him healed. The healed man did not take for granted that he has been prayed for and did not ignore the necessity to follow the prescription of the priests. If he was on medication, he was to be checked by the medical doctor who would release him from treatment.

Jesus followed a certain procedure; He worked with the systems that were in place at that time. The cleansed leper was expected to give the sacrifices that Moses commanded for his cleansing as a testimony to others. In reality, he was to receive his certificate of clearance.

Jesus showed compassion to the hungry, the harassed and the helpless (Matthew 9:35-38; 9:13-21). In his ministry, He also demonstrated great compassion for the underprivileged. He did not only preach, but He also ministered to the physical needs of the people. He was moved with compassion when He saw the needy, the sick, the demon possessed and the marginalised in society.

Bosch (1980:54) says that Jesus questioned Jewish values at decisive points, especially by turning to the outcasts of society and proclaiming to them the message of God's compassion. When performing his miracles, his concern was for the totality of human beings' needs and their poverty, sickness, hunger, sin and demonic oppression. Jesus described the people to whom he showed compassion as helpless and hopeless. His attitude was in total contrast to the way in which the Pharisees saw them. To the Pharisees, they were sinners; therefore, they did not care about them.

Bosch (1980:57) argues that if we look for a biblical foundation for mission work, we will find it in this essential element of biblical religion. A religion in which compassion does not occupy a central position cannot be a missionary religion. The role which the church plays today should be the same as the one that Christ played towards the sick and poor, as well as towards women, not abhorring the outcasts and seeing them as sinners that are being punished by God. Jesus counted them as his friends, ate meals with them and spent time with them.

Sider (1996:33-40) posits that the New Testament summons Christians to imitate Jesus, who modelled servanthood, self-sacrifice and special concern for the poor and the neglected. Sider's view implies that Jesus had a special concern for lepers, prostitutes and disabled people. It states that when people live and preach like Jesus, the world will

be transformed. Jesus' life, ministry, death and resurrection are the ultimate demonstrations of the love and care of God.

Bilezikian (1993:217) observes that during his ministry, Jesus viewed himself as fulfilling a servant's role among God's needy creatures and that He commissioned his disciples to do likewise. Following Jesus' teaching involves meeting people where they are and treating them just as Jesus Christ treated them. His followers should be feeding the hungry, giving something to drink to the thirsty, welcoming the stranger, clothing the naked, comforting the sick and visiting the imprisoned (Matthew 25:35-38).

The parable of the Good Samaritan shows concretely how to minister to victims of life's tragedies (Luke 10:25-37). The Good Samaritan met the victim's immediate needs first. He then took care of the future needs, providing him with holistic care and ministering to the whole person. Jesus practised what He preached, providing holistic care for all people. He met people at the point of their special needs, including their spiritual needs, because they were one and the same (Luke 8:43-48; Mark 2:1-12; John 7:23; 19:17). When Jesus called the apostles to be with him and sent them to preach and to heal the sick, his ministry was handed over to them. He called and commanded them to go and do what he was doing.

2.2.2.2 The life and ministry of the apostles

The call, commission and service of the apostles show that their responsibility was to preach and meet human needs in words and deeds. The apostles were also commanded specifically to heal the sick in their ministry.

(a) The call of the apostles

When Jesus called the apostles, he called them to preach, heal the sick and cast out demons. These amount to two things, namely to minister in words and deeds. Any ministry that neglects or ignores one of these is lacking and cannot fulfil God's mission. In Matthew 10:1-2, Mark 3:13-15 and Luke 9:1-2, the ministry of the apostles was a continuation of Jesus Christ's ministry in the New Testament and the priests' and

prophets' ministry in the Old Testament. They were called to preach and show compassion to the sick and those who were affected by the sick.

(b) The commission of the apostles

According to Sider *et al.* (2002:47), Jesus sent out the twelve on their first independent mission and told them to preach the kingdom of God, heal the sick, drive out demons, heal the sick and cleanse the lepers (Luke 9:2; Matthew 10:1,8,9). Even in their commission they were to do what they were called to do. The call and the commission have the same responsibility. In the commission of the apostles, Jesus told them to cleanse the lepers. Leprosy, like HIV and AIDS in our day, was incurable, but Jesus said they must cleanse it. At that time, HIV and AIDS were not known.

(c) The ministry of the apostles

After Jesus left them, they continued their ministry by doing what they were called and commissioned to do. Nothing has changed, so people still need the gospel in words and deeds. The book of Acts has examples of how the apostles carried out their ministry to those inside and outside the church.

In Acts 2:42-47, Luke lists things that the apostles did as they participated in the *missio Dei*. Among other things, they taught, fellowshipped, ate together, prayed together, performed miraculous signs and took care of the needy. In Acts 3:1-10 they healed a cripple that used to be placed at the gate called 'Beautiful'. They obeyed their command by healing a man born cripple, taking him by the hand and helping him to rise up and walk. What we see in these passages is that the *missio Dei* is not only fulfilled in words, but also in deeds. They taught, socialised, met the needs of the people and ministered by healing the sick. The ministry of the apostles was inclusive of the mission of God and the ministry of Jesus Christ. According to Mark 16:20, the Lord worked with the apostles as they preached to prove that it was his work.

2.2.3 The characteristics of the *missio Dei*

Both the Old Testament and New Testament showed the characteristics of the *missio Dei* in the way that God worked through different people to attend to the plight of his people, both by creation and redemption, even to the sick. In this part, the focus will be on compassion as a characteristic of the *missio Dei*.

God bestowed his mercy on Israel in order for them to reach out and display his nature to the surrounding nations. This mercy was to characterise their mission in the world and it was thus expected of them to take care of one another too. God further challenged the people of Israel to look back in order to see if any mighty deed was ever done among nations by any other god. They had sure proof that the Lord is God and that there is no any other God (Deuteronomy 4:32,34,35).

God's compassion moves where people fight for the weak, the sick, the outcasts and those people who are enslaved by sin. God has been involved with the plight of all people. He is different from other gods in the sense that though He is transcendent, He comes down to the level of all people through his people. Because He is merciful, He preserves people from destruction and his mercy constrains his judgement on the people.

Bosch (1980:51) states that, time and again, the prophets reminded the people of Israel that their election could not be attributed to their own extraordinary character, but solely to God's compassion. Israel, like all other people of all times, forgot why they were elected, namely to serve God among the nations by showing compassion to strangers. The author further says that strangers who lived in Israel had to be accepted completely and without reservation. Israel was also not permitted to lose sight of the fact that essentially, they had no advantage over other nations around them.

Scott (1993:309) describes mercy as kindness, compassion or pity that is extended by one person to another who is in his or her power, but has no claim to that kindness, and from whom no requital can be expected. He further states that mercy is the disposition to forgive or show kindness wher severity is merited or expected. Mercy implies to give

help and comfort, even to the lowliest or the most undeserving, to enable one to forebear, even when justice demands punishment.

Compassion is mercy which restrains wrath, even when wrath is deserved (Scott, 1993:309). In addition to what Scott says, Louw and Nida (1989:751) concur that to show mercy is to show compassion and concern for someone in difficulty, despite them having committed a moral offense. They also continue to assert that having mercy or showing compassion must involve some act of kindness to people who are in need of help. This is how God has revealed himself through his dealings with his people. In other words, compassion is the willingness to suffer with another person, even to one's own detriment.

Throughout the history of salvation, God has been merciful to his creatures. This great gesture was fully shown in Christ when He was sent to die on the cross for the undeserving. Compassion toward the undeserving is what Christ expects from the church. No one has claim to God's mercy, therefore this virtue of belonging to the family of God needs to be demonstrated to all. According to Hybels (2002:23), whatever the capacity for human suffering, the church has greater capacity for healing and wholeness. In the same way that God and the Lord Jesus Christ dealt with people in sickness and misery, the church has to deal with them, regardless of what the cause of the illness is.

The following section deals with how the church as God's agent of *missio Dei* has dealt with health-related issues.

2.3 The church

2.3.1 The origin of the church

The church was foretold by the Lord Jesus in Matthew 16:18 when He said to his disciples: "... and on this rock I will build my church". According to Roslim and Duncan (1987:179), Jesus said "I will build my church" in anticipation of the outpouring of the

Holy Spirit, which was to be given soon. In fact, He was associating the beginning of the church with the work of the Holy Spirit. The church was birthed on the day of Pentecost with Peter's sermon. Driscoll and Breshears (2010:305) agree with Roslim and Duncan (1987:179) that Jesus promised his disciples the Holy Spirit.

Jesus as founder of the church is its head. Jesus' headship of the church provides direction, leadership and authority. There is no head without a body. The head is the source and sustenance of the vitality of the body. In a way, Christ is the control centre of the church. He feels everything that the church experiences in this life. The life of the church flows from Christ alone (Colossians 1:15-18; 2:9-10; Erickson, 2001:342; Mumford & Taylor, 2008:212).

Driscoll and Breshears (2010:314) point out that Jesus is the only one who can build the church; all others participate in the mission of fulfilling his words concerning his actions. The authors say that "there is no church that comes into existence apart from him". Apart from Jesus, there is no church. Those who are caught up in the hard work of church planting must always remember that Jesus is the head. While we can start an organisation, only He can plant a church.

After his resurrection, Jesus told his disciples to go and wait in Jerusalem until they were clothed with power from on high (Luke 24:49).

2.3.2 The definition of the church

Roslim and Duncan (1987:158-159) describe the meaning of the word 'church', stemming from its original Greek word, *ekklesia*, as follows:

In its Greek setting, *ekklesia* refers to an assembly or company of people. The word *ekklesia* has a neutral connotation and may refer either to a secular or religious group. The assembled ones were summoned or called out from their respective involvement as a herald for a specific reason. The authors also describe the Hebrew equivalent of the word *ekklesia*, namely *quhal,* which expresses the church as an assembly of people who were called together at the call of a trumpet for a specific purpose (Numbers 10:2,7). In the Old Testament, the word 'church' is not mentioned, but the phrase 'the

people of God' is used instead. These people were called to serve and reveal God in whatever they were doing. They were created when God called Abraham from amongst his people to go to the land that God would show him. The church in the New Testament was created in Christ to serve God in the world. Israel and the church are acts of God's grace and mercy. They were both called from amongst other people to show the benevolent character of God (Erickson, 2001:341-342).

Because Israel and the church were created by God and for God, we apply the word 'church' to Israel. Deuteronomy 9:10 and 10:4 depict a church or an assembly as God's people who meet in the wilderness in one place, much like in ancient Greek city-states, while Exodus 12:3 explains a church as a whole assembly of God's people who were called under his authority.

From the above description, it is discovered that the church is a special community that is summoned together for a specific purpose by a responsible authority; in this case, the responsible authority is God who wants them to carry out his *missio Dei* for his whole creation on earth.

In agreement with the previous descriptions of the church, Evans (2003:16) states that the church, and only the church, has been commissioned by the sovereign Lord to be his representative agency on earth. He further adds that the church has been given complete power to unleash the treasures of the supernatural realm so that they can bring impact to the realities on earth.

The church is called to represent God in serving his people in the world that is influenced by evil spirits. Hence Evans reckons that only the church has authority to unlock the treasures of the spiritual realm. Everything that is happening on earth seems to be natural, without spiritual power operating behind it. Therefore, the church as an agency has power from on high to engage these powers (Evans, 2003:16).

The church does not need to be politically correct to execute its God-ordained mission; it is above party politics. It does not have the luxury of separating the gospel from human pain. According to Stott (1975:27-28), the apostle John helped us to grasp this

by the following words from his first letter: "If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and in truth." (1 John 3:17,18.) Stott further argues that in the case of a man who fell among robbers, he needed ointment above all else, not an evangelistic tract. John emphasises Christianity as both theoretical and practical, hence the need to put words in practice, particularly on issues such as caring and supporting the society in misery. People in health-related distress have different needs that must be attended to by God's people.

The model of church ministry is Jesus Christ who met people at the point of their need. The announcement of his mission was inclusive. He was not just concerned about saving souls or meeting social needs, He was concerned about the whole person in his ministry (Luke 4:18). Stott (1975:28) sees evangelism and social action as inseparable partners that all of us must engage in all the time. The metaphors of the church help us to understand this. These metaphors illustrate how the church has to function in the world. The church in its origin could not separate itself from the plight of the people. As the church continued to minister, it served the sick with the gifts that God had bestowed on it.

2.3.3 The images of the church

There are many images of the church, but for the purpose of this study the focus will only be on the following three which bring to light the way in which God intended his church to function. The discussion of these images of the church seeks to highlight the fact that the church's role toward the hurting is connected to its purposes.

2.3.3.1 The body of Christ

According to Haugk (1984:40), the term 'the body of Christ' describes people who are united by Jesus Christ into a real community. People need a community where they are loved and cared for unconditionally, thus continuing the ministry of Jesus Christ. The body of Christ must receive its commands from the head, Jesus Christ himself, and serve others.

Erickson (2001:343) asserts that, as the body of Christ, the church is the extension of his ministry. This implies that the church ought to follow Christ's example of ministry.

The body of Christ is composed of all those who are united in Christ through the baptism of the Spirit (Saucy, 1972:24). If believers are the body of Christ, they are called to be active in the ministry of Christ. The church is truly the church when it emulates its head, Jesus Christ, who lived among people and served them (Luke 4:18-19; Acts 10:48). When Christ commissioned his disciples, he sent them to proclaim the kingdom of God (Mark 3:13-15; Matthew 10:1,2,7,8; Luke 9:1-9; 10:17-19). Saucy (1972:129) further says that the one dominant concept of the ministry is that of service. Jesus both taught and lived the ministry of service, which was carried on by the early church.

The church is the body of Christ in which He dwells by his Spirit. The Spirit invigorates and fills the church with the same power that operated in Christ to continue his ministry in the present until He returns (Ridderbos, 1975:363). Christ relates to the world through his body, the church, to execute his ministry to reach out to all, including the marginalised and the sick of our day. Without a group of believers who are united in Christ, the mission of God will not be accomplished in the world where people are needy and hard pressed by different issues of life and sickness. When somebody is ill, for instance, God expects the members of the church to be his or her feet, hands and mouth.

Ridderbos (1975:369) observes that all believers are admonished to know their place in the church. This is elucidated by the figure of the body which has many members, with each member having a different function (Romans 12:1; Corinthians 12-14).

Just as the body functions through its different parts, the church works through the spiritual gifts of its members to enable it to act as the body of Christ. Spiritual gifts are divine abilities that are given to church members to make their unique contribution in advancing God's mission by adapting them to God's design for humanity, the *missio Dei* and biblical functions. Without the use of these supernatural endowments, the essence of the church and its purpose will not be experienced. Therefore, the primary function of

the church is to minister to the whole person by using the given spiritual abilities. God made his church to function through the use of spiritual gifts.

According to Wagner (1982:52), spiritual gifts are utilitarian, in other words they are functional. They have a task to perform and if used properly, the work will be done. Hence, every individual member of the church must be helped to discover his or her gifts and must be trained to use the gifts in the context of human suffering. When Christ performed his ministry, these gifts operated fully.

The church is in most cases unnecessarily divided over these gifts due to the misuse and abuse of them. In his observation, Neighbour (2000:165) indicates that spiritual gifts are given for the building up of the rest of the body and the broken world. This means that the church cannot fulfil its *missio Dei* without proper use of its gifts. The gifts are not given for personal gratification, but to use in performing the will of God. They are needed to give each believer an opportunity to contribute to the life of other believers and the hurting world.

The source of these gifts is God. Therefore, members of the church need to understand their reason and purpose. They are not given for individual indulgence, but for the mission of God. According to MacArthur (1984:289-290), the Spirit gives gifts to believers to express and strengthen the unity of the church in Christ. He also observes that if the gifts are not used, or not used correctly, the body of Christ cannot be the corporate manifestation of its head, the work of God is hindered and the *missio Dei* is not fulfilled.

Sumrall (1993:13) concurs with MacArthur when he indicates that spiritual gifts are weapons of our warfare which can destroy any force of darkness when used properly. God equips each believer to make a special contribution to demonstrate the essence of the church. When each member is rightfully positioned in the service of God, the Holy Spirit will empower him or her to be involved for the right reason.

Because God works through his people to fulfil his mission, it is imperative to inculcate the gifts that are mentioned in 1 Corinthians 12-14, Romans 12:1-8, Ephesians 4:1-16

and 1 Peter 4:10-11 to enable the church to know that they have a place in the *missio Dei*. The gifts cannot work without a well-structured plan that considers everything that affects people who are living with HIV and AIDS. The church has the responsibility to teach the whole counsel of God to serve those who want to care for the infected and affected (MacArthur, 1984:289-290).

In society, the church as the body of Christ has different roles to play. One of these roles is to connect people with God through their ministry and message of reconciliation. The spiritual aspect of human beings is of primary concern to the church, since it is the centre of human activity. According to Van Klinken (2008:321), the metaphor of the church as the body of Christ is used to call upon churches to be involved in the mission of God in the context of HIV and AIDS. The argument is that the church as the body of Christ has to continue the earthly ministry of Jesus Christ.

As discussed above, the Holy Spirit who indwells believers also gives relevant gifts to believers to serve the sick. Since sickness presents itself with different problems, God has also given the church different divine abilities to assist the sick and their families, as well as their associates who struggle with them. There are, for instance, the gifts of mercy, as well as helping and giving, which are mentioned in Romans 12:6-8, while the gifts of healing, miracles and faith are mentioned in 1 Corinthians 12:7-8. These gifts demonstrate that the church is commanded and equipped to carry out the *missio Dei* in health-related issues.

2.3.3.2 The people of God

Erickson (2001:342) posits that the concept of Israel and the church as the people of God contains several implications. These implications are that God takes pride in his people. He provides care and protection for them and keeps them as the apple of his eye (Deuteronomy 32:10). Finally, He expects from them to be his people without reservation and divided loyalty. In addition, Parsley (2007:169) argues that God cares deeply about orphans, widows and the poor, and expects his people to share his concern. The church is God's people who should be broken by what breaks God's

heart. God finds no pleasure in the hurts and frustrations of his people. The author further states that God gave Israel specific instructions on how to form a godly society in the land of promise; He built consideration for orphans and widows right into the laws of the land. HIV and AIDS have created a lot of widows and orphans who need care and support, and God expects his people to show compassion to the less fortunate.

God's desire to care for the sick and destitute was fully demonstrated by Jesus in his ministry and commission to his disciples. God the Father and God the Son established a pattern of how the church should respond to the suffering and the sick. The mission of the church is not to perform a certain ministry at the expense of another ministry. The Godhead addresses that which affects people at different times. They take care of the hungry and the persecuted. All the building blocks that enable the church to serve God, its membership and community should be incorporated effectively in its programmes. Bosch (1991:10) argues that people live in integrated relationships; it is, therefore, indicative of a false anthropology and sociology to divorce the spiritual or personal sphere from the material and the social.

2.3.3.3 Salt and light – Matthew 5:13-16

In most cases, sickness breeds hopelessness and helplessness. Certain diseases can be contained by making their causes known. The presence of the church as the light and salt of the earth provides prevention and treatment of some diseases. As shown previously, some diseases such as leprosy could be caused by sinful behaviour; the church can protect communities from these diseases through its biblical functions.

These images of the church deal with two important things which reveal the mission of God to a broken and disintegrating world. These two things are preservation and hope. Without hope, there is no life. The people of God are the salt and the light of the world. They are called to be part of the world to dispel hopelessness with their message of hope and good deeds. According to the *Full life study Bible* (1992:1411), believers and the church must be godly examples in the world, just like salt is valuable to give flavour and to preserve from corruption; they must resist the moral decay and corruption that are evident in society.

According to Goheen (2011:218), the early church's deeds of mercy and justice as expressions of love were a powerful witness to the truth of the gospel. The loving deeds towards the needy resulted in its growth. The believers' works of mercy and justice were shining in the time of persecution and God's love was thus glorified. This reality is encountered in the book of Acts. Believers met both in the temple and in their homes; the gospel was preached, people were converted and taught, their needs were met and the sick were healed (Acts 2:42-27; 4:29-37; 5:12-16; 6:1-7; 14:8).

Missio Dei is a multidimensional ministry through which God attends to the whole person through his or her church. The church must minister through its functions to all the various needs of the person. Without the church reaching out to human beings in all their different pain and misery, God will be doubted and observed as irrelevant. The people of God are his agents who function together by using their gifts, illustrating that the body of Christ is in the midst of the people in pain and illness.

2.3.4 The biblical functions of the church

The biblical functions of the church are programmes which form the framework of the church to assist it in accomplishing its God-ordained mission on earth. The roles of the church must reflect the relationships in Matthew 22:37-40. These relationships are both vertical and horisontal. The mission of the church is about God, the church and the world. The biblical functions of the church are the roles that the church has carried out throughout church history; these roles flow from what God did in his acts throughout history in his creation.

The great commission in Matthew 28:18-20 shows that the church is upward, outward and inward looking concerning worship, fellowship, evangelism, discipleship and ministries. God is not only concerned about himself, He is also interested in the church and the world. The great commission and great commandment are, therefore, interrelated in the functions of the church in carrying out the *missio Dei.*

The biblical functions of the church form a methodological framework for the church to carry out and fulfil its role effectively in the mission of God. These biblical functions

reveal the reason for the church's existence and the way in which it should serve God and creation, both in the church and the world.

God's purposes for his church are the following: worship, evangelism, discipleship, fellowship and social action. Erickson (2001:247-532) identifies these purposes of the church as functions of the church.

2.3.4.1 Worship

Sickness causes people to think about their relationship with God. There is a Sesotho hymn that says, "seebeng se le thata, se tla nkatametsa ho Morena", meaning "that which is difficult, will draw me nearer to God". The worship of God has meaning to the sick. Worship is putting God at the centre of our service to him and other people. Erickson (2001:349) describes it as a process in which more focus is ascribed towards God. Although the emphasis is on God, it is also intended to benefit worshippers. Evans (1997:81) explains that worship is a celebration of God – of who He is and what He has done. Without the first law of the Ten Commandments, which is centred around God, nothing in life has meaning (Exodus 20:1-2). Worship acknowledges the greatness and goodness of God in every aspect of life. God's purpose for his church helps the church to serve his people in a proper way. Additionally, worship helps people to realise that there is a God who is above all things, who is all, and that they must bow before him, even in sickness.

2.3.4.2 Evangelism

Erickson (2001:348) argues that if the church is to be faithful to its Lord and bring joy to his heart, it must engage in bringing the gospel to all people. This needs to be done without discrimination, as people in all situations need the good news of God's love. Evangelism deals with the wickedness of humanity by helping them to see that they are in a bad situation.

The root of people's problems is their straying from God. Evangelistic programmes assist them to find their way back to the loving and forgiving God. They call sinners to repentance and faith in the kindness and grace of God. Extreme emphasis on

evangelism (to the exclusion of other aspects) brings an imbalance which hinders the church to portray its commitment to all of life.

Evans (1997:289) observes that, at the core, evangelism is making known the good news of Jesus Christ to a dying world. He states that the gospel can only be understood as good news when we understand the bad news that all people are lost in sin and condemned when they are separated from Christ. Evangelism helps people to turn away from their sin when the gospel is proclaimed. This proclamation prepares people who repent and live according to God's standards to enjoy God and serve him, even in sickness. It also gives hope of eternal life with God, where there is no sickness. Sickness might end in death, but there is hope of eternal life beyond death. Evangelism deals with the reality beyond sickness. The church deals with both the present and eschatological life.

2.3.4.3 Discipleship

The mandate of the church is to make disciples of all nations (Matthew 28:18-20). Discipleship is the great commission of the church. When it is carried out according to Scriptural dictates, the other ministries of the church will follow. The church is commanded to teach people to submit their lives to the authority and the word of God. Erickson (2001:349) describes edification as edifying the church through teaching or instruction. Evangelism and discipleship are two sides of the same coin. Evangelism focuses on the good news that leads people to repentance through faith in the Lord Jesus Christ, while discipleship strengthens and nurtures the commitment that was made at repentance.

Evans (2003:52) defines discipleship as a developmental process of the local church by which Christians are brought from spiritual infancy to spiritual maturity; discipleship enables them to reproduce the process with others, which the Bible calls being transformed into the image of God's Son (Romans 8:29). A disciple is a learner, follower and imitator of his teacher. The purpose of discipleship is to transfer the knowledge and impact of the lives of those who have been discipled, so that they may stand firm and spread the good news that was given to them. Discipleship deals with development of

character which is crucial for choices and decisions that have to be made in the face of temptations.

Jesus called, taught and commissioned his disciples so that they would continue his ministry of changing lives and meeting needs (Matthew 10:7-8; Mark 16:15-20; Matthew 28:18-20). At the heart of discipleship are the transforming of lives and meeting of needs by teaching people to live responsibly as followers of Jesus. Character modelling and moulding play a critical role in reproducing people who will live their belief wherever they are. The church is called to reach out to others with the good news intentionally. It is not only dealing with symptoms of the sickness, but is also seeking to deal with the whole problem that is related to the sickness. Discipleship further acts as a strengthener to a person's character.

Evans (2003:53) points out that the church is God's place to produce disciples who think, talk and act so much like Jesus that the world can look at them and say: "This must be what Jesus is like." When disciples are equipped properly, they will not yield easily to the sinful environment that cries for their attention. They will be change agents, fit for their master's work. Discipleship enhances the character of the Christ in the life of Jesus' follower. When people are not discipled and encouraged to do the same with others, transformation of communities will be slow.

2.3.4.4 Fellowship

Kent (2011:71) describes fellowship as a gathering where concrete care and edification are offered to those in need in the church and outside their immediate community. The church is called to be a community of love, care and belonging for people who are harassed and hopeless. Collins (2001:2004) states that "in a society where there is widespread isolation, loneliness, self-centred career building and broken relationships, people need the kind of community that is only found in the church". In the era of HIV and AIDS, the church must provide the kind of community that makes the infected and affected know that they are accepted in the family of God unconditionally.

In Acts 2:42-27, believers shared their resources gladly with those who had nothing. They met together in their homes, taught, sang, prayed and ate. Fellowship provides an environment of sharing, healing and growth. The needs of the believers are met in an atmosphere of love and mercy. Believers in Acts provided a place for vulnerable and needy people.

In fellowship, the cry of hurt people is attended to by the leaders of the church. In Acts 6:1-7, the apostles responded to the needs of the Hellenistic Jewish Christians. They acted to the complaints of those who needed food promptly. The church's response to the destitute raises the credibility of the church. The relevance of the church is depicted when it acts the gospel in distressing times and in health-related periods. A loss of income plagues most people who lose their jobs due to ill health. They might need food, medication and someone to run their errands. When the church comes in to help in these cases, it emulates God in different occasions. This is, for instance, analogous to God's mercy after the fall and when people were bitten by snakes in the wilderness (Numbers 21:4-9).

The fellowship of believers forms a support base for one another at times of suffering and sickness. Donahue and Robinson (2001:11) state that 'community' is a popular word and can mean a lot of things. They further say that for the Christian, it essentially means being in Christ and sharing the fullness of his life with everyone we meet.

According to Icenogle (1994:10), God is separate and different from humanity, but Scripture teaches us that God desires to be in communion with humanity. The author observes the following concerning community:

- The search for community is a very important reason for the existence of the Bible.
- Community is the reason why Jesus Christ, the Son of God, was born, lived among us, died and was raised from the dead.

Because God himself lives in a relationship of community (the community of Trinity being God the Father, God the Son, and God the Holy Spirit), He created humanity for

community too. Being in community, He thus created human beings in his image and after his likeness so that they might live in community with him and with each other.

This biblical function needs to be exercised in the church to help believers and non-believers with a setting in which they can confess freely without being judged or ostracised. Believers in the book of Acts lived in fellowship and shared everything together, caring for one another. This practice of community helped them in difficult times of persecution. Believers' fellowship enables them to persevere in hard times. Other biblical purposes are practiced in fellowship as well.

2.3.4.5 Ministries

It has been demonstrated above that God, Jesus and the apostles were involved with suffering and sick people (cf. 2.2). Erickson (2001:350) states that Jesus was involved with people who were hurt and sick. He ministered to them by healing them and He even raised the dead at certain occasions. Consequently, He expects his disciples to do the same. His parable about the Good Samaritan shows the way in which this should be done. In Luke 10:25-37, the Good Samaritan took care of the immediate needs of the man who was stripped naked between Jericho and Jerusalem.

Social ministries of the church are executed, based on the spiritual gifts of the church. As discussed above, the church is the body of Christ (cf. 2.3.3.1) which has many parts that play different roles in order to be effective and efficient. Among the spiritual gifts are the gifts of exhortation, mercy, healing, miracles, giving, teaching and many more (Romans 12:1,8; 1 Corinthians 12-14 and 1 Peter 4:10-11). These gifts show that God has equipped his church to respond by serving him and humanity. Sick people need exhortation – this is important to them.

According to Touthang (2005:5), the church, in following Jesus' example, can provide a supportive environment where the infected and affected, both inside and outside the church, will have free access to care and treatment. For people to have access to total

healing, the church leaders must encourage members to reach out to the infected and affected with compassion.

Social concern is the gospel enacted. Gladwin (1979:184) argues that God is most of all life. His love is for both those inside and outside the church. No one, good or bad, is excluded from God's care. When the church is involved in the crisis of people, it reveals the heart of God. Erickson (2001:349-350) considers social concern as an essential part of the church's functions. It also reproves injustices that might hinder from receiving help in pain and sickness. Social concern is characterised by love, hope, compassion and care for people who are suffering and destitute. These attributes are the characteristic of the *missio Dei*.

The church should not consider social ministry as an option in their mandate. This is demonstrated in the gospel of Luke and the book of Acts. These books show how Jesus and the early church responded to the suffering. Chevreau (2007:97) posits that even though the world has deserted God, God has never turned his back on the world. The failure of the church to respond to the social issues of its time is majoring in minors. At the core of serving the hurt, sick and hopeless nation is the understanding of the mission of the church, which is the *missio Dei.*

Bilezikian (1993) and Erickson (2001:350) agree on Jesus' expectation that his followers should help the needy and the suffering, even the sick. The parable of the Good Samaritan illustrates Jesus' expectation of his followers. They further point out the words that Jesus uttered in Matthew 25:32-46, namely that the one thing by which true believers can be distinguished from those who make empty professions, is acts of love which are done in Jesus' name towards the hungry, sick and imprisoned.

When dealing with social issues, the church's involvement should be as inclusive as possible. This is clearly captured by Gladwin (1979:185) when he states that Christians cannot be content with alleviating the symptoms of the disease; they need to understand the causes of the disease and find effective ways of addressing the problem. James1:27 states that the religion that God our Father accepts as pure and

faultless is to look after orphans and widows in their distress and to keep oneself from being polluted by the world. Orphans and widows are those who have nothing to live on and are in distress. The text makes believers aware of their responsibility towards the destitute. There are health issues that leave people impecunious; for this study, HIV is a classic example. As a result, the church is called upon to act in a manner that befits its mission. In the New Testament, the Christians were to be merciful to the needy and the sick with the object of showing the love and concern of God towards them. They were not to conform to the pattern of the world.

Hence, there is need for the churches to perform all these functions effectively and efficiently in carrying out its mission on earth today. When little attention is given to any of these, the mission will be compromised. To compromise any of the functions is to render the church weak and useless. The social ministry of the church is the selfless service to the helpless and hopeless as portrayed by our Lord Jesus Christ. Chevreau (2007:96) is, therefore, correct in saying that the church which is only concerned about itself is not healthy; in other words, the church that is self-centred ceases to be the church of Christ. The church in the early centuries reached out to people across all spheres. Today, it also needs to extend its compassionate ministry to those who are suffering from HIV and AIDS in the same way that the church dealt with different situations in biblical times and during church history.

The World Council of Churches (1997:3) argues that Jesus Christ demonstrated God's love to all human beings by incarnating himself and identifying with the people He came to minister to, and that the church, therefore, needs to be one with society to minister to their needs effectively. If the churches are to fulfil their mission, they must recognise that HIV and AIDS bring the lives of many people into crisis and that it is a crisis which churches must face. The very relevance of the churches will be determined by their response, anchored in the biblical view of the church, namely that it is an agent of the *missio Dei*, which is loving God and serving all of his creation.

The crisis also challenges the churches to re-examine the state of God's people in the era of HIV and AIDS. This re-examination must lead to appropriate action, emulating the

response of God to human pain and sickness. HIV and AIDS are signs of the times, calling us to see and understand the mission of the church. Because the church represents God in the community, the interest of God in humanity must be lived out by his church. The sense of security comes from an understanding that God cares, in spite of their sin.

Collins (2001:208) captures the functions very well when he observes that Jesus commanded the church to be involved in social action. After telling them about the Good Samaritan who went to the rescue of a man who had been abused, Jesus instructed his followers to "go and do likewise" (Luke 10:25-37). Caring for the sick is evidently a command that appears on different occasions when Jesus sent his disciples to preach.

2.4 Summary

The literature review has shown that the church is part of the *missio Dei*. The church derives its role from the nature of God, who has never abandoned his creation. The essence of the church, which is grounded in the *missio Dei,* was discussed. The ministry of Christ was also highlighted to show that He reached out to the outcasts and ostracised people. His commission to the disciples was also all-inclusive. The gospel as an integral part of the mission of the church is all-embracing. The study shows that the call of the church is evidenced when it responds to human problems, anchored in the biblical functions. The images of the church were also dealt with to show that God has acted in the world through his people. This chapter has also demonstrated that God has equipped members of the church with spiritual gifts to respond to different situations affecting humanity, regardless of how the circumstances came about. A list of verses from Scriptures, containing Spiritual gifts, is given to show that every member of the church has a role in the mission of the church.

CHAPTER 3

LITERATURE REVIEW

THE UNDERSTANDING OF THE *MISSIO DEI* IN ADDRESSING HIV AND AIDS: POST-BIBLE TIMES

3.1 Introduction

The mission of the church, which is the mission of God, was hardly displayed in the inception of HIV and AIDS. The church was either silent, judgemental or denied that HIV and AIDS had anything to do with them (Van Wyngaard, 2006:265). This is also observed by Haddad (2005:30-31), who states that for a very long time, the church was silent and in denial of the existence of the pandemic, until the critical time in which HIV and AIDS were killing people in the community; they then realised the necessity of taking action. The impact of HIV and AIDS was affecting the rural areas and was accompanied by the stigma surrounding them, to the point that some of the church leaders often used the biblical contexts to justify the existence of HIV and Aids as a punishment from God.

As discussed in 2.3 above, the biblical functions serve as a base for the church to execute its ministry; these functions will also help in addressing HIV and AIDS. It can be achieved, for evangelism can help with prevention, leading people to repentance. Discipleship will help with character formation and behavioural change. HIV and AIDS are mainly behavioural; therefore, discipleship will assist the church in changing perceptions about the role of the church in addressing HIV and AIDS. Worship as a buffer against most of human misery is implied in the first commandment of the Decalogue. According to De Bruyn (2008:25), "if the disposition of the heart is what it should be, it will be revealed in external actions". If God is at the centre of human worship, the actions of believers will lead them to righteousness. As a result, the possibility of contracting HIV and AIDS would be minimised. Fellowship will offer support for PLWHA, like in the early life of the church (demonstrated in the book of Acts). PLWHA need unconditional acceptance and belonging, and fellowship in the

church will fulfil these needs. The ministries of the church, based on the spiritual gifts, would enable the church to address HIV and AIDS holistically, with the result that a doctrine which asserts that God gave spiritual gifts to the church to minister to the whole person through the whole church would be realised.

According to Van Dyk and Van Dyk (2007:682), HIV/AIDS is increasingly becoming a problem in the South African community and is, therefore, not only a medical problem, but also a social problem, involving inter alia the church. The way in which HIV and AIDS were seen in the beginning might have contributed to the manner in which the church responded to this scourge. The role of the church in the world in addressing HIV and AIDS is critical in reflecting the heartbeat of God for the suffering.

According to Haddad (2005:34), the church in this particular time of devastation with the HIV and AIDS pandemic is given an opportunity to rethink its mission and transform its structures to become a place of healing, hope and redemption. If HIV and AIDS are sin, then the church is sent with the message of the forgiveness of sin. As discussed above, the biblical functions of the church form a methodological framework for the church to respond to health-related distresses.

Mwaura (2008:51) argues that the church needs to use the HIV and AIDS crisis to stimulate itself into action, which is a requisite for the fulfilment of its mission of being the light to the world and the salt to the earth. It should also fight against anything that does not align with the mission of God. His view is that the church should condemn the sin of stigmatisation and discrimination openly. The church must, therefore, not only focus on prevention and caring, but also address factors that fuel the spread and impact of this pandemic.

The scourge of HIV and AIDS exacerbates poverty and the loss of property for women whose husbands have died due to this pandemic. In cases like this, Mombo (2005:66) argues that the church's missional challenge is to make God's justice visible here and now – the justice that was historically made visible in Jesus Christ, the human face of God, who walked the path, demonstrating true justice. She further states that all who are involved in the mission of God in the world are called to walk in this path of true

justice in a world full of injustice that creates poverty and misery for many. The means to address this pandemic needs to incorporate the mission of God for the suffering. The standard that God has set, such as the Ten Commandments, needs to be considered in fighting the HIV and AIDS pandemic.

3.2 HIV and AIDS

According to Farag and Musvosvi (1996:2), HIV and AIDS go beyond borders of age, class, religion, economic status or colour, as they affect all. This pandemic does not respect anyone or any organisation, no matter what its nature or function is. It has affected the church, politics, the poor and the rich. The extent of this scourge calls the attention of the people of God to respond in love and compassion as God has responded to human tragedy in biblical times. This plague challenges the body of Christ to exercise its gifts to fight side by side with each other for the reduction of this evil disease.

At the root of HIV and AIDS is sin. This statement does not mean that HIV is sin, but sin contributed to the inception of this scourge and continues to fuel its spread and impact. An awareness of this prescribes that the church needs to speak about sin without being judgemental, stigmatising or discriminating against people living with HIV and AIDS. The seventh commandment in Exodus 20:14 was not given to deprive people from enjoyment, but to protect them from misery that is caused by sexual intercourse outside wedlock. Does this mean that every person living with HIV and AIDS transgressed the seventh commandment? The relationship between sin and human misery is not a new thing. This question was asked in Jesus' time too when a man who was born blind was brought to him (John 9). According to Van Wyngaard (2006:269), it was also asked during Job's suffering in the Old Testament.

The great commandment in Matthew 22:37-39 is a summary of the Decalogue. This admonishes us to love God with all our being and our fellow human beings as we love ourselves. Basically, God was protecting humanity from the devastating consequence of sin, of which HIV is one of the fruits. God put in place a mechanism to help his people to avoid sickness that comes as a result of disobedience.

If HIV and AIDS would be managed and reduced, communities would eventually become HIV- and AIDS-free societies. Sin has interrupted God's plan for human life. According to Baard (2008:369), the doctrine of sin has been particularly troublesome with regard to HIV and AIDS, often taking the form of moralising about promiscuity and muttering about just punishment for sinners. In reaction, those Christians who are less inclined to moralise have found it impossible to talk about sin and AIDS at all, thus leaving a gap where there should be a moral vision.

The church cannot, therefore, deal effectively with HIV and AIDS without seriously looking into the reality of sin. This does not mean that every person living with HIV has sinned, but it seeks to go to the root of the problem. A critical look at sin reveals the base of most factors contributing to the spread and impact of HIV and AIDS (Collins, 2001:106).

AIDS continues to be the greatest killer the world has ever confronted. People of all ages are losing their loved ones due to AIDS. At the moment, there is no hope that medication will be available to deal with this challenge once and for all. Therefore, Haddad (2005:34) is right in saying that "the church itself should be such a place of support and care, an oasis of the hospitality of God. It needs to become the model of the kingdom of God here on earth, where each person is treated with the dignity of one who is created in the image of God". This view of Haddad is also espoused by Richardson (2006:50), who adds that "care for those infected and affected by HIV and AIDS is the business of the whole church – all Christians, not just those specially trained and skilled in medical matters".

The view that is held here is also substantiated by Wright (2006:433) when he states that "unquestionably, the greatest emergency facing the human family today is HIV and AIDS. It is devastating human life on a scale that can scarcely be grasped".

A number of regimes have been introduced to relieve the burden of HIV-infected people, but to no avail. The result of this failure is death, which results in the generation of orphaned children. The obvious aftereffects of the prescribed medication may at

some point push the infected people into a state of seclusion, particularly in Africa, leaving grandparents and young children in a struggle for existence. This automatically creates enormous numbers of totally helpless people, with widows suffering the most. People continue to die at an alarming rate, because one cannot apply the same approach to everybody when dealing with HIV and AIDS.

According to Kamaara (2004:35), "the church is expected to be a caring community that ministers to all its members in their specific circumstances. As far as HIV and AIDS are concerned, individuals infected desperately turn to the church for care and consolation in the midst of poverty and desolation; for love in spite of who they are or how they got infected, and for hope in the hopelessness presented by the incurable scourge". The involvement of the church is thus crucial in addressing the devastating pandemic. This is reinforced by the words of Hybels (2002:15), who posits that the local church is the hope of the world.

HIV/AIDS is not mainly a public health concern, its effects cut across every sphere of human life, from the household to the national level. The economic, political, socio-cultural and medical challenges demand an integrated multidimensional response to address the wide-ranging impact (Marshall & Van Saanen, 2007:140):

> Clearly the single mitigation approach that was initially used may have not yielded any solution towards addressing the matter. A multiple approach towards dealing with HIV and AIDS should be adopted due to the fact that a human being is not solely a physiological being. An approach similar to the one favoured by the proponents of palliative care should further be investigated.

In pursuit of the assertion that was made on palliative care, it must be noted that for a complete mitigation of the impact of HIV and AIDS on the infected and affected, the use of social workers, psychologists, medical practitioners, traditional healers and pastors must be explored. This approach should be central to a holistic view that is similar to the one that the church holds on human beings (Twycross, 1998:16).

3.2.1 The factors that contribute to the spread of HIV and AIDS

Baard (2008:368) argues that the crisis of 40 million people living with HIV and AIDS and 8 000 people dying of AIDS every day constitutes a new Kairos moment for the church, globally and particularly in the part of the world where this pandemic is rife. The concept of Kairos indicates awareness that a particular moment in time is filled with revelatory meaning in which the church is called to re-examine its theology and praxis. This time of HIV and AIDS challenges the church to respond to the problem of the pandemic.

The understanding of the *missio Dei* must include the problems that are caused by HIV and AIDS. These problems are more than those that were caused by leprosy in biblical times. If the church is not aware of what it is dealing with, it will not be able to deliver. The m*issio Dei* is about God exerting his authority over sin, sickness, demons and Satan with the objective of rescuing his people. It is paramount for the church to have full knowledge of the nature of their mandate.

3.2.1.1 Violation of the rights of people living with HIV and AIDS

Violation of the rights of people living with HIV and AIDS increases the spread of HIV. People still need to be regarded with respect, even though their dignity has been dragged through the mud. Disrespect for people living with HIV is also disrespect for their Creator. The contravention of their rights forces many of them to hide and continue with their negative lifestyle. Infringement on their rights makes it difficult to contribute to the solutions of reducing the distressing consequences of HIV in the society.

3.2.1.2 Sexual perception

The church has to revisit the way in which sex is viewed from a biblical perspective. According to Vorster (2004:237), sexual behaviour is largely responsible for the transmission of HIV. Open and free sexual relations provide a fertile ground for the rapid spread of the disease. Media contribute to the advertisement of free sex and young people who are exposed to it, practise it to their peril. The X-rated movies also

encourage free sex, which is then accepted by children as normal, since they learn by watching. The media has a powerful influence on the world.

It is natural for people anywhere in the world to find a way of surviving. Both men and women sell their bodies in exchange for something that can help them to survive. When they have nothing else to sell, they prostitute themselves to survive. This increases the spread of HIV and AIDS. According to Van Wyngaard (2006:275), not all types of prostitution are conducted in a formal way. He says that research which has been conducted in Durban indicates that among a large group of young people of all races, it is considered customary for sexual favours to be exchanged for gifts.

3.2.1.3 Stigma and discrimination

Stigma, according to Gennrich (2004:17), is the belief that HIV and AIDS are somehow associated with disgrace or shame. Stigma often leads to discrimination and this, in turn, leads to the violation of the human rights of people (and their families) living with HIV/AIDS. Until such stigma is eradicated, it will continue to be very difficult to fight the pandemic.

Gennrich says that stigma and discrimination have the following repercussions: They hamper prevention efforts, keep people from being tested early and from looking for medical care and support, and thus sustain the silence and denial around HIV and AIDS, enabling it to continue in secret. This silence and denial contribute to the reinforcement of the marginalisation of the people living with HIV and AIDS and those who are particularly vulnerable to HIV infection.

According to Vorster (2004:231), the root of stigmatisation is the way in which sexuality has been perceived throughout the history of the church. The historical view of sexuality as something impure, something of a lower order over and against the superiority of spiritual things, has a lot to do with this perception. Sex was not looked at from a biblical point of view. Life was regarded as sacred and secular, with some actions holy and some unclean.

Wrong beliefs lead to wrong actions, which result in devastating consequences. Because sex was not viewed from God's perspective, it led to destructive behaviour. God created one man and one woman to love and entertain each other sexually in marriage, be faithful to each other and thus honour their Creator. God intended sex to be safe and secure, but this is only possible in the parameters of marriage. It is a fact that condoms (to a certain extent) prevent the spread of HIV and AIDS, but the safety and security that is found in God's order of marriage is absent when they are used out of wedlock.

The church has to reteach God's intention with sex to children and youth so that they are not taught primarily by the media; the latter omit the fact that safe sex means protection of the whole person, and that sex is not just a physical matter. Vorster (2004:240) asserts that sexuality is a gift from God, given for procreation and recreation. It is the deepest expression of love between two people and is safe. Therefore, sex is not just a physical, but also a spiritual, emotional and mental act – it involves the whole person. Sex is not meant for two consenting adults outside the borders of marriage; this is ethically wrong. When the church does not see sex as a gift from God for human enjoyment within the parameters of marriage, its message on sex is negative and wrong, thus sending the wrong impression. The church, therefore, needs to redress the skewed information it has unintentionally sent earlier on.

3.2.1.4 Poverty

Baard (2008:372) claims that, in the majority of the world where poverty is rampant, people's vulnerability translates into greater rates of HIV contraction. This claim calls for full attention to the way in which the disease is addressed in the context of poverty. True as it may be that sin contributes to the spread and impact of HIV and AIDS, there are many factors which contribute to the increase of the disease.

Another observation is made by Gennrich (2004:16), who states that poverty is not just the absence of material necessities. He posits that poverty results in a loss of self-respect and hope, and leads to deep anxiety. It is hard for people who do not know how or whether they will survive until next week to choose to abstain or protect themselves.

Where there is no hope, there is no life. Therefore, the church of Christ is called upon to intervene in such conditions. The church needs to follow the example in the book of Acts, where the believers took care of the needy among them (Acts 2:43-47; 4:23-37; 6:1-7).

According to Kamaara (2004:38), there is an intricate positive relationship between HIV/AIDS and poverty in an economic sense. This explains why the overwhelming majority of people living with HIV and AIDS (95%) are found in less developed countries of the world, with sub-Saharan Africa carrying the disproportionate burden. While HIV is not just confined to the poor, poverty contributes enormously to the spread of HIV and to the development from HIV to AIDS. On the other hand, HIV and AIDS contribute enormously to poverty. This means that a vicious cycle exists in which poverty contributes to HIV and AIDS and vice versa, thus complicating the situation.

Poverty is not the cause of HIV, but it exacerbates it in a sense that medication drains the resources that have been gathered for many years. Most people lose their jobs due to ill health, as they are no longer fit for work. Since the people who are hit the hardest are the working class, loss of income is inevitable. Some lose everything they have worked for. The fear of losing insurance is what makes disclosure difficult.

3.2.1.5 Alcohol

The researcher has observed that alcohol also fuels HIV, because people lose control over themselves when they are are drunk. Health departments do well to distribute condoms, because their authority is secular, while the church derives its mandate from the Bible. It is indisputable that condoms protect people from infection, but they do not keep people's consciences peaceful. Abstinence and faithfulness are still the best methods of prevention. These methods consider the whole person's wellbeing. When the church emphasises sexual purity, it is not from naivety or from being judgemental. At first the church reacted without sound biblical teaching, which sounded judgemental. The truth remains that God is the final authority in how to respond to the suffering of his people.

3.2.1.6 Satanism

Satanism plays a crucial part in the spread of HIV and AIDS. According to De Bruyn (2008:35), unbridled sex plays an important part in Satanism. It is used as bait to attract especially schoolboys and young men, and to get them in the grip of Satanism. Nearly everything that is done during their meetings ends in unrestrained sexual orgies. An orgy often begins with the leader or priest having intercourse with one of the women (witches or priestesses) in front of everybody that is present; after that, all men and women have to have intercourse with each other. If this is how the activities of Satanism take place, then Satanism plays a role in spreading HIV and AIDS.

The church has to address different aspects that contribute to the spread of HIV, even Satanism. The fact that Satanism contributes to the spreading of HIV and AIDS should not be taken lightly, since the predicament of the world is as a result of Satan who tempted Adam and Eve in the Garden of Eden (Genesis 3). The New Testament is full of examples of how demons tormented people. In his ministry, Jesus dealt with a lot of people who were oppressed by the Devil (Mark 5:1-20; Luke 13:10-16). Acts 10:38 tells us that Jesus was anointed with the Holy Spirit and with power. He went about, performing good deeds and healing those who were oppressed by the Devil.

The theistic view of HIV/AIDS is that it should not be viewed as a medical problem alone, but also as a supernatural problem, because it is instigated by demonic forces that motivate people to indulge in sex outside the borders that were ordained by God. It was mentioned previously that the world is in this predicament because of Satan; he is still continuing to confuse the minds of people, urging them to resist God.

Concurring with this idea is Unger (1971:28), who states that in such moral decay the unclean spirit takes possession of the sinner to gratify his senses through every type of unclean pleasure. This is apparently why a demoniac often desires to live in a state of nudity and harbours licentious thoughts (Luke 8:27).

When people disobey the moral laws of God, especially the law of loving and honouring their Creator, they choose the depraved way of Satan and his demons. There are only two kingdoms, namely the kingdom of darkness and the kingdom of righteousness. No

one can belong to them at the same time. In addressing HIV, the demonic element should not be left out, because Satan is the chief enemy of God and human beings.

It follows, therefore, that the role which the church plays is crucial, since it is the only body that has been sanctioned by God to represent him in addressing the interest of the kingdom of righteousness on earth. The church, like Christ, is here to serve the people of God and to set free those who are still in the kingdom of darkness. When Jesus commissioned his disciples, He gave them authority to cast out demons and to heal all manner of diseases (Mark 3:13-15, Matthew 10:1-8, Luke 9:1-10; 10:17-19). The church needs to pray to God for intervention in his sovereign way. Furthermore, the church needs to pray for the kingdom of God to come and for his will to be done on earth as it is in heaven. The church needs to surrender to the will of God, like Christ did when he went to the cross. This kind of surrender requires selflessness in order to serve the infected and affected. The remedy to this plague depends upon the understanding of the church members of their mandate to minister to infected and affected persons.

3.2.1.7 Mother-to-child transmission

This transmission can take place during pregnancy or during birth. In the African culture, breast-feeding is economic and healthy for the bonding of mother and child. A child is breast-fed until it is old enough to eat solid food. If a child is breast-fed by a mother who is HIV positive, the child will also be infected.

3.2.2 The understanding of the *missio Dei* in the era of HIV and AIDS

The training of the apostles under Jesus helped them to understand the purpose of their existence. According to Munro (1996:25), "to fully release your potential, you must discover your corporate and specific reason for existence and accompanying assignment". Jesus did not leave the understanding of the mission of God to happen accidentally, he spent time discipling the apostles to continue his mission in his absence. Without clear understanding of the mandate, failure is inevitable.

For the church to understand its mandate, it must go the Scriptures to learn and remind itself of its mission. As the ministry of Jesus and the apostles is studied, the following

are very clear (Luke 4:18-19; Acts 10:38; Mark 1:40-45; 3:13-15; Matthew 10:7-8; Mark 16:15-20; Matthew 28:18-20; John 4):

- Preaching
- Meeting needs
- Transforming lives

What Jesus and the apostles did, was inclusive. They preached, fed the hungry, healed the sick, cleansed the lepers and cast out demons. The church in the era of this pandemic must preach the gospel to the whole person, change behaviour and meet needs as it encounters them.

Munro (2004:120) argues that "the success of any organisation is dependent on the understanding of its mission to fulfil its purpose. Each member of the institution must internalize and understand the statement so that all are working together to accomplish the mission". It is, therefore, important for the church to understand its mandate in the era of HIV and AIDS to serve the infected and affected effectively and efficiently.

In Acts 6, the apostles assign some people to care for the needy so that God's love and compassion might be seen in the church and the world. The reason that the disciples were called into Jesus' ministry early on was to train them in the mission of God. The importance of understanding the mission of God is clearly demonstrated by Jesus as He responded to the disciples in Mark 1:38, saying: "Let us go somewhere else – to the nearby villages – so I can preach there also. That is why I have come." The church as the agent of the *missio Dei* or as ambassador of Jesus Christ must respond to human suffering in a holistic manner; Van Klinken (2008:322) states that care has to be understood holistically – not just the challenge of HIV and AIDS has to be addressed, but also the interconnectedness of HIV and poverty.

Warren (2007:321-233) suggests the following six practical pillars which are based on biblical principles to help the church in the era of HIV and AIDS to mitigate the spread and impact of this pandemic:

- Caring for and comforting the sick
- Handling of testing and counselling
- Unleashing a force of volunteers
- Removing the stigma
- Championing healthy behaviour
- Helping with nutrition and medication

These principles accommodate those people who have problems with the use of condoms. They allow them to play an important role without infringing on their understanding of how HIV and AIDS may be prevented and treated. The understanding of *missio Dei* ushers the church into the ministry of helping those who are infected and affected. The church functions by demonstrating its understanding of *missio Dei* as it gets involved in addressing particular issues in relation to HIV and AIDS. As the church extends a hand of fellowship to the infected and affected, for instance, it demonstrates its understanding of its role.

3.3 Programmes of the church in addressing HIV and AIDS

The children of God have always played a role, both in biblical times and throughout history. The role that the church has played towards people living with HIV and AIDS is an integral part of its function as an ambassador of Christ on earth. Without the church playing the role, the purpose of God for the church will not be fulfilled. The Gospels and the book of Acts set the precedent for the church to care in the midst of trouble (Matthew 4:23-24, Mark 1:40-45; Acts 6:1-7).

According to Jansen *et al.* (2009:77), the church needs to fulfil its *prophetic function* inter alia by providing training from a Christian perspective to its members and the community on combating the HIV and AIDS pandemic. The church needs to fulfil its *priestly function* in various ways, inter alia by making its facilities available for HIV and AIDS training and supporting those who are suffering, such as the many orphans. It needs to fulfil its *kingly function* inter alia by working actively against sin that is associated with the pandemic and is manifesting because of the pandemic. The Bible sees believers as priests and kings; therefore, Jansen *et al.* (2009) are not wrong in saying that the church needs to take part in combating the impact of HIV and AIDS.

According to Schulz (2009:101-102), the primary business of the church is to reconcile sinful humanity with God. The church that divides human life into spiritual and social spheres misses the integral part of its mission. The human being is a component of different parts, namely the incorporeal and the corporeal. These are all important to God and must be cared for. The mission ought to be inclusive in a practical manner to serve the whole person in every area. The gospel, which is the springboard of every activity of the church, should always be at the centre of the mission of the church.

Jesus was anointed to proclaim the gospel, which included everything that affected God and human beings (Luke 4:18-20). When He commissioned the apostles, He gave them authority and power to preach, heal the sick, cleanse the lepers and cast out demons (Matthew 10:7-8). Jesus told his disciples specifically to cleanse the lepers, because leprosy, like AIDS, was incurable and contagious; the disciples would otherwise ignore this disease, because of its nature. This command is also meant for the church today. When the Lord sent his believers, He worked with them and assured them with signs and wonders, which was part of his ministry (Mark 16:15-20). These passages show that the gospel is not only a proclamation, but also a confirmation of the alleviation of human suffering. It is acted on, even in the most appalling situations of human life.

This kind of ministry has been part of the church for a long time. In the era of HIV and AIDS, the demand for this service is high. The responsibility of the ministries that the

church carries out is grounded in the gospel that reveals God's desire for mankind. The actions of God in the Garden of Eden, the garden of Gethsemane and on the cross demonstrate that the church must reach out to others with the gospel like God and Jesus did (Genesis 3; Mark 14:32-51; Matthew 27:45-56).

The intervention strategies of the church should bear all people in mind, in other words the uninfected, infected and affected. This speaks of prevention, treatment, care and support of the whole person (Mboya, 2010:136). The role that the church plays in the era of HIV and AIDS, therefore, needs to be inclusive of all that affects people.

African faith-based organisations are well situated in communities to intervene in the devastating consequences of this pandemic. They have a significant role in African culture and, due to their divine mandate, must serve people in need (Marshall & Van Saanen, 2007:140).

Since it was established in Chapter 2 that the church has a role to play in addressing the plight of the people during the era of HIV and AIDS, intervention strategies should be in place to curb the spread and impact of this pandemic. These strategies must be connected with God's mandate (the *missio Dei*), as well as biblical teachings and functions of the church. The following are intervention strategies that would aid the church to respond to this scourge:

Marshall and Van Saanen (2007:142-144) outline comprehensive intervention strategies of the Kenyan Coptic Orthodox Church's role in mitigating the spread and impact of HIV and AIDS, and these include

- voluntary counselling and testing;
- clinical HIV and AIDS management;
- anti-retroviral treatment (ART) and treatment for opportunistic infection;
- laboratory investigations;
- general counselling;

- adherence counselling for ART; and
- peer support counselling.

In addition to the above, the mission also includes

- foster awareness;
- the breaking down of the stigma and the cultivating of community involvement through multinational AIDS community-training programmes in remote areas; and
- dedication to the offering of services that are never dependent on people's religious qualifications or their adherence to the church's values. Rather, the mission takes great care to preserve its spiritual identity and expresses actively its undiscriminating love by serving the most neglected and marginalised.

What the Kenyan Coptic Church does, embraces the mission of the church. If the actions of the church are not tied to the *missio Dei,* they will not address the real problem. *Missio Dei* in action is demonstrated by Jesus in his conversation with Nicodemus in John 3. He dealt with the core issue of being transformed in his set pattern of life. According to the Scriptures, HIV and AIDS cannot be treated effectively without the gospel. This is also shown in John 4, where Jesus talked to the Samaritan woman at the well. He addressed the real issue in the woman's life and helped her to go to her community with the good news of what Jesus said to her, which changed her life.

As the church spread through the Roman Empire (Scott, 1983:313), its ministries of mercy underwent considerable development. In Rome and Alexandria, social relief became the monopoly of the church. The ministry took the form of distributions to the poor, as well as the establishment and upkeep of hospitals, orphanages and homes for the aged. By the fourth century, the church was also bringing relief to people who were plunged into distress by inflation.

In agreement with Scott, Yancey (1995:156) claims that the believers in the early church were different from their pagan neighbours, because they cared and support the poor and suffering. They also ransomed their friends from barbarian captors. When plague

hit, the Christians tended their sufferers, whereas the pagans abandoned the sick at the first symptoms of the illness.

This observation demonstrates that the church is a house of mercy; it was demonstrated both in the Bible and during the course of church history. Through different periods, the church gave a helping hand to the poor and the sick. During the Middle Ages, people like St. Francis of Assisi who kissed the hands of lepers and Queen Mathilda who washed their feet believed that they were doing so for their Lord Jesus Christ. They acted out of compassion and kindness to those who suffered in sickness. If the church is going to be relevant and sort out the crises in the world today, it should continue to be compassionate in the same way as is portrayed in the Scriptures and throughout church history (Scott, 1983:315).

3.3.1 The role of the church in fighting HIV and AIDS in Africa

There has been considerable involvement of the church in Uganda in their struggle against AIDS.

The Uganda Christian AIDS Network (UCAN) and the Pan African Christian Network (PACANET) have outlined what the church has done in Uganda in addressing the HIV and AIDS pandemic as follows (2003:4-5):

3.3.1.1 Mobilisation

This involves the raising of HIV and AIDS awareness, as well as the motivation and inspiration of congregations to act and maintain their initial enthusiasm by

- acquiring information on HIV and AIDS facts;
- changing attitudes towards those who are infected and affected by AIDS; and
- catalysing church leaders to encourage their congregations to initiate activities that respond to HIV and AIDS.

3.3.1.2 Combating stigma

By the nature of its commission and mandate, the church should be at the forefront in the fight against any advances that alienate, isolate and discriminate against

people who are infected and affected by AIDS. Below are a few resolutions that the church in Uganda adopted in combating stigma. The church must

- base education on people's real experience;
- encourage theological and ethical reflection on HIV and AIDS;
- welcome people living with AIDS as a valuable resource;
- break the conspiracy of silence; and
- talk to them freely about the disease.

3.3.1.3 Advocacy

The church has a responsibility to examine issues that affect the people living with AIDS by involving them in advocacy as a voice for the most vulnerable groups in society. Ideally, the church has a comparative advantage in ethics and integrity over the other entities.

3.3.1.4 Resource mobilisation

The church is well positioned to influence the identification and realisation of resources for the assistance of those who are affected by AIDS. Donors are becoming increasingly interested in supporting church initiatives.

3.3.1.5 Spiritual and emotional care

People living with HIV and AIDS have special needs for support. The guilt, anger, despair, isolation, stigmatisation and other afflictions all drain the capacity of an individual to keep on going. Many testify that prayer is very essential to their lives.

3.3.1.6 Physical care

People living with HIV and AIDS have considerable physical needs, including

- washing of their clothes when they feel too weak;
- food to be bought or prepared when they feel too tired to cook; and

- help with other household chores.

The researcher agrees that the abovementioned items are essential, but not comprehensive in the sense that it does not include discipleship, which is the heart of behavioural change. Without real teaching on discipleship that inculcates the life principles which Jesus commanded his disciples to pass on to those who believe in him, real change cannot occur. The strategy also does not include programmes to help those who live with HIV to disclose their status, which unload people of the burden of what others might say when they discover that they are HIV positive. The traditional ABC strategy and Warren's six pillars (cf. 3.2.2) must be included in every attempt to address the spread of HIV and AIDS.

3.3.2 The role of the church in fighting HIV and AIDS in South Africa

The South African Council of Churches (SACC) (2001:1), the facilitating body for a wide group of South African churches, has targeted the scourge of HIV/AIDS as the most critical component. All SACC's constituencies are encouraged to incorporate HIV/AIDS education in their activities. They are also encouraged to develop a culture of acceptance and caring for people living with the virus.

The church-based women's organisations have increased their involvement in caring for those dying of AIDS through hospices and home-based care. The increase of such church-based organisations is a good indication of the church's potential to deal with HIV/AIDS.

The Evangelical Alliance of South Africa (TEASA) is another strong faith-based organisation that brings the evangelical churches together to spread the word of God and participate in community development. TEASA (2008:1):

- runs a resource hub for churches;
- provides HIV/AIDS training and educational material; and
- offers programme development services for member churches that wish to develop HIV/AIDS interventions.

According to the Catholic News Agency (2010), the Roman Catholic Church in South Africa has done the following:

- Priests and others conduct prayer services and run support groups for patients and others affected by AIDS.
- Caregivers come together for retreats and times of debriefing from the stress of their work.
- Bishops support the AIDS committees and personnel who are directly involved in the response to AIDS.

Their argument for their actions is that they are Christ to those in need. The church is the body of Christ in the world of HIV and AIDS, and it has to demonstrate this by standing by those who are suffering.

3.4 The church's guidelines for an effective and efficient intervention strategy in addressing HIV and AIDS

The guidelines for addressing HIV and AIDS must be integrated with those of the *missio Dei* and the church. These guidelines must be executed through the biblical functions of the church. The understanding of the *missio Dei* and the biblical functions of the church will provide a base for effective and efficient strategy for the church to play its role in addressing this pandemic. The church must also include all the stakeholders in the fight against the pandemic, as well as consider the causes of the spread and impact of this pandemic as it seeks to develop guidelines. In this regard, the Ugandan churches and the Kenyan Coptic Orthodox Church are the examples, as previously discussed. In their endeavour to address this pandemic, they have incorporated their mission in all their structures and have used their members according to their skills and gifts. Furthermore, the church must be a friendly place where people can talk about their issues freely without being intimidated.

Due the role that they play in addressing this pandemic, education and counselling will be discussed in detail. These two guidelines help in character building and caring for both uninfected, infected and the affected.

Mboya (2010:124-139) outlines the following guidelines for addressing HIV and AIDS:

- Transforming viewpoints
- Education
- Training
- Engaging in critical reflection on biblical terms
- Counselling
- Administering to the spiritual needs of individuals
- Implementing support systems
    - Helping the bereaved
    - Assisting with practical care
- Engaging in advocacy

HIV and AIDS are multidimensional problems which needs multifaceted solutions. The *missio Dei* is a God-ordained solution to this problem which is executed through the biblical functions of the church. The abovementioned suggestions show that HIV and AIDS cannot be tackled from one angle alone. These suggestions, plus the traditional ABC strategy and six pillars of Warren, will help the change in addressing the spread of HIV and AIDS effectively and efficiently. Poverty, hopelessness and emotional, mental and physical problems that are brought about by HIV and AIDS, to name but a few, need a coherent strategy in addressing them.

3.4.1 Education

Mboya (2010:126) has observed rightly that churches need to incorporate HIV and AIDS education in all its services in order to raise people's awareness regarding HIV and AIDS. He believes that the church needs to teach married couples how to avoid re-infection and live positively with HIV and AIDS. Education is part of discipleship, which presents the church with an opportunity to help people in building character and changing their behavour. HIV and AIDS are predominantly behavourial; hence, discipleship is of paramount importance.

According to Van Dyk (2008:129), the main aim of education in relation to HIV and AIDS is not just to pass on information about the disease, but to facilitate transformation of attitudes and behaviour, and to empower uninfected, affected and infected people to live responsibly. Education in the fight against this pandemic needs to be as comprehensive as possible and grounded in the *missio Dei.* Unless the church is moved with compassion like Jesus, the head of the church, it will not serve the suffering people properly.

Malera (2007:60) is of the opinion that an effective response to the HIV/AIDS pandemic needs to be established and developed in the values of openness and confidentiality, and that public health education must be prioritised. A friendly atmosphere in dealing with this pandemic must be created to help the infected to open up freely so that an opportunity for prevention and treatment may be seized in time. Education is the key tool in addressing the problems and impact of the sickness. This education must be inclusive of all that pertain to this pandemic, prior to and after infection.

The education of the church should address the whole person by including what African Operation Whole has outlined below. African Operation Whole is a Christian organisation that is operating in Africa by tackling human needs from a biblical point of view. Since HIV is predominantly transmitted through sexual intercourse between individuals when one of them is infected, the church needs to teach, as way of intervention, the value of sexual purity to children at an early age. In doing this training,

the church must partner with parents to entrench skills to talk openly about sex. The material of Africa Operation Whole would be helpful in this regard.

Africa Operation Whole (1997:13) outlines different benefits of being sexually pure. They are categorised as emotional, relational, psychological, physical and spiritual benefits. In a booklet of Operation Whole (s.a: 5 not in the ref.), the organisation is described as a ministry that is committed completely to addressing the scourge of HIV and AIDS in Africa. It works both inside and outside the church and has done this for some time now. The organisation argues that the church has answers to this scourge and has been commanded by God to carry out the gospel to the whole person. Below are categories of benefits:

(a) Emotional benefits

- Avoidance of emotional stress
- Avoidance of a shallow relationship
- Avoidance of emotional hurts and scars
- Avoidance of feelings of being used just for sex
- Avoidance of the hurt of a break up
- Valuation of your own body and sexuality as a gift, not as something to be thrown around

(b) Relational benefits

- Learning of real communication and not a cheap substitute
- Developing of trust, honour, commitment, honesty, faithfulness, and value in yourself and the other person
- No risk of being compared to someone else
- Developing of a relationship for who you are and not just for your body

(c) Psychological benefits

- Building of your own self-worth and that of the other person

- No risk of sexual addiction
- No risk of sexual perversion
- No bad memories, accompanied by guilt and regret

(d) Physical benefits

- Protection of your own self-worth
- No judgement on sexual performance, but love for who you are
- No risk of getting sexually transmitted diseases, including HIV and AIDS that can make you sick, be transmitted to your unborn child or even cause you to die prematurely

(e) Spiritual benefits

- Knowing a sense of personal well-being
- Protection of yourself and your future family
- Developing of character
- No personal bruises, including guilt
- Growth in personal strength
- Protection from God's judgement on immorality

In addition to what the Africa Operation Whole has said, Kruger (2006:89-91) recommends that children should be taught that sex is wonderful, but only in the context of marriage. They must be made aware that marriage is good and a gift from God, and that there is security in the faithful commitment of a marriage covenant between a man and a woman that is witnessed by God. In a world in which marriage values are being downplayed and where more emphasis is laid on contraceptives, godly values must be reinstalled. The theistic view on the origin of human beings should ground beliefs in what is said about sexuality. Physically, people might be protected from infection, but other spheres such as emotions, mind and spirit are not protected.

Mboya (2010:126) states the following:

> Church leaders need to understand that HIV and AIDS education provides opportunities for people to understand what HIV and AIDS are, the way it is transmitted, the way it functions in the body of the infected person, what people can do to avoid transmissions and the way people can live positively with HIV and AIDS.

3.4.2 Christian care

Haugk (1984:35) states that "the distinctiveness of Christian care, then, lies not only in what we do, but in why we do it". Christian care follows the church's functions that form a theoretical framework for the actions of the church. Everything that the church participates in is tied around this theoretical framework, which helps the church as an agent of the *missio Dei*. The care of the church is done on this premise. It is inclusive of everything that results in the church functioning in a similar way than the one in which Jesus performed his ministry. The list that has been provided in 3.4.1 is discussed below:

(a) Counselling

Counselling is the Christian aspect that helps people to handle their struggles appropriately (although it is difficult), based on the word of God. According to Powlison (1994:57), "the word of God and the work of the Holy Spirit are foundational to all significant and lasting life change". It is walking alongside people, assisting them to find their footing in pain. This process is redemptive. It redeems people from fear of rejection and gives some principles to use as they face the future. The thought of being HIV positive evokes numerous emotions such as anger, guilt, fear and shame between the infected and affected. Mboya (2010:131) is of the following opinion:

> Pastoral counselling is helpful in dealing with these emotions; it facilitates not only the understanding of the issues of death, but also forgiveness and peace amongst family members. Counselling must be done before and after testing. It should include all aspect of human life, for instance the spiritual aspect, nutrition, exercise, stress, sexuality and conflicts.

(b) The spiritual aspect

In every human being, there is a longing for God which affects the here and now. Human beings are made in the image of God and that makes it imperative for the church to be engaged in spiritual counselling. The spiritual life impacts on eternity. If it is addressed, it alleviates fear of the unknown. Spiritual counselling presents the people who are being counselled with the opportunity to reconcile themselves with God, their family and the community, and to find peace within themselves. It also restores proper self-esteem. The HIV/AIDS pandemic forces people to think about death; the spiritual aspects should, therefore, be addressed Scripturally.

(c) The mental aspect

The mind is important in people who are addressing life's challenges. If their thinking is wrong, solutions will also be faulty. King Solomon says in Proverbs 23:7: "[...] for he is the kind of man who is always thinking about the cost. 'Eat and drink', he says to you, but his heart is not with you." In Proverbs 4:23, king Solomon admonishes that one's heart must be guarded with diligence above all things, for it is the fountain of life. Christian counselling must attend the issues of the church, even when the person who is being counselled does not think that the issues are important. The way in which people think, affects their response. The mind plays an important role in dealing with life's problems. Christian faith is based on concrete facts. It addresses the mind, will and the emotions. Sick people need to know the truth from God's Word and from life in general.

(d) The emotional aspect

Christian care gives unconditional love, as was shown by Jesus on the cross. This unconditional love is the basis of support groups that demonstrate acceptance, even when the truth is known about the person. According to Collins (2001:140), "unhealthy guilt feelings leave us wallowing in remorse, self-pity and self-condemnation. Healthy guilt feelings can also lead to remorse, but in addition, they motivate a person to

confess his or her faults, to make restitution if necessary, to find forgiveness". This statement teaches that the church should address the emotional aspects in its caring for the destitute to silence the wallowing feelings by dealing with that which causes fear and leads people to restoration.

(e) The social aspect

The ministry of Jesus was performed in words and deeds, showing that every aspect of human life needs to be taken care of. In Mark 2:1-12, Jesus ministers both spiritually and physically to a paralised man who was brought to him by four men. The role of the church is to serve the whole person with the whole gospel. When Jesus commissioned his disciples, He told them to preach, heal the sick, cast out demons and raise the dead (Matthew 10:1-8; Mark 16:15-20). The ministry of the apostles in the book of Acts demonstrates how they served the whole person by preaching, feeding the needy, healing the sick and performing miracles, authenticating the ministry of Christ (Acts 2:42-47; 4:32-37; 6:1-7). The apostles did not only meet in the temple, but also in their houses.

Early Christians displayed compassion to their fellow Christians who suffered. In Acts 2, 4 and 6 we are told that they sold their property and provided for the needs of others. In Acts 9:36, the disciples told Peter about Dorcas who took care of brethren's clothing needs. Compassion and active faith are inseparable. Mercy does not rejoice in seeing the destitute and noticing that nothing is done about their problems. This is what James talks about when he says in James 2:14: "What good is it, my brothers, if a man claims to have faith but has no deeds?" Compassion helps those who need help. James says in verse 17 that faith without works is dead; believers, therefore, portray their faith by being merciful to others. In the era of HIV and AIDS, the church has to care for the infected and affected to display the nature of the *missio Dei*.

3.5 Summary

What had characterised the church in the past were indifference, silence, judgemental attitude, fear, stigmatisation and discrimination of people living with HIV and AIDS. These characteristics are still part of some of the churches in the world. Those suffering from HIV and AIDS used to face death alone and others were even deserted by family and friends. All the characteristics that have been mentioned above have caused the church to fail in its mission of being a true ambassador of the kingdom of God. HIV and AIDS, with all the devastating consequences, are the problems that the global church still needs to face holistically to reduce its spread and impact effectively. This pandemic is a multifaceted crisis which requires multidimensional strategies. The role that the church has played so far has been crucial and important, but HIV and AIDS are part of the world and continue to wreak havoc in every sector of the world. The traditional ABC strategy of intervention and Warren's six pillars (cf. 3.2.2.) strategy, combined with and grounded in the biblical purposes which is the expression of the *missio Dei*, would minimise the spread and impact of this scourge to a large extend. Without consideration of factors that contribute to the spread of the HIV and AIDS pandemic, though, these are not comprehensive. The programmes that are necessary for combating the plague should be underpinned by prevention strategies and guidelines.

CHAPTER 4

EMPIRICAL RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

This chapter outlines the plan and processes of the way in which the study has been carried out. The study has explored the role of the church in addressing HIV and AIDS in the Mafikeng community.

4.2 Type of research and research design

To accomplish the purpose of this research, an extended literature study was done. The research resorted more to a qualitative approach than a quantitative one, with a survey type of research design, utilising a questionnaire. According to Wisker (2009:121), a questionnaire often seems a logical, easy option to collect information from people. In addition to what Wisker said about questionnaires, Walliman (2011:97) states that a questionnaire as a method of data collection is very flexible and one of its benefits is that it can be prearranged. It is simple and user friendly, inexpensive and fast to manage, while it helps the researcher to avoid biasness in asking questions to respondents. The same questions are asked to every respondent. It also gives participants the chance to answer questions without pressure from the researcher.

4.3 Research methodology

4.3.1 Population

The target population consists of the church leaders who have been more than a year in a church, as well as people living with HIV and AIDS in the Mafikeng community. The church leaders determine and guide the mission of the church, as well as the role that the church undertakes in pursuing the *missio Dei* in communities. 120 church leaders were presented with questionnaires, as they are the relevant people to give information about the church's role in addressing HIV and AIDS. 30 questionnaires were given to

infected people living with HIV and AIDS, as they experience the role that the churches play in ministering to them in their condition; they clarify to what extend the church offers a helpful service to them. The response rate of church leaders was 65%, while the response rate of the infected was 70%. To maintain anonymity and confidentiality, churches and people living with HIV and AIDS are discussed in general, as promised to the respondents.

4.3.2 Sample and sampling technique

A simple random sampling was used. The selection criteria were determined by the following:

- Leadership position and work experience: The target population consists of the church leaders who have been more than a year in a church in Mafikeng.
- Community members: The targeted community members are some people who are living with HIV and AIDS in the Mafikeng community.

According to Davies (2007:58), the principle of simple random sampling lies at the heart of all scientific research. It gives every member of the population an equal chance of being included in the sample and every possible combination of individuals from within the population is equally likely.

4.3.3 Tools for data collection and procedures

The tool that was used to collect data was a questionnaire. The self-administered questionnaires were given to church leaders to complete on their own. Other questionnaires were given to a support group of people who are living with HIV and AIDS. They were completed in the presence of the researcher and given back to the researcher immediately. The importance of confidentiality was also entrenched during the completion of the questionnaires. The participants were told not to write their names on the questionnaires, since the research was for academic purposes. The questionnaires for this study are in Appendices C and D below.

4.3.4 Data validation procedures: research questions, literature review and tools for data collection that were considered

In this study, the data were validated through research questions, literature review and tools for data collection. Once the actual survey results were available, data were presented and analysed by using Microsoft Excel 2010.

4.3.5 Data presentation and analysis procedures

The collected data were presented by using tables and analysed by using Microsoft Excel 2010. Pivot table and data filters were used to do frequencies, percentages and means/averages. Data validations were also used to restrict data entry per question, except for open-ended questions. The latter was captured in summary form and frequencies were used to summarise the responses.

This tool allows cross tabulation of data and filtering. Graphs, tables and narration were used to present and interpret the data. According to Kruger *et al.* (2005:218), one can also compute most statistics with spreadsheets programmes such as MS Excel or Core Quattro Point. All these programmes enable researchers to enter their data and perform the statistical computation with ease.

4.3.6 Ethical considerations

Ethical approval was obtained from the North-West University. Two letters were given to respondents, asking permission for their participation in the study. The letter from the supervisor asked for permission, while the letter from the researcher asked for permission, and outlined the purpose and importance of the study. These letters are shown in Appendices A and B below. All participants were fully informed about the objectives and procedures of the study. The researcher met the ministers of the churches that participated to ask for permission and to explain the aim of the study. An appointment was made with the leaders of a support group of people who are living with HIV and AIDS to ask for permission and to give details about the study which was to be conducted.

4.4 Summary

This chapter has presented an account of the research design and the processes that were used when the study was undertaken. The sample survey type was followed to achieve the intended aims. The tools and procedures for the study's data collection and analysis were discussed. The ethical considerations for doing the research were conducted. The following chapter will deal with the data presentation and analysis.

CHAPTER 5

DATA PRESENTATION AND ANALYSIS

5.1 Introduction

This chapter focuses on analysis of the primary data that were collected. The preceding chapter (Chapter 4) has outlined the methodology. As indicated, the research resorted more to a qualitative approach than a quantitative one to determine the role of the church in addressing HIV and AIDS in Mafikeng. Some observations were made as part of the data collection; these were also used to add more clarity to the thoughts of the respondents.

The first part of this chapter focuses firstly on the response of the church leaders and secondly on the response of the HIV- and AIDS-infected people. Frequencies and percentages per question/variable are observed. Cross tabulation of variables have also been done as a way of doing a follow-up on the consistency of respondents.

5.2 Response

Two groups were targeted as per the methodology. These are church leaders and the people living with HIV/AIDS. The purpose of this breakdown was to validate the response of both the church leaders and the people living with HIV and AIDS in Mafikeng.

Table 5.1: Response rate

	Target	Response
Church leaders	120	78 (65%)
Infected people	30	21 (70%)

Table 5.1 above shows that 120 questionnaires were distributed to church leaders in Mafikeng, of which 65% of the questionnaires were successfully completed and collected. 30 questionnaires were distributed to individuals living with HIV and AIDS, of which 70% of the questionnaires were successfully completed and collected. Some of the variables will show a count of blanks; this means that the participant did not indicate or respond to the question that was asked.

5.2.1 Response of church leaders

Church leaders were asked to reveal their age, gender, level of education, time of service and geographic area of ministry. The variables help to understand the constraints and strengths of the church leaders in Mafikeng.

Table 5.2: Age of church leaders

	18-23	23-35	> 35	Grand total
Count	11	20	47	78
%	14%	26%	60%	100%

According to Table 5.2, 60% of church leaders are above 35 years of age. There are, however, young leaders who accounted for 14% of the respondents. It can be concluded that most church leaders are adults (>35).

Table 5.3: Gender of church leaders

	Male	Female	Grand total
Count	41	37	78
%	53%	47%	100%

Table 5.3 shows the gender of the church leaders who completed the questionnaire. 53% of the respondents were males, while the remaining 47% were females. The majority of the respondents are males.

Table 5.4: Educational level of church leaders

Lower than matric	Matric or certificate	College diploma	Degree or more	Blank	Total
9	26	16	25	2	78
12%	33%	21%	32%	3%	100%

From the educational level, 33% of the leaders have a matric or certificate (Table 5.4) as their highest level of education, followed by 32% who have a degree or more. 21% of the leaders have a diploma as a qualification. Only 12% are not matriculated. This shows the need for further training of church leaders in Mafikeng.

Table 5.5: Time of service of church leaders

	Less than 2 years	3-5 Years	6-10 years	> 10 years	Blank	Total
Count	13	6	16	33	10	78
%	17%	8%	21%	42%	13%	100%

Table 5.5 shows that 42% of the leaders have more than 10 years of service. This is the highest number, hence most church leaders are experienced in their leadership.

Table 5.6: Area of ministry of church leaders

	Urban	Rural	Both	Total
Count	17	36	25	78
%	22%	46%	32%	100%

Leaders were asked to indicate the location of their ministries in Mafikeng. Table 5.6 shows that 46% of the churches are in a rural area, while 22% of the churches are in an urban area. 32% of the churches are found in both rural and urban areas. Most churches in Mafikeng are found in rural areas.

Table 5.7: The role of the church

	Yes	No	Total
Count	69	9	78
%	88%	12%	100%

Table 5.7 shows that 88% of the church leaders agree that the church has a role to play in the fight against HIV and AIDS, while only 12% says that the church does not have a role in addressing this pandemic in Mafikeng.

Table 5.8: Church leaders' view of HIV and AIDS

	Count	%
God's judgement on immoral life	17	22%
Medical problem, like any another illness, e.g. flu	21	27%
Lifestyle problem, poverty problem	40	51%
Total	78	100%

According to Table 5.8, which shows the leadership's opinion on HIV/AIDS versus God's will, 51% of church leaders in Mafikeng said that HIV/AIDS is a lifestyle and poverty problem, which is contrary to the view that HIV/AIDS is a judgement from God. This perception that it is a medical problem leaves it in the hands of medical practioners and exonerates the church from its role in ministering to the infected and affected.

Table 5.9: The church's role, viewed by area of ministry

	The church has a role in the fight against HIV and AIDS			%
Area of ministry	Yes	No	Grand total	
Urban	16	1	17	
Rural	31	5	36	
Both	22	3	25	
Grand total	69	9	78	

In Table 5.9, it is evident that churches in rural areas need more education in relation to the scourge of HIV and AIDS. 56% of the church leaders who said that the church has no role to play are based in these areas, while 33% of them are based in both rural and urban areas.

Table 5.10: Who is responsible for the infected and affected?

	Count	%
Government	15	19%
Family	36	46%
NGOs	1	1%
Church	13	17%
(Blank)	13	17%
Total	78	100%

According to Table 5.10, 46% of the respondents believe that families are mainly responsible for the infected and affected. Government is second, with 19% of the respondents believing that it should be responsible for the infected and affected. NGOs seem not to be expected to bear this responsibility, since only 1% of the respondents believe that they should be responsible for the care of the infected and affected. The fact that 46% of the respondents hold families accountable for the care of the infected, implies that the church has a responsibility to teach families to talk about sexual matters and compassionate care. As 17% of the respondents did not answer this question, the church needs help to cope with this pandemic.

Table 5.11: Disclosure (N = 78)

	Yes	No	Yes %	No %
Is your church a friendly environment for people to disclose their status?	50	17	64%	22%
Do people disclose their status in your church?	22	47	28%	60%

Table 5.11 indicates whether churches have an environment where people can disclose their status freely. 64% of the leaders said yes, their churches have a friendly environment for disclosure and only 22% believed that the environment is not friendly enough. The next response raises questions, since the answers are in conflict with each other. 60% of people still do not disclose their status, though the majority said that the environment is friendly for disclosure. This implies that the environment is not friendly, because if the atmosphere is conducive, people will disclose their status. The church needs help in creating a favourable condition for disclosure.

Table 5.12: How the church addresses HIV and AIDS in different settings

	Count	%
Weddings	6	8%
Funerals	2	3%
Church services	45	58%
Other	16	21%
Workshop and seminars	1	1%
(Blank)	8	10%
Total	78	100%

According to Table 5.12, leaders hardly use the avenues that are at their disposal effectively; for instance, only 3% said that they use funerals and 8% use weddings to address HIV and AIDS. The result reveals that 58% of church leaders use church services to address HIV and AIDS. This implies that the church needs assistance in integrating the message about this pandemic in their liturgy to help them to talk freely about it in other settings.

Table 5.13: How churches conduct workshops and seminars for congregants to make people aware of the spread and impact of HIV and AIDS (per year)

	Once	Twice	Thrice	Quarterly	Never	(Blank)	Grand total
Total	25	8	2	10	30	3	78
%	32%	10%	3%	13%	38%	4%	100%

Table 5.13 indicates that 38% of leaders never conduct workshops and seminars. This means that information about HIV/AIDS and its impact are never disseminated to the members. Only 16% do it frequently, while 3% do it thrice and 13% do it quarterly. The role of the church in addressing HIV and AIDS, therefore, is minimal in the Mafikeng community. Information about this pandemic is not disseminated adequately among members in order for them to play their role in the community properly.

Table 5.14: Information that is offered by the churches to their congregants

	Transmission	Prevention	Treatment	(Blank)	Grand total
Total	9	43	4	22	78
%	12%	55%	5%	28%	100%

In an attempt to curb the scourge, 55% of church leaders promote prevention, as shown in Table 5.14. The church still needs to do more about treatment, which should include care of the whole person and thus emulating the ministry of Jesus Christ, who cared for the whole person (cf. 2.2.2.1). Transmission is 12%, which is supposed to be the highest in percentage, showing that something is being done about prevention, while the percentage of treatment is the lowest with 5% of infected people being treated.

Table 5.15: Factors that are contributing to the spread of HIV and AIDS

Factors	Count	%
Ignorance	28	36
Poverty	24	31
Unfaithfulness	14	18
Immorality	11	14
Unprotected sexual activity	10	13
Blood-related factors	9	12
Drug and alcohol abuse	9	12
Denial	4	5

Table 5.15 provides a summary of the highest factors that contribute to the spread and impact of HIV and AIDS in Mafikeng. Ignorance is the highest cause of HIV and AIDS with 36% of people being uninformed.

Poverty is the second cause of the spread of HIV and AIDS, as shown in Table 5.15, with 31% of infected people being poor. According to Van Wyngaard (2006:51-55), as people are faced with poverty, there seems to be one universal method of alleviating this problem, whether they are living in Africa, Asia, Europe or any other place in the world – if they have nothing else to sell, they sell themselves. Poverty seems to increase and affect the occurrence of this killer disease in two distinct ways: firstly, by creating circumstances in which more people are getting infected; secondly, by delaying the process of being treated for the symptoms of this disease.

Other factors include unfaithfulness, immorality, unprotected sex, blood transfusion, drug and alcohol abuse, and least of all, denial. It is interesting to see the difference

between the contributing factors and church leaders' view of HIV and AIDS. In Table 5.8, church leaders view HIV and AIDS as lifestyle problems, but when asked about contributing factors, the element of lifestyle is the lowest percentage that is considered. This suggests that knowledge about HIV and AIDS cannot help the church to play its role in addressing the pandemic effectively and efficiently. It also suggests that the church is ill equipped to fight this scourge.

Table 5.16: Is the church equipped to respond to HIV and AIDS?

	Yes	No	(Blank)	Grand total
Total	30	43	5	78
%	38%	55%	6%	100%

The leadership believes that churches in Mafikeng are not prepared to deal with the plague of HIV and AIDS. In Table 5.16, 55% of church leaders admit that they are not equipped to respond to HIV and AIDS. This implies that the church needs to be prepared and equipped to play its role, since its leaders admit honestly that they are not equipped.

Table 5.17: The church has a policy to address this pandemic

	Yes	No	(Blank)	Grand total
Count	16	57	5	78
%	21%	73%	6%	100%

As shown in Table 5.17, 73% of churches do not have guiding principles to respond to the spread and impact of HIV and AIDS. If there are no guiding principles, the church members do not know how to respond to this pandemic from a biblical point of view.

Table 5.18: Do church leaders view HIV as a sickness?

Yes	No	(Blank)	Total
54	21	3	78
69%	27%	4%	100%

This question intended to measure the general knowledge about HIV and AIDS among the church leaders in Mafikeng. 69% do not understand the difference between HIV and AIDS, as shown in Table 5.18.

Following is a further analysis of response to this question by educational level. Knowledge is the basis of action; if the knowledge is not accurate, the actions that are taken will not be appropriate.

Table 5.19: Opinion on HIV as a sickness by educational level

	Is HIV a sickness?			
Level of education	Yes	No	(Blank)	Grand total
Lower than matric	6	3		9
Matric or certificate	20	6		26
College diploma	12	3		15
Degree or more	15	8		23
(Blank)	1	1		2
Grand total	54	21		75

Table 5.19 shows the response of the church leaders' understanding of HIV and AIDS by educational level. 65% respondents with a degree or more say that HIV is a sickness. Only 8 of them say no, HIV is not a sickness. The 89% of those who say that HIV is a sickness are undergraduates.

Table 5.20: How church members show attitudes towards the infected

	Count	%
Acceptance	55	71%
Fear	8	10%
Rejection	1	1%
Indifference	8	10%
(Blank)	6	8%
	78	100%

Church leaders believe that their church members show mostly an attitude of acceptance towards the infected. 71% of the respondents accept infected and affected people, as shown in Table 5.20. Fear and an attitude of indifference (a lack of sympathy) are still believed to be there, as both categories have a 10% response to the question. Some church members show an attitude of rejection, but the rate is low (1%). Fear and indifference show non-involvement in the role of some churches in addressing HIV and AIDS.

Table 5.21: The view of church leaders regarding the use of a condom

	Count	%
Promotes promiscuity	14	18%
Reduces risk of infection	53	68%
Protects infected and married couples	7	9%
(Blank)	4	5%
Total	78	100%

Table 5.21 indicates the response to the view of condom usage as a prevention tool. The predominant belief among the responses (68%) is that a condom reduces the risk of infection. 18% believe that condom use promotes promiscuity and a low number of 9% believe that it should be used only by infected and married couples. The church leaders have a positive view regarding the use of condoms.

Table 5.22: Programmes that are offered by churches

	Count	%
School support	13	17%
Awareness campaign	15	19%
Poverty alleviation	11	14%
Caregiving	22	28%
(Blank)	17	22%
Total	78	100%

Leaders were also asked about the kind of programmes that they offer, namely school support, awareness campaigns, poverty alleviation and caregiving. There is a fair spread of responses among these programmes, the most common being caregiving (28%), followed by awareness campaigns (19%) and school support (17%), respectively. Table 5.22 also shows that poverty alleviation programmes are presented by a minimal number of churches (14%). The involvement of the church in prevention as well as in supporting the infected and affected still needs attention, especially in reaching out to schools.

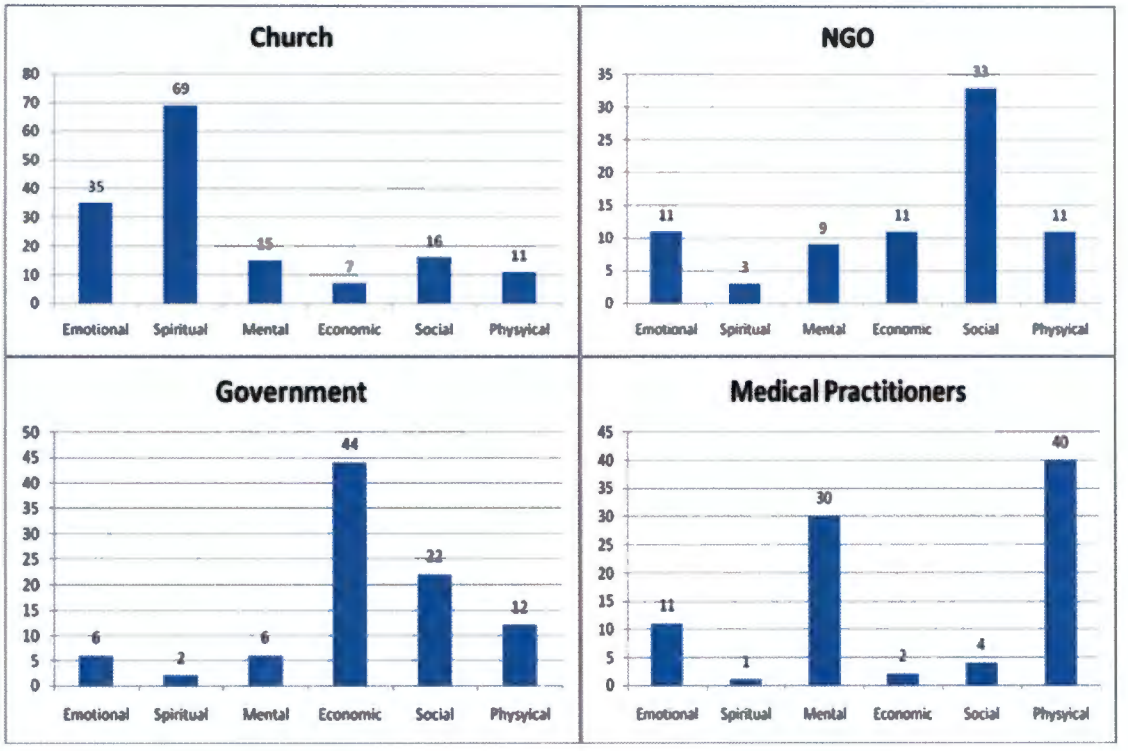

Figure 5.1: Those responsible for the follow-up of the infected and affected

Church leaders in Mafikeng were also asked to give their thoughts concerning the responsibility of the church towards assisting the infected in their need. Different needs (as shown above) were identified; these include emotional, spiritual, mental, economic,

social and physical needs. Figure 5.1 shows graphs of the leadership's opinion of suitable organisations to deal with the follow-up of the infected.

Among these institutions are the church, NGOs, government and medical practitioners. The church is expected to focus primarily on spiritual needs. Emotional needs are expected to be cared for by the church and NGOs. The main focus of the NGOs seems to be predominantly on social needs. NGOs are also expected to care for the people's physical and economical needs, and are least expected to care for their spiritual needs.

Government is expected to care for economic, social and physical needs, respectively. Medical practitioners bear more responsibility to care for physical needs and mental support. Emotional support is also expected from them, but at a lower rate. The church needs to balance their ministry towards the infected and affected. This is also confirmed by Figure 5.2:

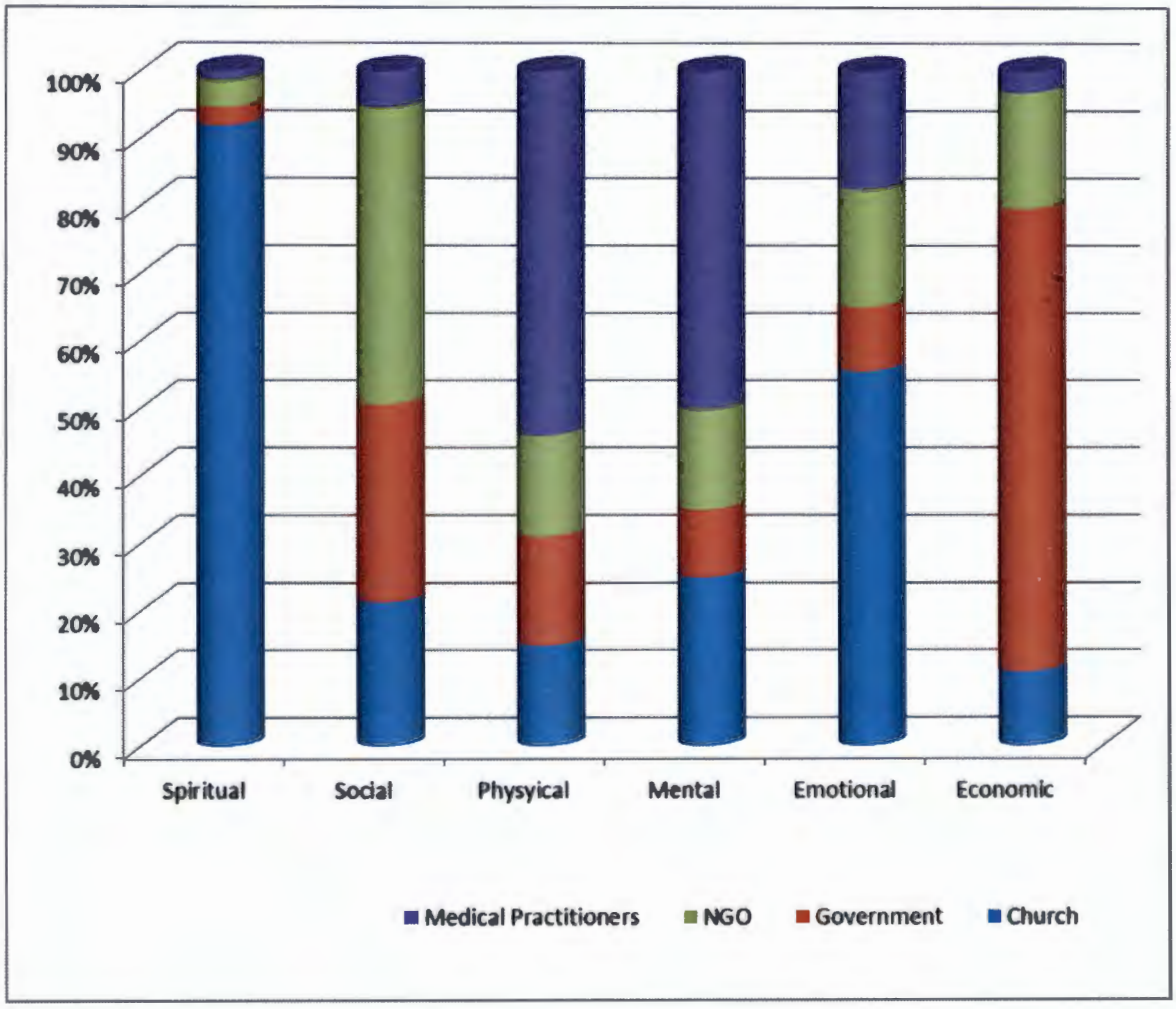

Figure 5.2: The church's and other institutions' responsibilities towards the infected

It is evident in Figure 5.2 that the church is seen as highly responsible for the spiritual and emotional needs of people, and less responsible for any other needs. Government is viewed to have responsibility for the economic needs above all and medical practitioners are equally responsible for the physical and mental needs. NGOs have an evenly spread expectation to deal with all human needs, except for medical needs. The church and medical practioners are highly involved in addressing this pandemic. The church must partner with other stakeholders who are already addressing this scourge.

Table 5.23: The involvement of the church in addressing the human problems

	Average	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Evangelism	4,04				X	
Discipleship	4,06				X	
Fellowship	4,06				X	
Worship	4,33				X	
Social action	3,77				X	

In accordance with Table 5.23, church leaders were asked to tell their view on the level of their churches' involvement in addressing human problems. Five programmes were looked at, namely evangelism, discipleship, fellowship, worship and social actions. They were expected to respond by rating these programmes; if they disagreed strongly, they should use the lowest numeric value of 1, while the highest value that could be used is 5 (strongly agree). Responses were averaged and all programmes had a common response. Leaders agree that in addressing the human need, churches are involved in all these programmes. This view of church leaders was tested during the implementation of these programmes. Figure 5.2 shows that the church is mainly focusing on spiritual matters. This has also been shown by PLWHA in Table 5.24:

Table 5.24: Number of churches that are working with non-church organisations

	Count	%
Yes	22	28%
No	50	64%
(Blank)	6	8%
Grand total	78	100%

Most churches in Mafikeng do not work with non-church organisations. Table 5.24 indicates that 64% of the leaders who responded said 'no', while a small number of 28% does work with non-church organisations.

Table 5.25: NGOs that are working with the church

Non-governmental organisation	**Number of churches**
1. Cecilia Nkosi – Helping Hands	2
2. Ephaphatha	1
3. Helping Hands	1
4. I Can Foundation	1
5. Letsha la Elerose	2
6. NGOs (not specified)	2
7. SACC	2
8. Sunshine at the gate of hope	1
9. Tsibogang Christian	2

Leaders were asked to indicate the NGO names if they were working with any of them. Table 5.25 indicates the NGOs and the number of churches that work in partnership in Mafikeng. This shows that only a small number of churches work with NGOs, a total of 28% (Table 5.26). NGOs are, therefore, only working with a maximum number of two churches.

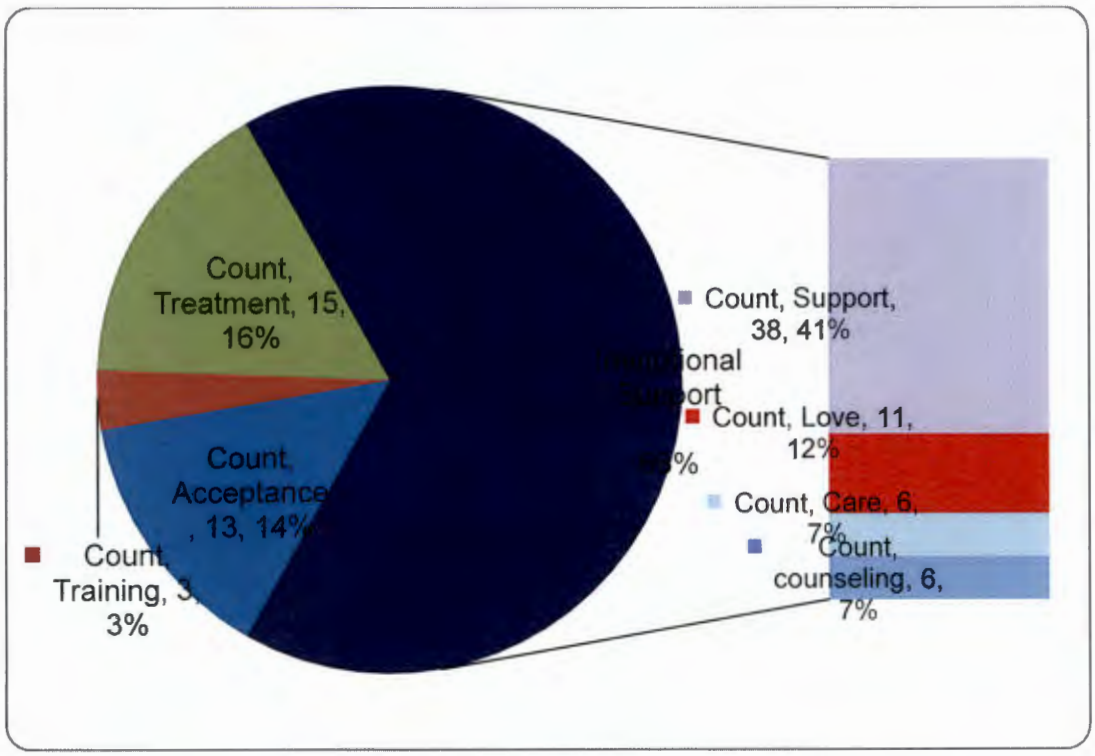

Figure 5.3: The needs of people who are living with HIV and AIDS

Figure 5.3 shows the needs of people according to the church leaders. As this question was open-ended, the comments were grouped by similarity. Emotional support (66%) is the highest need of the infected people, followed by treatment (16%). Acceptance follows with 14% and training is last with 3%. The church has a role in supporting both the infected and affected. This indicates that the biblical functions of the church (such as fellowship, discipleship and ministries) would be helpful in addressing these needs.

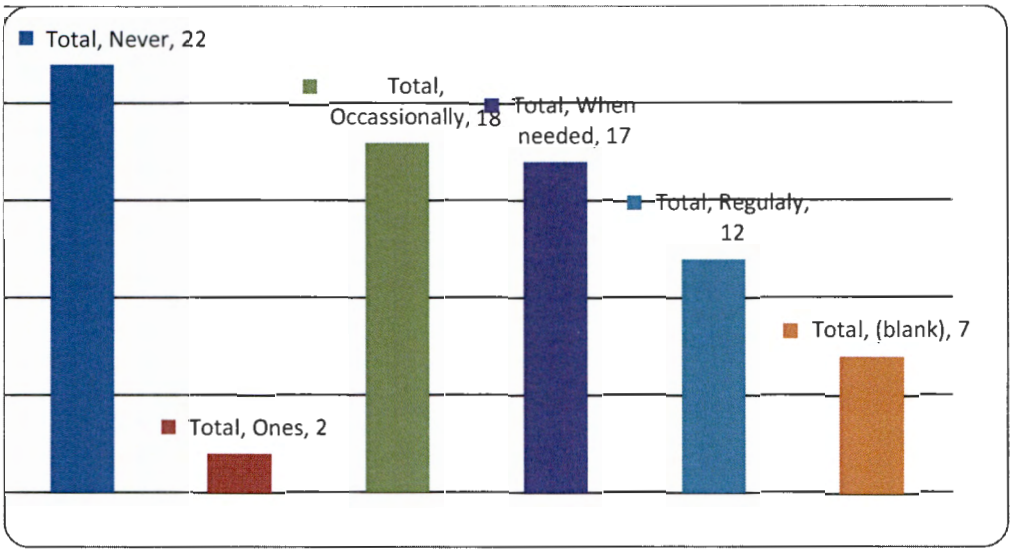

Figure 5.4: The church involves PLWHA in addressing the spread of HIV and AIDS

In Figure 5.4 above, PLWHA are rarely involved in addressing this pandemic. In an attempt to discover how people who are living with HIV are involved in the church in relation to finding a solution to this pandemic, most churches (22) said that they never involve people living with HIV; 18 of the participants said that they use them occasionally and 17 said that they only use them when needed. Only 12 leaders said that they use them regularly. The information dissemination must be increased to promote knowledge about the pandemic. The fact that PLWHA are not used regularly means that they are not part of the church ministry. This implies that the church is indifferent or afraid of the pandemic.

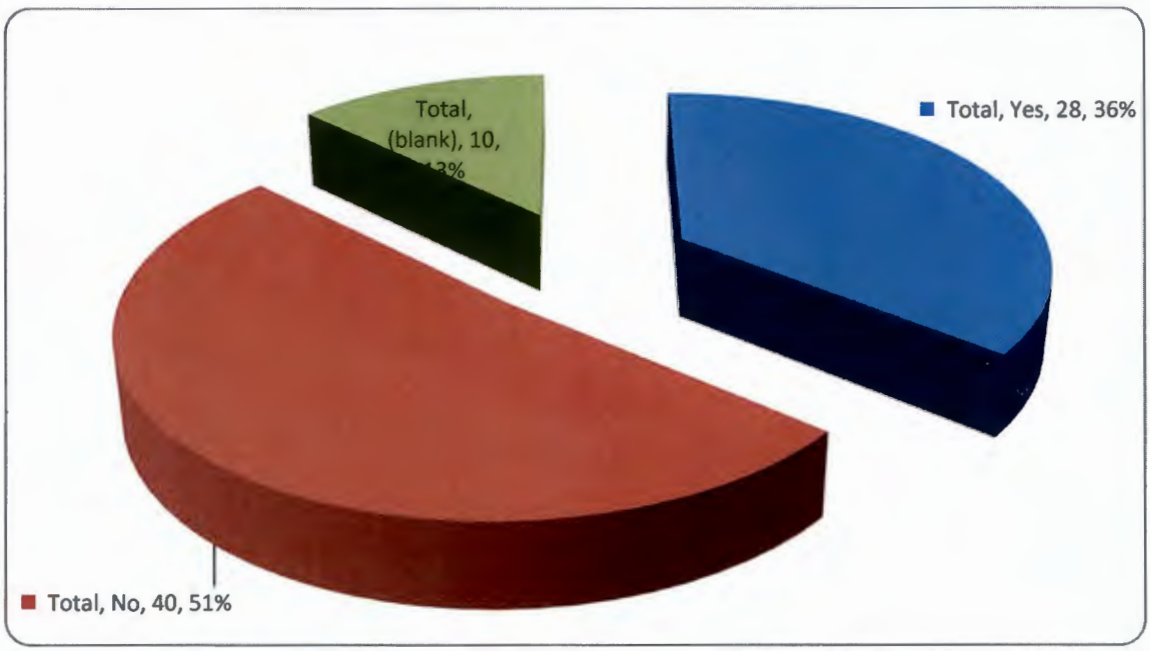

Figure 5.5: The awareness of churches of programmes by the World Council of Churches

Figure 5.5 indicates the response of the church leaders on the question that asked if they were aware of any programme by the World Council of Churches (WCC). 36% of the respondents confirmed that they were aware of these programmes by the WCC, while 51% respondents were not aware of any programme that was run by the WCC.

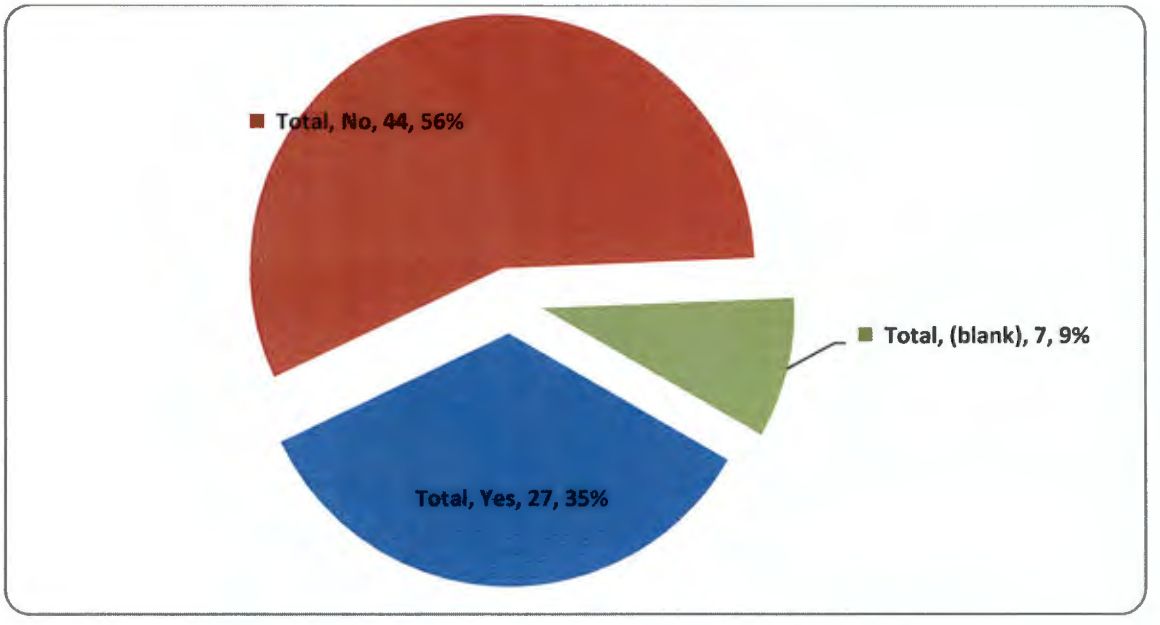

Figure 5.6: The awareness of churches of the programme that is called True Love Waits International

True love Waits is a prevention strategy that is run by Southern Baptist missionaries who are working around Mafikeng in schools and church clubs. The difficulty with this programme is that more than 56% of the leaders who were asked if they know about this programme, did not have any knowledge of it, while only 35% of them were aware of the programme (Figure 5.6). If leaders are not aware of material that can help to equip them in addressing this pandemic, a lot still needs to be done.

5.2.2 Response of the infected

The second group of people who participated in the study consisted of people who are living with HIV and AIDS. The intention was to hear their opinion on what kind of support the church is giving to them; this would reflect on the response of the church leaders. This section, therefore, shows their response.

The target was to distribute questionnaires to 30 people in Mafikeng, but only 21 were available to participate in the study voluntarily.

Table 5.26: Summary of the view of the infected and the role of the church

	Question number	Yes	No	Grand total	Yes %	No %
Does the church have a role to play in the fight against AIDS?	1	16	5	21	76%	24%
Have you disclosed your positive status to your church?	3	8	13	21	38%	62%
Do you attend church regularly?	6	13	16	21	29%	62%
Do you receive support from your church?	7	10	9	21	48%	43%
Are sermons in your church helpful?	11	13	2	21	62%	10%

Table 5.26 shows a summary of five questions that were asked. The first question aimed to check whether they think the church has a role to play in the fight against HIV and AIDS; 76% of the respondents said 'yes'. They were also asked if they had disclosed their status to their churches; 62% had not disclosed their status to their own churches.

The 38% who disclosed their status were part of a support group which is not run by the church. These 38% in the support group have not disclosed their status in the churches where they hold membership, but have disclosed it in churches where they did candle lighting. 62% of them do not attend church regularly, while 48% said that they do receive support from the church.

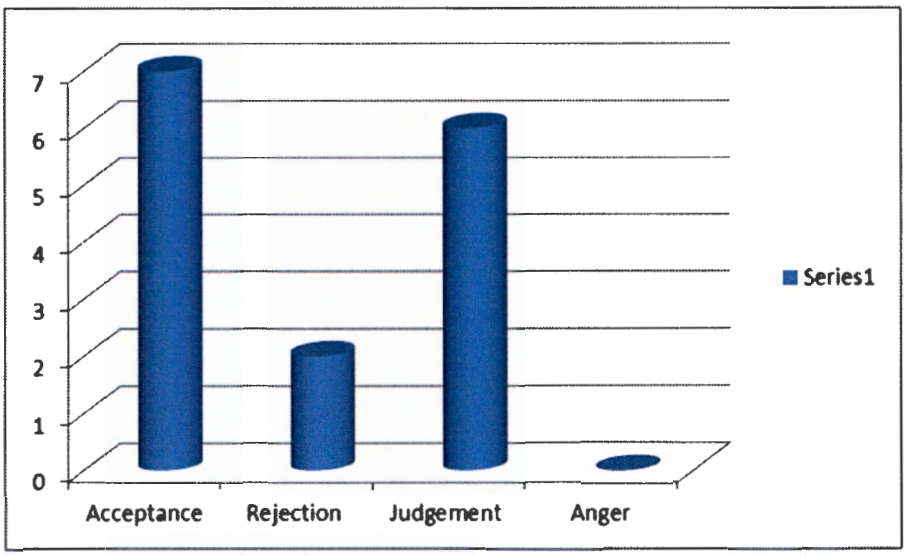

Figure 5.7: Response of the church members to HIV and AIDS disclosure

Figure 5.7 shows the way in which church members respond to status disclosure of PLWHA. The response of the church members show positive attitudes towards those who disclose their positive status, but there are still a large number of church people who continue to show a judgemental attitude towards those who are HIV positive. Rejection is shown towards those who disclose their status, but to a lesser degree.

Table 5.27: The response towards the infected people who had disclosed their status

	Church members' response to disclosure of status				
Did you disclose your status? Yes/No	**Acceptance**	**Rejection**	**Judgement**	**Anger**	**Grand total**
Yes	7				7
No		2	6		8
Grand total	7	2	6		15
%	47%	13%	40%		100%

In Table 5.27, 47% of the respondents who had disclosed their status were shown acceptance by their church, though it should still be borne in mind that they did not do this in churches where they have taken membership, as shown in Table 5.27. They have done this during candle-lighting sessions in churches that they visited. 13% who did not disclose their status feared rejection, while 40% feared judgement.

5.3 Summary

The responses of the church leaders and the infected persons have shown different opinions that reveal the status of the church's readiness in Mafikeng to address the HIV and AIDS pandemic. The churches in Mafikeng are not as equipped as churches in Uganda and Kenya (cf. 3.3.). The church leaders have admitted that they are not equipped. However, the general observation in this chapter is that the church is playing a meaningful role in addressing the HIV and AIDS pandemic. The next section (Chapter 6) will, therefore, reflect the guidelines for the church, based on the objectives and findings of the study.

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This section presents a summary of the research findings and culminates in conclusive remarks of HIV and AIDS of respondents in Mafikeng, based on substantiated findings and the objectives of this study. Lastly, the study recommends some guidelines for the church to reduce the spread of this pandemic and mitigate its effects on society.

6.2 Summary

The study was done in six chapters. There were four objectives that were covered, namely to determine from literature what the *missio Dei* and the role of the church towards HIV- and AIDS-related distress are; to investigate how the understanding of the mission of God (*missio Dei*) helps the church in addressing HIV and AIDS; to investigate empirically the programmes of the churches in addressing the HIV and AIDS pandemic in the Mafikeng area; and to formulate and establish guidelines for the churches in the Mafikeng area to address this pandemic holistically in an effective and efficient way.

From the findings, it becomes abundantly clear that in the Bible and contemporary literature, God has always been involved with his people in their pain and misery, as well as when they were ill. The literature proves that God was not only involved, but that He also commanded his people to care for the health-disadvantaged persons. The priests, prophets, Jesus and the apostles ministered to the sick. The priests in the Old Testament were performing rituals to diagnose leprosy and to place those who were leprous under quarantine. In the New Testament, Jesus cleansed lepers and commanded the apostles to do the same. All these examples prove that the church has a role to play in health-related matters, even in the case of HIV and AIDS.

As an agent of the *missio Dei,* the church has been involved with sick people since its inception. The healing of people with leprosy is a classic example. During the era of the priests, this was realised by the examination of people to establish if they had leprosy. The healing of Naaman (2 Kings 5) demonstrates God's compassion beyond Israel. The life and ministry of Jesus Christ demonstrates the understanding of the *missio Dei* and the role of the church in health-related issues when He healed the sick, for example the woman who had been suffering from a bleeding condition and was not supposed to be in public, due to the nature of her illness (Mark 5:25-36). The healing of the leper also shows that the church has a role to play in health-related matters. In healing the sick, the life and ministry of the apostles portrays the *missio Dei* in action. These images of the church confirm that God has equipped the church to respond to health-related issues. The gifting of church members with gifts such as mercy, exhortation, healing, miraculous abilities and faith bear evidence to the fact that the church must minister to the sick.

The churches in Kenya and Uganda serve as a modern example of the execution of the *mission Dei* with their participation in reducing the spread and impact of HIV and AIDS in their areas; this is reflected in Chapter 3.3 of the study. The Mboya report (Chapter 3.4) has outlined what the church can do to respond to the HIV and AIDS pandemic. In South Africa, the church is nationally involved; this is evident through the SACC (cf 3.3 of this document).

The study also demonstrates that the biblical functions of the church (as the methodological framework of the church to carry out God's mission here on earth) need to be looked into consciously in order to be implemented. Jesus' mission statement in Luke 4:18-19 describes what the *missio Dei* is and the way in which it must be carried out (praxis). He attended to the health needs of the health-disadvantaged persons; this obliges the church as his regent to carry on his mission, even in the case of the HIV and AIDS pandemic.

6.3 Conclusions

This research has concluded that the church must play a meaningful role in addressing the HIV and AIDS pandemic as an agent of the *missio Dei*. The church needs to embrace an inclusive mission of God with programmes and guidelines that will enable it to address the pandemic as a whole. The result of the empirical research shows that the church leaders and people living with HIV and AIDS believe that the church has a meaningful role to play in addressing the pandemic. HIV and AIDS education in churches is still needed, especially in rural areas of Mafikeng, but that does not exclude other places. Many church leaders still see HIV/AIDS as a problem of lifestyle and poverty. The majority of churches are still struggling with disclosure of the sick person's status, but without disclosure, it is difficult to help those who suffer from the illness in time. The need for openness is desired in order for the HIV and AIDS pandemic to be addressed properly by the church.

6.3.1 The church's understanding of the *missio Dei* is critical in addressing the HIV and AIDS pandemic

The following biblical records demonstrate that the understanding of the *missio Dei* helps the church to serve health-disadvantaged persons, even those with HIV and AIDS: the ministry of the priests to the lepers; the ministry of Jesus Christ and of the apostles; the healing of Naaman the leper; and the healing of the crippled man at the temple gate that was called 'Beautiful' (Acts 3:2; cf. 2.2.2.3; 2.3.3.3). The programmes of the Ugandan and Kenyan churches show this understanding too, and the programmes of WCC and True Love Waits International also show that the understanding of the *missio Dei* equips the church to serve the infected and affected. Without this understanding, the church would not be involved in God's redemptive mission. The six practical pillars of Warren show the understanding as well as the role that the church can undertake to address the HIV and AIDS pandemic (cf. 3.2.2).

6.3.2 Programmes to help the church in addressing the HIV and AIDS pandemic

The majority of the church leaders have indicated that they are not equipped to cope with the HIV and AIDS pandemic. Even though the churches have some meaningful

programmes in place to fight HIV and AIDS, they do not use them (cf. 3.3; 3.3.1; 3.3.2). Church leaders also do not use avenues such as funerals and weddings optimally in addressing the HIV and AIDS pandemic. It has been discovered that the greater part of church leaders are of the opinion that people are informed about this pandemic. An average number of church leaders never conduct seminars and workshops for their members. Ignorance and poverty are regarded as the main factors that are contributing to the spread of HIV and AIDS. Sexual activities are also considered to play a significant role in the spread of HIV and AIDS. The use of the condom is not the true answer to reduce the spread and impact of this pandemic. Despite the distribution of condoms by government, women are still falling pregnant out of wedlock. A large number of church leaders said that they do not have guidelines for addressing HIV and AIDS, and a greater part of them expressed the opinion that HIV is a sickness.

The church is highly involved in caregiving, as shown in the survey. Although families are regarded as the main caregivers of the infected (a high percentage was allotted to them), the churches have indicated that they cared for them too. People living with HIV and AIDS are rarely used in helping the church to find solutions to this pandemic, though. Many of the church leaders are not aware of the programmes that are offered by the World Council of Churches and True Love Waits International, respectively.

Most of the people living with HIV and AIDS believe that the church has a role to play in addressing HIV and AIDS. Only 38% of people have disclosed their status; however, it was in churches where they do not hold membership. Due to fear of discrimination and rejection, the majority of the infected people have not disclosed their status. The main form of support that is usually received is prayer. It is revealed that sermons relieve people of their stress and that people living with HIV and AIDS recommend that churches should start support groups.

6.3.3 The church's guidelines on how to address HIV and AIDS

For the church to play its role effectively and efficiently among PLWHA, it needs to do the following:

- The church should demonstrate love and show compassion to people living with HIV and AIDS, like God did to fallen human beings and to creation (cf. 2.2; 2.2.1.2).
- The integrated ministry to address the HIV and AIDS pandemic must reflect the multidimensional nature of the *missio Dei.*
- The education of the church must address all that affect the HIV and AIDS pandemic when dealing with sexual issues (cf. 3.4.1).
- The Christian care must be holistic, for it is part of the *missio Dei.*
- The guidelines must show how to respond to the contributing factors of the pandemic.

6.4 Recommendations

This study should become part of the curriculum for pastoral training. It is also recommended that church leaders and members should see this document to learn various ways of addressing the HIV and AIDS pandemic. The use of this research report will help churches to play their role effectively and efficiently among the infected and affected. Academics should use this research report to add value to their knowledge and understanding of the church's role in fighting HIV and AIDS (cf. 1.6).

In view of the results of this study, the *missio Dei* should be inculcated in all that the churches do to serve the uninfected, infected and affected. This study, therefore, recommends that churches, as agents of the *missio Dei,* should be all-inclusive in their ministry to PLWHA. This can be realised by integrating biblical functions in serving God and the infected and affected. The church still has to equip its leadership to respond

holistically to health-related matters, especially HIV and AIDS. This could be accomplished by using biblical functions, which are the framework of the church to execute the *missio Dei* in the era of HIV and AIDS.

6.4.1 Focus on issues

The research report recommends that the church should enforce the understanding of the *missio Dei* by using this document to enable the church to address the HIV and AIDS pandemic. This will be achieved by drawing the focus of the churches on the following issues:

- How to incorporate the *missio Dei* and biblical functions of the church in its role of reaching out to the uninfected, infected and affected.
- How the disease is contracted and how it cannot be contracted.
- The contributing factors to the spread of HIV and AIDS in Mafikeng.
- How to integrate its normal liturgy in addressing HIV and AIDS in different settings, such as funerals and weddings, to reach more people.
- The creation of an atmosphere that is conducive to disclosure as way of prevention and acceleration of support.
- The use of the pulpit to promote unconditional acceptance and to mobilise the church to serve, understanding that it is its role to reach out to those who suffer from the pandemic.
- The use of special days in the Christian calendar, as many people like coming to church on these special days. The significance of the special days must be linked to the pain and misery of HIV and AIDS. Certain issues that are related to HIV and AIDS, and the way in which the church can be involved, must be discussed to help people understand how to reduce the spread and impact of this pandemic.
- Encouraging and helping members to discover their spiritual gifts in order to serve where they are called to minister.
- Talking openly about sexual matters and starting to teach children about sexual issues at an early age.

- Helping couples to deal with conflicts that lead to infidelity and promiscuity.
- The inclusion of people living with HIV and AIDS in the life and ministry of the church, since they are dealing with this pandemic daily – they are in a position to help the church to serve them in a better way.
- Starting support groups for people living with HIV and AIDS, as suggested by PLWHA.
- The portrayal by the church of the compassion and love of God for people living with this pandemic.
- The fighting of stigma and discrimination on the pulpit by teaching the mercy of God.

6.4.2 Proposed programmes

The programmes for addressing HIV and AIDS should include the ABC traditional strategy and Warren's six practical pillars. These strategies should be grounded in biblical functions to reveal the role of the church in serving the infected and affected in its execution of the *missio Dei*. If the church would use these, it would be in a position to help families in talking about sexual matters that are major contributing factors in the spread and impact of HIV and AIDS. Moreover, with an increase in the ability to speak about sexual issues openly, an atmosphere that is conducive to status disclosure will be created.

This research report proposes the following programmes for the churches in Mafikeng to address the HIV and AIDS pandemic inclusively:

- Programmes that teach the benefits of sexual purity (cf. 3.4.1). The church needs to emphasise abstinence and faithfulness as key to the reduction of the spread of this plague. The church should also keep on praying for people living with HIV and AIDS without encouraging them to stop their treatment.

- Church members' awareness should be raised through training, since this will provide the necessary information which leads to enlightenment, and the light reveals the truth and sets people free. It is through conscious effort to transform the thinking of churches that the heart of Jesus is known and his desire for the church is pursued, even in dealing with HIV and AIDS.
- Church leadership should be trained formally in the form of workshops or short courses. This will benefit leaders and followers, making them efficient in carrying out their duties and pursuing the church's vision today, like the Ugandan and Kenyan Coptic Churches (cf. 3.3, 3.3.1). Church leaders in the Mafikeng community must be the first to be equipped to allow for smooth running of the ministry to the infected and affected. Church members cannot serve effectively, although they are passionate about ministering to people living with HIV and AIDS, if the leadership is not involved and informed about this pandemic. Hence, training must start with them as expressed below on how to mitigate this pandemic.

Furthermore, church leaders should be encouraged to listen to people living with HIV and AIDS and involve them in the life of the church. The leaders must learn from the apostles (Acts 6:1-7), who would ask the church to choose certain people with particular gifts to sort out a crisis. In addressing the HIV and AIDS pandemic, the church must choose capable and passionate people to minister to the infected and affected. The chosen group must be trained in God's mission for the church, the functions of the church and all that relates to HIV and AIDS. There should also be collaboration with professionals from other fields and NGOs without diluting/sacrificing the gospel at the altar of popularity and money.

The following should also be inculcated in the training of trainees:

- Pastoral counselling
    - Guilt (false and true) and shame, depending on the way in which the disease has been contracted.
    - Relationally: reconciliation and forgiveness.

- Emotionally: Remove judgemental attitudes and build support groups that are grounded in the *missio Dei*. People who are living with HIV and AIDS need acceptance and a sense of belonging.

- Physical training
  - Integrate professionals from other disciplines consciously to add value to the ministry of the church to people who are living with HIV and AIDS.
  - Help with food preparation and medication where no one is available in the family.

Moreover, the contribution of the church in the fight against HIV and AIDS could be by speaking openly about this pandemic and establishing a youth ministry that addresses real issues which are pertinent to sexual issues and this pandemic. The church can also contribute by opening its facilities to help with training and counselling.

6.4.3 The guidelines for churches

The guidelines for churches in Mafikeng to address the HIV and AIDS pandemic include the following:

- The ministry of the church must be grounded in the *missio Dei,* executed through biblical functions and inclusive of all that relates to the HIV and AIDS pandemic.
- The church must minister effectively and efficiently, and should understand the following: the *missio Dei*, biblical functions, as well as the causes and contributing factors of the HIV and AIDS pandemic.
- The fight against HIV and AIDS must start with the training of church leaders as the ones that lead the church.
- The church must conduct an HIV and AIDS educational workshop for the local church.
- The services of the church to PLWHA must be motivated by love and compassion.
- The church must conduct an HIV/AIDS and behaviour change workshop for the youth.

- Children and youth must be taught early and openly about sex and HIV/AIDS in the church and at home.
- Marriage enrichment seminars should be more biblical and practical, dealing with real issues that would empower families to confront problems together.
- The ABC traditional strategy should be integrated in the programmes of the church.
- The church must develop trained, local church teams for biblical functions, using AIDS prevention as an open door.
- The ministry of the church must be based on the use of spiritual gifts, so that all persons will serve in the way that God enables them in the era of HIV and AIDS.
- The spiritual disciplines such as prayer, Bible-reading, giving and church attendance must be part of the training.
- A ministry that includes both infected and affected people will reduce the spread and impact of HIV and AIDS.
- The church must establish and communicate biblical standards to all its ministries.
- The church must use people from HIV and support groups who have already disclosed their status to motivate church members to participate in disclosing their status, as disclosure is the forerunner of prevention.
- The church must encourage success stories of people who are living with HIV and AIDS, so that other people may see the need to come out; this will serve to prevent further transmissions.
- The church must work with support groups of people who are living with HIV and AIDS who have already disclosed their status.

The role of the church's ministry to PLWHA is a continuation of the *missio Dei*. It must, therefore, be understood as a responsibility of the church. As a result, the church should keep on studying ways to serve God and his people, inside and outside the church, effectively and efficiently. The programmes and guidelines should always be grounded

in the *missio Dei*. The biblical functions in relation to HIV and AIDS should be studied more deeply to build or improve on what this study has already accomplished.

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APPENDIX

APPENDIX A: LETTER FROM THE SUPERVISOR

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24 October 2010

To whom it may concern

Re: Research

Rev EG Seleka (student no. 12973130) is an MA student in Theology at the NWU. He is busy with research on: The role of the church addressing HIV and Aids in the Mahikeng community.

We have consulted with the ethical committee to ensure that this research is done according to the ethical policy of the NWU. Therefore, we ask you to cooperate and help Rev EG Seleka with his research. It will be anonymous and strictly used for academic purposes.

We appreciate your cooperation.

Yours sincerely

Prof S J vd Merwe

APPENDIX B: LETTER TO THE CHURCH LEADERS AND PEOPLE LIVING WITH HIV AND AIDS

To : Church leaders and public individuals

Student : Rev E G Seleka

Supervisor : Prof SJ vander Merwe

Date : **08/09/2011**

Mahikeng Campus: Department of Theology

Topic: The role of the church in addressing HIV and AIDS in Mahikeng

Rev EG Seleka is currently enrolled for a Masters Degree at the North-West University. As part of his completion requirements, he needs to undertake a study that is relevant to his programme.

On behalf of the North-West University, your voluntary participation is hereby requested in order to complete a study as per the topic mentioned above.

This study, therefore, seeks to discover how the church can execute its ministry effectively to the infected and affected. It will also present the church and other stake holders with practical ways to mobilise its resources properly in order to fulfil the great commission in a holistic manner.

Your sincere response will help in advancing the kingdom of God in the area of Mahikeng and beyond.

We promise confidentiality and you are to remain anonymous in your response.

You are not supposed to write your name in these questionnaires.

Yours in his service

Rev EG Seleka

Cell: +27 (0) 72 334 0770

APPENDIX C: QUESTIONNAIRE TO CHURCH LEADERS

Section A: Personal information

Please choose one (Make an **X** over the number where applicable):

1. Age

< 18	18-23	23-35	> 35
1	2	3	4

2. Gender

Male 1	Female 2
1	2

3. Level of education

Lower than matric	Matric or certificate	College diploma	Degree or more
1	2	3	4

4. Time of service

Less than 2 years	3-5 Years	6-10 years	> 10 Years
1	2	3	4

5. Where is your ministry based?

Urban	Rural	Both
1	2	3

Section B: General

1. The church has a role to play in the fight against HIV and AIDS.

Yes	No
1	2

2. What is your view of HIV and AIDS? (Choose one)

a. God's judgement on immoral life	1
b. Medical problem, like any another illness, e.g. flu	2
c. Lifestyle problem, poverty problem	3

3. Who is responsible for the infected and affected?

a. Government	1
b. Family	2
c. NGOs	3
d. Church	4

Choose Yes or No.

	Yes	No
4. Is your church a friendly environment for people to disclose their status?	1	2
5. Do people disclose their status in your church?	1	2

6. If 'Yes' in 5, describe what ministry you provide for them.

.....

.....

7. Your church addresses HIV and AIDS in the following settings:

   a. Weddings [1]

   b. Funerals [2]

   c. Church services [3]

   d. Other [4]

   e. If 'Other',
   Specify.....

8. Your church conducts workshops and seminars to make people aware of the spread and impact of HIV and AIDS for the congregants.

   a. Once a year [1]

   b. Twice a year [2]

   c. Thrice a year [3]

   d. Quarterly [4]

   e. Never [5]

9. Does your church offer the following information to your congregants?

   a. Transmission [1]

   b. Prevention [2]

   c. Treatment [3]

10. Is your church equipped to respond to HIV and AIDS?

Yes	No
1	2

If 'Yes' in 10, go to 11, else go to 12.

11. If 'Yes', how did you become equipped?

.....

.....

.....

12. If 'No', what (intervention) do you require?

.....

.....

.....

13. What are the contributing factors to the spread and impact of HIV and AIDS? List three of them:

a).....

b).....

c).....

14. Does your church have a policy to address this pandemic?

Yes	No
1	2

15. Is HIV a sickness?

Yes	No
1	2

16. Your church members show the following attitudes to the infected:

a. Acceptance [1]

b. Fear [2]

c. Rejection [3]

d. Indifference [4]

17. What do you suggest that a church in Mahikeng should do to fight HIV and AIDS?

.....

.....

.....

18. What is your view regarding the use of a condom?

a. Promotes promiscuity [1]

b. Reduces the risk of infection [2]

c. Only for use by the infected couples [3]

19. Which of the following programmes does your church offer?

a. School support [1]

b. Awareness campaign [2]

c. Poverty alleviation [3]

d. Caregiving [4]

20. Who is responsible for follow-up of the infected and affected in the following areas of life? (tick the appropriate)

	Emotional	**Spiritual**	**Mental**	**Economical**	**Social**	**Physical**
a. Church						
b. Government						
c. NGOs						
d. Medical Practitioners						

21. Indicate 1-5 in the scale below on how your church is involved in addressing the human problems (one being the lowest and five being the highest)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. Evangelism	1	2	3	4	5
b. Discipleship	1	2	3	4	5
c. Fellowship	1	2	3	4	5
d. Worship	1	2	3	4	5
e. Social action	1	2	3	4	5

	Yes	No
22. Is your church working with non-church organisations?	1	2

23. If 'Yes', which one?

.....

24. What are the needs of people living with HIV and AIDS?

.....

.....

25. In the scale of 1-5, five being the highest, how is your church involving people who are living with AIDS to address the spread and impact of HIV and AIDS?

Never	Once	Occasionally	When needed	Regularly
1	2	3	4	5

26. Is your church aware of any programmes by the World Council of Churches?

Yes	No
1	2

27. Is your church aware of the programme called True Love Waits International?

Yes	No
1	2

D. QUESTIONNAIRE TO PEOPLE LIVING WITH HIV AND AIDS

(Please tick the corresponding number, e.g. if your answer is 'Yes', mark X over 1)

1. The church has a role to play in the fight against HIV and AIDS.

Yes	No
1	2

2. If 'Yes', in a scale of one to five, how do you rate the role that the church play at present (one being the lowest and five being the highest)?

Strongly disagree	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
1	2	3	4	

3. Have you disclosed you positive status to your church?

Yes	No
1	2

If 'Yes', go to 4, else go to 5.

4. Which one of the following was the response of the majority of your church?

a.	Acceptance	1
b.	Rejection	2
c.	Judgement	3
d.	Anger	4
e.	Acceptance	5

5. Which one of the following are your reasons?

a. Fear for rejection	1
b. Fear of loss of friends	2
c. Fear of discrimination	3

6. How regular do you attend church service? Tick the appropriate box.

a. Every Sunday	1
b. Once	2
c. Twice	3
d. Thrice	4
e. Never	5

7. Do you receive support from your church?

Yes	No
1	2

8. If 'Yes', which of the following support do you receive from your church?

a. Spiritual counselling	1
b. Food parcels	2
c. Home visits	3

9. What would you like your church to know about HIV and AIDS to serve you better?

.....

.....

10. What is your church doing well to serve you?

.....

.....

11. Are the sermons in your church helpful?

Yes	No
1	2

If 'Yes', go to 12, else go to 13 below.

12. How helpful?

.....

.....

13. If 'No', why?

.....

.....

14. How is your church involving you to help in finding a solution to this pandemic?

.....

.....

15. What suggestions could you make for your church to serve people who are living with HIV and AIDS?

.....

.....

16. What are the needs of people living with HIV and AIDS?

.....

.....

.....