

**The responses of a faith-based organisation to the challenges of HIV/AIDS:
A Case study of Maseru United Church in Lesotho.**

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ABSTRACT

There are some members of society who feel that the church has been very slow and judgmental in their responses to HIV/AIDS. Yet many feel that the church has been compassionately working with people affected and infected by the virus. There are also those who feel that churches were slow initially but have now overtaken even the government in responding to HIV/AIDS.

Considering these conflicting attitudes, the aim of this research paper was to ascertain the true position of faith-based responses to the challenges of HIV/AIDS. To solve this problem, Maseru United Church in Lesotho was used as a case study. This research determined the responses of Maseru United Church to the challenges of HIV/AIDS, the constraints that have hindered Maseru United Church from responding to the challenges of HIV/AIDS and investigated suggested ways of ensuring effective responses.

OPSOMMING

Daar is sommige mense in die gemeenskap wat voel dat die kerk stadig en veroordelend is in hul reaksie tot MIV/VIGS. Daar is ander wat voel dat die kerk empatie toon teenoor mense wat deur MIV/VIGS geïnfekteer en geïmpakkeer is. 'n Ander groep voel weer dat die kerk aanvanklik stadig was met hul reaksie teenoor MIV/VIGS maar nou meer bied as die regering.

Met inagneming van die kontrasterende houdings, is die doel van hierdie navorsing om die werklike posisie van geloofsorganisasies rakende MIV/VIGS te bepaal. Maseru se Verenigde Kerk in Lesotho is hier as 'n gevallestudie gebruik. Hierdie navorsing het die reaksie van Maseru se Verenigde Kerk rakende MIV/VIGS bepaal, sowel as die hindernisse wat hul ondervind het en ook maniere voorgestel om effektiewe reaksie te verseker.

Chapter 1: Introduction

1.1 Background

The HIV and AIDS pandemic has been described as one of the greatest threats to human well-being and public health in modern times. Many people have already died from the disease and millions more are directly or indirectly affected (Bertrand, 2004). HIV and AIDS require exceptional responses from every sector of the society of which faith-based organisations is one.

According to Liebowitz (2002), faith-based organisations are in a unique position to respond to HIV/AIDS along with other institutions like public health, political leadership and international non-governmental organisations. This is because their jurisdiction covers issues closely connected to HIV/AIDS such as morality, beliefs about spiritual bases of disease and respect for family life and sexual activity.

At global level, several faith-based organisations have taken up mainstreaming activities in HIV/AIDS. They have formed inter-faith coalitions on HIV/AIDS to strengthen the activities among members (National AIDS Control Organization, 2007). They have contributed their expertise and experience in achieving access to HIV prevention, treatment, care and support. Calderon (1997) also observed that faith-based organisations have contributed and are still searching for an effective approach to respond to the HIV/AIDS epidemic.

Faith-based organisations are an integral part of the society as they are found within every community and are involved with people in every aspect of their lives. They have built credibility over years for the numerous services they offer (Parry, 2003).

In sub-Saharan Africa, faith-based organisations have the largest constituency of people and enviable infrastructure. They have ecumenical bodies, denominations and faith associations and have shown intensified responses to the challenges of HIV/AIDS through their declarations and commitments. Despite their involvement, it has been difficult to march the plethora of responses to the growing size of the epidemic (Parry, 2003). As social and cultural institutions, they are known to shape social norms, beliefs, attitudes and people's

realities concerning sexual self-understanding, which makes them a crucial partner in HIV/AIDS prevention (Muturi, 2007).

However, despite these contributions, faith-based organisations in many instances have been the recipients of many negative responses. They have been accused of resisting condom use, being too slow in their responses, contributing to the spread of the disease by pronouncing moral judgments on those infected, promoting stigma and discrimination based on fear and prejudice and failing to make the places of worship a place of refuge and solace (Muturi, 2007 & Parry, 2003).

In reaction to the above criticism, some faith-based organisations have argued that right from the onset of HIV/AIDS, they have been at the forefront working tirelessly and compassionately against the spread of HIV/AIDS as well as assisting people affected and infected by HIV/AIDS (Global Fund, 2003).

It appears that the responses of the faith-based organisations were not visible as they were overshadowed by the growing size of HIV/AIDS and many of the activities of faith-based organisations relating to HIV/AIDS were initially not documented. This lack of documentation makes it difficult for the outside world to appreciate the work of faith-based organisations.

1.2 Research problem

In Lesotho, HIV/AIDS constitutes an alarming threat to the country and its people. UNAIDS reports that the estimate of people living with HIV/AIDS in 2009 was 290,000-310,000. The deaths due to HIV/AIDS in 2009 was 14,000 - 18,000 while the number of orphans due to HIV/AIDS was estimated at 130,000-160,000 (UNICEF 2010).

Veneman, (2010) notes that one in ten children in Lesotho does not survive to see his/her fifth birthday, most as a result of AIDS and preventable causes like pneumonia and diarrhoea, exacerbated by malnutrition. She stressed that education is the key to life-saving information

to families and communities on how to prevent child and maternal deaths, diseases, injuries and violence.

Parry, (2003) stated that faith-based organisations are in a unique position to respond to HIV/AIDS, as they are an integral part of the society that are found within every community and are involved with people in every aspect of their lives. They have built credibility over years for the numerous services they offer.

The rationale of this research is to examine the responses of faith-based organisations to the challenges of HIV/AIDS, with a specific focus on Maseru United Church in Lesotho as a case study.

1.3 Research question

What are the responses of a faith-based organisation to the challenges of HIV/AIDS?

The researcher would like to address the following questions:

1. What are the responses of Maseru United Church to the challenges of HIV/AIDS?
2. What are the constraints that have hindered Maseru United Church from responding to the challenges of HIV/AIDS?
3. What are the suggested ways and means of ensuring effective responses?

1.4 The significance of the study

This study will help the society to have a better understanding of the predispositions and roles of faith-based organisations in overcoming the scourge of HIV/AIDS. It will assist faith-based organisations in directing their programmes towards result-oriented HIV/AIDS programmes.

1.5 Aim and objectives

Aim

The aim of this study is to examine the level of responses of Maseru United Church to the challenges of HIV/AIDS.

Objectives

1. To identify the responses of Maseru United Church challenges of HIV/AIDS.
2. To identify the constraints that hinders Maseru United Church from ensuring effective responses to the challenges of HIV/AIDS.
4. To suggest ways and means through which Maseru United Church can ensure effective response to challenges to HIV/AIDS.

1.6 Research design and methods

1.6.1 Research design

The researcher applied the qualitative method by means of a case study to determine the responses of Maseru United Church to the challenges of HIV/AIDS.

1.6.2 Data collection

The researcher employed mainly qualitative methods such as focus group and interviews to collect the data. Key informants were people who held strategic positions in the church. Focus group interviews were volunteers from different groups comprising of different sex and ages.

1.6.3 Population and sampling

Data were collected from the members of Maseru United Church through interviews of the key informants and focus groups. Interviews were held in the church premises at a convenient time. The participants were both male and female church members who were in various groups in the church. The church has a population of about 250 people with about 12 programme groups. 12 Key informants from different programme groups were interviewed first, followed by the three focus group discussions that had 8 to 12 people each. They were Men's breakfast fellowship, Ladies breakfast fellowship and Youths fellowship.

Maseru United Church is a multi-racial, multi-cultural and interdenominational church. A high percentage of the members are literate. Leadership of most groups are professionals in different fields. There is a high concentration of expatriate workers. With this high profile membership, it is expected that the Church should be in the forefront challenging HIV/AIDS.

The population interviewed were selected leaders of the different program heads as well as council of elders and deacons that are leading the church.

1.6.4 Data Analysis

Because data was generated through qualitative method, data was also analyzed qualitatively. The tape recorded discussions were transcribed. Discussions of similarity and differences were collapsed accordingly to ensure that the data was reduced, relevant literature were made reference to.

1.7 Ethical consideration

A letter seeking permission to conduct the study was submitted and approval was received. There was respect for the autonomy of participants as they have rights to participate or not were recognised. The identity of the researcher and the purpose of the study were clearly documented on the front page of the question guards. Their right to participate, withdraw or not to participate were stated. The participants did not need to reveal their identity, which made it impossible to trace who said what.

1.8 Literature review

1.8.1 What is faith-based organisation?

There is no single generally accepted definition of what a faith-based organisation is. Different bodies have given a number of definitions. A faith-based organisation in a general definition is an organisation, group, programme or project that provides human services and has a faith element integrated into their organisation (Rural faith based initiative, 2009).

According to the Centre for Faith and Service (2001), a faith-based organisation is a religious congregation that can be a church, mosque, synagogue or temple or a programme or project sponsored or hosted by religious congregations that may be incorporated or not incorporated. It can also be a body that is non-profit and founded by a religious group or religiously motivated incorporators or has a mission statement that is religiously motivated.

A faith-based organisation is an organisation that organises a religious worship or is attached to a house of worship. This includes the church, religions, congregations, non-profit organisations with a faith-based link and mission but their services may not have the content of religion and they may not restrict participation to only those who are of their own faith (Urban Institute Research of Record, 2002).

For the purpose of this study, the researcher will define a faith-based organisation as the local congregations of churches and other houses of worship as well as non-profit religious organisations that are affiliated to churches. The researcher will be using faith-based organisation and church interchangeably in the course of this study.

1.8.2 Faith-based organisations response to HIV/AIDS: The theoretical framework

This study is guided by the Functionalist and Conflict theory developed by Emile Durkheim (1947). Durkheim embraces four tenets, which are societal integration, social support, social change and social control. Durkheim theory made use of Weber and Karl Marx theories. They looked at the role of religion in integrating society, promoting social support, and change from a functional point of view, and how religion is a means of social control from the conflict perspective. Durkheim was perhaps the first sociologist to recognize the critical importance of the church in human societies (Schaefer 2000). The review of literature will provide different views of Durkheim, Marx, and Weber with respect to the impact of religion on society. Faith-based organisations responses to HIV/AIDS were examined and applications of these theories of religion to the various responses were attempted.

Considering the above standpoint of some functionalist writers, church leaders and practitioners, it is made clear that the church has responsibility to respond to HIV/AIDS. While some school of thought believes that the church should not divert their spiritual responsibilities to health services which ideally should be for the government. In other words, the church's core duty should be reading the Bible and teaching the gospel. In as much as it is believed that the bible is the Christian standard and guide social change, social support, and social integration; the behaviour change, care, equality, and welfare of church members cannot be completely guaranteed without the church. Therefore, the focus of this study is based on the school of thought that supports the fact that the church should perform

its social responsibilities to the society, collaborate with other institutions, and support other churches and its members without compromising its core doctrines.

1.8.3 Integrative function of religion

Durkheim (1947) is a sociologist who recognized the need of a church in the societies. He said that he understands religion in a religious behaviour but not so keen on the personalities of religious believers. Durkheim wanted a scientific understanding of society and like Marx, he sees religion as a reflection of society.

Durkheim views social groups as religious bonds that help a society to function as an integrated system and which extends to individuals through its social support function. He believes that the basic role played by the church in human societies includes both manifest and latent functions and adds that church services provide a manifest function by offering a forum for worship; at the same time, they might fulfil a latent function as a meeting ground for unattached members. Latent functions are more beneficial for some groups in society than for others. Sociologists look at church according to the social functions they fulfil, such as social support or reinforcing the social norms (Schaefer, 2000). Schaefer also stated that by exploring both the beliefs and the functions of religion, we could better understand its impact on the individual, on groups and on society as a whole. What Schaefer said can be observed in churches by the existence of social groups and programs and this applies to Maseru United Church under review. There are youth meetings, women breakfast meeting, men fellowship meetings and other ministries. The churches usually assign these groups with specific social roles to maintain fellowship and social control. Deflem (2007) contends that this broad concept of social control is understood in a benign sense of self-governance that emphasized a society's continued need for social integration through socialization into common value systems. Durkheim's functionalist theory uses other theorist such as Marx Weber who focuses on church and social change as well as church and social control from Karl Marx conflict theory (Cantoni 2009).

1.8.4 The church and social change

Max Weber whose focus is on church and social change emphasises that the collective nature of the church has consequences for the society and not just an individual's intimate

belief Cantoni (2009). Weber saw the root of capitalism in religion and sites a relationship between capitalism and the church. He argues that the universal tendency that Christians had historically fought against was the desire to profit. He believes that there was a change in the realm of church thought that brought into being the capitalist economic system. According to him, the decline of the church was an overriding force in society, which opened the way for workers to express their discontentment. According to Schaefer (2000), the relationship between the church and social change was clear. His argument is that the church slowed down change by making the oppressed people to focus on spiritual concerns rather than on their immediate poverty or exploitation. Linking this conflict theory of Marx to the responses of faith-based organisations to HIV/AIDS infection. It is highly likely that if this perception persists, it might be difficult to realize a social change in terms of reducing impacts of HIV/AIDS. Marx views the church as opium of the people in that it promotes social control.

1.8.5 The church and social control

Robbins (2007) cites Townsley to refer to crime and punishment, church and rituals as mechanisms and structures that insure social control but he believes that control system models help to understand how actors enact social roles with enough stability to preserve institutional arrangements and still shows creativity in unusual circumstances. This behaviour illustrates that social control cannot always be viewed from the conflict theory perspective. Society does not need to rely on coercion to command conformity.

Innes (2003) believes that social control determines how to capture the ways in which individuals, communities and societies respond to a variety of forms of deviant behaviour. Marxists theory suggests that by inducing a “false consciousness” among the disadvantaged, the church lessens the possibility of collective political action that can end capitalist oppression and transform society. The conflict theory of Marx opines that the values of the church reinforce other social institutions and the social control and further shows that church’s promotion of stability within society only helps to perpetuate patterns of social inequality. The two theorists of social control and social change negate one another. Weber believes that the church provides the tools for both stability and social change and supposes that the church has something to do with change and refers to the way capitalism was received in different social strata.

1.8.6 The church and social support

Durkheim (1947) who is a functionalist asserts that the principle of social support uses the divine and the supernatural principle to do something about the calamities that human beings face such as death of a loved one or a serious injury. This is where counselling, care and other support come in. He suggests that church organizations are increasingly assuming the role of providing social services previously offered by government agencies. This is observed as the churches delve into a lot of social assistance for many that are infected with HIV. In Lesotho, members of communities established social support groups to mitigate the impact of HIV/AIDS. They implemented an action plan to expand the network of home-based care providers to relieve overcrowding at hospitals and other health facilities. Isaksen, Songstad, & Spissoy (2002) contend that social support can take different forms, from social support groups, indigenous savings associations, (normally referred to as Mpate-Sheleng in Lesotho); self help groups of people living with HIV/AIDS and indigenous savings association. All these assist families affected and infected with HIV/AIDS.

1.8.7 Why should the church be involved?

HIV/AIDS impacts constitute one of the most important socio-economic and development challenges that are facing Africa today. By the end of 2009, there were about 33.3 million people infected with HIV globally. Sub-Saharan Africa, the hardest hit region is the home of 68 percent of the world total (U.S Global Health Policy, 2010). Every day, over 7,000 people become infected with HIV and about 5,000 people die from AIDS, mostly because of inadequate access to HIV prevention, care and treatment services. AIDS-related illnesses remain one of the leading causes of death globally and is projected to continue as a significant global cause of premature mortality in the coming decades. Roughly, 16.6 million children under the age of 18 have lost one or both parents to AIDS, and millions more have been affected, with a vastly increased risk of poverty, homelessness, school dropout, discrimination and loss of life opportunities. An estimated 1.8 million people died of AIDS-related illnesses in 2009 (UNICEF, 2010). Lack of adequate responses from the faith-based organisations has added to other factors to trigger the above figures. UN Africa Recovery (2001) maintained that AIDS has affected many poor households. “Among households, the direct costs of HIV/AIDS can be measured in the lost income of those who die or who lose their jobs because of their illness. Household savings fall, consumption on items other than

health and funerals declines and expenditure patterns are distorted as families struggle to cope with the demands of the sick and dying” Families may not be able to afford to send their children to school. Even in those countries where schooling is free, there are other costs such as uniforms and books.

Cultural conditioning in Lesotho means that girls are more likely to be kept out of school to become caregivers for their sick family members. Children may be the only able-bodied members of a household if the adults are sick or dead. They are likely to concentrate more on survival and raising their siblings than on education. This means that the church will be having increased number of people to support both as orphans, elderly and vulnerable adolescents. Gyan, (2007) observed that increased numbers of burials have over stretched pastors, priests and lay readers due to the number of burials that need to be organised every weekend. The funerals put financial burden on congregations who sometimes need to buy coffins or sponsor the entire funeral where families are so impoverished by HIV/AIDS that they cannot bury their own family.

Drugs and condom strategies by the circular world has not stopped the pandemic, rather more people are using Anti-retroviral (ARV). In Lesotho for example, Christianity is the main religion; Churches are the major influence on the life of the Basotho. Almost every Lesotho citizen belongs to a church and the church is the location of many activities for most people (Gyan, 2007). According to Bruce, (2005) HIV/AIDS is hampering Christians from achieving their soul-winning mandate. If Christians constitute the greatest number in the population, it implies that the greatest casualties of HIV/AIDS are among Christians. So the church must be involved.

According to Good News Bible (1976), Christians are members of one body (Romans 12: 5), this means that we are responsible to one another. Jesus Christ said, in Mathew 9:12 that he is the head of the church and that those who are well have no need of a physician, but those who are sick (Mathew 9:12). The question is what Jesus would do if he were on earth where many that are infected with the virus are members of the same body of Christ. Would he ignore the HIV/AIDS positive or would he be part of them? Christians being like Christ should do exactly what Christ would do and that is to get involved.

Churches are found in nearly all communities and regions of the world. They have the ability to penetrate where the government cannot even go. They wield a greater cultural, spiritual, political and social economic educational influence. They have integrity and are very highly respected within communities (Parry 2003); they have existing structures on which to work from. They possess human, financial, technical and physical resources needed for HIV initiatives. They have the power to mobilize large number of volunteers to contribute to worthy causes. They support compassion, which motivates its employee and volunteers to work with the sick and the dying. (Green, 2003). The church therefore must address HIV/AIDS with every resolve.

1.8.8 What should be the criteria for an effective and sustainable response?

It appears that one of the reasons why the churches are not responding adequately to the spread of HIV/AIDS is because they lack the understanding of the disease. Unless we understand the political and social dynamics generated by HIV/AIDS impacts, our responsibilities to the pandemic will not be effective in the long term (Strand, Matlosa, Strode, & Chirambo, 2005). Parry (2003) suggests that the three key elements that are necessary for a balanced response are (1) good leadership, which creates commitment, (2) technical know how and accurate up to date information and (3) resources which is both financial and human. Emphasis should be on capacity development of religious leaders on HIV/AIDS issues so that when they talk about it, they do so authoritatively. Esenjor (2009) in supporting this idea reiterates that a manager should be able to interpret HIV and AIDS policies and guidelines otherwise it would mean that such a manager is not competent. He indicates that any manager who lacks knowledge of how to include people living with HIV and AIDS also lacks competence to manage HIV and AIDS programmes. Similarly, it is highly likely that some churches in Lesotho, due to lack of human, material and financial resources, have not made any positive response towards HIV/AIDS.

1.8.9 Factors hindering faith-based organisations response to HIV/AIDS

The constraints that impede the church response to HIV/AIDS emanate from political, economic, cultural and social practices, gender, and poverty issues. Lack of competence is a major issue in the struggle against HIV/AIDS. HIV/AIDS competence means a society whose citizens are knowledgeable about what HIV is, what AIDS is, how one gets it, what

one should do to avoid getting it, how one knows whether one has it and what one should do if one or a loved one already has it. The target of the church should incorporate prevention strategies even though those churches are more focused on the impact due to the condom debate. The main aim of prevention policy is to reduce HIV transmission among all populations especially among the vulnerable groups (National AID Commission, 2006). HIV prevention strategies include provision of information, education and communication and behaviour change communication strategic management of sexual transmitted infections, condom distribution, universal precautions, HIV testing and counselling and prevention of mother-to-child transmission. Many HIV/AIDS local organisations throughout the world lack the competence and capacity to respond effectively to the HIV/AIDS epidemic in their respective communities. Lubaale (2001) asserts that according to the study by UNAIDS on African Instituted Churches, leaders lack the skills and capacity to deal with HIV/AIDS, have limited access to resources (both financial and informational) and do not have strong bureaucratic structures. This limits their ability to advocate for the rights and reduce discrimination of people living with HIV/AIDS and those affected by HIV/AIDS.

In the light of what has been said, it is important to determine the competence and capacity of the church in preventing the spread of HIV/AIDS within its institutions and among the community at large. Weber (1958) believes that the latent functions of religion make an impact on the society as a whole. Schaefer (2000) adds that since religion is universal, it is not surprising that it plays a basic role in human societies. Essentially, the study relates the capacity of the church to respond to HIV and AIDS with the aim of reducing the impact. It is critical for society to be equipped with skills and knowledge about HIV/AIDS, especially church leaders because it was envisaged that they had the capacity to integrate the society and guide it towards a social change. Schaefer (2000) contends that sociologists like Durkheim, through his functionalist theory, strongly believed that the church leaders do not only have the capacity to integrate society for social change, but also to provide social support when society faces calamities. Durkheim's theory (1947) in viewing the role of religion and leadership for society embraced conflict theories of Max Weber and Karl Max. Social disruption due to war and political instability, and finally gender inequalities.

Family Health International (2001) opines that the reasons why the churches have not used their positions to prevent the spread of HIV/AIDS is because discussions about sex and sexuality is a taboo because the most common way to be infected with HIV/AIDS is through sexual intercourse which the church preach against before marriage. Many faith institutions remain adamant on stigma and judgment of those infected.

Chitando (2007) argues that theological belief and its rigidity is what affected the effective response of churches to the challenges of HIV/AIDS. He proposes a transformation of theological beliefs in Africa before churches could be seen to be on cutting edge for the challenges of HIV/AIDS. Van Niekerk and Kopelman (2005) view the punishment theory as one of the greatest impediments by faith-based organisations in responding adequately to the HIV/AIDS epidemic. The religious version of the punishment theory says that God inflicts punishment on those who have sinned or one who are close to the one who has sinned. An example is Jerry Falwell, the then leading US televangelist who called AIDS “God’s judgment on promiscuity” (The Guardian, 2008). The secular version of this theory believes that those who are HIV/AIDS positive brought the disease upon themselves and those close to them because of their immoral lifestyle (Van Niekerk & Kopelman, 2005). For example Senator Jesse Helms, an ally of the evangelicals, argued against AIDS funding for homosexuals because of their “deliberate, disgusting, revolting act” (The Guardian, 2008). Van Niekerk and Kopelman (2005) was quick to point out that using this theory to explain HIV/AIDS pandemic is both dangerous and irrational as the sick are divided into two categories, those who are guilty and those who are innocent. The theories failed because of blaming people unjustly and could not explain why people get sick. It encourages stigmatisation, discrimination, prejudice and abandonment.

Tinyiku (2005) states that for the fact that HIV was first discovered among the gay communities contributed to the interpretation by the church leaders as God’s punishment on human. He believes that non-acceptance of homosexuals by churches made the homosexuals to hide their sexual behaviour and marry wives consequently living with two sexual lives – the acceptable one and the secret one. Because the church has kept mute about homosexuality, emerging studies show that the youths are opting for homosexual sex than vaginal with the view they will not contract HIV.

From the ongoing, the researcher is inclined to state that equating HIV/AIDS with immorality and judgment from God is sin on the part of the perpetrators as it goes contrary to lots of biblical injunctions like “Do not judge”; “Sin against the Holy spirit” and “Who is your neighbour” (the Samaritans story).

Even if HIV/AIDS was because of sexual immorality, it should be seen as an opportunity for Christians to tell their neighbours about the redeeming and eternal love through Christ, particularly for those who are at the point of death. Jesus openly declared that he came for the sinners; likewise, the church should be at the forefront of the crusade against HIV. It is believed that from the historical development of Christianity that discussion around sexuality was seen as negative. UNAIDS (2005) notes that this made faith-based organisations to be extremely uncomfortable with discussing issues relating to sex, sexuality and sexual health. Even when sermons are preached on this, a lot of caution is involved.

One of the reasons why the church were slow in responding to HIV/AIDS is because faith-based organisations disapprove the use of condoms and this has resulted in the government led campaign against ideology of the church. Rather than argue with the government, many churches preferred to do nothing at all on HIV/AIDS. The church theological and ethical concern acted as a barrier on any of the discussions about prevention, care and destigmatisation of HIV/AIDS (World Vision, 2008). Green (2003) indicated that the experience in the Dominican Republic, Jamaica and Uganda where faith-based organisations through behavioural change succeeded in having low rate of HIV/AIDS infection have shown that faith-based organisation should not be forced to promote condoms rather to be encouraged in promoting fidelity and abstinence. Vitillo & UNAIDS (2005), while counselling the church, said that the truth is that God loves all men and women irrespective of their HIV status. The churches are servants of the poor and the vulnerable. People living with HIV/AIDS are among the poorest and have the need to be shown non-judgmental care and compassion.

1.8.10 The reason why HIV/AIDS infection is rampant in Africa

Africa has experienced many political conflicts and wars. Conflicts come with harsh conditions and human right abuses in which HIV and AIDS flourish. Numerous conflicts

have resulted in massive movement of refugees and freedom fighters with high HIV seroprevalence to different parts of Africa (Parry, 2003) estimated that about 100,000-250,000 women were raped during the three months genocide in Rwanda in 1994. These women were not killed during the genocide but they are now dying of AIDS (Nowrojee, undated) Poverty has been mentioned as one of the major triggers of HIV/AIDS. The deteriorating economic situations result in economic migrants. Isolations from home and social networks result in risky lifestyle. Lesotho is the biggest export of labour for mining in South Africa. 20% of these miners are estimated to be HIV positive (Parry, 2003). The government of Lesotho also faces the twin challenge of food shortage across the country as well as inconsistent food supply. Food shortage has disastrous effect on the marginalised members of the society (Trinity College Ireland & Lesotho Irish ODA, Undated). Studies have shown that all the abandoned land in Lesotho belong to ailing persons that are lying sick with HIV/AIDS (Parry, 2003). Schaefer (2000) asserts that many religious activists, especially in the Roman Catholic Church in Latin America, support liberation theology, which refers to the use of a church in a political effort to eliminate poverty discrimination, and other forms of injustice evident in a secular society. The local churches can transform its members to contribute to the battle against HIV/AIDS as a social institution; it can increase participation of its members in HIV/AIDS programmes where interventions can be initiated.

The presence of other disease like tuberculosis has increased the epidemic of HIV in Lesotho. Youth's vulnerability to HIV infection has claimed many young lives. In Lesotho, as in other countries hard hit by HIV/AIDS, the key to prevention lies with its young people (UNICEF Lesotho, 2006).

Gender and cultural norms can be viewed as a form of social control. In fact, women find it difficult to achieve leadership positions even in churches. How can women then be expected to negotiate safe sex in a culture of gender violence. According to Marx assumptions about gender roles, women are in a subservient position both within Christian churches and at home. In South Africa, as in many other parts of the developing world, women are born into inequity characterised by low social status (Ackerman and de Klerk, 2002). Another social factor that makes Lesotho women vulnerable to HIV infection is violence against women. Whether strangers or intimate partners inflict sexual violence, the fact remains that violence

increases women's risk of exposure to HIV and other STDs. Other causes are living conditions, multiple sex partners, increasing drug use, lack of access to health care services, lack or weak access to information and education, adult and child sex trade, and discriminatory legislation.

1.8.11 Responses from other faith-based religions to HIV/AIDS

Islam

Not much is written about Islamic responses to HIV/AIDS. Available studies show that churches, mosques and faith-based organisations play a valuable role in the AIDS response. Amir Al –Islam (2003) show that among Muslims, an increasing number of religious leaders have started to acknowledge the impact of the HIV/AIDS pandemic. The Islamic Development Bank and UNAIDS have signed a memorandum of understanding for collaboration on a range of AIDS programmes in sub-Saharan Africa, Central Asia, the Middle East and North Africa. The two agencies will also pay special attention to measures aimed at preventing HIV transmission from mother to child. Parry (2003) notes that in Senegal the collaboration between Muslim and UNAIDS is regarded as “Best practices”.

Referring to the Islamic perspectives of HIV/AIDS, Breetvelt (2009) quotes the work done by the Islamic Medical Association of Uganda, which has looked at important issues in the struggle against HIV/AIDS from an Islamic perspective. Breetvelt (2009) noted that Islam gives women the right to proper sex education but women are not allowed to practise sex outside marriage. Chastity that goes with abstinence is a virtue in Islamic religion that has great reward from God. Committing adultery is a great sin in Islam and the adulterer is regarded as not being a believer as at the time of committing illegal sexual intercourse. Great emphasis is put on the duty of believers to help one another in righteousness and piety, to save a life, to spend in charity to the orphans and the poor, to those suffering hardship. Stigma and discrimination should be avoided, as it is a sin. The believers in their love and sympathy for one another are like one body. Islam expects people who have knowledge to counsel and impart it to their neighbours through good counsel and in joining what is lawful and forbidding what is prohibited. In the same manner, it is the duty of the ignorant to acquire knowledge from their neighbours who are learned Islam. They believe that God

forgives all sin and the punishment theory of HIV/AIDS is not applicable here. Islam tries to promote these virtues because it is seen as therapy for prevention of HIV infection and as well as ensuring that those infected are taken care of.

Responses from traditional healers

Indigenous and traditional healers are also in the category of faith-based organisations. This is because the healer and their clients believe that there is presence of spiritual forces at work in their services (Green, 2003). In South Africa, there are currently about 200,000 traditional healers and close to 70% of South Africans consult them (Strydom, 2010). Traditional healers like sangomas in particular are highly regarded and can play large social and political roles in their communities.

There is considerable confusion about ability of the traditional healers when it comes to HIV/AIDS. This is because some methods and herbs appear to treat the symptoms of HIV, but not cure the infection itself. The Human Sciences Research Council (2006) assessed the role traditional healers can play in the prevention of HIV infection. It was found that most healers had correct knowledge of the major HIV transmission routes (multiple sexual partners, blood contact, re-using needles or razors), prevention methods (condom use), and that antiretroviral treatment has to be taken for life. This is important given that such a large contingent of the population go to traditional healers looking for advice, help and treatment. According to Richter (2010), there is a great need for traditional healers to have a crucial role to play in the health system in South Africa and help with strengthening and supporting the national response to HIV.

1.8.12 Responses and roles of faith-based organisations to the challenges of HIV/AIDS

It was observed that when UNICEF started working with churches in 2000, they realised that the church responses were slow and insufficient to affect the lives of the community infected and affected with HIV/AIDS. It was when they started working privately with individual churches that overtime, they built up trust that resulted in creating awareness and sensitising the churches to the issues of HIV/AIDS. They then developed the faith-based manual for responses to HIV/AIDS (UNICEF, 2001).

Historically, faith-based organisations have been at the forefront of the fight against HIV in the developing world. They are known to have influenced their communities through life changing prevention treatment and support in rural and isolated areas. Stahls (2008) noted that the Catholic Church has been the leader in providing AIDS care. Vitillo and UNAIDS (2005) clarifies that there is a general acknowledgment by the churches that they were initially too slow for the scourge of HIV/AIDS within the congregation and the service communities but now the churches are the central role players in a range of initiatives to combat the pandemic.

Green (2003) notes that in 1992, USAID allocated funds to faith-based organisation to work in preventions of HIV/AIDS. They were to use the ABC principle (Abstain, Be faithful, Condomise). The faith-based organisations concentrated efforts on behaviour change based on abstinence and fidelity and only used condoms as a response to the failure of the first two. This resulted in delayed sexual debut in Uganda. Catholic relief services implemented NGOs for AIDS services all over the world with emphasis on care and support. They established the first HIV anonymous testing and counselling services in Egypt. (Green, 2003) World Vision implemented innovative HIV prevention strategies in Asia among sex workers, truck drivers, immigrants and drug users. The Salvation Army provided education and prevention programmes as well as spiritual support for the infected and affected communities. A host of other faith-based organisations are involved in different aspect of HIV works.

UNAIDS (2003) gives specific roles of faith-based organisations as follows: (1) promoting and encouraging communities to become a safe place for people living with HIV, (2) breaking the silence, providing care, support and treatment services, (3) creating links across faith, between faiths and secular communities, government, UN and international organisations. Kimaryo (2004) support that the church can and must play a key role in the struggle for an HIV/AIDS competent society, adding that throughout the country, it can use its pulpits, health and educational establishments and facilities to educate people on the pandemic.

1.8.13. How churches are responding to HIV/AIDS in Lesotho

In Lesotho, many churches have stepped up AIDS responses. About 90% of schools and 50% of hospitals in Lesotho are owned by various churches while 40% of AIDS care is being administered by faith-based organisations (Parry 2003). The religious leaders are highly respected and seen as spiritual pillars. They support HIV education and care and encourage that people affected and infected are given full inclusion in the community.

UNAIDS (2007) notes that in 2007, fourteen prominent church leaders signed a statement of commitment on AIDS. They pledged to confront the epidemic and support people living with HIV/AIDS in an united front. They have rejected negative statements that AIDS is a form of punishment from God for those who have sinned. Some are studying modalities for implementation of policies, strategies and framework in religious institutions. World Vision has called on church leaders to become “channels of hope” for the infected and affected. United Nations and the National AIDS commission are collaborating with religious leaders and faith-based organisations (UNAIDS, 2007).

1.8.14 Conclusion

This chapter has reviewed relevant and available literature on the church responses to the HIV/AIDS pandemic. The researcher applied Emile Durkheim’s theory that made use of Max Webber and Karl Marx theories, to the responses of faith-based organisations to HIV/AIDS pandemic.

The researcher looked at the African leaders resolve to tackle HIV/AIDS and how it became successful in some countries. Efforts of other faith-based organisations like the Islamic faith and African traditional religion were looked at. The factors hindering responses to HIV/AIDS by faith organisations and why the church must be involved in the battle against HIV/AIDS were looked at. The above issues provided some useful information for which a foundation of the study was laid. Having reviewed relevant literature in this chapter, the next focus is on the data analysis and findings.

Chapter 2: Data analysis and findings

2.1 Introduction

This chapter presents the data that was collected from this study. Unpublished church documents like the church newsletter, church bulletins were made use of. The analysis of the data is presented by using the qualitative method to integrate data from both focus groups and key informants interviews. The data focused on the activities of Maseru United Church in relation to HIV/AIDS related services. The focus groups were members of the men's fellowship meeting, women's breakfast meeting and the youth fellowship while the key informants were some elders and deacons that are presently serving in the council. The data, analysis and findings were undertaken to answer the following research questions:

1. What are the responses of Maseru United Church to the challenges of HIV/AIDS?
2. What are the constraints that have hindered Maseru United Church from responding to the challenges of HIV/AIDS?
3. What are the suggested ways and means of ensuring effective responses?

2.2 Brief history of Maseru United Church

Maseru United Church was founded by three Protestant Churches: the Methodist Church of South Africa, die Nederduits Gereformeerde Kerk van die Vry taat (Dutch Reformed Church of the Free State), and the Presbyterian Church of South Africa. (MUC Centenary newsletter, December 2008)

In the year 2000, Maseru United Church could count 33 countries represented in its congregation. Today the makeup of the congregation still indicate a similar diversity but with fewer people from Europe and America. Significant activities in the church are as follows: family and management retreats, Sunday school and an annual Sunday school teacher's party. Partnership committee outreach formally called Material Aid, men's breakfasts fellowship, women's breakfast fellowship, and soup kitchen ministry, family care ministry, youth ministry, worship ministry, evangelism and nurture. At present, Maseru United Church has a resident pastor and an assistant pastor. The church has witnessed

growth under the present leadership. Two services are offered every Sunday to accommodate the surging membership.

2.3 Gender participation

In the study, the researcher was sensitive to gender issue and therefore, ensured sensitivity in gender representation. Forty-seven (47) people were interviewed (twelve key informants and thirty-five members of focus group). Out of twelve key informants that were interviewed four were female while seven were male. For the three focus groups, out of the thirty-five participants, twenty were female while fifteen were male. The key informants had more males, which reflected the gender population of church leadership in Maseru United Church. The focus group that had more women represented the gender population of the entire congregation. The response shows that even though the female population is higher in Maseru United Church, the males dominate in the church leadership.

2.4 Cultural diversity

Due to the unique nature of Maseru United Church, which has a high cultural diversity, effort was made to represent the diversity. Out of the twelve key informants, there were three Caucasians, two Asians and seven Africans. The three focus groups that had thirty-five participants had twenty-three Africans, seven Asians and five Caucasians. The key informant's ratio is typically a representation of the church. The Africans dominates, followed by the Caucasians and then the Asians. This was not reflected in the focus group because the women breakfast meeting had closed for the year at the time of the interview, so sample was taken from one of the house fellowship centre, which takes place in the home of an Asian woman where most Asians from the church go for house fellowship. It could also be that the percentages of the Caucasians that attend the meetings are low. Having introduced this chapter, the following presents the data as generated from participants.

2.5 The response of Maseru United Church to the challenges of HIV/AIDS (findings and Analysis)

Regarding the role of Maseru United Church to the challenges of HIV/AIDS, the researcher gathered that the church has risen up to the challenges of HIV/AIDS in the following ways:

Material AIDS: The church provide money for food security for some child headed households and the most vulnerable adolescents. The church also donates foods, blankets and clothes to these orphans and shepherds during the winter months. All the participants believe that the church has done very well with material and financial support for orphans and less privileged.

A participant said, “We donated huge bales of well used and new cloths and 55 new blankets during the cold season of May 2010 and our youths visited some orphanages and child headed households with cloths and groceries in October 2010”. We collaborated with Mission Aviation Fellowship to fly the blankets and clothing to remote places in Lesotho. We counsel and encourage them, depending on their needs. Follow-up after these counselling is still a challenge”.

The researcher submits that in Lesotho where HIV/AIDS infection is very high, psycho-social support to the less privileged can be a life saving action even though monitoring and evaluation of such assistance can be challenging. It has also been noted that psycho-social support is much tougher than food services (Meeting of Catholic Organisations engaged in the response to HIV and AIDS 2005).

Education: It was gathered that the Church is currently paying school fees for some students at secondary and high school level. These people are not likely to have received services from government initiatives and international NGOs. The goal of Maseru United Church is to provide these youths with the educational opportunities and skills necessary to get a job or at least be independent in the future. A participant had this to say:

“The partnership ministry support orphans or children whose parents are stricken with poverty or diseases which includes HIV/AIDS. We have recipients that are not members of the church but we also do not have so much funds so the number of people on scholarship depends on the amount the church has set apart in a year for that because we do not have external funding”

Because the church does not have national or other external funding for HIV/AIDS, the church has limited funds for action in provision of education. Parry (2003) notes that that faith-based organisations are finding it increasingly difficult to run this expanded programme, looking only to their traditional sources of funds. Many do not receive external support, yet they are providing parallel service to the government. This supports Durkheim's theory that suggests that the church organisations are increasingly assuming the role of providing social services previously offered by government agencies.

Prison Visits: There is an annual event where volunteers from the church witness and demonstrate the love of Christ through hosting of juvenile and women inmates with gifts, food and prayers. It is known that HIV/AIDS infection is very high in the prison. "In prisons across the world, the HIV and AIDS epidemic presents a major challenge. The prevalence within prisons is often far higher than in the general community, and prisons are a high-risk environment for HIV transmission. However, when it comes to tackling the epidemic, prisoners are often neglected and overlooked" (Avert International, undated).

A participant said this: *"Let me also remind you that apart from the prison visits, the church on every Christmas Eve also invites some community members that are sick, poor or destitute for Christmas Hampers at the church premises."*

By sharing the word of God to those incarcerated, the church fulfils the word of Christ that says, "I was in prison and you visited me, I was sick and you took care of me" Mathew 25 v 36. In addition, another verse says, "remember those in the prison as if you were their fellow prisoners, and those who are mistreated as if you yourselves were suffering" Heb 13:3. By sharing this love of Christ, it assists the prisoners in coping with the pressure of being incarcerated, being HIV positive for those that are positive and possibly winning them over for Christ. It is important to note that despite the fact that the church did not set out to distinguish between those that are HIV positive or not, they pray for all and share their gifts to all.

Soup kitchen: The church feeds 70 to 90 street children that are orphans and vulnerable children every Wednesday through the soup kitchen ministry. Christmas hampers are also

distributed to these children during the Christmas party. A participant said, *“Our church is a home to many street kids. The children in this community look forward to eating a delicious meal every Wednesday”*

The emphasis on food parcels and soup kitchen suggests the need the church has placed on the nutrition of the orphans and vulnerable children who may be malnourished. Most participants related this soup kitchen to HIV/AIDS but about a few still argued that the Soup kitchen has nothing to do with HIV/AIDS rather it is a hunger / poverty alleviation project for the community. A focus group member said, *“We do not know who these kids are, we don’t know where they come from. We have never followed anyone of them home. Therefore, we cannot say the soup kitchen is an HIV project or touching the infected. That was why the ministry is trying to incorporate a system where the kids are followed up to their home to have insight of their background”*.

Another participant argued that *“even though we do not have the statistics of those who are orphaned by HIV/AIDS as against those who lost their parents through other ways or even those kids who have parents but just come to enjoy a free meal, the fact remains that most orphans in Lesotho are victims of HIV/AIDS”*

Munro, (undated) said that many orphan and vulnerable group programmes began as feeding schemes, which represent welfare mentality but of course the challenge is to develop these into more comprehensive responses.

Adoption: At individual level, some members of the church have adopted some children that are HIV positive while some pay their school fees without taking them to their homes. These are caregivers in their various neighbourhoods. There is consensus among participants that adoption of an infected child is clearly an HIV/AIDS project but there was no consensus that an individual church member’s project can be regarded as a HIV/AIDS project. Some believed it is the work of the body of Christ and the body of Christ is one. Few said that it could not be regarded as a church project. However, there was consensus that the church occasionally encourages and prays for families with adopted children.

A participant said this: *“is church at work in individuals carrying out the mandate of God without large HIV projects and fundraising. Our pastor sometime ago encouraged the American family that adopted six orphans despite the fact they have their biological children. This same family still go to orphanages to pick some very sick children, care and return them when they have fully recovered. This is Maseru United Church working. The adoption supports a passage in the bible that says, “I had no home and you took me into your home”. Mathew 25:36*

Sermon: Sermon was one of the areas Masure United Church used for creating awareness of HIV/AIDS. About 41 out of 47 participants agreed that the pulpit has been used to spread the message of abstinence for the unmarried ones and faithfulness for those that are married. However, six participants maintain that, these messages on HIV/AIDS prevention even though they are preached, come rarely.

Nazarene Compassionate Ministry (undated) observes that “It is interesting to note that the church is beginning to have a perception shift, because initially and for a long time the majority of people in the church regarded HIV/AIDS as a curse intended to punish those that have sinned, so speaking out on HIV/AIDS was not a priority. There are some who believe that speaking about HIV is unchristian and hence are against infected people who give testimony about their trauma and how the presence of God in their lives has helped them to cope. Such Christians need to know that, if anyone has a responsibility to speak out about this epidemic to save this generation, it is the church. Churches must offer programmes on HIV, as well as how to care for those infected or affected by the virus. Our pulpits must be used to guide youth to live morally responsible lives— if there is no behaviour change, the battle to save our generation will be lost”. Although the church is beginning to speak on HIV/AIDS, they still prefer to be involved in addressing the impact of HIV/AIDS because this is less theologically controversial than talking about prevention through condom use. Mershak (2004) if access for all is to be achieved, churches must play their role of information dissemination in the community, declare health week and talk about Sex education while maintaining their stand on abstinence and faithfulness.

Prayer: Prayer is constantly offered for those that are sick, sometimes congregants are asked to pray in groups for the HIV/AIDS pandemic. Maseru United Church also recognises special days like Missions Day and World AIDS Day. A participant said *“It is within the mission of Maseru United Church to address HIV/AIDS twice a year during the missions Day where various missions address the church on different areas of HIV/AIDS and the World AIDS Day”* This is in line with the World Council of Churches (2001) which “calls on all the religious leaders wherever possible to make use of their moral and spiritual influence in every community to reduce the vulnerability of individuals and to ensure that there is maximum care and support”.

It should however be noted that there is no unanimous agreement over the responses of Maseru United Church to the challenges of HIV/AIDS. While some of the participants believe that the church is not responding others enumerated various responses. A participant notes that *“ it is unfair to say that the church is not responding when most sermon embrace the triple crisis in Lesotho and members are always called to pray for poverty, hunger and HIV/AIDS in Lesotho.”* The studies also indicate that with exception of two males, all other males argued that the church is responding. All the female key informants believe that the church is not responding because there are no specific projects on ground targeted to HIV/AIDS neither is there any ministry created for HIV/AIDS. A respondent argued that the responses of the church must not be viewed in terms of structure. *“I visit neighbours that are sick with HIV/AIDS. I encourage them to be tested, assuring them that there are facilities to take care of them. Sometimes I do not succeed in getting them to know their status, but many times, I have succeeded, this is an individual ministry but it is the church of Christ at work but yet there is no structure for HIV/AIDS. What is most important is that believers must reach out to those around them”*.

The researcher observed that there are no clear-cut demarcations in Maseru United Church between poverty alleviation projects and HIV/AIDS. The two are interwoven. Most of the children in the soup kitchen projects are orphaned by either AIDS or street kids, which is also a vulnerable group. The orphans that are on church scholarship might have been orphaned by HIV/AIDS. Yet these are not seen as HIV/AIDS projects but just a way to assist the poor.

This may be the reason why there are conflicting opinions about the roles of the church in responding to HIV/AIDS.

It also appears that the reason for not setting up specific programme for HIV is that the programme will compete with other HIV programmes that members of the congregation are running and rather than compete with the congregants the leaders prefer to support them financially. In as much as this sound reasonable, the researcher believes it is arguable considering the fact that there are infected members of the church who could only disclose their status to their religious leaders and may prefer to be assisted by the church unless there are official arrangements for referrals by the church.

Church facilities: Maseru United Church makes their facilities available to missions and NGOs. Youth with a mission that rehabilitates the commercial sex workers in Lesotho make use of the church facilities for their workshops. Other regular users are ‘Laleche Club’ that holds discussions on breast-feeding and Youth for Christ. Alcoholic Anonymous ministry has a room exclusively reserved for their meetings and their meetings are regularly published in the bulletin. Alcoholic Anonymous partners with Maseru United Church to promote personal behaviour change in alcohol intake.

The church collaborations with the government and other faith- based organisations in responding to HIV/AIDS

During this study, the church collaborations with other organisations in responding to HIV/AIDS also received attention. The 47 participants indicated that the church has relationships with different organisations. Some of these participants are not sure if the relationship can be regarded as partnership because there are no official contract binding Maseru United Church and these organisations. It is unwritten but each party plays their expected roles responsibly. Some participant argued that the relationship is not in the area of HIV/AIDS, yet others enumerated various ways that these partnerships can be linked to HIV/AIDS. A participant describes it this way; *“Maseru United Church is a unique congregation in the sense that it is a spiritual home for those in UN systems, Faith- Based Organisations like World Vision, Mission Aviation Fellowship, ALAFA, Beautiful Gates, Bible Society, Youth for Christ, Youth with a Mission and others. Financial contributions,*

for example the church Tithes are often distributed to most of the missions represented in the church. These missions are directly or indirectly tackling HIV/AIDS. We don't need to duplicate their work so we try to support them. Mission Aviation Fellowship supports the church in flying some material Aids and Maseru United Church leaders from the church to communities. During the Mohale Dam construction, Maseru United Church pastors were being flown every Sunday to that district to conduct church services for the community. When Mission Aviation reported the death of HIV/AIDS positive person to the church, we donated a coffin.

A young participant observed, *“Youth for Christ runs the youth ministry arm of the church. We have received training on Sex and sexuality, dating, trust and other topics relating to HIV/AIDS. I don't know if the contract between them is written or not but I do know that youth for Christ cannot easily pull out of youth leadership in the church”*. Another participant said *“It depends on what you want about partnership, but I have enjoyed prayer partnership. Members of Youth with Mission) worship at the church and take what they have heard with them. There is no official partnership, besides it may not be necessary. There is no contract, no policy but we do have a lot of relationship, we trust and we share problems”*.

The fact that has emerged from this study is that Maseru United Church is collaborating with many organisations in various ways. All the participants in this study with various NGOs attested to have enjoyed prayer, financial and moral support from the church but without any contractual agreement. At this point there seems to be a need to understand what such loose collaboration is? Must a partnership be written before church can be said to be collaborating with other organisations? The researcher thinks that looking at the unique nature of the church these relationships can be regarded as a partnership.

Secondly, looking at the partnership relationships that exist in Maseru United Church, it was observed that there is no relationship with the government on issues that affects the community, it is the researchers thinking that the church should be relating more closely with the National Coordinating Agency for HIV activities which is the National Aid Commission. This will enable them to carry out some relevant social issues expected from them by the government. The church can take advantage of the trust relationship to form an equal

professional partnership on HIV/AIDS with the NGOs, missions and the government. This will help to create competent AIDS care.

Questions were asked about the church's relationship with the government, some participants noted that they have once witnessed some government official coming in a group to worship in Maseru United Church just to identify or show solidarity. Parry (2003) notes that the church has been approved by government of Lesotho as assets in national strategic planning. "Using the one thousand community and church health care workers to offer VCT, treatment and care, utilising existing local facilities such as school, piling stations and church building would boost the overstretched capacity of the government health workers and at the same time, reach every Mosotho rapidly."

Constraints of Maseru United Church to AIDS responses

Looking at the high ranking personnel available at Maseru United Church, the researcher assumed that there could be some justifiable reason why HIV/AIDS is not clearly targeted and thought that participants could have useful information and therefore went ahead to pose a question to the key informants and focus group with regard to the possible constraints.

1 - Leadership structure

In response, a participant indicated the following:

"The Leadership structure of the church flows from top to down. There is no exchange or free flow of communication between the leaders and congregants. During the Annual General Meeting, decisions reached by the council are brought before the meeting to accept or disapprove. So creativity and energy from below are not harnessed."

'Leadership' was chosen as the theme for the 2007 and 2008 World AIDS day. This is because the response to HIV cannot be advanced without the commitment of leadership in every organisation. Adoption of specific programmes and plans and allocation of resources and support for HIV and AIDS cannot be achieved without leadership. The leadership need to be in touch with realities faced by those it seeks to lead. The World Council of Churches (2001) notes that the churches need to provide the leadership that will prevent and overcome HIV and AIDS, and recognise people living with the virus as precious members of the

community. Sound policies have to be put in place with tangible actions, where treatment, care and support for all who are affected are easily accessible. Attention should be given to relationships and family life - including the life-saving responsibility of all to protect them through practising abstinence outside of marriage, fidelity in marriage and a healthy way of life, including overcoming drug abuse.

2 - Short leadership terms

Contributions coming in from some participants argued that the two-year duration spent in the office by the leaders as stipulated in the Maseru United Church constitutions pose a challenge for sustainability of any HIV/AIDS projects. If an expatriate starts such a project, there may be fear that there may be problem of sustenance. Some of the participants lamented that because some people on the management level of the church are expatriates their projects can be cut short by either transfer or end of contract service.

A participant noted “Maseru United Church projects change very fast because of changes in leadership. There was a time the church was involved with orphans at Beautiful Gate and those orphans were HIV positive. The project stopped when the initiators left the council. Another HIV/AIDS project with David Makhanya, director of Light of Hope orphanage, was not sustained and conclusions were not discussed with the church. Maseru United Church sponsored the farm project and fixed drinking water facilities for the orphans. His piggery project was picked up by Mike Kruger, Maseru united Church partner from United States. The congregation is not sure if these projects are still running. It is just the same with Beautiful Gate, we can’t tell if it was concluded. This is all because of short office terms by council members. There was a house project sponsored solely by the former interim pastor. The house was completed for a child headed house hold, the project was concluded and the family moved in and the church was shown the picture. That is an example of how projects should begin and end. The church was informed at the beginning and at the end of the project.”

Supportive roles of Maseru United Church to other HIV/AIDS Missions

Maseru United Church gives both financial and moral support to HIV/AIDS missions that relates with the church. The leaders do not consider it is appropriate to duplicate projects but rather to give them the necessary support. This acts as a constraint.

Attitude of church members to responding to HIV/AIDS

Few of the participants said that HIV/AIDS is a health problem and should be addressed by the health professional and not the church, even though many supports that the church should have HIV/AIDS projects.

A participant said *“As a church we are here to look after people’s spiritual needs, to develop a ministry towards people, to teach them how to grow and become more dependant on God so I don’t think it is the duty of the church to start solving medical problems.* Yet in terms of this attitude, another participant had this to say, *“If someone is HIV positive, there is no stigma, no discrimination. We all function together though this is my own opinion and observation”*. Contrarily another participant notes *“a member that is HIV/AIDS positive experiences stigma. It can never be the same even when it is not shown. People keep it in their heart and you can’t change it”*. Another participant answered, *“We do not stigmatise anyone. We are the same here. If the church decides to respond fully to HIV/AIDS, no one will be against that. We are members of one body. When some one who was positive came forward and gave testimony we prayed for him”*.

Contrary to that another participant said that the *“members would want to come here, worship and go. Remember there are many diseases and people are carrying many other problems on their own. I will not want to bother with HIV/AIDS when I come to church. Also note that many professionals in the church have something to do with HIV/AIDS in their work places and will not want to be bothered again with the same disease when they come to church”*.

Howard (undated) suggest that the church should be a place where people who feel abandoned, rejected, depressed, sick, frustrated, hopeless and homeless can come in order to find refuge. It ought to be a place of peace, love, acceptance, consolation, and hope. This means that the church needs to love and reach out to those who have been affected by the

HIV virus and help them by expressing God's love to them. This can be done through praying for them, leading them to the saving knowledge of Jesus and financially helping to meet their needs (if possible). Jesus declared in the gospel of John chapter 13 verses 34-35 "A new command I give you: Love one another.

Lack of openness about HIV/AIDS

Participants believe that secrecy is still associated with HIV/AIDS even though it is not as strong as when the infection started. The Lesotho community is not open about HIV/AIDS so the church is not in the picture of the number of members that are infected and for this it has not prioritised HIV/AIDS to sufficient level. *"In Uganda, the people have accepted HIV/AIDS and so they are very open about it. In the churches in Uganda, they know people who are positive. They do not discriminate or stigmatise, they encourage HIV negative who decides to marry a positive person. In Lesotho people are reluctant to say what killed the deceased because it is AIDS, so when there is no openness, the church cannot come in"*.

In line with this Nazarene Compassionate Ministry (undated) adds "Faith-based organisations in Uganda have played a major part in delivering information, encouraging open discussion, providing services and changing behavior. These activities have provided communities in Uganda with resources and hope in the struggle against AIDS".

A participant noted that "the multi-racial and multi-cultural nature of the church makes it difficult for disclosure because it is difficult to judge the attitude and perception of people from different cultures towards the infected." Contrarily a participant observed that there is no discrimination in Church. People whether positive or not are integrated in the system and are allowed to serve in leadership.

In contrast to all of these, there are some participants who do not agree with this question. A key informant said *"justifiable reasons why MUC is not responding to HIV/AIDS is not a proper question to ask. We feed orphans and pay some school fees, church members donate blood when the blood bank reserve is low. We support HIV/AIDS organisations and they use constantly use our facilities for workshops, the church prays for the triple crisis in Lesotho just to mention a few. So we are responding, you need to rephrase the question. In fact we are*

responding more than some NGOs because I work with an NGO so I know that our church is trying, perhaps you want us to start distributing condom before you will rate our response high.”

Condom distribution is not part of the function of Maseru United Church. This shows the importance the church as a body of Christ has placed on abstinence and faithfulness.

Financial resources

Finance as a constraint also received attention in the study. The church has no budget for HIV. Even if leaders are trained and become enthusiastic to come up with specific programmes for response, if there is no budget for HIV, the programme will die and the enthusiasm will decline.

Out of the 47 people that participated in the study, 80% believed that finances are not so much of a problem because members can donate to HIV projects. Using the contacts that are in the church, a lot of funding can come in. A participant notes that “ *the nature of the church is such that they can get external funding from outside the country but this is risky because we could just focus on receiving funding from abroad and may deviate from spiritual mandate which is our core roles. So we have to be careful about raising funds for a HIV project*”.

2.6 Suggested ways and means of responding to HIV/AIDS

Considering the competence among the congregants to respond to HIV/AIDS effectively in the community, the researcher decided to ask for suggestions from participants on how the church can upgrade their responses to HIV/AIDS. The following suggestions were received:

1. *“If the church is not responding because they are supporting HIV/AIDS missions then awareness need to be created among the congregation about the different organisations that are partnering with church and the facilities that are available so that members can utilise the facilities.”* This calls for high standard collaboration where documentation may be necessary.

2. *“We mention HIV/AIDS but not every Sunday but we are expected to disseminate information about HIV/AIDS. The church bulletin is a useful tool for such information. We can also use some special church programmes like the church International day and Family Day for this purpose.”*
3. *“Looking at the church we have a lot of professional doctors, nurses, counselors etc. They may be encouraged to volunteer their services for the congregants. This will be done on rotational bases like the soup kitchen. However the biggest HIV/AIDS project will be for parents to start talking to their children about sex. Not talking about sex to your children is a cultural problem. The church can assist by breaking this cultural problem.”* To open dialogue on taboo subjects such as human sexuality and sexual matters, particularly those facilitating the transmission of HIV will be useful.
4. *“We need to be professional and serious on our responses, indicating what we are doing on HIV to be clearly different from poverty alleviation”.*
5. *“The church should encourage the members that have assisted the community or neighbours in the area of HIV/AIDS to share their testimonies. This will impact so much on the entire congregation and will help to dispel fear from those who still stigmatise, it is also necessary for such individuals to have the backing of church.*
6. *“Soup kitchen structures which supports the orphans and vulnerable children is capable of extending their services from the feeding programme for the community to be involved in development and educational work. They can go further to protect them from abuse and exploitation. The church should teach them sexuality education that is appropriate for their ages.”*
7. *“We need to know the number of our members that are sick, how they acquired the virus because knowing how it was acquired helps the leaders to know the nature of ministration each person needs. An infected person who acquired HIV through sharing of drug injection needle or through promiscuity may require behaviour change”. This is different from someone who was infected through blood transfusion.*

8. *“The church can allow its facilities to be used by trained personnel who will teach the church how to love and care for the sick, destitute, and those facing stigma and discrimination arising from the disease”.* Pastors and church members can become a voice for the destitute. The fact of the matter is that behind our statistic is a real face. Sometimes we are caught in serving the church folks and forget that those who need us the most are the non-church folks. Jesus said those who are well have no need of a physician but those who are sick (Mark 2:17)

9. *“The leadership of Maseru United Church must find time to listen to the Holy Spirit and find out what he wants the church to do and not just joining the race.”*

Chapter 3: Recommendations

It was discovered that most of the ministries have been in existence since the establishment of the church. In the era of HIV and AIDS, which is a sign of the present time, programmes in the church that are as old as 100 years should be reviewed to incorporate some social changes in the community. The only ministry that has received some upgrading in the recent time was Partnership and Committee Outreach.

The study also discovered that Maseru United Church is not AIDS specific in their orientation. They have a broader mandate that covers many social problems in the community like hunger, poverty and health related problems making it difficult to separate HIV/AIDS related services from the total range of services provided. The services offered by church that were identified as HIV project should be projected. A new ministry specifically addressing new social problems may be created.

Women and youth in the church should be encouraged to be part of developing and implementing programmes and policies on HIV and AIDS since they were not satisfied with the level of HIV/AIDS responses in the church. Birdsall (2005) also suggest that these groups (women and youth) have specific relevance to HIV/AIDS. Prison Party should incorporate HIV/AIDS education. This will help to reach out to those in the prison.

It was gathered during the study that some members of the church have disclosed their HIV/AIDS status to the counselling team on a positive note, there is need for support group to be started for such people. It was also observed that most of the responses of the church are not documented. This lack of documentation makes it difficult for the congregants and the community to appreciate the contributions of the church. The church newsletter is supposed to break this barrier but monthly reports from various departments are often not available. This is an issue the management can easily handle by ensuring that each ministry know what is required from them.

There must be a difference between the responses of the circular world and responses coming from churches. Many who tested positive may not be able to disclose their status to their

families, organisations or friends but they may be more willing to disclose to their spiritual leaders. Therefore, the attitudinal responses of the church should be rooted in compassion, and non-judgemental. It must be a church free of stigma and discrimination. The clients groups that gather at church to worship every Sunday could form a strong and enviable network for HIV/AIDS related activities

Conclusion

An examination of the contents of diverse activities of Maseru United Church shows that even though the church is not AIDS specific, they provide a wide range of HIV/AIDS related activities in form of HIV education, awareness and prevention, which were spotted mainly in youth activities. HIV care activities are supported by individual members of the church who are either care givers, HIV adopted parents and some who reach out to their sick neighbours with information on free services opportunity relating to HIV. The church supports the orphans through the soup kitchen, food parcels, scholarships, psychosocial support, blood donation to the community, behavioural change education through the sermon, counselling and praying for the sick and affected. Further investigation also show that many congregants are expatriates who work with orphans, technical experts on HIV/AIDS, doctors working with the government and different NGOs that support peer education, medical care, condom distribution and other HIV related activities. The church gives both moral and financial support as they pay out their tithes to these organisations. In view of the above, Maseru United Church can be said to be a significant player within Lesotho faith-based responses. This is in line with growing body of evidence in the contributions made by faith-based organisations to HIV/AIDS response. This supports the previous findings that faith-based organisations of different types and profiles are involved with multiple aspects of AIDS response in South Africa. Birdsall, (2005) affirms in some studies that the attitudes of religious organisations are changing towards the epidemic. Muturi, (2007) concluded that faith-based organisation has become a crucial partner in HIV/AIDS as they are known to shape social norms, beliefs, attitudes and people's realities concerning sexual self-understanding.

Maseru United Church has broken the silence about the epidemic even though they are not yet very loud. They are people of faith who struggle to bring joy to shattered lives and by

doing so, God's transforming grace is entering the world. However, there are still room for more concerted effort to be made in other to bring the rampaging disease to a halt. There is also need for further studies to be carried out to determine the nature, scale and scope of these contributions by Maseru United Church.

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Appendix A

12TH October 2010

The Chairman,
Maseru United Church
Lesotho.

Consent to carry out a research study in Maseru United Church

I am doing an MPHIL degree in HIV/AIDS with University of Stellenbosch, South Africa. As part of the requirement for I am expected to write a project relating to HIV/AIDS in the community where I operate. I have chosen to research in my workplace that is Maseru United Church. I will like to research the ***Responses of Maseru United Church to the challenges of HIV/AIDS.***

The study will benefit the Church because programme groups relating to HIV/AIDS in the Church will be evaluated and suggestions for strengthening the groups will be given.

I will be very grateful if my request is granted.

Mrs. Edith Anozie

Appendix B

Question Guard for the Key informants and Focus Group in Maseru United Church

1. What are the roles that you think Maseru United Church should play with respect to responding to HIV/AIDS?
2. What are the roles that you think Maseru United Church is playing with respect to responding to HIV/AIDS?
3. Do you think Maseru United Church has enough skilled human and financial resources to respond to HIV/AIDS?
4. Are their reasons for not addressing all the challenges?
5. Could you suggest ways and means through which Maseru United Church can raise funds with which to respond to economic challenges of HIV/AIDS?
6. What is the attitude of church leaders towards HIV/AIDS?
7. What is the attitude of the congregation towards responding to HIV/AIDS?
8. It is known that most churches prefer to collaborate with other faith-based organisations in responding to HIV/AIDS, is Maseru United Church collaborating with any organisation?
9. With whom is Maseru United Church collaborating?