

The attitudes of church members towards people living with HIV/AIDS in the church.

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DECLARATION

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ABSTRACT

The aim of the research was to determine the attitudes of church members towards people living with HIV/AIDS at the Centre of Faith Bible Church in Limpopo Province at Ha-radali Village, Thohoyandou. A total of 15 participants from different church departments, age and educational background were interviewed.

The research results revealed that the majority of the participants had positive attitudes towards people living with HIV/AIDS. The church members who indicated to have negative attitudes towards people living with HIV/AIDS were those without or with low level of education.

The church is very silent when coming to HIV/AIDS issues and there is not enough HIV/AIDS awareness in the church. The church is not disseminating sufficient information on HIV/AIDS and they are not comfortable to talk about HIV/AIDS in the church services. Church members will continue to judge those who are living with HIV/AIDS in the church unless the church starts to talk about HIV/AIDS regularly.

OPSOMMING

Die doel van hierdie studie was om die houdings te bepaal van kerklidmate van die “Centre of Faith Bible Church in Limpopo Provinsie in Ha-radali Village, Thohoyandou teenoor mense wie met MIV/VIGS leef. Daar is onderhoude gevoer met 15 respondente van verskillende kerkafdelings, ouderdomsgroepe en onderwys-agtergrond.

Die resultate toon dat die meerderheid van respondente positiewe houdings ervaar het teenoor mense wie met MIV/VIGS leef. Die lidmate met negatiewe houdings teenoor mense wie met MIV/VIGS leef is die met geen of lae vlakke van onderwys.

Die kerk is stil rakende MIV/VIGS kwessies en daar is nie genoeg bewusmaking rakende die kwessie nie. Die kerkleiers is nie gemaklik om oor MIV/VIGS in die kerk te praat nie en tot hul die erns daarvan besef sal die lidmate voortgaan om die wie met MIV/VIGS leef te veroordeel.

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1.1 Research background

HIV/AIDS remains a serious threat to human life in this century. It already claimed numerous lives and Christians are not disqualified from the aftermaths of HIV/AIDS. Through its doctrine and guidance, the church has a vital role in addressing the HIV/AIDS pandemic, especially in comforting people living with HIV/AIDS.

Owing to the high HIV prevalence in the church, it is now very eminent to look at the attitudes of church members towards people living with HIV/AIDS in the church. The manner in which the church members perceived their fellow church members living with HIV/AIDS plays an essential role in the battle against HIV/AIDS. Positive attitudes will assist people living with HIV/AIDS to deal with the infection and at the same time encourage others to disclose their HIV status.

Many churches in South Africa have begun to break the silence with regard to HIV infection in the church. The greatest challenge is attitudes of church members towards those living with HIV/AIDS. Various church leaders in Africa still regard HIV infection as a consequence of individual' sin (Byamugisha, Steinitz, William & Zondi, 2002). South African churches have a responsibility to address this kind of ignorance. It is through this kind of understanding that some church members are prompted to develop negative attitudes against people living with HIV/AIDS in the church. Church doctrine is very important in encouraging positive attitudes towards people living HIV/AIDS. Presently, some churches have open policies that are against any preaching or doctrines that undermine the social, physical and psychological being of people living with HIV/AIDS. People living with HIV/AIDS are experiencing condemnations and exclusions from church activities (Church of Norway, Statement from the Bishops' Conference, April 2001).

HIV/AIDS knowledge can contribute to the positive attitude towards people living with HIV/AIDS. Many people who have negative attitudes towards people with HIV/AIDS have little or no knowledge about HIV/AIDS. It is the responsibility of the local assembly to ensure that people living with HIV/AIDS are protected against negative attitudes and any form of mistreatment in the church. The church should act as agent to facilitate the favorable conditions

that will make it easier for people living with HIV/AIDS to surface from desolations and darkness of infection.

1.2. Research problem

HIV/AIDS is real and it affects all of us, both Christians and non-Christians. This is the fact that church leaders must admit. Unwillingness of the church leaders to admit the reality about HIV infection amongst its members is doing great damage to those living with HIV/AIDS in the church. The majority of church ministers hardly speak about HIV/AIDS in church. When the church refrains from talking about HIV/AIDS, it is giving the upper hand to church members to develop negative attitudes against people living with HIV/AIDS and it is preaching the message that there is no HIV/AIDS in the church. Talking about HIV/AIDS issues in church will help us to love, embrace consciously and socialize with those living with HIV/AIDS. Other church members have negative attitudes towards people living with HIV unconsciously. Their attitudes are influenced by the lack of knowledge regarding HIV/AIDS.

Some of those people living with HIV/AIDS are genuine and committed members of different churches. Negative attitudes against people living with HIV/AIDS have gratuitous consequences of compromising the battle against HIV/AIDS and it can directly affect church growth. Those who are experiencing negative attitudes in the church may withdraw themselves permanently from the church.

1.3 Research question

This research is intended to answer the following question: What are the attitudes of church members towards other church members who are living with HIV/AIDS?

1.4 The significance of the research

The outcomes of this research are very significant to South African churches. It will help church leaders to actively engage themselves in open discussions and sharing of HIV/AIDS information in the church. The study will explore the causes of attitudes of church members towards people

living with HIV/AIDS. The findings of this research will serve as a barometer to weigh up the preparedness of the church to fight HIV/AIDS. Lastly, the study will help church members to confront negative attitudes against people living with HIV/AIDS.

1.5 Aim of the research

The aim of the research is to establish the attitudes of church members towards people living with HIV/AIDS in the church.

1.6 Objectives of the research

The objectives of the research are:

- To encourage church leaders to promote gospel of love, care and compassion towards people living with HIV/AIDS in the church;
- To establish what influence attitudes experienced by the people with HIV/AIDS in the church;
- To make recommendations that will influence church leaders to provide a supportive environment for the people living with HIV/AIDS in the church

1. Literature review

2.1. Introduction

Adams and Schvaneveldt (1985) outlined literature review as the main goal to accomplishing knowledge and understanding of the previous work in view to the topic being researched. A broad literature review is very important for the reason that it presents an advanced understanding of the subject matter and its significance and also unearths the kind of research methods to be employed in the study.

Certain individuals already acknowledge their HIV status and are very keen to carry on with their normal lives. However, the way in which people perceive them is making it very difficult for them to cope with their infection. The conditions are worsened by the fact that others are

experiencing such negative attitudes in the church from their fellow church members, those who are supposed to love, care and protect them.

At present, the majority of churches have not yet outlined their own theological strategies to deal with HIV/AIDS in the church. Without strategies of addressing HIV/AIDS in the church, it will be easy for those church members without HIV/AIDS knowledge to have negative attitudes towards those living with HIV/AIDS.

2.2. Definition of “attitude”

The World English Dictionary defines attitude as *“the way a person views something or tends to behave towards it, often in an evaluative way”*.

“Attitude is the way that you think and feel about something” (Oxford Advanced Learner’s dictionary, 2000).

Attitude is also defined as *“psychological response to a person, an object, situation, society and life itself that generally influence our behaviours and actions. Attitude is either positive or negative”* (Life-Success-Secrets.com).

2.3 Factors contributing to the negative attitudes against people living with HIV/AIDS in the church

2.3.1 Judgmental attitude

When a person is HIV positive in the church, church members are quick to give premature judgments. Some Christians regard HIV/AIDS as a punishment from God. Punishment theory is based on three assumptions, homosexuality acts, God causes suffering and God punishes sin with disease (Rev. Pieters, Retrieved June, 30, 2011, from <http://www.thebody.com>).

There are two different Christian responses when coming to HIV/AIDS. The first response signifies that HIV/AIDS is the judgment from God on immorality. According to this response,

we should censure sin and tell people to repent. The second response emphasizes compassion and unconditional love to the people living with HIV/AIDS. This response persuades people not to pass judgments on people living with HIV/AIDS.

From a Biblical perspective, Christians are encouraged to love one another. In fact the Bible promotes neighborly love. “Jesus replied: Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And second is: ‘Love your neighbour as yourself (Matthew 22: 37-39, New International Version, 2007). Our neighbour is anybody who is in need, who is around us. The person living HIV/AIDS is our neighbour and we are commanded to love neighbours in a practical way. The fact that somebody has HIV/AIDS doesn’t mean that they are no longer our neighbour; it makes them more of a neighbour than they were before.

Other people who are living with HIV/AIDS believe they got the virus because of their wrong behaviour. They have what we call ‘self-blame attitude’. Once they discovered that they are HIV positive, it activates blame, fear and anger. However, people do not want to blame anybody for their HIV-status. Pastor Isaiah discovered that he is HIV positive but he did not want to start holding other people responsible for his infection. He accepted that he is HIV positive together with his wife. “*When my wife told me that she tested HIV positive on her delivery, I went to test which was also positive. I did not want us to worry about who infected who, I love her so much and we are focusing on living a healthy and happy life together*” (Journal of Social Aspects of HIV/AIDS, 2007).

Other pastors are convinced that HIV/AIDS is the illness mentioned in the book of Deuteronomy. To them HIV/AIDS is an accomplishment of Biblical prophecy. The book of Deuteronomy 28 verse 27 in the Bible mentioned that “*The Lord will strike you with the boils of Egypt with tumors, with the scab, and with the itch, from which you cannot be healed*”. This type of doctrine is very dangerous to the church today. It obviously suggests that God is responsible for the HIV-virus and that it is a punishment from God. When someone is punished, it means that he or she has done something wrong. The philosophy that promotes that HIV/AIDS is punishment from God is directly signifying that all people who are living with HIV/AIDS have

done something wrong. Church leaders have the responsibility of representing God as a loving God.

The Catholics believe that homosexuality is a grave disobedience of the divine will. One in ten participants of a large metropolitan hospital in Manhattan agreed that AIDS is God's punishment (Wallack, 1989). 6% agreed that patients who choose a homosexual life deserve to get AIDS. Although the black churches have been involved in the HIV/AIDS battle for the past 25 years, however, disposition still exist amongst black churches.

“For God so loved the world that he gave his one and only son, that whoever believes in him shall not perish but have eternal life” (John 3: 16, New International Version, 2007). In this cited scripture, one can quickly see the intention and the virtue of God. Since the beginning, God portrayed himself as a loving God. Therefore, the Christians have ground to deny that HIV/AIDS is punishment from God. How can God punish people whom he loved?

At the moment, the churches have strengths and integrity to combat HIV/AIDS but these will need adjustment of the church doctrine to suit the current need. The church should become animation of transformation of those living with HIV/AIDS (World Council of Churches, 2001).

To circumvent negative attitudes towards people living with HIV/AIDS in the church, the World Council of Churches declared that “Aids is a disease and should be treated as such... God: who loves all human beings, cares for the well-being and health of every one of his children, and do not inflict disease as punishment” (World Council of Churches, 1987).

The church should make sure that its members are earnestly involved in the prevention of negative attitudes against people living with HIV/AIDS which still subsisting in the church today. People living with HIV/AIDS should be secured in the church and also have an opportunity to play a part in church activities without any negative attitudes from fellow church members. According to the World Council of Churches (1987) the church must undergo a transformation process so that it will become HIV/AIDS competent and be a home for people living with HIV/AIDS.

The Bishops Conference (April, 2001) also identified the convictions and omissions of people living with HIV/AIDS in the church activities. The conference recommended that the church must help them to live openly.

The Christian Conference of Asia undertook the following resolutions:

- Challenging the negative judgmental attitude that still exist towards people living with HIV/AIDS
- Decreasing fear and misconceptions about HIV/AIDS
- Providing accurate information about HIV/AIDS, including prevention information and information about HIV service

The church must change its attitude that segregates “us” and “them”. Once there is a demarcation that distinguishes people living with HIV/AIDS and other church members, it opens a way for negative attitudes towards people living with HIV/AIDS.

Due to HIV/AIDS, people are discouraged and discriminated against outside the church. Therefore, when coming to church, they should receive love and comfort from the church. There are various cases in which people get infected with HIV for other reasons than sin. There are many factors that contribute to the HIV infection. In Sub-Saharan Africa, poor people are likely to turn themselves to prostitution and these include Christians. ±800,000 people are unaware that they are infected, amongst those people there is a high possibility of spreading the virus. There is a relationship between the condition of poverty and HIV/AIDS. Before passing judgments to the people living with HIV/AIDS, the church should consider the fact that some of the people were born with infection from mother to child transmission and others were forced to the life that lead them to HIV infection due to poverty. It is very naive to be judgmental on people living with HIV/AIDS without knowing how they got infected. In Sub-Saharan Africa, the majority of children are infected with HIV virus from mother to child transmission during birth (Retrieved, December, 12, 2011, from <http://www.globalcitizencorps.org>). Then why should God judge them while they have done no evil? No one has ground to view those living with HIV with negative attitude regardless the manner in which they contracted HIV (De Haan, 2004).

Negative attitudes against people living with HIV/AIDS have held back the effective involvement of black churches in Africa to deal or to address the problem of infection. The church should encourage positive attitudes and emphasizes that HIV is like any other disease that we know and it can be controlled.

Involving people living with HIV/AIDS in the church activities can have long lasting impacts and good rewards. It will decrease the level of negative attitudes against people living with HIV/AIDS. In essence, people living with HIV/AIDS are valuable resources which the local assembly can utilize. A good example of full inclusion of people living with HIV/AIDS is in JL Zwane Memorial Church since 1996. People living with HIV/AIDS have full participation in all church activities. “No preaching before a PLWHA speaks” (Xapile, 2009).

People become judgmental on people living with HIV/AIDS because they have intellectual inconsistency. Christianity is based on morals and ethical principles, so when someone in the church becomes infected with HIV, people begin to question the moral life of the infected person. When they question moral life, they usually forget that person can be infected by HIV through different ways besides sexual intercourse. It is therefore very important that before they impose a negative attitude to the person living with HIV, they should also consider the causation ways of HIV. It is very wrong to consider HIV as punishment from God.

The punishment theory is dangerous due to the fact that it tempts to divide people living with HIV into innocent or blameless people and guilty. The punishment theory of the disease is embedded. Religious people are of the opinion that HIV is punishment whereas non-religious people believe that we are punished because of our blameworthy lifestyle. The punishment theory do not substantiates why the infants are born with HIV whereas they have done nothing wrong. “The millions of infants who get HIV/AIDS have not behaved badly, so they are not being punished for anything that they have done” (van Niekerk & Kopelman, 2008).

Many children are now infected with HIV and millions are without parents as the consequences of HIV/AIDS. Innocent children are now victims of HIV/AIDS in various ways. Orphans are forced to resume with parents responsibilities at a premature stage in order to sustain themselves. Some of the orphans are forced or seduced into sexual activities and it is advancing the spread of

HIV/AIDS. Perceptibly, God is not involved in chaos. He is God of order and he brings order out of chaos or injustice. Christians must reject the idea that HIV/AIDS is a punishment from God (Retrieved, December, 12, 2011, from <http://www.voicesofyouth.org>).

Church members regard the pastor as their spiritual father who should at least protect them. Nevertheless, some of the spiritual fathers are failing to protect their spiritual children against negative judgments against them. When the pastors are becoming too judgmental and have prejudices on the people living with HIV/AIDS, HIV positive people will obviously hide their status and get away from the church (Retrieved, June, 30, 2011, from <http://www.christianstoday.com>).

The manner in which HIV/AIDS was discovered makes Christians to have negative attitudes against those who are living with the epidemic. In North America, the epidemic was first discovered from homosexual men. No wonder some people still categorize HIV/AIDS as a gay disease. Some people within the church who are infected choose to keep quiet due to the fear and rejection from the congregation. HIV/AIDS silence is continuing to make people ignorant on how to respond to the epidemic. The silence is also influenced by the punishment theory, which was very popular in 1980s. However, this theory still exist even in the 21st century, especially from the remote area churches. Regardless of the punishment theory, many church leaders are now beginning to reject the theory that HIV/AIDS is punishment from God. As an alternative to the punishment theory, pastors are engaged in representing God of love and compassion who does not impose diseases. The churches delivered a harsh judgment and we have recognized that there is a problem in the church. Now we have to ask ourselves, what can we do? (Bazie, General Secretary of Christian Aid partner Organization, 2003). The divine nature of God should be revealed through the Biblical interpretation. Therefore, a contemporary approach to the scriptures should not ignore the impact of HIV/AIDS. There is great need for theology that will aid the ongoing discussion about HIV/AIDS. Our current theology should discover answers that are relevant to people living with HIV/AIDS. According to Dr. Burke, churches are key maintainers of stigma but also have the ability to address it (Clifford, 2003).

Educational programmes which are available are aimed at reducing HIV infection. However, those programmes are neglecting negative attitudes experienced by people living with

HIV/AIDS. Educational programmes should also focus on educating people about outcomes of negative attitudes towards people living with HIV/AIDS. This means that theology should adapt new changes within the society. According to West and Dube (1996), theology is not neutral or static.

Churches must coordinate communication campaigns in order to change the attitudes of their members towards those living with HIV/AIDS in the church. Information is very important in order to change negative attitudes. Negative attitudes develop from values and morals that have been inducted to people from childhood. Christians should fear to have negative attitudes against those living with HIV/AIDS in the church because it is contrary to God's word: "Judge not, that ye be judged. For what judgment ye judge, ye shall be judged; and with what measure ye mete, it shall be measured to you again" (Matthew 7: 1-2, New King James Version, 1982).

In June 1990, the Bishop of Southern Africa proposed that we should see AIDS as "crisis and God's way of challenging us to care for one another, support and recognize the value of life". Christians should re-examine the assumptions about sin and morality because if such are not re-examined people are still going to give premature judgments against those living with HIV/AIDS in the church.

2.3.2. Christian's perspectives on HIV/AIDS

Most religions, especially Christianity, entail good moral behaviour. HIV/AIDS is seen as outcomes of breaking the divine morals rules. Christianity and other religions forbid sex outside marriage. Therefore, those who engaged themselves in sexual activities outside marriage are breaking the rules. When the church member is infected with HIV, people in the church will begin to classify him/her as a sinner. HIV is punishment from God and many Christians are still under the same school of thought. This belief is influenced by the lack of HIV/AIDS knowledge. The adaptation of information, education and communication in the church is very essential for the prevention of HIV/AIDS (Oyango, 2001).

The churches' doctrines are impeding the dissemination of HIV information. Most of the churches' doctrines do not encourage the dissemination of HIV information. "By their silence,

several churches bear the responsibility for the fear which is inundating and destroying the world faster than the virus itself” (World Council of Churches, 1987).

Churches are in a good position of addressing HIV/AIDS. The advantage of the church in addressing HIV/AIDS influenced by the fact that the churches meet regularly. Reaction of the church towards HIV/AIDS will either build positive or negative attitudes towards people living with HIV/AIDS in the churches today. Some churches are already in the process of encouraging its members to test for HIV and they are also providing counseling to church members living with HIV/AIDS. This kind of response will encourage or build positive attitudes within church members to accept their fellow brothers and sisters living with HIV/AIDS in the church (Barnes, 2001, Retrieved December,13, 2005, from <http://www.lausanneworldpulse.com>).

Negative attitudes against people living with HIV/AIDS in Africa were also enhanced by the fact that HIV/AIDS has been interrelated with witchcraft. It took a long time for African religious leaders to acknowledge the reality about HIV/AIDS. Some Christians still have the perception that HIV/AIDS is caused by witchcraft. Therefore, it is arduous for them to accept their HIV status. When a person is not willing to admit his or her status, he or she will not seek HIV counseling, neither take HIV medication. According to Nelkin & Dorothy (1991) AIDS is not an ordinary epidemic. It is a shattering disease, it is very terrifying.

When the church becomes silence with regard to HIV/AIDS, the fight against HIV/AIDS is going to be compromised. The church must tackle conspiracy of silence. However, people are not talking about HIV/AIDS. Sometimes they just distribute condoms without talking or verbalizing HIV/AIDS. Distribution of condoms is not only the solution for preventing the spread of HIV. Talking about sexuality issues has the ability to provide lasting remedy to the prevention of HIV. The issue of silence is compounded by two factors: socialization and spiritual or theology perceptions (Dube, 2003).

According to Gielen, McDonnel & O’Camp (2002) attitudes towards people infected with HIV vary across the context; nevertheless, awareness is helping in bringing changes around the epidemic. Positive attitudes towards people living with HIV/AIDS can be reinforced by community organization such as churches and support groups.

Good church leadership is essential in addressing negative attitudes against those living with HIV/AIDS in the church. Africa is a poverty stricken continent and there is no doubt that poverty is seriously contributing to the spread of HIV in Africa. Church leaders are also fully aware that poverty is an aggravating factor to the spread of HIV. Since the church leaders are informed that poverty is contributing to the spread of HIV, it is very important that the church should design development projects within the church. The development projects will ensure that unemployed people are receiving money to support their families. The creation of development projects in the church will have positive contributions in mitigating the spread of HIV. However, some churches are still insisting that poverty does not play a role in the spread of HIV; their opinion is that a person can be poor and yet remain worthy. Those churches are very adamant that the spread of HIV is caused by non-respect of the God's laws (World Council of Churches, 1987).

The church must position itself in order to deal with the problem of HIV/AIDS effectively. It must serve every individual without any negative attitude despite their HIV status. "Jesus came for seek those who are sick. Jesus made it very clear that he came for those who are sick" (Mark 2: 17).

Religious beliefs play a vital role in building a person's sense of identity, thought patterns and moral judgment and perception. Many people living with HIV/AIDS in the church have been labeled as '*wrong-doers*' or '*sinner*s'. The tendency of labeling people living with HIV/AIDS as wrong-doers is contributing to the negative attitudes towards people living with HIV/AIDS in the church. Some churches do not want people living with HIV/AIDS to preach or address parishioners. Rev. Gideon Byamugisha was once denied an opportunity to address a Christian rally in Rwanda because of his HIV positive status. Christians still associate HIV/AIDS with sin (Family Health International, 2007).

The commitment of the church in fighting against HIV/AIDS is not yet satisfactory and it is very difficult to address the issue of negative attitudes in the church without speaking about sexual matters. The church needs to be brave and talk about HIV/AIDS. When the people go to the church for advice with regard to sexual matters, the church is very silent (Foster, 1985).

In African churches, sexuality issues are regarded as a private matter, so those who speak about sexuality issues are regarded as naive and impolite. Some parishioners are not comfortable with sexuality topics, especially in the presence of young people. To make adults more comfortable, church leaders must separate them from the youth. Church leaders must create an environment that will make adults to speak freely about HIV/AIDS. There is a serious need to adopt new theology and speak about sexual issues not only theology of the inner man but also theology of the spirit. The church has been engaged in the theology of spirit for too long. To address the problem of HIV/AIDS in the church, HIV/AIDS should form part of theological doctrine of the church. In the presence of HIV/AIDS, we need to interpret the Bible in a new way (Anderson, 2003).

Theology should be dynamic in order to accommodate HIV/AIDS. According to Diaz, Maria & Tarango (1988) theology is a dynamic space. Meaning that it should always adopts new challenges. Pastors should always make sure that theology of life is helping people to address the problem of HIV/AIDS in the church. There must be a relationship between theology and the challenges facing the church today.

People living with HIV/AIDS in the church are very marginalized, dumped, forgotten and stigmatized. They need our love to convince them that God loves them. The only way to make them more comfortable is to love them. The church must now start to build broken bridges with those affected by HIV/AIDS. Nevertheless, some churches have negative perceptions towards homosexuality. The Winners Chapel (Evangelical Church) believes that homosexuality is a perversion that can be cured (Mail & Guardian, 26 August to 1 September, 2011).

Despite the negative perception on HIV/AIDS by other churches, there are a number of churches that are trying to improve their services on people living with HIV/AIDS, either in the church or outside the church. Caritas Internationalis (National Catholic Report, 1994) has shown its commitment to fight HIV/AIDS in the following ways:

- Sponsoring educational seminars on the global, regional and national level. Primary audiences are church leaders, bishops, clergy, lay catechist and those engaged in church-related health and social services

- Establishing a Working Group of Expert who could provide consultation and guidance to those interested in organizing church-related HIV/AIDS services
- Seeking funding and professional expertise to support 12 HIV/AIDS projects in Africa, Asia, Eastern and Central Europe

Most people feel ashamed to communicate sexual matters at their own vernacular in the church. When they speak about HIV/AIDS, they communicate in English and in most instances we found that there are non-African people or someone who does not understand vernacular language in that particular church. Other people regard using vernacular when talking about sex and HIV/AIDS as vulgar and insulting. Using our own vernacular when talking about HIV/AIDS in the church is very effective and it also help in combating negative attitudes against people living with HIV in the church. “When we name sex-related objects by their vernacular names- penis, the vagina, intercourse, people tend to listen” (Dube, 2003).

In order to deal with the issue of HIV, we need to address two issues, the church and culture. Culture is playing a role in the theological silence of HIV/AIDS in the church. “Those with full-blown AIDS are ‘speaking’ and among us” (Dube, 2003).

Churches around the world have signed a declaration (Dakar Declaration) at which they have acknowledged HIV/AIDS as a problem, the consequences of HIV/AIDS and the ways in which the church can help people living with HIV/AIDS. Through this declaration, the church has declared its support to people living with HIV/AIDS. A policy was devised by the World Council of Churches in combination with African Network of religious leaders living with or personal affected by HIV/AIDS and the Global Network of people living with HIV/AIDS to assist churches to take lead and involve people living with HIV/AIDS both within and without the church (United Nations General Assembly Report, 2001).

2.3.3. Ignorance about HIV/AIDS

Ignorance is one of the reasons why HIV/AIDS still dominant in the church today. There is a still a long way to go with regard to communication of HIV/AIDS messages in the church. The

Beacon of Hope survey which was conducted in Nigeria revealed that only one in twelve people had communicated AIDS with their pastors (Beacon of Hope Survey, 2001).

About the church ignorance on the HIV/AIDS, Nicolson referred it as a paralysis ignorance that infused the church leadership. However, Jacob does not agree with Nicolson's term 'paralysis ignorance'. He referred it as 'willful ignorance'. According to Jacob, churches did not know the predicament of AIDS on the members. The misleading or inadequate information about ways in which AIDS spreads have caused people to have hysteria greater than the virus itself (Clifford, 2003).

Some people choose to be ignorant to avoid fear of being labeled HIV positive. It is very complicated to know how many people are living with HIV/AIDS in the church because the majority of them had never tested for HIV. The manner at which the church treat those whom their status is known do not encouraged other church members to go for HIV testing. Those who decide to reveal their status experience isolation and negative attitude in their daily lives.

The majority of people in the church have little or no information about HIV/AIDS. Churches are in a good position to communicate HIV/AIDS messages amongst their congregation. The church has control of its members and therefore it is very important that the church should mobilize the entire parishioners to take HIV/AIDS very seriously (Garner, 2000).

Nicolson, an Anglican priest, grieved for the silent and idleness of the church with regard to HIV/AIDS. According to Nicolson, churches are in a good position to address the pandemic. He suggested that the silent and idleness of the church on the HIV/AIDS was due to the lack of theology on the AIDS. He therefore, proposed a framework for theological reflection on the HIV/AIDS (Clifford, 2003).

Human beings are fundamentally rational beings and they will act reasonable if they have passable information. Although the World Council of Churches has established an HIV/AIDS policy, some churches are without an HIV/AIDS policy until today. Lack of an HIV/AIDS policy in the church is an indication that the church is not serious in the battle against HIV/AIDS. Therefore, it does not surprise for the church members to have negative attitudes towards people

living with HIV/AIDS in the church because the church is very silence with regard to HIV/AIDS issues. The silence of the church on HIV is influenced by various reasons. One of the reasons is the fact that HIV is described as a gay disease. People living with HIV/AIDS are blamed because of their sexual orientation not because of their sexual behaviour. Previous research indicated that increased knowledge about AIDS is not a forecaster for behavioural change. Yet knowledge about the disease is a prerequisite for the change. Meaning that if the church members receive HIV/AIDS information, it will influence their behaviours (Famole et al, 1999).

According to the World Church Council (2005), some churches are ill prepared to involve people living with HIV/AIDS in the life of the church and it is contributing to the development of negative attitudes against those who are living with HIV/AIDS in the church. Faith-based organization can offer resources and strength to fight against HIV/AIDS both within and outside the church. However, faith-based organizations are contributing negatively to the fear about HIV/AIDS (United Nations General Assembly Report, 2001).

Shorter & Onyancha (1998) indicated that the church has not yet responded fully to HIV/AIDS. Many pastors are still scared and embarrassed to have physical contact with people living with HIV/AIDS. It is not going to be easy to address the issue of negative attitudes towards people living with HIV in the church unless church ministers are ready and fully equipped. Pastors must admit the presence of HIV/AIDS in the church.

3. Research design and research method

3.1. Research design

Research design refers to the outline, plan and strategy that specify the procedure to seek the answer to the research question (Christensen, Johnson & Turner, 2011). The researcher used a qualitative research design in this study. A qualitative research study is a study that collects non-numerical data to answer the research question (Christensen et al, 2011). The non-numerical data was gathered in the form of statements by the respondents during interviews.

3.2. Research methodology

According to Adams & Schvaneveldt (1985) research methodology is the application of scientific procedures towards acquiring answers to a wide variety of research questions. Interviews were used as method of collecting data at the Centre of Faith Bible Church based in Limpopo Province (Ha-radali village). The questions in the interview were originally developed in English and translated into Tshivenda as all participants were Venda speaking. An interview gives the researcher the opportunity to probe for follow-up questions and it provides in-depth information. The researcher was also aware of the shortcomings of an interview. It is very expensive, time consuming and interviewees or participants may lack self-awareness on certain issues (Christensen et al, 2011).

The interview composed of the following questions:

1. What do you understand by HIV/AIDS?
2. How does one get infected with HIV?
3. How do we know if a person is HIV positive?
4. How should Christians protect themselves from HIV?
5. Do you know any person living with HIV/AIDS in the church?
6. How long you have been a member of Centre of Faith Bible Church?
7. How do you view HIV/AIDS in terms of spiritual content?
8. How often do your church leaders or pastors talk about HIV/AIDS in the church?
9. If you are a church pastor or church leader, how often will you talk about HIV/AIDS in the church?
10. If you know any person living with HIV/AIDS, how often do you interact with him/her and how is the church treating him or her?
11. Is HIV/AIDS a punishment from God?

The above questions were classified into 4 categories:

- 1-6. Knowledge of HIV/AIDS
- 7-9. Church awareness on HIV/AIDS
10. Christian's attitudes on people living with HIV/AIDS
11. Christian's perspectives on HIV/AIDS

3.3. Target group

This study was conducted at the Centre of Faith Bible Church which is Pentecostal church-based in Limpopo Province at Ha-radali village (Under Thulamela Municipality, Thohoyandou) which is a rural area.

For the purposive of this study, 15 members of the Centre of Faith Bible Church were interviewed. Two participants were from the Church Executive Board, 5 youths between the age of 18 and 30, 4 male adults between the age of 40 to 60 and 4 female adults between the ages of 40 to 60.

3.4. Sampling method

The purposive sampling method was used in this study. Purposive sampling specifies characteristics of the population of interest and thereafter locates individuals who meet the needed characteristics (Christensen et al, 2011).

To fulfill purposive sampling, different church leaders had identified people to be interviewed for the purpose of this study. Church board provides 2 participants representing the church board to be interviewed, 5 participants were interviewed from the youth department, 4 participants from men fellowship were interviewed and 4 participants from the women fellowship were interviewed. All participants were full time members of Centre of Faith Bible Church Ha-radali Assembly.

Participants who were selected for this study were all meeting the criteria provided in the target group. None from the participants was living with HIV/AIDS since the purpose of the study was to establish the attitudes of the church members towards people living with HIV/AIDS in the church.

3.5. Ethical considerations

Gray (2004) defines ethical considerations as guidelines aimed at ensuring that the research subjects' human dignity is maintained. Research ethics is a set of principles that assist the community of researchers in deciding how to conduct ethical research (Christensen et al, 2011). For the purpose of this research, ethical clearance was obtained from the University of Stellenbosch Ethics Committee. Permission to conduct research was also obtained from the Centre of Bible Church Executive Board. The participants were informed about the research project and they have signed a consent form before commencement of the interviews. A copy of the consent form was handed to each participant. The objections of the research were discussed with each participant and were also outlined in the participant information sheet. If the participant was not comfortable or willing to answer some of the questions asked by the researcher he/she had the right to refuse to answer that particular question. Participants were encouraged to ask questions or seek clarity during the process of interviews. All participants were assured that information obtained from the study will be treated as confidential and will be kept in a safe place. They were also assured that the research will not mention their personal information. In other words, anonymity of participants will be protected. Participants were also informed about their right to withdraw from participating in the research at any stage of research.

4. Research results

Data collected from the interviews was analyzed by using Microsoft Office Excel. The participants were clustered according to age and departmental set up of the Centre of Faith Bible Church. The diverse attitudes in the church were taken into consideration when analysing the results. This helped the researcher not to be biased during the process. 15 respondents were interviewed for the purpose of this study. This demographical information was specifically focused on two areas; age and level of education of the participant. A description of the research participants is given in the diagram below.

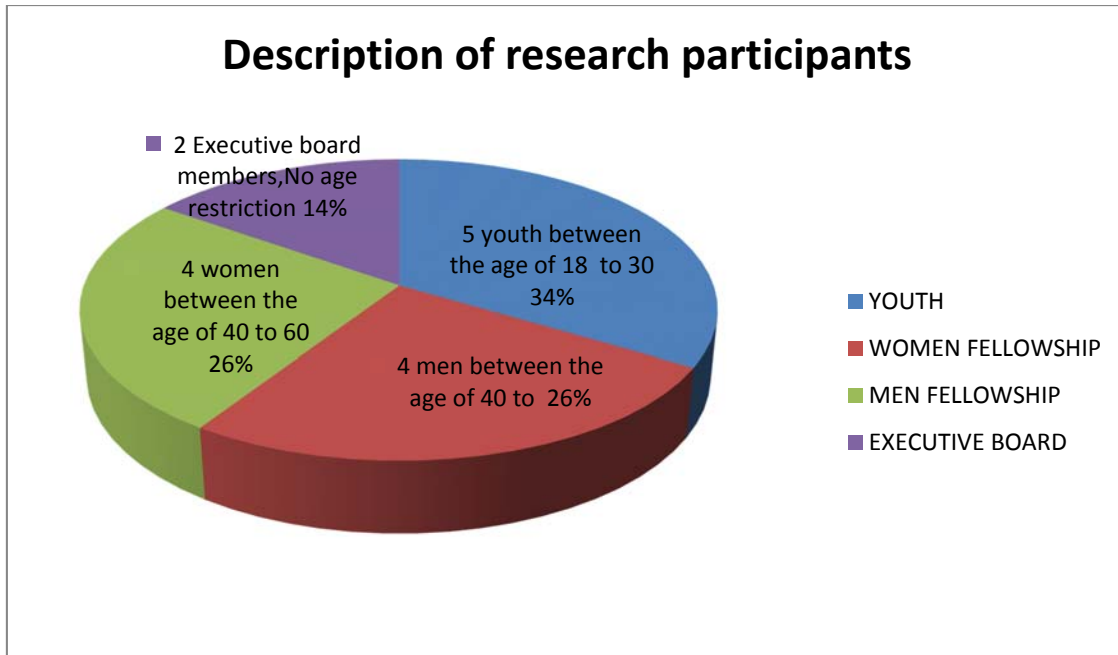


Figure 1: Description of research participants

4.1.1 Age and the level of education of the participants

5 youth were interviewed. 2 respondents were 30 years old, both were males, third one was female of 19 years old. The fourth one was male of 23 years old. The fifth was female of 25 years old. All 5 youth interviewed had secondary education (grade 12). Only one had tertiary education.

4.1.2. Executive Board

2 members of Centre of Faith Bible Church Executive Board were interviewed. One respondent was female of 36 years old. The second one was male of 41 years old. One of the Executive Board members had tertiary education. The second one had only passed grade 11.

4.1.3. Women Fellowship

4 participants from Women Fellowship were interviewed. The first respondent was 28 years old. The second respondent was 51 years old. Third respondent was 39 years and the final respondent

was 43 years old. Two of the women had passed grade 12. One had passed grade 11 and the fourth one passed grade 10.

4.1.4. Men Fellowship

4 participants from Men Fellowship were interviewed. First respondent was 52 years. The second one was 44 years old. Third one was 47 years old and the final respondent was 59 years old. Two respondents passed grade 12 and only one respondent had tertiary education. The fourth respondent had only passed grade 8.

4.2. Discussion of research results

For the purpose of this research, discussion of the results was classified into 4 categories as according to the interview classification: 1) HIV/AIDS knowledge, 2) church awareness on HIV/AIDS, 3) attitudes towards the people living with HIV/AIDS and 4) Christian's perspectives on HIV/AIDS.

4.2.1. HIV/AIDS knowledge

Research results revealed that HIV/AIDS knowledge at Centre of Bible Church is very low. Only 2 of the 15 participants interviewed were able to give clear answers on the first question which aimed at establishing knowledge on HIV/AIDS: *What do you understand by HIV/AIDS?* They explained that HIV is caused by a virus. Those two participants who gave clear understanding with regard to HIV/AIDS had tertiary education. The majority of the participants only described HIV as a disease that kills. They believe that those with HIV/AIDS will die very soon.

The level of education plays a role on an individual's knowledge on HIV/AIDS. 2 respondents who had a good understanding on HIV/AIDS had tertiary education. However illiteracy was not a problem because all 15 respondents were able to read and write. According to Anderson et al (1998), educated people are probable to be exposed to HIV/AIDS information during their formal schooling and through media. Although all respondents in this study had formal education, their HIV/AIDS knowledge is very low. There are various factors that are

contributing to the low level of HIV/AIDS knowledge at the Centre of Faith Bible Church. One of the factors is that most of the people feel secured at the church; therefore, they don't regard HIV/AIDS as a threat to their lives. It is only when people begin to be concerned about HIV/AIDS epidemic that they will start to explore more information on HIV/AIDS once it affect those closer to them. HIV/AIDS was not a problem until they lost their beloved ones.

4.2.2. Church awareness on HIV/AIDS

Questions 7-9 of the interview were aimed at establishing church awareness on HIV/AIDS issues. Respondents were asked how often the church talks about HIV/AIDS. 8 respondents indicated they have never heard anyone talking about HIV/AIDS in the Centre of Faith Bible Church, neither had the church organized HIV/AIDS awareness workshops. 5 respondents revealed that the church talks about HIV/AIDS during conferences. 2 respondents pointed out if someone talks about HIV/AIDS in the church, he/she will do it in passing and not formallu.

The results of this study show that there is no HIV/AIDS awareness at the Centre of Faith Bible Church. The participants' low knowledge on HIV/AIDS is the result of lack of HIV/AIDS awareness. If the church organizes HIV/AIDS awareness workshops, it will evidently empower the majority of their members with regard to HIV/AIDS knowledge. Once the church leaders begin to verbalize HIV/AIDS, members will begin to think about HIV/AIDS more seriously. The calmness of the church on HIV/AIDS is living the unwarranted legacy of ignorance amongst Christians. According to the Beacon of Hope Survey (July, August, 2001), no one listed the church or the pastor as a source of information about AIDS.

4.2.3. Attitude towards people living with HIV/AIDS

It was difficult to establish participants' attitude on people living with HIV/AIDS. They were very reluctant to answer question 10: *If you know any person living with HIV/AIDS in the church how often do you interact with him/her and how the church is treating him/her?* They only became comfortable and answer the question after they were informed that they don't have to mention a person's name. This is an indication that people consider HIV/AIDS as a private matter. 4 respondents revealed that they knew people living with HIV/AIDS in the church.

However, none of them had any interaction with those living with HIV/AIDS. Those 4 participants indicated that they don't feel comfortable to have interaction with people living with HIV/AIDS. One of those 4 participants said that "*I am afraid of people living with HIV/AIDS*". Those 4 participants see HIV/AIDS as results of sin. They have judgmental attitudes towards people living with HIV/AIDS in the church. The fact that most participants knew sexual intercourse as the only way of HIV transmission is contributing to judgmental attitudes towards people living with HIV/AIDS in the church.

This research found that 26% of participants at the Centre of Faith Bible Church have negative attitudes towards people living HIV/AIDS in the church. 3 participants indicated that they knew people living with HIV/AIDS in the church but they treat them like other people in the church, despite the fact that they are living with HIV/AIDS. 8 respondents indicated that they do not know any person living with HIV/AIDS; however, they see HIV/AIDS like any other disease. They have positive attitudes towards people living with HIV/AIDS. 74% of the participants have positive attitudes towards people living with HIV/AIDS.

On the treatment of people living HIV/AIDS in the church, 7 participants who knew people living with HIV/AIDS in the church indicated that the church is treating them like other church members.

4.2.4. Christians' perspectives on HIV/AIDS

To establish their viewpoint on HIV/AIDS, participants were asked whether they agree or disagree that HIV/AIDS is punishment from God?

11 participants disagreed that HIV/AIDS is punishment from God. They understand that HIV/AIDS is like other diseases. If God is punishing us from wrongdoing, punishments should be comparative. In other words, God will be just with the punishment. Therefore, there is no need to categorize, condemn or abandon those living with HIV/AIDS (van Niekerk & Kopelman, 2008).

According to the results of this study 74% of the participants disagreed with the notion that HIV/AIDS is punishment from God. Owing it to their faith, most Christians strongly believe that no one should judge the other person.

26% of participants agreed that HIV/AIDS is punishment from God. They view HIV/AIDS as a sin. We should not blame their perceptions but rather their lack of information. The church should be a resource of HIV/AIDS information for its members. In the Beacon of Hope Survey (July, August, 2001), none of the participants had mentioned the church or pastor as a source of AIDS information. The church has a great role to play with regard to diffusion of HIV/AIDS information. Unless the church commits itself on the diffusion of HIV/AIDS information, its parishioners will remain ignorant on HIV/AIDS issues and they will continue to judge those who are living with HIV/AIDS in the church. The church should act very urgently to make sure their members have the correct information related to HIV/AIDS. The church should redesign its programme or plan of action to include HIV/AIDS education.

5. Summary and conclusion

5.1. Summary

Throughout this study, specific attitudes towards people living with HIV/AIDS in the church were identified both positive and negative attitudes. Some Christians perceive HIV/AIDS as a sin which deserve a punishment from God. According to their understanding those who are living with HIV/AIDS had committed ethical sin. However, to other church members, HIV/AIDS is like any other diseases and there is no need to categorize those living with HIV/AIDS as sinners. Education is very important when coming to individual's knowledge on HIV/AIDS. According to this study those church members without or with low level of education have negative attitudes towards people living with HIV/AIDS..

The church members cannot be blamed for their ignorance on HIV/AIDS issues. The church is very silent when coming to HIV/AIDS issues. Therefore, it is very liable for this ignorance. There is not enough HIV/AIDS awareness in the church. Pastors and other church leaders only talk about HIV/AIDS in passing or occasionally. Through ignorance, some church members still

view HIV/AIDS as a personal or private matter and they are anxious to talk about HIV/AIDS. The majority of participants were reluctant to answer if they knew a person living with HIV/AIDS in the church. This is a clear indication that the church has not done enough on HIV/AIDS.

The church is not disseminating sufficient information on HIV/AIDS. They are not comfortable to talk about HIV/AIDS in the church services. Church members will continue to judge those who are living with HIV/AIDS in the church unless the church starts to talk about HIV/AIDS regularly. Theology should include HIV/AIDS issues. Once the church members receive information on HIV/AIDS, it will influence their attitudes towards people living with HIV/AIDS.

5.2. Conclusion

HIV/AIDS is posing a new challenge to the church today. In the presence of HIV/AIDS, the church should become apparent and provide economic, emotional and spiritual healing to the people living HIV/AIDS in the church. People living with HIV/AIDS need to experience practical love of God from fellow church members. The church is very accountable for demonstrating the love of God amongst its members in exceptional way.

Some church members are very judgmental and have negative attitudes towards people living with HIV/AIDS in the church. The church should deeply engage on providing HIV/AIDS information to its members. According to the results of this study, some church members have negative attitudes towards people living with HIV/AIDS due to the lack of HIV/AIDS information. Unless the church provides them with HIV/AIDS information, they will remain ignorant and the situation will become worse. The church has a huge and uncompromised responsibility of addressing HIV/AIDS from the church and outside the church. Creation of theological framework which will include HIV/AIDS is eminent and urgent. The church is experiencing the impact of HIV/AIDS. Therefore, it is very reasonable that HIV/AIDS should be included in theological framework.

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