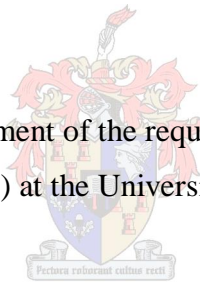


The contribution of Church leadership within the current church doctrine to minimize discrimination against people living with HIV and AIDS.

by

Sipiwo Knowledge Maqanda

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Supervisor: Prof. Johan CD Augustyn
Faculty of Economic and Management Sciences
Africa Centre for HIV/AIDS Management

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Declaration

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Abstract.

The Church doctrine plays a fundamental role in giving the clue of what leadership should do in responding to HIV and AIDS pandemic in the church. The high mortality rate in our community may be the results of continuous discrimination of people living with HIV and AIDS in the church.

In this study, church leadership voiced out their views of the doctrine in order to accommodate people living with HIV/AIDS in the church. Their contribution will help to revise curriculum for future leaders to understand the doctrine in order for them to help in lowering the rate of HIV contamination and stop discrimination in the church.

Some respondents did not understand the content of the doctrine regarding HIV and AIDS but what their contribution around discrimination and necessary strategies to counter discrimination and putting HIV and AIDS a number one priority was high.

Opsomming

Die doktrine van die kerk vervul 'n baie belangrike rol ten opsigte van wat leiers in die gemeenskap behoort te doen ten opsigte van MIV/Vigs. Dit is ook moontlik dat die hoë vlak van mortaliteit in 'n gemeenskap verband mag hou met die standpunt van die kerk ten opsigte van MIV/Vigs.

In hierdie ondersoek word die mening van kerkleiers teenoor MIV/Vigs in 'n bepaalde gemeenskap gerapporteer. Dit blyk uit die resultate dat verskeie kerkleiers nie presies verstaan het wat die standpunt van die kerk teenoor MIV/Vigs is nie. Laasgenoemde leiers was dit egter eens dat kerkleiers 'n meer beduidende rol in die bekamping van MIV/Vigs behoort te vervul en dat die kerk pro-aktief by aksies betrokke moet raak ten einde die pandemie te bekamp. Kerkleiers behoort ook 'n aktiewe rol te vervul in die afbreek van stigma en diskriminasie teenoor MIV-positiewe lidmate in die kerk.

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Chapter 1. Introduction

I do not understand why at this time in life church leaders (that is Religious ministers and Elders) not have a significant role in accommodating people living with HIV and AIDS within the current doctrine in the church. It is disturbing to see church members opting to go to other institutions for help instead of getting more confidence in the church where they believe that their soul will have a good rest. Quite a number of church members and or their relatives are dying of AIDS and related illnesses. In a funeral the cause of death not revealed for family's sake. In my observation a number of people living with HIV/AIDS develop stress and tension due to the rejection and discrimination, yet church leaders pretend as if nothing happening. The church leaders instead of addressing the current social situation that affects church members they cling in the doctrine that was formulated long time ago.

Church leaders only focus on the common cause of HIV which is sex. According to the doctrine sex before marriage is a sinful act. Leaders associated HIV with sin and they label HIV positive person with sin. Instead of turning blind eyes to the HIV/AIDS pandemic, the church leaders might play a leading role in situation ethics. Nicholson pointed out that "we might choose situation ethics that are doing what most loves in the given situation regardless of any "rule" to the contrary in the situation". (Nicholson, 1995, p44) It is for the leaders to take a step in addressing the situation that is in their disposal. Leaders strongly preaching about abstinence forgetting that even church members are coming from the community that comprises different type of people. Leaders must choose to initiate ethics asking themselves that, what Jesus would have done in this situation if he was here? So to discriminate a person against his or her HIV positive status makes him or her unsecured in the church. Leader's role should be clear in the society as they are the anointed servants of God. Leaders therefore must do what is best for people they are serving.

The church doctrine does not address the challenges of the community. There is no biblical teaching of an AIDS, but there is similar pandemic which is Leprosy where God showed concern of his people and sent prophets to save the people from leprosy. So the

church leaders suppose to-do likewise in the situation of HIV/AIDS by developing skills to assist in social reconstruction instead of increasing the loads of guilt on its members. It is sad that the church turn blind eyes on the pandemic whereas people or members are in dilemma of church activeness and community influence. In this case people live a contradictory life. Leaders must play a role to band the laws and promote the use of condom and teach about sexuality, that sex is a gift from God so members must be responsible. On that Nicholson argued that "Churches, who can appropriately talk about the need for courage and acceptance, have an important role to play in reducing popular fear and prejudice."

I also do not understand why the church members are not showing the act of forgiveness to one another as God offered forgiveness. Why the church doctrine is not made flexible to accommodate people living with HIV/AIDS in the church? The act of rejecting HIV positive people in the church affects the economy and world of work because the same people who are not happy due to church rejection and discrimination are among the workers.

Chapter 2. Literature study

The literature revealed that, people do not disclose their HIV positive status because of fear of being stigmatized against by other people. Stigmatization on people living with HIV/AIDS is enunciated as Mills pointed out that "the power of stigma lies in its ability to represent a host of fears associated with HIV/AIDS." (Mills, 2004, P9) This fear is triggered by the talks of the people when they explain the impact of HIV. People give many reasons why a person contract HIV virus. Other people even laugh at a person who discloses HIV positive status. They gossip about his or her promiscuity and being irresponsible of their health. The reaction of the society or community towards people living with HIV/AIDS may rise to stigma towards those affected where fear and blame resulting to negative consequences of withdrawn behavior. This has a negative impact to people living with AIDS, and they develop an attitude of powerlessness and feeling of emotional heaviness. Mills argued that "Along with the racist underpinnings of HIV related stigma, moralistic construction of sexuality creates a rich environment for stigma to take root and blossom into discrimination." (Mills, 2004,P8) People living with HIV/AIDS they become isolated from the community as other people feared to be associated with them. The act of ostracizing people living with HIV/AIDS pushes them to find a place of safety and lower their self-esteem.

People living with AIDS so wish to fly when they have to pass the gossipers and those people who ill-treat them. The stigma creates a platform for other people to distance themselves from people living with HIV/AIDS as they have a perception that they themselves might be HIV positive or vulnerable to contracting HIV virus from them. This myth about how HIV/AIDS are transmitted makes people living with AIDS feel isolated by their families. The family members made it worse by putting aside the plate, mug and spoon that are used by HIV positive person. They are even insulted once they use utensils that are used by other people within the household. People make sure that they wash those items with a fear of contracting HIV.

Some people feel discriminated after disclosure to their partners and or families. Partners blame them for purposely transmitting HIV to them; they then call them by names such as -witchø Families on the other hand they do not want to be associated with HIV positive person. Women develop stress through discrimination by their in-laws. The in-laws always blame a wife for transmitting HIV to their son or brother. It is always seen as women were dishonesty having multiple partners. In this situation womanø's life become miserable and loose weight. Some marriages ended up in divorce. The HIV positive status of the wife will be the talk of the show by in-laws and be known by everyone in the area. These groups are scared of what Goffman in Mills called a Courtesy stigma. øCourtesy stigma extends out from the individual to the family and wider community. In the case of HIV related, the social community of the individual is stigmatized along with HIV positive individual because of their association with and perceived support of the HIV person.ö (Mills, 2004,P14) For example in one church in Guguletu Cape Town, there was a family that spend most of their time in the church, involved in different ministries. They themselves condemn the sex before marriage. They taught their children according to the rules of the church. Something sad happened after they discovered that their first born is HIV positive. As family of believers, they took the matter to church asking for prayers. Things changed on that particular day. They called to disciplinary meeting, accused of being sinners and they were chased away from church. The church therefore never associated itself with that family anymore. They even told them that they cursed by God. The church did not want that family to stay with them, as they believe that God is not with that family, so the whole church will be infected or it will spoil their teachings. Churches believed that AIDS is confined to those outside the faith.

Other families reject their members should they disclose HIV positive status. Mills argued that øoften results in a special kind of downward mobility, wherein stigmatized people loose their place in the social hierarchyö (mills, 2004, P15) Families therefore only care for their status quo more than their children or relatives suffering of HIV. Families have a fear of emberasement from the community or neighbors, that their son or daughter is HIV positive, so they ended up stopping him or her from telling anyone about HIV positive status. Families contained the illness within themselves. They fear of

loosing family friends. In some cases HIV positive person is locked or kept at the private room so not to be seen by visitors. Many persons left by their families with no hope. People still have stereotype that HIV positive people contracted the virus through deviant sexual behavior, like promiscuity, homosexual. People use HIV and AIDS as a symbol of expressing negative attitude towards people living with AIDS. This negative attitude may result in a person living with HIV and AIDS having self exclusion from information and care. Politza argued that "the dread of being ostracized, kicked out of the home or blamed for passing on the virus to a baby are enormous barriers to disclosure, and the stress of keeping the secret often appears to hasten the onset of illness." (Politza et-al, 2010, P305). In church situation therefore listen on how negative the church talk about people living with HIV and AIDS and then refused to disclose the HIV positive status.

The church is denying its members the equality of treatment they wish to get in the church. This treatment of hostility and avoidance on people living with HIV and AIDS may elicit fear of disclosure. People then decide to live with a virus unknown to others. This kind of discrimination according to Sage is institution discrimination. He pointed out that "Institution discrimination which may originally stem from individual prejudices and stereotypes refers to the existence of institutional policies (Poll taxes, immigration policies) that unfairly restrict the opportunities of peculiar groups of people." (Dovidio, 2010, P10). The doctrine condemns the act of sin. It (doctrine) views sex as sin.

The church respects its doctrine serious in regard to HIV and AIDS as James, Paul and Deuteronomy strongly emphasize the sin. James 1: 12-15 and 1 Thessalonians 4: 3-8 condemn Man from being fall into temptation as the lust is an act of sin that bring death. Deuteronomy 23: 17-18 qualifies it in this way "there shall be no whore of the daughters of Israel, or a sodomite of the sons of Israel. Thou shalt not bring the hire of a whore or the price of dog into the house of the Lord thy God for any vow: for even both these are abominations unto the LORD thy God." (Holy Bible King James version).

Church doctrine condemns the use of condoms as twice sinful both as contraceptives and promoters of promiscuity. The vertican has rejected prevention campaigns that pay attention to those at high risk of HIV infection. That makes church members scared of

sharing their HIV positive status in the church. This act makes HIV positive people feel unwelcome in the church as they are not welcome at the communities where they stay. This makes people living with HIV and AIDS powerless. Strobe qualified that when talking about neglected children, infected with HIV. "These children experience violation of their right to be treated with dignity almost daily. It appears that discrimination result in isolation of child and the family so they have to cope with their feelings about the discrimination alone." (Strobe, 2001, P43). People living with AIDS remain constantly worried about rejection on their own. For the churches discriminate people living with AIDS, it means that God, Jesus and Christianity are irrelevant and offer no saving grace.

Nicholson argued that "churches must admit with humility that they have promoted a legalistic, ruled- based sexual ethic. We have often given the impression that sexual sins, especially premarital pregnancy, matter more than other sins." (Nicholson, 1995, P 20)

Aims and Objectives

Chapter 3. Methodology

3.1 Research problem.

What contribution can church leadership make to minimize discrimination within the current church doctrine in order to accommodate people living with HIV and AIDS in church?

3.2 The objectives of the study.

The objectives of the study were:

- To establish the perception of people living with HIV and AIDS about the church.
- To analyze the existing church doctrine in relation to HIV and AIDS.
- To identify that to what extent does church Leadership can establish an influence within the doctrine to counter discrimination of people living HIV and AIDS in church.

This study therefore proposed that the perception of belief (Doctrine) and sexual education in the church are the significant determinant in attitude to HIV and AIDS as preparation of sinful activities. If significant relationship exist this information will be used to persuade the future church leadership to play a leading role in making the doctrine flexible to address the current problem of the society.

3.3 Research design and methods

In order to persuade the church leadership to make contribution to minimize discrimination within the current church doctrine in order to accommodate people living with HIV and AIDS in the church, I will be doing qualitative method (study), using semi- structured interviews and document analysis.

The target population is church leadership of different denominations in Guguletu. The sample of ten (10) leaders will be selected from eighteen (18) churches. The participants will be selected using criteria: that they must be in the church leadership (Pastor or Elder)

The group must include both male and female if possible.

Data will be gathered using seem-structure interview with two sections. One will contain sampling condition questions, for example Age, gender, position in church and strongly streamed confidentiality. The other section will be semi- structure interviews with open-ended questions to get information from participants.

Chapter 4. Results of the study

This chapter is showing how the respondents responded in different questions during the interview. This analysis is a true reflection of how leaders understand the impact of discrimination against people living with HIV/AIDS in connection with the church doctrine.

Question 1

What do you understand to be the doctrine of your church with regard to HIV and AIDS?

Fifty percent of the respondents seem to understand the content of the doctrine with regard to HIV and AIDS. They all pointed out verbally that they understand the church doctrine to be concern of human suffering that is love, acceptance, support and caring for the poor and sick. According to them HIV and AIDS is falling in that category. They expanded that the doctrine encourages the importance of relationships amongst congregants or people as all of them mentioned that orphans need support from people outside the family because they have no parents.

Forty percent of respondents seem lost when it comes to the doctrine. The respondents mentioned that there is nothing written in the doctrine with regard to HIV and AIDS.

Ten percent of the respondents mentioned that they did not know in their church that there must be a doctrine stating the HIV and AIDS. What they only know is the support group that they learn about from the community not in the church.

Question 2

What is your view with regard to this doctrine?

Forty percent of the respondents said that the doctrine is ok. They said the doctrine protects people living with AIDS. They also added that the doctrine count argued those churches who say HIV is a curse from God.

Twenty percent have the respondents had no comments

Forty percent of the respondents said there is nothing written about HIV and AIDS in the doctrine.

Question 3

Do you think there is an element of discrimination of people living with AIDS in the doctrine?

Forty percent of the respondents voiced out that there is no element of discrimination in the doctrine, instead the doctrine emphasizes love, that we must love one another as God did by sending his only beloved son to earth.

Sixty percent of the respondents said that, the church does not discriminate against people living with AIDS in the church.

Hundred percent of the respondents echoed in the voice that in their churches some leaders discriminate against people living with AIDS.

Question 4

Do you think HIV and AIDS have any contribution to the increasing mortality rate in your church or in the community?

Fifty percent of the respondents agreed that HIV and AIDS have contributed to the increasing mortality rate in the churches well as in the community. The respondents added that in the church they lost count of people dying.

Twenty percent of the respondents said that HIV and AIDS contributed to the increasing mortality rate only in the community. The respondents added that in their churches they never bury any person who died of HIV or AIDS related diseases.

Thirty percent of the respondents said that, they are not sure because no person ever disclosed his or her HIV positive status. They mentioned that even at the funeral the families never mentioned that the diseased was HIV positive nor died of AIDS or related diseases. They said they never deny the fact that HIV and AIDS kills.

Question 5

**Do you ever discuss topics related to HIV and AIDS in your church?
What is the attitude of church members?**

Forty percent of the respondents confirm that they discuss topics related to HIV and AIDS in their churches. They stated that members of the church have a good attitude towards HIV and AIDS and they enjoy talking about sexuality and HIV and AIDS in the church.

Twenty percent of the respondents do not discuss topics related to HIV and AIDS their churches. All these respondents said people are coming to church to worship GOD. These

respondents mentioned that they have a fear of losing members if they talk about HIV and AIDS in the church.

Forty percent of the respondents said that they only bring HIV and AIDS topics only if there is an event or if there is big church gatherings.

Question 6

What would you like improve in your church doctrine in response to HIV and AIDS pandemic?

Twenty percent of the respondents said they would like to see seriousness on leaders of the church. They said that church leaders must put in mind that HIV and AIDS is a serious factor that can never be ignorant about it at this time in age. They also said that the doctrine should emphasize the continuous talk about HIV and AIDS in the church and be included in the preaching of the gospel.

Hundred percent of the respondents emphasized education and empowerment of church leadership. They said that church leaders should be equipped in order to face the pandemic and also be able to counteract the issue of prejudice and discrimination amongst members. The respondents added that should form partnership with the community organizations so that more people get to know God in response to HIV and AIDS.

Table 4.1 Responses on questionnaire

Question	1			2			3			4			5			6	
	yes	no	Not clear	yes	no	No comment	yes	no	Leaders	Church	Community	Not sure	yes	no	Gatherings	Leaders	common
Phelo	1				1			1	1		1		1			1	1
Pyzo		1			1			1	1	1				1			1
Mark	1				1			1	1	1					1		1
Zeblo		1		1				1	1			1		1			1
Siko		1				1		1	1	1				1		1	1
Nile	1			1			1		1	1			1				1
Weza			1	1			1		1		1		1				1
Nceb		1				1	1		1			1			1		1
Lizie		1			1		1		1			1		1			1
Kenya	1			1				1	1	1			1				1
total	4	5	1	4	4	2	4	6	10	5	2	3	4	4	2	2	10
percent	40	50	10	40	40	20	40	60	100	50	20	30	40	40	20	20	100

Ten church leaders were interviewed. Each leader had answered six questions as shown in an interview guide (see addendum).

Note: In question 6 I put common that means respondents emphasized on education and empowerment of church leaders as priority.

The names given to respondent are false as the interview is confidential (see Addendum A)

Chapter 5. Discussion and Interpretation of results.

In the following sections the results of the study will be discussed in more detail . It will also be discussed according to the questions asked.

Question 1

What do you understand to be the doctrine of your church with regard to HIV and AIDS?

The results show that fifty percent of church leadership does not follow what the doctrine is saying about HIV and AIDS. The response is shocking to find out that at this time in age theologians still struggling to analyze the doctrine. these leaders missed out two main scriptures that shape the core of the theology in response to HIV and AIDS which are Exodus chapter 20 just at the beginning where God spoke to the Israelites that "I am your lord your God who brought you out of Egypt, where you were slave." Simon (1987, p16) about this statement said that it has "unwritten but eloquent "therefore" rings out to connect each of the Ten Commandments to God rescue of his people from slavery." The second scripture is Luke chapter ten verses 29 to 37 where Jesus asked who acted as a neighbor to the stricken man. Simon argued that "Here Jesus faithfully reflected the God of Exodus, who rescue of slave informs out understanding of God's law." (1989)

Fifty percent of the respondents understand clearly the doctrine with regard to HIV and AIDS. They mentioned that the doctrine is concern with human suffering, that is love, acceptance, support and caring for poor and sick. However the respondents were proudly saying the doctrine encourages the church to identify itself with the human suffering and caring for the poor sick just like Jesus did in his time when he identified himself with everybody rich or poor, sick or healed. In John chapter 3 verse 3. Hassink (2004,p23) pointed out that "Just as God in love accompanies all creation, so Jesus went among the poor, telling them that they were loved by God even if they had not been able to keep the

law scrupulously. Jesus dined with a rich Pharisee, and told another who came to see him at night that he needed new vision and need to be born again. He healed Jewish lepers and roman soldier's child. It is therefore clear that church leaders are not in the same par according to their understanding of the doctrine. So some leaders operate using their personal feeling in regard to HIV and AIDS as they do not have a doctrine to base their work to.

Question 2

What is your view with regard to this doctrine?

Majority (sixty percent) of the respondents put it clear that there is nothing written about HIV and AIDS in the doctrine, so they had no comments.

This shows that there is still a lot that must be done by church with regard to HIV and AIDS, especially on education.

Question 3

Although leaders differ on the understanding of the doctrine but they echoed with the same tone that the church (doctrine) does not discriminate, only the individuals who discriminate. They anonymously pointed out that the people discriminate because they are not perfect. The discrimination in church is still a challenge as one respondent unequivocally stated that he can encourage members to disclose their HIV positive status and rest of the congregants to be exceptive and love each other and also care for the sick that is to encourage people living with AIDS to in the church to take care of themselves. If other Pastors (leaders) come and preach, they slam these people and ostracizing them by saying negative things HIV and AIDS and people living with AIDS.

Forty percent of the respondents emphasized that we must love one another as God did by sending his beloved and only son Jesus Christ to earth for us to be saved.

Question 4

Do you think HIV and AIDS have any contribution to the increasing mortality rate in your church or your community?

This question reflects that Fifty percent of church leaders witnessed the high rate of mortality in their churches due to HIV and AIDS. The remaining fifty percent of respondents is not sure because they never bury any person died of AIDS or AIDS related diseases, as no one ever disclosed his or her HIV positive status in the church. Also in the funeral families do not mention HIV and AIDS as a cause of death. Other respondents throw HIV and AIDS mortality in the community not in the church.

This reflects badly on the fight against HIV and AIDS. Fifty percent of church leadership still distance themselves of HIV and AIDS or not witness the impact of HIV and AIDS in their churches.

Question 5

Do you ever discuss topics related to HIV and AIDS in you church? So what is the attitude of church members concerning sexual education?

These results show that sixty percent of the churches in Guguletu are not engaging members in topics and debates about HIV and AIDS with a fear of:

1. Loosing membership.
2. Being stigmatized (call by names) Xapile pointed out that her church J.L. Zwane was given a name of ãA church with AIDS.ö
3. A leader loosing a job.
4. People want only to listen to the word of God.
5. Negative attitude of member towards the leader.
6. Stereotype.

Some of the talk about HIV and AIDS only in the big church gatherings and workshops or when there is national HIV and AIDS event. However this shows that 60% of churches in the area do not get HIV and AIDS information from the church. Leaders keep information for themselves not telling or equipping members. This is contrary to Jesus' teachings and mission.

Hassink argued that "when people and churches live out of relationship with God and follow Jesus, therefore, they will be continually open to others and offer relationships to them, even to those who seem very different. Just as there is no closing off relationship in the gospel accounts of Jesus, so churches cannot withdraw into being congenial groups of the like-minded, refusing openness to and esteem for others who are physically or socially different."

He added that when Jesus entered the Synagogue "He denounced or by-passed religious practices and ordinances which put difficulties in the way ordinary people in their relationship with God. Not only did he preach the immediacy of unconditional divine love and forgiveness, but he also put it into practice through his own accessibility and his going to where the people were."

Church leaders need courage to remove the barriers that prevent them to practice freely the call of God. They need to be like the remaining forty percent who took courage to talk and engage church members in discussion about HIV and AIDS. For them, the continuous speaking of HIV and AIDS topics changed the attitude of church members. So members are keen to disclose their HIV positive status in the church.

Question 6

What would you like improve on you church doctrine in response to HIV and AIDS?

Leaders echoed on the same voice that the church need to put more emphasis on education, so to empower leaders to take serious the fact that HIV and AIDS can never be

ignorant about at this point in age. They said Leaders must be well equipped with knowledge in order to face HIV and AIDS pandemic and also to encounter prejudice and discrimination of people living with AIDS especially at congregational level. They added that, the doctrine should be emphasized on continual basis, that is to talk about HIV and AIDS on every church service and HIV and AIDS must be included in the liturgy.

Hundred percent of the respondents saw a need for the church to take the HIV and AIDS response to the upper level. The respondents want to see a church in partnership with community organizations so that more people know God better.

Chapter 6. Conclusion and Recommendations

The doctrine does not promote the discrimination of people living with HIV and AIDS in the church, it is the ignorance of church leaders that promote the discrimination of people living with HIV and AIDS in the church.

The respondents anonymously voiced out their views that, because the doctrine is not followed or known by some church leaders, people do not disclose their HIV positive status. Due to ignorance church leaders do not talk about HIV and AIDS or discuss HIV and AIDS topics or sexuality in the church. Some leaders have a fear of loosing membership or their jobs. This ignorance prevents people from speaking out their HIV positive status. The results also show that majority of church leaders are judgmental to people living with AIDS in the church, that is anti- doctrinal. SRO-Kundig,2007, argued that "The tendencies of judging, ostracizing, stigmatizing and discriminating against those people living and affected by HIV and AIDS in the church goes against what means to treat others as Jesus did." People do not get information from the church because leadership of the church plays holly without looking at current situation in the church and community.

The results revealed that fifty percent of church leadership equivocally say HIV and AIDS has contributed to the increasing mortality rate in the church and in community but the church is situated within the community and church members are the members of the community. However this shows that leaders do not give themselves time to learn the behavior of the congregants. Lack of knowledge is therefore resulting to the discrimination of people living with HIV and AIDS in the church not the doctrine.

What need to be given cognicernce is that lack of knowledge and lack of proper understanding of the church doctrine by church leadership contributed a lot to the discrimination of people living with HIV and AIDS in the church.

Recommendations.

The church at large (different Denominations) should take into consideration the fact that leaders need to be equipped with knowledge to deal with situation at their disposal especially HIV/AIDS as it affect the entire nation. The following recommendations need to be implemented by the church to respond in the outcry of the nation to fight the battle against HIV/AIDS.

- As choosing Hope noted that “Church is seen as God’s representative and when in predicament, most people have feeling of tranquility.” Therefore the church should catalyze and the understanding of the doctrine to all the leadership of the church at all levels.
- Leaders should understand the doctrine especially the relation of Jesus with the community. “Instead of identifying with those considered respectable or holy, he (Jesus) reached out to people who were weak, sick, lowly and socially outcast. This includes those who were: considered unclean and stigmatized because of their physical condition or disease (lepers).” (SRO-Kundig, 2007)
- Leaders need to be prepared and encouraged to personal involved to the HIV and AIDS ministry. Amos, 1988 noted that “The crux of ministry of families dealing with AIDS inevitably revolves around the office of the Pastor. Therefore, the pastor’s investment of time for personal preparation is essential before any kind of ministry can happen in a given community.”
- Church leaders should understand their role as in response to HIV and AIDS in the church and in the community.
- Church leader should be sufficiently equipped to help people living with HIV and AIDS and those affected in the church.
- HIV and AIDS should be inclusive in the Sunday liturgy, so that members acquaint themselves with it and change their attitude towards the infected people and give them care and support.
- Continuous education of HIV and AIDS at a congregational level is required to change people’s behavior towards HIV and AIDS stigma.

- The doctrine should be put into practice and known by everybody in the church instead reserve for the chosen few.
- The church need to work closely with community organizations in order to keep the flow of HIV and AIDS education through all people.

References

- Bradley R. Schiller. (2008). *The economics of Poverty and discrimination*. (10th Ed.), Pearson Prentice Hall. New Jersey
- Choosing Hope, (1996). *The Christian response to the HIV/AIDS Epidemic*. Curriculum modules for theological and pastoral training institutions Map international, Nairobi, Kenya East Africa
- Comic,P.L. et-al. (2003). *Qualitative Research in Psychology. Expanding perspectives in methodology and design*. British Library Cataloguing-in-Publication Data
- Christensen,L.B. (1941). *Experimental methodology*. (9th Ed), Pearson and A.B. University of South Alabama. USA
- Dovido John F. et-al, (2010). *The SAGE handbook of prejudice, stereotyping and discrimination*. SAGE Publications Ltd, London
- Doyer Ida, (2005). *A technical report on the development, implementation and evaluation of an HIV and AIDS workplace policy and program on a farm in Mpumalanga*. A South African Case Study. University of Stellenbosch
- Dube Shomanath, Musa, W, (1994). *African praying: A handbook on HIV/AIDS sensitive sermon guidelines and liturgy*. World council of churches, Switzerland
- Gennrich Daniela, (2004). *The church in an HIV + world. A practical handbook*. Cluster publications. Pietermaritzburg. South Africa
- Gregory M, Herek, (2011). *AIDS and Stigma*. University of Stellenbosch

Hoffman, W and Grenz S.J, (1990). *AIDS ministry in the midst of an epidemic*. Baker book house Grand Rapids, Michigan 49516

Karen De Young, (13-08-2011). *AIDS challenges religious leaders*. Washington post
Condom Africa and the Catholic Church

Karsten Anja, (2005). *Knowledge and attitude of religious leaders towards HIV/AIDS*.
University of Stellenbosch

Kirkpatrick Bill, (1988). *AIDS sharing the pain*. Pastoral guidelines. Darton, Longman
and Todd, London

Klaits, Frederick, (2010). *Death in a church of life: moral passion during Botswana's
time of AIDS*. University of California Press

Mills,E, (2004). *Beyond the diseases of discrimination*. Critical analysis of HIV related
stigma in KTC, Cape Town, Centre for social science research. University of Cape Town

Nicholson, Ronald, (1995). *AIDS a Christian response*. Cluster Publications.
Pietermaritzburg

Politza K, et-al, (2010). *What is left unsaid?* Reporting the South African HIV epidemic
Finale, an imprint of Jacana Media (PTY) Ltd.

Simon, Arthur, (1988). *Christian faith and public policy no ground for divorce*. William
B Freedman's publishing company Grand Rapids, Michigan

SRO-Kundig, (2007). *Grace, care and Justice, A handbook for HIV and AIDS work*. The
Lutheran World Federation, Switzerland

Strode, Anne, (2001). *The role of stigma and discrimination in increasing the vulnerability of children and youth infected with and affected by HIV/AIDS*. Save the children (UK) South Africa

Wiesner-Hanks, M,E, (2000). *Christian and sexuality in the Early modern world*. Regulating desire, reforming practice Routedge, London

Wilhem- Solomon, Mathew, (2010). *Stigmatization, Disclosure and the social space of the camp: Reflections on ARV provision to the displaced in Northern Uganda*, Centre for social science research. University of Cape Town

Xapile, N.B.Z, (2005). *The faith based organization response to HIV/AIDS*. A case study of J.L. Zwane Memorial church in Guguletu, Cape Town. University of Stellenbosch

Addendum A

Interview guide

University of Stellenbosch

African Centre for HIV/AIDS management in the world of work

Mphil Student Research

Please answer all questions honestly.

The information provided in this interview is **HIGHLY CONFIDENTIAL** as no name is required.

The content of this interview will be known by the researcher and the Supervisor only.

Age :

Gender :

Leadership position (e.g. Bishop etc.)

Denomination :

Congregation :

Question 1.

What do you understand to be the doctrine of your church with regard to HIV and AIDS?

Question 2

What is your view with regard to this doctrine?

Question 3

Do you think there is element of discrimination of people living with HIV and AIDS in the same church doctrine?

If yes, what would you make to bring solution to the discrimination?

If no. What improvement would you make on the current doctrine with regard to discrimination of people living with AIDS?

Question 4

Do you think HIV and AIDS have any contribution to the increasing mortality rate in your Church and community?

Why?

Question 5

Do you ever discuss topics related to HIV and AIDS in your Church?

So what is the attitude of church members concerning sexual education?

Question 6

What would you like improved on your church doctrine in response to HIV and AIDS pandemic?