

**Leadership initiatives and structure by the Church of Norway, within Norway,
pertaining to HIV/AIDS.**

by

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Assignment presented in partial fulfilment of the requirements for the degree of
Master of Philosophy (HIV/AIDS Management) at the University of Stellenbosch



Africa Centre for HIV/AIDS Management

Economic and Management Sciences

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March 2010

DECLARATION

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ACKNOWLEDGEMENTS

I dedicate this assignment to my grandmother, Sarie de Villiers, who passed away during the completion of this study. May she rest in peace.

Additionally I would like to thank:

- Professor J.C.D. Augustyn who acted as my supervisor.
- Knut Holter and The School of Missions and Theology in Stavanger.
- My mother and father for supporting me financially and emotionally during my 6 years of study.
- And last but not least, my husband who has academically challenged me, emotionally supported me in adapting to a new country and loved me, no matter the challenges we faced.

ABSTRACT

Through the history mankind, the church has been recognised as one of the most influential forces and Christianity has placed high value on supporting vulnerable individuals and groups.

In the past, HIV had been a subject approached with great scepticism within the church as it was at first believed to be a virus spread through immoral acts related to sodomy and homosexuality. (Pisani, 2008).

A taboo subject to address within the morality of the church and Christianity.

The national church of Norway has however attempted to provide formalized methods of leadership pertaining to HIV on national and international levels since the early 1980s.

During this study the author evaluated the perceived success of its leadership within the context of Norway and attempted to identify areas where the national church could be more attentive and invest more resources in developing leadership relating to HIV/AIDS.

OPSOMMING

Die kerk word erken as een van die mees invloedryke kragte in geskiedenis van die mensdom. Binne Christendom word die ondersteuning van die kwesbare individu en groepe hoog op prys gestel.

In die verlede is MIV as 'n onderwerp met wantroue genader in die kerk, aangesien dit oorspronklik geglo is dat die virus versprei is as gevolg van onsedelike dade, sodomie of homoseksuele aktiwiteite. As gevolg van hierdie assosiasies was die virus en sy inwerking voorheen 'n taboe onderwerp binne die kerk en sy gemeente.

Die nasionale kerk van Noorweë poog reeds vanaf die 1980's om formele leerwyses van leierskap met betrekking tot MIV op nasionale en internasionale vlakke te inisieër.

Gedurende hierdie studie is om die waargenome sukses van die kerk se leierskap binne die landsgrense geevalueer en areas geïdentifiseer waar die nasionale kerk meer hulpbronne moet aanwend om die ontwikkeling van leierskap relevant tot MIV te verbeter.

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Chapter 1: Introduction.

Reports on HIV often focus on the impact of the pandemic within the developing world. In this study we will focus on the history of the development of the HIV/AIDS Pandemic and the leadership role of Christianity in fighting the Pandemic within a developed country, Norway.

The influence of Christianity, the church's relation to the government and resources made available to better guide leadership in relation to HIV/AIDS will be investigated during this study. The Church's commitment to leadership pertaining to HIV/AIDS is questioned by focussing on:

- The Past position of parishes, churches and leaders within the Church of Norway.
- The current attitudes and activities of parishes, churches and its leaders.
- The individual perspective an HIV positive person attending church in Norway.

The objective of this study is to find out how well leaders and theology students (otherwise known as future church leaders) are informed about HIV and early intervention through education. In addition to establishing if future leaders perceive an education in HIV/AIDS to be a relevant subject matter during their theology schooling.

A short history of the HIV/AIDS pandemic and vulnerable groups in Norway will be given in Chapter 2

The role of the Christianity in fighting the Pandemic within Norway will be discussed in Chapter 3. and the research methodology will be discussed in Chapter 4.

Results will be presented in Chapter 5 and conclusions and final recommendations will be made in Chapter 6.

A history of the development and of the HIV/AIDS pandemic in Norway will be discussed in the following chapter. Vulnerable groups in Norway will be discussed in the same chapter.

Chapter 2:

A short history of the development of the HIV/AIDS Pandemic and vulnerable groups in Norway.

In comparison to other nations, the perceived effect of the HI-virus on Norway's population is relatively small. (Church of Norway, 2003)

HIV had first been chronicled as present within Norway in 1983, during which it became mandatory to register yourself with the state, if you tested positive.

(Fangen, Grønningsæter, Lorentzen & Overås, 2002)

Up Until 2000, the majority of individuals registered were men who had been infected due to having sex with men or by sharing needles. (Fangen et al, 2002)

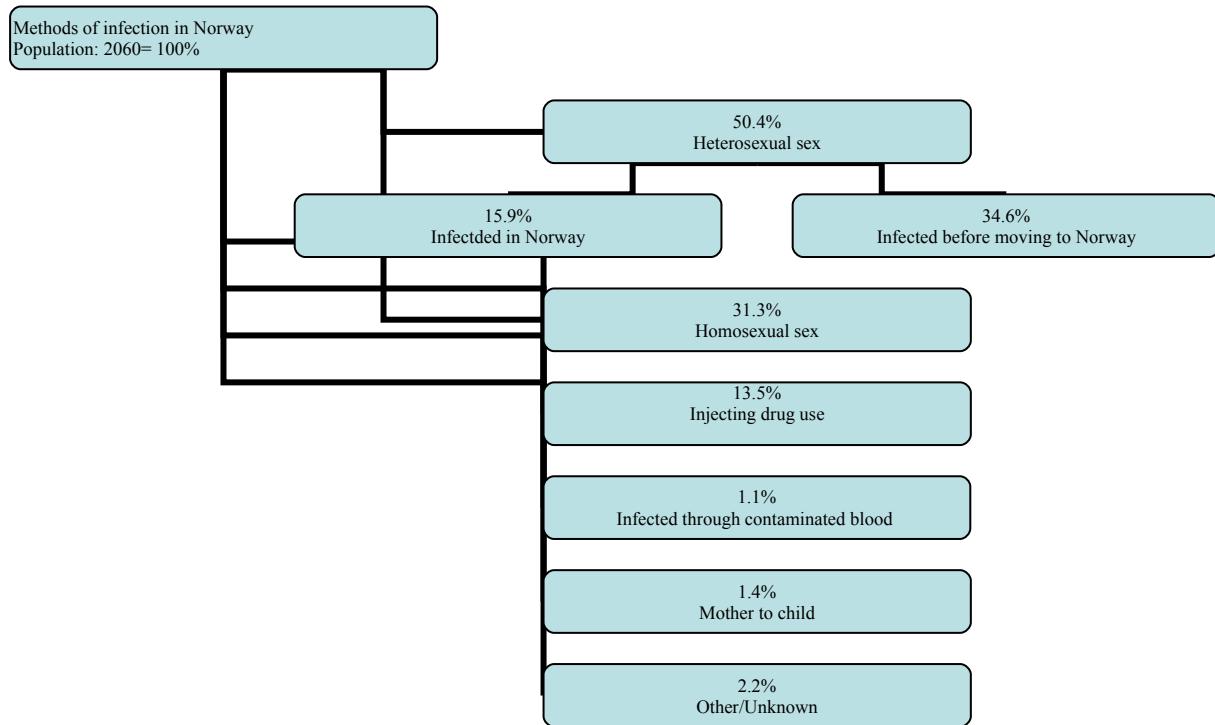
In 2001, 158 new infections were registered out of 109 586 tested. The majority of which were still men, but 58% of the newly registered were additionally classified as immigrants or refugees who became infected before relocating to Norway. (Fangen et al, 2002) Hence indicating that the increase in the number of HIV infected, within the country's borders, were not as severe as a quick glance as the total number would suggest.

In 2008 the Norwegian Institute of Public Health stated that 4000 of Norway's residents are known to be or to have been living with HIV. These numbers were much lower than those forecasted in the 1980s. (Grønningsæter, Mandal, Nuland & Haug, 2009) (In the 1980s scientists predicted that by 2008, 30 000 individuals would be living with HIV in Norway. (Grønningsæter, et al, 2009))

In 2009 researchers came however to the realization that they needed to meet new challenges pertaining to HIV as 299 new people were diagnosed as HIV positive. The highest number within the history of the virus. (Grønningsæter et al, 2009)

To present the reader with a more comprehensive view of “how” those registered to be living with HIV (up until 2008) are believed to have been infected, Table 1. has been included. (Grønningsæter et al, 2009)

Table 1. Percentage of the population registered as HIV positive and method of HIV infection up until 2008. (Grønningsæter et al, 2009)



As the above mentioned table indicates, the 2 largest societal groups identified, after 2008, to carry the virus are heterosexual immigrants and homosexual men. (Grønningsæter et al, 2009)

It is interesting to note that men who have sex with men are placed under the category homosexual in the report written by Grønningsæter et al in 2009.

In the report by Grønningsæter et al (2009), methods of infection are additionally not believed to be limited to exclusive groups. The author therefore recognises that no group is mutually exclusive. For example, those having heterosexual intercourse may also be injecting drug users or breastfeeding mothers.

As evident in Table 1, Norway has experienced an influx in immigrants and increase in HIV statistics among hetero sexual persons, as the numbers of immigrants/refugees testing HIV positive increased. (Grønningsæter, et al, 2009)

It's the author's opinion that the increase in HIV positive test results among refugees/immigrants is for the reason that the government is actively screening for HIV within this sub-population.

The author had been tested as part of a "routine" blood test after having been allocated a residency visa and doctor by the Norwegian state. The doctor had not consulted the author on the specifics of the testing, before taking a blood sample, and no pre- or post-counselling had been done. It had only been explained that various blood tests were necessary and standard routine. Among these the author observed the order for a HIV test.

One can therefore speculate that similar to China in 2005, the rise in documented HIV infections is not only due to an increase in infection. It is due to the increase in testing of high risk groups (such as refugees and immigrants coming from developing nations) which is affecting the statistics. (Pisani, 2008.)

Nevertheless, the statistics indicate that those leading the fight against HIV and AIDS within Norway now increasingly need focus and build competence in addressing the increasing spread of the virus among homosexuals and immigrants.

During a presentation by the Norwegian Directorate of Health, on for World Aids day 2009 in Stavanger, a representative emphasized that the focus of the Directorate has now shifted from vulnerable groups to those indicating to carry the disease. (Unknown, personnel communication, 30th November 2009)

In an attempt to contain the further spread of the virus, the directorate will now centre their attention on changing the sexual behaviour of the public. Specifically in the above mentioned sub-populations. (Unknown, personnel communication, 30th November 2009)

He furthermore emphasized that the focus will be on young homosexual men who are more sexually promiscuous and not properly educated on the importance of condom use. He stated that: "During the 1980s people got to see what AIDS looked like. They saw people sick and dying. They were scared and therefore were more

careful. Today's most sexually active population was too young in the 1980s to remember the impact of AIDS. Today HIV is perceived as a private matter. Those who are infected do not live with it out in the open and therefore people have become reckless. They no longer see physical effect of HIV on the person."

(Unknown, personnel communication, 30th November 2009)

The opinions of those attending World AIDS day 2009 in Stavanger indicated that people need to be reminded of the severe consequences unprotected sex can have on a person's life and health. However, they recognised that the population is "fed up" of hearing about HIV. As a result, the Norwegian Directorate of Health will shift emphasis from "How to prevent HIV" to 'How to promote sexual health" in the coming years. (Unknown, personnel communication, 30th November 2009)

Chapter 3:

The role of the Christianity in fighting the Pandemic within Norway.

3.1. Why focus on Christianity?

Christianity has been the dominant religion within Norway for the last thousand plus years and the Evangelical Lutheran branch of Christianity has represented the state church since the 16 hundreds. With 86% of the Norwegian population having been baptised under the church, it is only fitting to investigate the leadership skills of the Lutheran church concerning HIV and AIDS for the purpose of this study. More so than any other religion represented within Norway's' borders.

(Retrieved January 16, from <http://www.kirken.no/english/engelsk.cfm?artid=573>)

3.2. The church's relationship to the government.

It may safely be assumed that no religious institution could be able to effectively lead the fight against HIV/AIDS without the support of the government within which it aims to provide relief. It is therefore imperative to include the Norwegian government's commitment to health, welfare and HIV/AIDS, so to determine the leadership roles required to be filled / supplemented by the church.

3.2.1. Resources the Norwegian government has made available to better guide leadership in relation to HIV/AIDS.

The Norwegian government can be best described as Social democratic state. Concerning health and welfare it states that:

"The Government endeavours to ensure that everyone, irrespective of their personal finances and where they live, has access to good health and care services of equal standard." (Government.no, Retrieved on December 19, 2009, from <http://www.regjeringen.no/en/topics/Health-and-care.html?id=917>)

The Norwegian government officially recognises HIV/AIDS as a disease impairing the health of persons and is therefore committed to ensuring persons infected with the HI virus has access to the appropriate health services. (Aksept, Retrieved on 19.january 2010 from <http://www.aksept.org/english.htm>)

When the virus first came to the forefront in Norway, the distribution of resources, the establishment of organisations and development of medicines contributed to a wide array of heated political debates. (Fangen et al, 2002)

Since 1987, the Norwegian parliament proclaimed to invest resources on:

- Measures to combat the HIV epidemic.
- Rights and duties of the HIV infected.
- Treatment and care for persons who have AIDS.

(Fangen et al, 2002)

The first Action plan against AIDS had been published in 1986 and between then and 2002, another 3 were published. In 2002 the “Sosial –og helsedepartement”, now known as the Ministry of Health and Care services published a strategic management plan for prevention of the spread of HIV and sexually transmitted diseases. . (Fangen et al, 2002)

The latest Action plan, “*Aksept og Mestring. Nasjonal HIV Strategi (2009 -2014)*” was published in 2009. Page 41 of this document, entitled “Relevant Regelverk” includes all the relevant laws clarifying the rights of individuals infected with or affected by HIV (Arbeids- og inkluderingsdepartementet, Barne- og likestillingsdepartementet, Helse- og omsorgsdepartementet, Justis - og politidepartementet, Kunnskapsdepartementet, Miljøverndepartementet, 2009)

All of the above mentioned informational documents have been designed to guide leaders in state departments, municipalities, religious institutions and non governmental organisations on matters pertaining to HIV/AIDS. These documents are aimed to assist with policy and strategy implementation by acting as guidelines to all sectors of society. (Fangen et al, 2002)

However, what is of importance for this study is not only which resources have been written, but which provide practical guidance for religious leaders and church employees on a “day to day” basis.

In this respect the internet has proved to be a very handy tool in the management of HIV/AIDS and one worth investing resources in.

When browsing the internet, there are a multitude of sites available in Norwegian. For example: Each relevant state department has its own site where one can find formal guidelines relating to HIV and budgets awarded to HIV related projects.

The Norwegian government has additionally invested resources in web based projects and land based projects, which use the internet as a point of contact or information sharing. Websites, such as www.hivnorge.no provide practical and comprehensive information to those infected with HIV and those working within the field.

The author has researched a number of websites which have been made available, so to assist individuals in gaining knowledge about HIV and AIDS within all vulnerable groups. As can be seen in Appendix A, a table has been compiled to indicate which websites are supported by governmental or municipal departments. It is interesting to note that the majority of these websites receive some form of state funding and not funding from the national church. This observation reemphasizes the necessity to include resources provided by the state within this report.

As will become evident in the following sections, the national church and Norwegian government seem to have a supplementary relationship in its distribution of resources relating to the fight against HIV and AIDS.

3.2.2. The church's management structure and it's relation to the government.

An array of councils on local, regional and national level comprising mostly of lay people build up the governmental hierarchy of the church's management structure. This allows congregants to provide their input concerning the management of their religious institution. Yet, the constitutional head of the Church of Norway is the Norwegian King. (Retrieved January 16, from <http://www.kirken.no/english/engelsk.cfm?artid=5730>)

The church has its own autonomy from the state, but all legislation concerning the church has to be approved by the Norwegian parliament. (Retrieved January 16, from <http://www.kirken.no/english/engelsk.cfm?artid=5730>). Therefore we can but assume that all employees (including ministers) of the church will be required to adhere to the laws of Norway as approved by parliament. Any deviances will be taken to the official state judiciary system

We can in addition deduct that the proximity of the church to the government allows for a supplementary relationship between the two institutions concerning the HIV/AIDS pandemic with easy access to dialog. A supportive example, to the before mentioned, is that representatives from the Church of Norway are seated on the Norwegian state's Forum for HIV/AIDS and development. (Church of Norway, 2003)

3.3. The Church of Norway's commitment and leadership pertaining HIV and AIDS.

As a religious organisation the leaders of the Church of Norway have been advocating the fight against HIV and AIDS since its early detection in the 1980s. The Church of Norway has been, since its establishment in 1987, a member of Norwegian Association against AIDS. (Church of Norway, 2003)

In 2003 the Church of Norway published "*HIV/AIDS. Challenges facing the church of Norway*". and in it indicates its need to portray a strong leadership role in the fight against HIV and AIDS. The general management body, known as the General Synod, agreed on 4 key areas related to HIV and AIDS to strategically focus on in the future, on differing international and national levels:

- Global justice
- Dialogue
- Stigmatisation
- Sexuality

(Church of Norway, 2003)

The author believes this commitment to be even more of an indication of strong leadership within the field, as religious institutions often shy away from controversial subjects such as sexuality.

Within the report the Church of Norway emphasizes the equality of all and quotes Romans 15 verse 17. ‘Welcome one another, therefore, as Christ has welcomed you, for the glory of God’(Church of Norway, 2003)

The above quote emphasizes the need to change the perspective of congregants and leaders within the church. And that the church aims to do so by making use of its own scripture to assist people in changing their mindsets relating to vulnerable groups, such homosexuals.

The social mechanisms that stigmatise and discriminate against those who are infected with or affect by HIV are still apparent within the Norwegian Christian community.

In no way however, does the church shy away from the fact that the HIV positive have been unfairly prosecuted in the eyes of church’s congregants and leaders. They more than often emphasize the need for change.

By means of the report the Church of Norway wishes to shift focus on inclusion instead of exclusion, whilst additionally providing assistance to the victims of HIV on a global level. (Church of Norway, 2003)

This report is evidence of the churches dedication to provide leadership in the management of HIV and AIDS in a hypothetical and practical manner. Sections included consist of:

- The historical impact of HIV up until 2003.
- The current state in 2003.
- The reaction and coping mechanisms of the church within Norway and abroad.
- A theological consideration of the virus, its meaning and impact within the church’s role.
- Crucial and controversial subjects for the church to take into consideration.

- Guidelines on working with the interdisciplinary impact of HIV/AIDS.
- Areas the church proposes to focus on strategically within the near future.
(Church of Norway, 2003)

As can be seen in the following section, all of the above mentioned is an immense paradigm shift from the churches' previous theological stance pertaining to HIV and AIDS. (Church of Norway, 2003)

3.4. The Past position of parishes and churches pertaining to HIV and AIDS within Norway.

The Church of Norway has confessed that it, similar to other religious organisations, have parishes that in the past advocated that only sinners are or could be infected with HIV. Those classified as "True followers" were proclaimed to be unable to obtain the virus, as God would not punish his/her faithful followers. (Church of Norway, 2003)

During the early onset of AIDS in Norway, the overwhelming message that HIV spread mostly through same sex intercourse had devastating affects on the perception of people living with HIV. As cited by Pisani (2009, page153) AIDS was welcomed by some religious followers as "a sign of God's retribution for the immoral and unnatural act of sodomy"

As a result, people known to be HIV positive were more than often regarded as sinners or homosexuals and as a result, the infected and their families were severely stigmatised and discriminated against. (Church of Norway, 2003)

The past actions of members and employees of the Church of Norway have formed the institution's opinion that it, regrettably, has had a negative influence on the fight against the pandemic. (Church of Norway, 2003)

3.5. Current attitudes and activities of parishes and churches pertaining to HIV and AIDS.

In due time the Church of Norway has motivated its parishioners and employees to alter their stance on HIV and its mode of infection. As a result of the active leadership, educational initiatives and pressure by the Church of Norway's governing bodies, it's reported that individual congregants, parishes and churches have responded more positively to HIV /AIDS and its victims. (Church of Norway, 2003)

Many a church has adapted the slogan “ This church has HIV”, to assist in the breaking down of stereotypes and stigmatisation. Endeavouring to create an understanding that faithful followers, their families and communities can be affected by HIV without having had committed a sin or homosexual acts. (Church of Norway, 2003)

Many parishes in Norway now pride itself on its HIV related initiatives within Norway and abroad and attempt to actively engage congregants. (Church of Norway, 2003)

One of the largest Christian volunteer organisations “Kirkens Bymisjon”, alternatively known as the Church City Mission, has contributed greatly on the work done with HIV and AIDS in Norway. In Oslo it runs a program titled “Aksept”. Providing a safe haven where HIV positive people and their families can meet for support, counselling and roof over their heads for a short term period. (Retrieved on the 19.january 2010 from <http://www.aksept.org/english.htm>.).

In Stavanger and Trondheim the Church City Mission runs a project “leve med HIV” (translated: Live with HIV), an initiative that attempts to support those living with HIV. In both cities the offices provide individual counselling, educational gatherings and support/discussion groups managed by knowledgeable staff members. (Retrieved on the 19 January 2010 from http://www.bymisjon.no/templates/Page____15638.aspx and http://www.bymisjon.no/templates/Page____17356.aspx).

Members of the Church of Norway are encouraged to make contact with or volunteer at these programs. (Church of Norway, 2003)

3.6. The individual perspective.

The previous sections provide comprehensive information on official commitments by the church of Norway, its congregants and the Norwegian state pertaining to HIV and AIDS. It does, however, not reproduce the experience of the HIV positive parishioner living in Norway or inform us of the definite investment of time and resources from the church in educating their leaders or congregants on issues pertaining to HIV and AIDS.

As all academics secretly acknowledge, it is part of our job description to create reports or publications to serve our individual/organisational objective. Elizabeth Pisani confesses in her book, *The Wisdom of whores, bureaucrats, brothels and the business of AIDS* (2008) that she, whilst employed as a researcher for UNAIDS reported on HIV by “jazzing up the language and storyline” (p.22) to obtain more funding. Therefore, the report “*HIV/AIDS, Challenges facing the church of Norway*” (2003) could be speculated to be written, by the church, with the purpose of demonstrating that they offer leadership in the subject at hand, but that little leadership and follow up occurs in reality.

Thus the all important questions are:

Have the employees of the church included HIV education at grass roots level?

Has the reported leadership guidelines and initiatives made a difference?

Has the church put any initiatives in place in providing their future pastors and missionaries leadership skills relevant to the challenges faced by HIV positive congregants?

Or have they simply created a report, to be showcased?

To answer the above mentioned, the author :

- Interviewed those living and working with HIV.
- Attended the World Aids day conference in Stavanger in 2009.
- Investigated initiatives by the General Synod.
- And created in a survey of her own, to be found in the following chapter. The survey included pre and post questionnaires and a lecture on the importance of leadership pertaining to HIV/AIDS at the School of Missionary and Theology in

Stavanger, Norway. As will become evident in the following chapter, parts of the investigation were not successful. But its failure in itself indicates a worrying conclusion made within this study.

3.6.1. What is the experience of an HIV positive person attending church in Norway?

On the 30th of November 2009 the author attended a very cosy conference on HIV/AIDS to celebrate World AIDS day in Stavanger, Norway. The adjective “cosy” is used to describe this event due to the fact that the attendees were at most 10 people. Five of which presented lectures and two of which were responsible for the day’s events.

This left 3 very confused attendees which included the author.

The main questions in everyone’s minds:

Where was the crowd?

Didn’t people care about the effect of this virus anymore?

As a result of small attendance on the day, the author was able to include structural interview questions after lectures. One of the attendees questioned was Elizabeth Akinyi Ocholla.

Elizabeth had migrated from Kenya to Norway but a few years before.

In Kenya she had experienced discrimination in her local church. Elizabeth confronted the pastor after hearing him preach to the congregation that HIV is a punishment from God. She demanded a chance to address the congregation and as a result 10 female parishioners felt empowered enough to reveal their HIV positive status. (Elizabeth Akinyi Ocholla, personal communication, November 30, 2009)

Elizabeth is today part of the 34.6% of HIV positive persons living in Norway, referred to in section 2. She had been infected before relocating to Norway and is classified in one of the sub-populations the Norwegian government now aims to focus on within the coming years. (As stated in their Action plan, “Aksept og Mestring”, 2009)

Nowadays, Elizabeth and her daughter live openly with HIV, unlike many other Norwegians who consider their status to be a private matter. Elizabeth recounted her experiences and challenges within Norway to the audience attending the World Aids day conference. (Elizabeth Akinyi Ocholla, personal communication, November 30, 2009) She has remained faithful Christian and parishioner at a local church but was shocked at the reactions of other congregants towards her as they got to know her status. She has faced many instances of discrimination and stigmatisation within her church community in Norway, to the extent that another congregant would not allow Elizabeth to touch her baby, out of fear of infection. (Elizabeth Akinyi Ocholla, personal communication, November 30, 2009)

Elizabeth has interpreted the reactions of other congregants as ignorance. Having been an advocate for people living with HIV in her home country, she has now taken initiative to increase awareness within churches and communities in her district. Sharing her life motto:

"I am on a journey from where there is no return....and it may take any amount of time". (Elizabeth Akinyi Ocholla, personal communication, November 30, 2009)

Elizabeth stated that she wishes to use her time productively in educating the ignorant and empowering the HIV positive. (Elizabeth Akinyi Ocholla, personal communication, November 30, 2009) However, she did not specify the reactions by employees of the church towards her and the discrimination she suffered. This stimulated the curiosity of the author concerning the level of knowledge of employees of the local churches in the Rogaland district. Had they been educated in dealing with matters relating to HIV within their church?

3.6.2. How well are ministers informed concerning the HIV pandemic?

To be able to comprehensively answer the question posing as the title for this subsection, the author would have to provide in depth questionnaires/interview to all ministers within the borders of Norway. As this was not possible for the author at this time, the internet proved to be a useful tool in finding documented initiatives and experiences of parishioners and pastors within the Rogaland district.

On www.bymisjon.no the contact details of Per Arne Tengestad were found. He is known as a “gateprest” (translated: a street preacher) and project leader for the Church Mission of Rogaland’s project: “Å leve med HIV”. (Mentioned in Chapter 3.5. of this paper). A telephonic interview with Tengestad revealed that many HIV positive people have mentioned to him that not only ignorant parishioners, but also employees of the churches have acted in an unfair or discriminatory way towards them. (Per Arne Tengestad, personal communication, January 22, 2010)

He believes this to be as a result of a lack of knowledge concerning HIV. Ministers did not receive schooling in counselling those with HIV during his studies and he speculated that to this day they do not focus on the matter in Theology schools. (Per Arne Tengestad, personal communication, January 22, 2010)

This was confirmed when in 2008 the author approached the School of Missionary and Theology in Stavanger concerning their curriculum they offer to theology and missionary students. (The education of the future leaders of the church will be discussed in the following section)

Tengestad clarified further that the church of Norway does distribute HIV educational material to their parishes. Among the materials mentioned, the books titled “*En Kropp*”/One Body (Norges Kristene råd,2006.) and “*Pluss*” (*unknown*) are recommended to be used during confirmation classes. (Per Arne Tengestad, personal communication, January 22, 2010)

However, the use of the HIV educational materials are not part of any specific curriculum for confirmation and no requirements are made by the General Synod in their application. Thus, church personnel do not need to read or teach them, if they deem the subject to be irrelevant. (Per Arne Tengestad, personal communication, January 22, 2010)

The general perception of church employees, according to Tengestad (personal communication, January 22, 2010), is that HIV is not as relevant within Norwegian confirmation lessons in comparison to other subject matters. Therefore it is not prioritised.

It was becoming clear to the author, that if left to their own devices, church employees and members would not be educated on HIV/AIDS and “how” it relates to their own communities. If the General Synod does not force employees to include HIV education in confirmation or services, how could we increase knowledge and leadership on the matter?

3.6.3. Early intervention: The education of the Church of Norway's future leaders.

Leadership pertaining to HIV is the strongest driving force in the distribution of resources and knowledge. Yet, if local church employees (for example: ministers) are not knowledgeable, how can we ensure that they learn the skills needed in addressing HIV within their parishes?

The author’s answer: We attempt to educate them from before the start of their careers. We turn to the Schools of Missionary and Theology to see if students will be willing to learn more about HIV/AIDS and the importance of leadership.

As mentioned in the previous section, the author enquired about the training future pastors and missionaries receive concerning counselling those affected by HIV/AIDS.

The author was shocked in 2008 to learn that no specified training is provided.

The School of Missions and Theology in Stavanger, regularly arrange for students to partake in missionary projects in developing countries, over summer holidays. Yet the only education students receive in HIV/AIDS, before departure, is 1 lecture by a health professional.

It would seem logical that missionaries working in developing countries affected by HIV/AIDS need to receive training on counselling those affected or should be empowered with coping skills and knowledge before working in such harsh psychological conditions. Yet no complaints have been registered and those on missionary projects seem to cope and adapt well within their settings.

Within the following chapter, we will aim to establish the perceived relevance of an education, pertaining to the HIV pandemic, for students attending the School of Missions and Theology.

Chapter 4:

Research methodology.

To assist us in gaining knowledge of the attitude of students (attending missionary and theology courses in Norway) concerning HIV and AIDS, the School of Missions and Theology in Stavanger (Norway) was willing to open its doors for a descriptive study concerning the relevance of HIV/AIDS educational lectures.

4.1. Do students feel an education in HIV/AIDS is relevant?

The dean of the School provided the author with the privilege of presenting a 50 minute lecture on the importance of leadership concerning HIV/AIDS to its students on the 9th of September 2009. The purpose of the lecture was to empower and inspire students on becoming knowledgeable leaders within their community. Whilst gathering data pertaining to the attitude of the students and whether or not they would want an education in HIV to be part of their curriculum.

To interpret the data gathered, the author needed to create a Research problem, design and operationalisation. The following sections will clarify the author's process of preparation before the lecture.

4.2. The research problem and design.

For the purpose of this study the Research Problem, Operationalisation and logic of research were imperative for the point of departure for the Research design. A full literature review provided the theoretic data required to interpret the data collected within this survey.

The Research Problem for the intention of this proposal was:

What percentage of students attending the School of Missions and Theology in Stavanger believed occupationally relevant lectures concerning HIV and AIDS, would be necessary to meet the occupational challenges they will face in the future?

Two Hypotheses to be tested by this survey was:

H (0): Less than 50 % percent of students attending the School of Missions and Theology believed occupationally relevant lectures concerning HIV and AIDS, would be necessary to meet the occupational challenges they will face in the future.

H(1): More than 50 % percent of students attending the School of Missions and Theology believed occupationally relevant lectures concerning HIV and AIDS, would be necessary to meet the occupational challenges they will face in the future.

It was the Author's belief that H (0), the Null Hypothesis, would be refuted. (Christensen, 1985)

Thus the expected result would have been that more than 50% of individuals attending the School of Missions and Theology believe occupationally relevant lectures concerning HIV and AIDS, would be necessary to meet the occupational challenges they will face in the future.

The research design was to include a cross sectional study which would have comprised of an analysis of existing data and theory and the analysis of primary data surveyed from one sample group. (Mouton, 2001)

The Research technique chosen for this study was a Descriptive Research Approach. (Christensen, 1985) This approach would supply data by making use of a field survey within the population sample.

The Field survey comprised of pre and post questionnaires to obtain Quantitative data. Copies of the questionnaires are attached as Appendix C and D of this document.

Limitations acknowledged in this study, pre initiation, were:

- The possibility of a sampling error taking place. (Christensen, 1985).
- The “fallacy of causation from correlation” (Christensen, 1985, p.30).

- That an individual's attitudes may be influenced by the Distal (i.e. the culture and structural factors), Proximal (i.e. interpersonal factors, physical and organizational environment) and Personal context within which it is formed. (Christensen, 1985).

4.3. Research operationalisation and preparation for the survey.

During the design of the survey, the chosen research strategies were a cross-sectional design, making use of written questionnaires/surveys and, if possible, follow up interviews with students who were willing to provide their contact details. This was deemed the most cost effective method in capturing the data.

The author began with the process of preparation in October 2008. Attributable to various influential factors, the survey was delayed till September 2009 and structural telephonic interviews were excluded from the study.

In the time leading up to the survey, the author thoroughly researched the subject matter and compiled a PowerPoint presentation lasting 50 minutes to be provided on the day. This presentation has been included as Appendix B of this document.

Two weeks prior to the lecture, bright orange advertisement leaflets were distributed out in the Schools cafeteria and around the premises, with the aim of encouraging students to attend. (A copy of which has been attached as Appendix E of this document) The dean addressed students in the cafeteria once a week and recommended attendance to all his classes. To further encourage attendance, the author made use of Social networks, such as Facebook, to market the event.

Chapter 5:

Results

5.1 The results of the survey.

The lecture and survey took place on the 9th of September 2009 at 19.00. This time slot was awarded so to not disrupt the already jammed packed curriculum students needed to follow.

The author, due to the time-slot assigned, assumed that attendance of a random sample within the school's population, at this lecture will indicate:

- That the attendee believes this subject matter to be of relevance or.
- That the attendee has been strongly recommended by his/her lecturer or colleagues to attend this lecture

During the theoretical sampling design leading up to the survey the author included the following requirements for participants to be included in this research study:

- The participant must be enrolled at the School of Missions and Theology.
- The participant must attend all lectures provided as part of his/her field of study.
- The participant must complete the questionnaires directly before and after the lecture.

All attendees adhered to these requirements.

The total attendees on the day were 9 students. This number was far less than expected, but not detrimental to the survey.

Another influential factor was on the other hand detrimental.

The H (1) hypothesis for this survey stated that:

More than 50 % percent of students attending the School of Missions and Theology believed occupationally relevant lectures concerning HIV and AIDS, would be necessary to meet the occupational challenges they will face in the future.

The random sample expected was therefore required to represent the student population. The majority of the student population, attending this school, was at this time Norwegian citizens.

All of the participants choosing to attend on the evening were, however, non Norwegian citizens. They represented the minority sub-population of African or Asian students who attended due to an exchange program. As a result, they were not a representative sample of the schools population.

The survey for the purpose of proving the H (1) hypothesis was therefore invalid.

5.2 The conclusion of the survey.

A possible explanation for the absence of Norwegian students could be a lack of interest in an education in HIV/AIDS or that they did not believe it to be relevant to challenges they would face in their future occupation.

Yet, an interview with a former student from the School of Mission and Theology in Stavanger revealed that she would have preferred an education on the matter as she ended up working in Kwazulu Natal, South Africa, for a year and did not feel amply prepared for what she faced. (Anonymous, August 2009)

The opinion of the dean also needs to be taken into consideration. He stated that foreign students tend to be present at after-hour lectures because they have less of a social network outside of the school. (Knut Holter, personal communication, 9th September, 2009)

Whatever the reason, the lack of attendance was at the very least disappointing.

The attendance of the African and Asian students did however result in an interesting lecture, discussion session and survey results. They verbally presented a clear need for and interest in HIV related leadership skills and informational resources relevant to their future occupations.

When asked if their purpose of attending the School of Missions and Theology is to learn leadership skills within their future occupational field, 8 out of 9 agreed or strongly agreed.

To the statement "I believe an education in HIV/AIDS will enable me to be a better leader", 8 agreed and one participant was undecided within the pre questionnaire. The post questionnaire results showed that out of 9, 3 participants strongly agreed and 6 agreed to the same question.

Finally two thirds of the group agreed that HIV should be a part of their curriculum during their studies, as only 1 out of 9 agreed that he/she would be willing to attend this course at his/her own expense.

The results of the survey is thus a clear indication, that at least among the foreign students, there is a need for the Church of Norway to prescribe educational material concerning HIV/AIDS to improve a students' leadership skills. Especially, since foreign students often come from developing countries/continents that have been greatly affected by the disease.

Chapter 6:

Final conclusions and recommendations

As evident in the text, the Church of Norway partook in many HIV related initiatives since the 1980s. It is the author's opinion that its supplementary relationship with the Norwegian government and co-operation with other organisations should be commended.

The Church of Norway has addressed issues that other religious institutions still shy away from and has set the benchmark to which others can only aspire.

There is much to learn from their initiatives in the field and their leadership on national level.

However, the employees and congregants of the church who seem to be knowledgeable on the HIV/AIDS pandemic appear to be so due to their own initiative/motivations and not due to the encouragement of the church.

It is the author's opinion that the General Synod should increase their insistence on ministers, other employees and congregants of the church, in building leadership competencies concerning HIV and AIDS at grass roots level. The effect of HIV/AIDS may not be as openly visible as in developing nations, but is still present.

HIV has not affected Norway to the degree that it has other countries, but this does not make it irrelevant. Many families are affected by it and therefore ministers and church employees (on the grassroots level) must be able to counsel the affected or infected.

The author would as a result like to suggest to the Church of Norway to strengthen its educational initiatives by providing HIV relevant lectures to students attending the schools of missions and theology throughout Norway and by including the subject in the curriculum for confirmation. By doing so the Church empowers individuals with knowledge and leadership skills necessary for the prevention of the further spread of HIV.

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APPENDIX A:
A comprehensive list of websites providing Norwegian information relating to HIV/AIDS.

| Norwegian title | English title | Web link | Description | Receives resources from the church? | Receives resources from the state/municipality? |
|--|---|--|---|-------------------------------------|---|
| Aksept | Accept | www.aksept.org | An organisation providing psychosocial support and a meeting point for people infected with/affected by HIV | Yes | Yes |
| Helseutvalget - sammen for bedre homohelse | Helseutvalget – gay and lesbian health Norway | www.helseutvalget.no | Gay & Lesbian Health Norway's work aims to educate and empower | Not clear | Not clear |

| | | | | | |
|--|---|-------------------------------|--|-----------|-----|
| | | | gay, bi and lesbians. | | |
| Olafia klinikken | Olafia clinic | www.rikshospitalet.no/olafia/ | Free testing, counsellng and treatment clinic in Oslo | Not clear | Yes |
| Hivfondet | The HIV fund | www.hivfondet.no | Provides financial assistance to HIV positive people | Not clear | Yes |
| Norsk organisasjon for asylsøkere (NOAS) | The Norwegian Organization for Asylum Seekers | www.noas.no | Provides assistance to Asylum seekers | No | Yes |
| Klara Klok | Klara Klok | www.klara-klok.no | A website where youth can ask questions and receive answers from a nurse | No | Yes |
| Folkehelseinst | The | www.fhi.no | A state | No | Yes |

| | | | | | |
|-------------------|--------------------------------------|--|--|----|-----|
| ituttet | Norwegian Institute of Public Health | | department that encourages disease prevention and good standards of health by providing guidelines | | |
| Helsedirektoratet | Norwegian Directorate of Health | www.helsedirektoratet.no | A state department focussing on improving reproductive health and sexuality | No | Yes |

APPENDIX B: PowerPoint presentation



UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvenoot • your knowledge partner

Leadership and HIV/AIDS

10.September 2009

Sasha-Monique Elvik

University of Stellenbosch

South Africa



Departement Gesondheidswetenskappe

Faculty of Health Sciences





Pre-Questionnaire



- Please fill out the questionnaire.
- Send it to the end of the row.
- Do not hesitate to ask questions.
- Please note the difference between the words <<affected>> and <<infected>>.

2



Ice Breaker



- Speed dating
- Why do you study here?
- What does the term leadership mean to you?
- I am HIV Positive. What advise would you give me?

3



How did you answer the last question?



- Did you tell him/her you 'll support them?
- Do you know your church 's opinion about his/her situation?
- Do you know your community 's perception of the HIV infected?
- Who of you provided practical advise?
 - E.g. About lifestyle change



Purpose of this lecture



- Not to shock. Practical examples will be used.
- To emphasize that knowledge is power.
- The more you know about HIV/AIDS, the better you will be able to lead or console the members of the community within which you work.



Statistics



- Are relevant, but not always applicable.
- People live in fear.
- Fear of being tested.
- Fear of knowing.
- Fear of others knowing
- Therefore you must never assume that people have been tested.



Your role in all of this?



- To guide/lead in
 - Lifestyle choices. (within context)
 - Diet, sex, marriage etc.
 - Practical choices
 - Making use services. (type of doctor?)
 - When to be tested?(3 months?)
 - Ethical choices
 - Who should be told
 - Myth vs Truth
 - The law
 - The community



Why should you be involved?



- Theological Workshop Focusing on HIV- and AIDS-related Stigma (UNAIDS, 2005)
 - Active and visible engagement of theologians and religious leaders to be necessary in the eradication of discrimination and stigmatisation of people infected with and affected by HIV and AIDS.
 - Change comes through leadership



So...what to do?



- Read the law and policies of the country you are in.
 - Eg. Discrimination in workplace
- Know about the services in your community
 - Physical& emotional support for infected& affected
- Know your employer's policy about HIV/AIDS
- Know your community
 - Prevalence of stigmatisation and discrimination?
 - Literacy? Employment? Economic hurdles?
 - No interventions work, if they are not applicable

10



So...what to do?



- Be proactive
 - Include HIV awareness and anti-stigmatisation strategies in your work
 - Mention it in community workshops
 - Eg. Uganda: Male fertility workshops
 - Start a dialogue at your work about possible assistance opportunities for members of your organisation.
 - Determine what services your organisation can offer

11



Use the tools available out there: Google



There are many fantastic organisations out there
with creative programs. Learn from them

- Ujamaa Centre
 - Contextual Bible Study as a resource for moving beyond HIV stigma and discrimination
 - John 9:1-41
 - <http://www.ukzn.ac.za/sorat/ujamaa/default.htm>
- Aidsportal.org
 - Academic information and discussion groups



Most important



- Act responsible
 - Be sensitive to the issue
 - Do not say anything unless its positive and you know your facts
- Remember:
 - People often perceive HIV infection to be a death sentence
 - You must emphasize its only a life style change



Conclusion



- Be proactive
 - Before you leave for your new job, READ
 - Ask questions
 - Learn from others
- Try not to judge
- Be kind, understanding and careful about what you say.



Questionnaire and Q & A session



- Please fill out the questionnaire.
- Send it to the end of the row
- Question and answer session over a cup of tea
- Presenter: Sasha-Monique Elvik
 - Masters student in Management of HIV and AIDS
 - University of Stellenbosch
 - South Africa
 - Email: smelvik@gmail.com

APPENDIX C:
Pre-Questionnaire



Instructions for answering this questionnaire:

Dear student,

Please fill out this form as soon as you receive it and pass it to the end of the row.

Answer all questions as truthfully as possible. Your honesty is the most important factor in answering all the questions.

Write an X in the box which represents your opinion.

Please raise your hand if you have any questions. The lecturer will attempt to answer you as objectively as possible.

Thank you for attending today

General information

1. Are you Norwegian or non Norwegian?

.....

2. How old are you?

..... years

3. In which year are you of your current studies?

..... year(s)

4. Have you previously worked in an environment with people infected with or affected by HIV and AIDS?

Yes

No

5. Do you have a specific desire to work in an environment with people infected with or affected by HIV and AIDS in the future?

Yes

No

Your opinion

Please mark the box that expresses your degree of agreement/disagreement with the following statements

The purpose of attending the School of Missions and Theology is to learn leadership skills within my future occupational field.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe an education in HIV/AIDS will enable me to be a better leader.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
|----------------|-------|-----------|----------|-------------------|

| | | | | |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|

Your perception of the HI-Virus.

Please mark the box that expresses your degree of agreement/disagreement with the following statements

HIV is curable.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe HIV/AIDS only affects developing nations.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe HIV/AIDS affects developed nations.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe HIV/AIDS affects all nations.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe HIV/AIDS affects my community within which I live now.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe HIV/AIDS will affect the community within which I plan to work.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe an education in HIV/AIDS is relevant for the challenges I will face within my occupation in the future.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe that an education in HIV/AIDS should be included in my study curriculum.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe that I need to know more about HIV/AIDS and its effects.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

APPENDIX D:
Post- Questionnaire



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
jou kennisvennoot-your knowledge partner

Please fill out this form as soon as you receive it and pass it to the end of the row.

Answer all questions as truthfully as possible. Your honesty is the most important factor in answering all the questions.

Write an X in the box which represents your opinion.

The purpose of attending the School of Missions and Theology is to learn leadership skills within my future occupational field.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I believe an education in HIV/AIDS will enable me to be a better leader.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I believe HIV/AIDS only affects developing nations.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I believe HIV/AIDS effects developed nations.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I believe HIV/AIDS affects all nations.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I believe HIV/AIDS affects my community within which I live now.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe HIV/AIDS will affect the community within which I plan to work.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe an education in HIV/AIDS is relevant for the challenges I will face within my occupation in the future.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe that I will not apply the knowledge learnt within such a course.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe that I will not apply the knowledge learnt within such a course, but would like to attend such a course.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe that an education in HIV/AIDS should be included in my study curriculum.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe an education in HIV/AIDS will enable me to be a better leader.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I would like to attend another course in HIV/AIDS.

| Strongly Agree | Agree | Undecided | Disagree | Strongly disagree |
|----------------|-------|-----------|----------|-------------------|
| 5 | 4 | 3 | 2 | 1 |

I believe that I need to know more about HIV/AIDS and its effects.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I believe a 2 hour lecture to be sufficient in providing me with the information needed concerning HIV/AIDS and its influence.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I am willing to attend another course on HIV/AIDS after school hours, if provided for free.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

I am willing to attend another course on HIV/AIDS at my own expense.

| | | | | |
|---------------------|------------|----------------|---------------|------------------------|
| Strongly Agree 5 | Agree 4 | Undecided 3 | Disagree 2 | Strongly disagree 1 |
|---------------------|------------|----------------|---------------|------------------------|

Any comments:

Please provide your contact details if you wish to be contacted for a follow up telephonic interview:

Name:

Number:

Time most suitable to be contacted:

Please note that your name and number will be used for no other purposes and will not be distributed. Your name will not be mentioned in any of the written material.

The researcher will not attempt to call you more than twice. If both calls are unanswered within a two week period following the lecture, the researcher will assume that you do not wish to participate with the telephonic interview.

Our sincere gratitude for your time and participation.

APPENDIX E:
Advertisement for lecture



I
hav
e
HIV.

**Who do I tell?
Who will help me?
What rights do I have?
Will my church community stand by me
or
reject me?**

**You will start working soon.....
Ever wondered how you would answer
these questions?
Join us for a lecture on leadership and HIV.**

Date: 10.September 2009
Time: 19.00
Presenter: S-M Elvik
Venue: University of Stellenbosch, South Africa
Room 223 (Staff room)
Misjonshøyskolen, Stavanger

This lecture is only for students attending Misjonshøyskolen, Stavanger.

