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**THE WITNESS OF THE CHURCH ON HIV/AIDS IN THE MOTHEO DISTRICT**

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## INTRODUCTION

The HIV/AIDS pandemic is one of the biggest health challenges ever to confront the world. Of greater concern is the fact that of the 40 million people who are infected with HIV, 28 million are in Sub-Saharan Africa, the world's poorest region. South Africa, like the rest of the countries in the sub-continent, has one of the highest infection rates.

Combating HIV/AIDS has been recognised as a priority responsibility of all society groups. Government structures, non-governmental organisations, academic institutions, private business and local communities are joining hands in the fight against the HIV/AIDS epidemic. The different groups are contributing to the fight in various ways.

In some contexts, religious leaders and organisations use their power to maintain this status quo rather than to challenge negative attitudes toward marginalized groups and people living with HIV/AIDS. It is noted that religious doctrines, moral and ethical positions regarding sexual behaviour and denial of the realities of HIV/AIDS, have helped create the perception that those infected have sinned and deserve their "punishment", increasing the stigma associated with HIV/AIDS.

Religious values can help in decreasing the spreading of this HIV/AIDS epidemic. If all church leaders are directly involved, the spread of this pandemic can be curtailed

In this study I want to explore and review information on HIV/AIDS and its impact in the Motheo District. The research consists of five (5) chapters, which describe the impact of HIV/AIDS. The first chapter presents the background of HIV/AIDS. The second chapter contains information on the Motheo District and the current status of HIV/AIDS in the Motheo District Council including demographic trends. Chapter three discusses HIV/AIDS challenges as it impacts on the lives of the people in the area of Motheo, via

the conduct of interviews. In chapter four a biblical view on the effects of diseases and their challenge to the church are discussed. Chapter five contains my conclusion.

The study finally hopes to provide a way forward for future campaigns and strategies formulated for those who have HIV/AIDS and those who are not yet HIV positive, to address the implications of HIV/AIDS and provide the churches with life skills to fight the spread of the epidemic.

The researcher will be in a better position to deal with matters relating to HIV/AIDS to understand young people in particular and to have learned about matters that relate to their change in behaviour and attitudes in response to HIV/AIDS. Additionally, the study could help parents to understand their children better and improve communication and free discussion with them on issues related to sex, sexuality and reproductive health, instead of inhibiting these discussions which have culturally been considered as taboo and against their traditional ethos and values. The study can be used by other researchers seeking to understand students' knowledge, attitudes, behaviour and practice regarding HIV/AIDS.

## **METHODOLOGY**

The research was conducted through interviewing people living in the District of Motheo. Interviews were conducted in the language of the people interviewed (i.e. Xhosa, Sesotho and Setswana) and were tape-recorded. These were all translated into English. Four different questionnaires were developed for the following groups: Church leaders, Traditional healers, Health Development Officials and ordinary people.

Communication is a basic mode of human interaction. Talking to each other makes one more comfortable and the respondent can easily feel free to give answers that you are looking for. "A conversation (Gadamer 1975:347 in Kvale 1996:20) is a process of two people understanding each other. Thus it is characteristic of every true conversation that

each opens himself to the other person, truly accepts his point of view as worthy of consideration and gets inside the other's mind to such an extent that he understands not a particular individual, but what he says. The thing that has to be grasped is the objective rightness or otherwise of his opinion, so that they can agree with each other on the subject" (Kvale 1996:20).

## CHAPTER ONE

### THE DANGERS AND CHALLENGES OF HIV/AIDS

#### *1.1 HIV and Aids*

Aids is a rapidly spreading disease. Many families are destroyed on account of the deaths that occur from Aids. In Africa it is a disastrous disease. Many people die without hope. It is an illness calling for immediate action.

HIV is a virus that attacks the immune system. Visagie (1999:2) describes the immune system in the following way: "Mammals are provided with an immune system to protect against invading germs, cancers and other diseases. The structure of the immune system has two substructures: firstly, there are specialist white cells, found mainly in the blood, and also certain specialised tissues such as the tonsils, that have the ability to literally ingest and destroy various germs, mostly bacteria.... The second substructure of the immune system consists of white blood cells..."

What happens is that immune system of the person is destroyed by the HIV virus and is unable to function against the invading germs.

Visagie (1999:3) describes the human immuno deficiency virus, as the virus that invades the immune system and destroys it so that the body is no longer protected against disease. He explains how this allows the opportunistic illnesses such as various types of pneumonia that become life threatening in the absence of an immune system, to take over and eventually cause the death of the infected person. Therefore Aids is a very serious problem when people are not well fed and do not have other means of protecting themselves and their immune system.



## HIV/Aids and the development of the disease

Visagie (1999:13) says that approximately 90-95% of HIV affected people will have developed Aids after 10 years of acquiring the virus. He shows that on average it takes about 8 – 10 years from HIV infection to full-blown Aids, but that this may vary in different geographic areas. In this development it seems likely that most HIV infected people will eventually develop severe immuno deficiency and Aids related diseases. Even if this takes longer than 12 years, HIV is thus spreading in the community through the different ways in which Aids and HIV can be transmitted. HIV can be transmitted by sexual intercourse, by sharing needles, through blood transfusion or before or during birth, or through breastfeeding (Visagie 1999:19 ff.).

Evian (2003) describes the process of HIV developing into Aids and is of the opinion that severe illness will result from Aids. The body has no immune system left and is not able to fight against the germs and other diseases like pneumonia and TB. The rapid progress of Aids is described by Evian (2003:27). People who are in rapid progress usually develop immuno deficiency earlier, often within 5 to 7 years after infection. For some this may be as soon as 3 to 4 years. This HIV can lead to full-blown Aids within a very short time. Sometimes slow progress, according to Evian (2003:28), shows that people can live with the disease for quite a long time and a small percentage of infected people remain well and free of immune deficiency with the illness.

Nobody has yet found a cure for HIV/Aids. There are drugs that enable sufferers to live longer. These drugs are expensive and have side effects (Evian 1993:68).

The root problem of HIV/Aids is of a moral rather than a medical nature. Those who hope for a medical cure are presently discouraged. Those with HIV who have sought after God as their hope have been blessed even if they did not get physical healing.

## *1.2 HIV/Aids and the Communities*

The incidence of HIV/Aids in Black communities is increasing drastically in spite of attempts to curb it. The lack of a cure or vaccine against this deadly disease makes health education and religious education to be the only method of attack against HIV/Aids. Information on HIV/Aids is disseminated by various strategies such as the mass media. This method, however, does not succeed in reducing the rate of HIV/Aids. The above scenario necessitates an investigation to find out why health education is failing to bring about a reduction in HIV/Aids statistics.

The number of people infected with HIV/Aids increases every day in South Africa (Basson 1992:4). Times of the Aids epidemic are said to be times of psychological tensions.

In order to understand the dynamics of the HIV/Aids epidemic in South Africa, it is necessary to determine why HIV has spread so rapidly in the country. When we look at Sub-Saharan Africa and South Africa in particular, it becomes clear that the epidemic has mutated into a complex disease with confounding social, political and economic mechanics that have locked together to accelerate the spread of the virus. No doubt the socio-cultural circumstances and social dynamics in the region have colluded to foster the progress of HIV and help block effective intervention. Considering these dynamics, it is necessary to appreciate that not only is South African society particularly conducive to the spread of HIV; it is also particularly vulnerable to the impact of the epidemic.

There is therefore dire need for behaviour change, especially among the youth, with regards to arresting the spread of the HIV virus and rapid deterioration of those found HIV positive.

Like other sexually transmitted diseases (STDs), HIV is difficult to transmit, except by sex or direct contact with blood or blood products through sharing needles, receiving contaminated blood or from mother to child.

Globally, approximately 75 % of world-wide HIV transmission happens through sex. Of these sexual transmissions, 75% occur via heterosexual sex and 25 % through sex between men. In developing countries sexual transmission accounts for an even greater proportion of cases. A varying proportion of HIV transmission also still occurs via blood and from mother to child. Factors proven at present to facilitate HIV transmission are the presence of STDs and probably also non-circumcision among men. (Whiteside 1998).

The horrific impact of apartheid's migrant labour system, influx control, the homeland systems and single sex hostels directly contributed to widespread poverty and gender inequality. In attempting to address HIV/Aids it is critical to acknowledge the different sexual orientations that exist in society. Two hidden (though now well documented) aspects of single sex hostels are male homosexuality (described as "amatanyola" in rural and "isitabane" in Kwa-Zulu Natal) and the sex-work industry that grew around the hostels.

*"The survey found that a significant number of youngsters (29%) aged 12 to 17 were sexually active. About half (51%) of sexually active youth reported having intercourse for the first time before the age of 15. The survey said the reported condom use indicated that many sexually active teens were engaging in risky behaviour. More than half (53%) said they had used a condom only "some of the time or never" during the past year. Children between the ages of 12 and 14 were even less likely to use a condom. More than half (52%) had multiple sex partners in the past year." (Pretoria News 2002:1)*

One worrying thought is the fact that while the country as a whole is trying to fight the surge of Aids, the blatant advertisement of casual sex on the visual, audio and printed media leaves one with the idea that probably some quarters are not taking the epidemic as serious as it should be taken. On that point the next article will elucidate this statement:

*"South Africa's top political and business leaders are allegedly derailing the fight against HIV/AIDS by having unprotected sex with girls as young as 18 ... The girls also admitted that sexual abuse, which included orgies, was rife ... Just because we are in this for money, we're being belittled, abused and sometimes battered if we do not want to get involved in orgies or insist on the use of a condom." (Sunday Sun 2003:4)*

In any situation where there is a skewed balance of power, some sort of abuse is tantamount to be part of the deal. The example of the "sugar daddies" is a clear indication of the mountain to be climbed in this country.

There is a need to respond to these statements and one way of doing so would be to enact stricter sanctions, if the above quotes are not serious enough, one truly shudders at the next insert.

Gay men engage in unprotected sex with other gay or bi-sexual men who are either HIV positive or not. They state that the risk of their partner possibly being HIV Positive apparently heightens their sex drive. These gay men (some who are male prostitutes) admit that a number of their clients are married men who do not want to use condoms when engaging in the sex act (3<sup>rd</sup> Degree e-TV, 2003). Some of the phrases used by those on the show were:

"The Gift." Engaging in unprotected sex with the hope of contracting HIV.

"Gift Giver": Someone who would willingly infect another with the HIV virus (3<sup>rd</sup> Degree e-TV, 2003).

Doctor Naas van der Westhuizen who treats many of these men and who was interviewed for the programme mentioned that over a six-month period there seems to be an increase in sexually transmitted diseases. (3<sup>rd</sup> Degree e-TV 2003).

Whereas on the one hand people by all means try and be as sensitive as possible to this plight of people living with HIV and Aids, the point of departure being not to stigmatise the victims of HIV and Aids. Actions such as those mentioned above flies in the face of attempts to lift the veil of stigmatisation. The question to then be pertinently asked is the following: how many of these people engage in this risky behaviour? As could be seen from the insert, how many of those who do engage in this behaviour then later force their wives to submit to sex with them? If the wives submit to sex upon demand, do they have a choice to insist on the use of condoms where they are aware of their husband's clandestine activities? As the programme did not cover such detail it would remain a mystery what the real state of affairs are.

The idea of this research is not aimed at victimisation, but due to the fact that culprits can slip through the cracks, something needs to be done, and be done sooner rather than later.

### ***1.3 Aids and economic development***

HIV/Aids has a definite economic impact

Nattrass (2004:155) shows how the macro economic impact of Aids can be quite detrimental to a society. Nattrass (2004:155) writes: "There are many 'channels' through which the Aids pandemic can affect the broader economy. Aids has an immediate (or 'first order') impact on the size (and efficiency) of the labour force. But while democratic models can provide a broad indication of the impact of Aids on the size of a labour force, the impact on the efficiency of the labour force is much harder to estimate. As noted above, there is still relatively little data on the distribution of HIV prevalence across skill bands - although recent evidence from Swaziland indicates a clear and significant negative relationship between skill level and HIV prevalence."

Nattrass (2004:157) continues: "Aids also effects people indirectly - i.e. through the impact of 'second-order' effects that occur after firms and the government have responded to the first-order impact of Aids. These impacts are even more difficult to

estimate, and will vary according to economic sector, degree of competition, market structure, etc. In the case of relatively competitive markets, does one assume that firms will respond to higher medical costs for employees and lower productivity replacing labour with machinery -and if so by how much? And, will the firms respond to higher (direct and indirect) labour costs by raising prices (i.e. is passing cost onto consumers) or reducing profits (thereby probably reducing investment in subsequent periods)? To what extent will they share the costs with workers by constraining wage growths, thereby lowering consumer demand in growth in subsequent periods? The different models assume different scenarios, and model the way in which the assumptions impact on economic growth in different ways.”

Kallmann (2003:5) writes in this regard “The economic and social impacts of the disease have been projected in a number of studies and are devastating. As morbidity increases there is a reduction in productivity and an increase in the cost of both medical care and funerals. Mortality results in a loss of skilled workers, an increased number of orphans, a reduction in the population, specifically those in a working age, the productive members of society.”

Martin (2003:27) explains the level of expenditure in South Africa and how this also leads to different situations in which Aids impact negatively on the community. He says (2003:27) that the country has an adult HIV prevalent rate of 20,1% for individuals aged 15-49 years. He explains that it is estimated that approximately 4,7% adults are affected with HIV (accounting for more than half of the affected adults in the six countries).

#### ***1.4 Knowledge about HIV/Aids***

Brookes, Shisana and Richter (2004) shows that correct knowledge about HIV Aids transmission and prevention is still deficient and communication about sex, sexual abuse and HIV Aids between caregivers, parents and children is not adequate.

Landau-Stanton and Clements (1993:9) already explained that Aids is a disease that asks for a total new way of dealing with it. They (2004:10) say that Aids is mainly a sexually transmitted disease and therefore the sexual behaviour has to be changed to bring about a total new situation. They explain that the sexual revolution will have to be changed because this lead to people contracting the HIV virus and also eventually contracting Aids. They continue (1993:11) by explaining that the other poll is to confront individuals with the explicit realities and a graphic public expression of sexual behaviour. Such an approach can be in direct conflict with a personal wish for privacy or the restriction of their cultural value systems.

Dickinson (2006:61) also refers to peer educator activity in the community. He explains that the peer educator could help dealing with HIV/Aids. "It is, for example, not entirely clear how to categorise what a peer educator running a youth sport team is doing. Taking their team to play an away match will implicitly and explicitly include a range of education and socialisation that could be categorized a) as an HIV Aids project by giving youth alternative activities to sex and respect for themselves for achievement, b) formal education when he or she addresses them in a changing room area, c) informal influence through casual discussion and provision of positive role model. "

## CHAPTER 2

### GENERAL BACKGROUND OF HIV/AIDS STATISTICS WITH REFERENCE TO THE MOTHEO DISTRICT COUNCIL

#### *2.1 The Motheo District Council*

The Motheo District Council is situated in the southern part of the Free State Province. The District Council is made up of three local Municipalities, i.e. Mangaung Municipality, Mantsopa Municipality and Naledi Municipality. Each municipality consists of few towns to make up a municipality. Mangaung municipality consists of Bloemfontein, Botshabelo and Thaba 'Nchu. The Mantsopa Local Municipality consists of five towns: Excelsior, Ladybrand, Tweespruit, Thaba Phatswha and Hobhouse. Naledi Local Municipality consists of three towns, i.e. Dewetsdorp, Wepener and Van Stadensrus. All these towns and these local municipalities make up Motheo District Council.

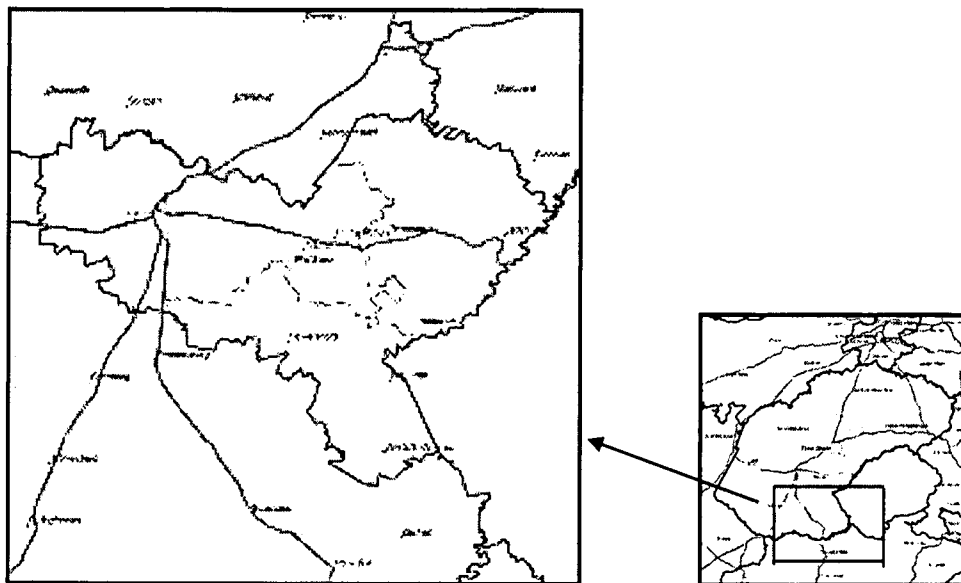


Figure 1. Motheo District Council.

Source: <http://www.demarcation.org.za>



Table 1. Statistics on the Free State Municipalities: Motheo District Municipality  
(Source [www.demarcation.org.za](http://www.demarcation.org.za))

Local Municipalities in this District Municipality	Population	Households		% Access to Basic Services		
		% Urban	% Rural	Electricity	Water	Sanitation
Mangaung Local Municipality	645 441	93.1	8.7	61	97	94
Mantsopa Municipality	55 342	60.8	39.2	69	91	84
Naledi Local Municipality	27 480	695	30.5	74	96	79
Total for District Municipality	728 263	88.5	11.5	62	97	92

After consultation with all the municipal communities in the District, the Motheo District Council has identified the following issues as requiring urgent attention: environmental health; economic development; water and sanitation education; roads and public transport, and sports and recreational facilities.

Table 2. The situation regarding employment

Persons	2001	1996
Employed	175 555	185 876
Unemployed	115 484	82 810
Not Economically Active	191 997	-
Total Labour Force	291 039	-

Table 3. Individual Monthly Income

Persons	2001	1996
None	475 453	384 708
R1 – 400	54 897	27 411
R401 – 800	79 744	105 037
R801 – 1 600	37 563	29 653
R1 601 – 3 200	34 358	26 279
R3 201 – 6 400	26 769	35 700
R6 401 – 12 800	13 142	8 003
R12 801 – 25 600	3 751	1 602
R25 601 – 51 200	1 147	816
R51 201 – 102 400	757	404
R102 401 – 204 800	544	-

Table 4. Annual Household Income

Households	2001	1996
None	47 494	17 508
R1 – 4 800	21 103	12 528
R4 801 – 9 600	39 837	29 013
R9 601 – 19 200	34 403	43 020
R19 201 – 38 400	26 908	26 516
R38 401 – 76 800	17 599	14 247
R76 801 – 153 600	13 148	10 718
R153 601 – 307 200	6 766	4 965
R307 201 – 614 400	1 828	465
R614 401 – 1228 800	548	-
R1 228 801 – 2 457 600	526	-

## ***2.2 Trends of HIV/Aids in the Free State and the Motheo District Municipality***

This section profiles the status quo with respect to HIV/Aids in the Free State and especially the Motheo District Municipality. As such it provides an important backdrop for an overview of the impact HIV/Aids on the democratic compilation of the province and eventually the revenue basis of the Mangaung Local Municipality.

### **2.2.1 HIV/Aids global trends**

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation: The Global Summary of the AIDS epidemic is as follows (December 2005) (Source Perinatal HIV Unit WITS.co.za)

<b>Number of people living with HIV in 2005 worldwide</b>	<b>40.3-million</b>
Adults	38-million
Women	17.5-million
Children under 15 years	2.3-million
<b>People newly infected with HIV in 2005 worldwide</b>	<b>4.9-million</b>
Adults	4.2-million
Children under 15 years	700 000
<b>AIDS deaths in 2005 worldwide</b>	<b>3.1-million</b>
Adults	2.6-million
Children under 15 years	570 000

Source: AIDS Epidemic Update: December 2005

According to the **UNAIDS/WHO AIDS Epidemic Update 2005**

### By Continent

Table 3: Regional HIV/AIDS Statistics (End of 2004)

	Adults and children living with HIV	Adults and children newly infected with HIV in 2004	Adult prevalence	Adult and child deaths due to AIDS
Sub-Saharan Africa	25,800,000	3,200,000	7.2%	2,400,00
North Africa and Middle East	510,000	67,000	0.2%	58,000
South and South-East Asia	7,400,000	990,000	0.7%	480,000
East Asia	870,000	140,000	0.1%	41,000
Oceania	74,000	8,200	0.5%	3,600
Latin America	1,800,000	200,00	0.6%	66,000
Caribbean	300,000	30,000	1.6%	24,000
Eastern Europe and Central Asia	1,600,000	270,000	0.9%	62,000
Western and Central Europe	720,000	22,000	0.3%	12,000
North America	1,200,000	43,000	0.7%	18,000
<b>TOTAL</b>	<b>40,300,000</b>	<b>4,900,000</b>	<b>1.1%</b>	<b>3,100,000</b>

Source: AIDS Epidemic Update: December 2005 in WITS.co.za

### 2.2.2 HIV/Aids trends prevalence in the Free State

Table 4: HIV Prevalence by Province among Antenatal Clinic Attendees, South Africa: 2001 – 2004

Province	2002	2003	2004
KwaZulu-Natal	36.5%	37.5%	40.7%
Mpumalanga	28.6%	32.6%	30.8%
Free State	28.8%	30.1%	29.5%
North West	26.2%	29.9%	26.7%
Gauteng	31.6%	29.6%	33.1%
Eastern Cape	23.6%	27.1%	28.0%
Limpopo	15.6%	17.5%	19.3%
Northern Cape	15.1%	16.7%	17.6%
Western Cape	12.4%	13.1%	15.4%
South Africa	26.5%	27.9%	29.5%

Source: SA National Department of Health. **National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, 2004. In Wits. co.za**

Note: These values fall within a 95% confidence interval.

**The Key findings of the ASSA2003 model are as follows (Source Perinatal HIV Unit WITS. co.za):**

- \* **The total number of people living with HIV in South Africa was estimated to be 5.2 million in 2005**
- \* **It is estimated that there were around 530 000 new HIV infections between the middle of 2004 and the middle of 2005 and around 340 000 AIDS deaths over the same period. (As the number of new HIV infections currently exceeds the number of AIDS deaths, the HIV prevalence is still slowly growing in South Africa.)**
- \* **The current massive number of HIV positive individuals has resulted in an estimated 520 000 untreated South Africans who are sick with AIDS and in need of antiretroviral treatment.**
- \* **As at the middle of 2005, the model estimates that just over 120 000 South Africans were receiving antiretroviral treatment.**
- \* **ASSA2003 also estimates that around 1.5 million South Africans have died from AIDS-related illnesses since the start of the epidemic.**
- \* **The ASSA2003 model predicts that the total number of HIV infections in South Africa will increase slightly, from 5.2 million currently to 5.8 million by 2010**
- \* **The annual number of new HIV infections is likely to remain at close to half a million over the next few years, in spite of the significant interventions that have already been introduced to limit the spread of HIV.**

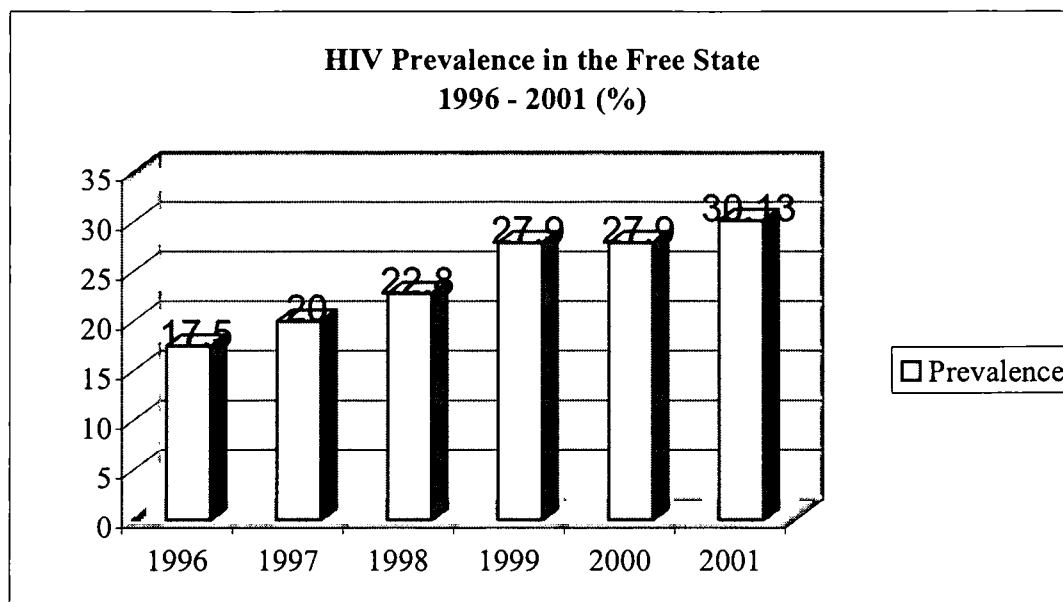


Figure 2. HIV prevalence in the Free State, 1996 - 2001

Source. MDC report

The situation with respect to HIV prevalence as depicted in Table 1 and further illustrated in Figure 2 conceals huge discrepancies in prevalence rates between the five different District Councils (DCs) in the province. Table 2 provides a population breakdown of the DCs for the Free State, while Table 3 gives a more detailed breakdown of HIV prevalence per DC for the period 1998-2001 (MDC Report).

Table 5: Free State District Councils

District	Municipality	Estimated population (2002)	Proportion of total population (%)
DC 16			
Xhariep District Municipality	Letsemeng	38 604	1.3
	Kopanong	54 150	1.9
	Mohokare	39 316	1.4
	<b>Sub-total</b>	<b>132 070</b>	<b>4.7</b>
DC 17			
Motheo District Municipality	Naledi	27 026	0.9
	Mangaung	654 922	22.9
	Mantsopa	54 344	1.9
	<b>Subtotal</b>	<b>736 292</b>	<b>25.7</b>
DC 18			
Lejweleputswa District municipality	Masilonyana	71 457	2.5
	Tokologo	29 038	1.0
	Tswelopele	56 038	1.9
	Matjhabeng	517 193	18.1
	Nala	89.132	3.1
	<b>Subtotal</b>	<b>762.858</b>	<b>26.7</b>
DC 19			
Thabo Mofutsanyane District Municipality	Setsotso	119 112	4.2
	Dihlabeng	116 302	4.1
	Nketoana	69 756	2.4
	Maluti a Phofung	383 337	13.4
	Phumulela	49 151	1.7
	Golden Gate	670	0.02
	Highlands National Park district Managed Area		
	<b>Subtotal</b>	<b>738 328</b>	<b>25.8</b>

DC 20			
Northern Free State	Moqhaka	183 822	6.4
District	Ngwathe	130 231	4.5
Municipality	Metsimaholo	116 000	4.1
	Mafube	57 918	2.0
	<b>Subtotal</b>	<b>487 971</b>	<b>17.1</b>
<b>FREE STATE</b>	<b>TOTAL</b>	<b>2 857 519</b>	<b>100.0</b>

*Source: Compiled from Barron and Asia (2001) Proportions calculated by CHSR & D in Report MDC.*

Table 5 shows that DC 18 (41.14%)<sup>1</sup> has the highest HIV prevalence rate, followed by DC 20 (29.41%). Since 1998, DC 18 has consistently shown the highest prevalence rate in the province. The reason for this trend can probably be linked to the high proportion of mine workers (and thus also migrant workers) - traditionally a high-risk population for HIV infection - in this district. Migrant workers - of whom more than 200 000 from all over southern Africa - are employed by the mining industry in South Africa: are almost two-and-a-half times more likely to be HIV positive than non-migrant workers (MDC Report).

Table 6: HIV prevalence rates per District Council in Free State 1998-2001

District Council	1998	1999	2000	2001
DC 17	23.84	26.64	29.61	28.54
DC 18	25.75	31.88	30.06	41.14
DC 19	21.50	27.90	27.10	27.75
DC 20	20.92	27.55	21.05	29.41
Free State	22.80	27.96	27.93	30.13

Source MDC Report

Table 7 depicts the breakdown of HIV positive persons by age group for each of the DCs. The N-values in Table 5 are based on the samples that tested positive in a 2001 antenatal

<sup>1</sup> The Department of Health excluded DC 16 from the antenatal survey due to the small number of antenatal visits.

survey in the Free State. It shows that HIV prevalence, for various social and biophysical reasons, tends to be more significant amongst those persons aged 20 - 29.

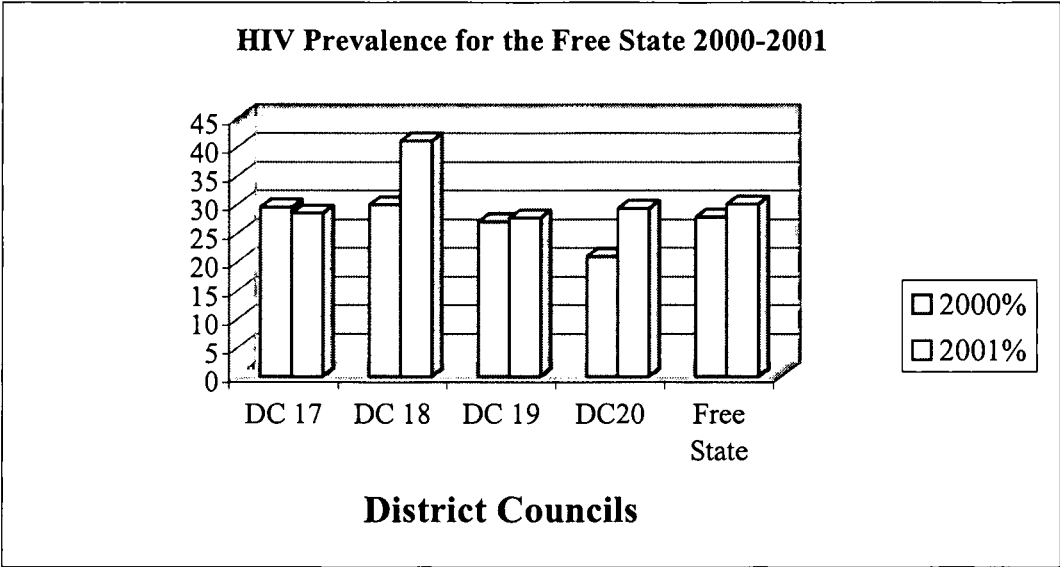


Figure 3: HIV prevalence for Free State District Councils, 2000-2001

Source MDC Report

Table 7: Age breakdown of HIV positive cases per District Councils Free State 2001

Age group	DC 17		DC 18		DC 19		DC 20	
	# Pos.	% Pos.	# Pos.	% Pos.	# Pos.	% Pos.	# Pos.	% Pos.
< 20 years	15	11.63	10	15.38	14	12.61	2	6.67
20-24 years	41	31.78	20	30.77	34	30.63	9	30.0
25-29 years	38	29.46	14	29.23	44	39.64	10	33.3
30-34 years	24	18.60	19	21.54	9	8.11	8	26.67
35-39 years	10	7.75	1	1.54	8	7.21	1	3.33
40-44 years	1	0.78	1	1.54	2	1.8	0	0.0
Total	129	100	69	100	111	100	30	100

Source MDC Report



### **2.2.3 The current status of HIV/AIDS in the Motheo District Council and Mangaung Local Municipality (DC 17)**

The Motheo District municipality currently has an estimated population of 736 292 (i.e. 25% of the total population of the Free State) of which almost 89% (or 654 922) fall within the Mangaung District - the most important of the DCs for purposes of this study. Motheo is the only district in which a slight drop in the prevalence rate was detectable for the period 2000-2001 (See fig. 3). The rate is still considerably higher than the national average of 24% for 2001 (see Table 1). Over the period 1998-2001 the prevalence rate for DC17 (Motheo District) showed an increase of almost 20%. If the antenatal data is stipulated to the general population<sup>2</sup> of Motheo District, the 2001 prevalence of 28.54% translated to a total infected population of 210 138 ( $28.65\% \times 736\,292$  - see Table 2) (MDC Report)

It would in all likelihood be valid to assume that at least the same HIV prevalence rates apply to the Mangaung Local Municipality, since the latter constitutes 89% of the total population of Motheo District. In the light of this huge proportion of the total population of Motheo District, as well as the relative homogenous nature of the various population sectors in the three municipalities within Motheo District, it seems very unlikely that any demographic or social variable might see a vastly different prevalence in the Mangaung Local Municipality in particular. In other words, every reason exists to believe that the same demographic, social and environmental factors that are fuelling the epidemic in the larger Motheo District, also prevail in the Mangaung Local Municipality. Thus, a prevalence rate of 28.54% in the case of Mangaung Local Municipality translates to a total infected population of 186 915 ( $28.54\% \times 654\,922$  - see Table 2). This boils down to a ratio of one HIV-infected individual for approximately every 3.5 persons in the Mangaung Local Municipality (MDC Report).

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<sup>2</sup> When it comes to HIV/AIDS prevalence rates, demographic studies and official records cite the antenatal care rates directly even though pregnant women may not be representative of the entire population. Pregnant women tend to be young and sexually active, and may thus be at greater risk of HIV-infection than the rest of the adult population.

Table 8: Extrapolated breakdown of HIV positive cases in Mangaung Local Municipality 2001

<b>2001</b>		
<b>Indicators prevalence rate</b>	<b>%HIV + (DC 17)</b>	<b>Total Mangaung population HIV+</b>
	28.54	186 915
<b>Age group</b>		
< 20 years	11.63	21 738
20-24 years	31.78	59 402
25-29 years	29.46	55 065
30-34 years	18.60	34 766
35-39 years	7.75	14 486
40-44 years	0.78	1 458
<b>TOTAL</b>	<b>100</b>	<b>186 915</b>

*Source: MDC Report*

### **2.3 Future demographic trends**

Table 9 below clearly shows the impact of HIV/Aids on the future populations demographics in the province.<sup>3</sup> Two notable trends should be mentioned. When compared to the other eight (8) provinces, the Free State currently has and is projected to have:

- ◆ The highest crude death rate in 2001 and 2011. The death rate is projected to peak in 2011 as a direct result of Aids-related deaths.
- ◆ The second lowest life expectancy at birth in 2001 and 2011.

<sup>3</sup> The data in Table 6 is based on the so-called "Best estimate" or "Most probable" population projections of the Institute for Future Research and incorporate both the demographic impact of the HIV/AIDS epidemic and migration (including illegal immigration) on future population changes.

Table 9: Selected current and projected demographic indicators for the Free State, 2001-2031.

	2001		2011		2031	
Demographic indicator	Value	Provincial ranking	Value	Provincial ranking	Value	Provincial ranking
Population size	2874162	8	3132007	8	3237078	8
Population growth rate	1.76%	6	0.66%	9	-0.08	6
% <15 years	29.8	6	26.3	6	16.5	8
%15-64 years	65.8	3	68.9	5	73.9	6
%65+ years	4.4	5	4.2	4	9.6	4
Total fertility rate	2.92	5	2.26	6	15	-
Birth rate	26.8	5	20.1	6	11.9	6
Life expectancy	56.5	8	47.1	8	55.3	5
Death rate	11.7	1	15.6	1	14.5	3

Source: Haldenwang (2001)

The epidemic, therefore, will for the most part not see the total size of the population decline (in fact the size of the population will continue to increase), but will considerably reduce the growth in this population, only resulting in a marginal negative growth rate in the population from 2026 to 2031. This reduction in population growth will obviously impact negatively on the growth of future revenue. However, growth in expenditure will slow down as well, which means that change in population growth alone would not necessarily impact negatively on net revenue. More important, specifically in terms of the likely impact on revenue, are the likely changes in the composition of households that may result from HIV/Aids. For example, an increase in the number of child headed households would mean that services are being provided to a group of persons that are unlikely to be able to pay for those services. In addition, the demographic evidence

suggests that the impact on households will be severe, given the substantial death rate and low life expectancy. As such, the concern need not be about the demographic impacts of the epidemic but about the attendant economic impacts, which ultimately influence the ability of households to pay for municipal services (MDC Report).

The migration rate into Mangaung within the BBT region (Bloemfontein, Botshabelo, Thaba 'Nchu) will make it more difficult for Mangaung Local Municipality to deliver to residents their constitutional right of access to services and adequate shelter. However, HIV/Aids will aggravate already occurring housing problems, including outside phenomena like economic factors which strategically hold back all stakeholders, including delivery agents. The apartheid spatial policy cannot be blamed for the rapid increase of the epidemic in Mangaung since any ordered society must be able to keep its ethical and moral standards in place. However, rapid "control" and formalisation of informal settlements will make an impact in terms of reducing the rapid spread of the epidemic within Motheo District communities (MDC Report).

Aids is turning back the clock on development. In too many countries the gains in life expectancy are being wiped out. We must mainstream Aids in all areas of our work. With 70%-80% of funerals in Mangaung and the BBT region being HIV/Aids related, there is a lot of work to be done (MDC Report).

What is unquestionable is that the tentacles of HIV/Aids are growing longer, broader and wider. The present pandemic affects everyone. The experience of affected and infected individuals proves that a behaviour change is the most essential strategy in overcoming the HIV pandemic. This is a national tragedy, a global tragedy, which is not going to go away quickly, and there is a challenge to all the people to play a part in preventing the further spread of the disease and reaching out in caring, sharing and being witnesses of unconditional love. Prevention is possible, with behavioural change and education joined together. Together, people can make a change if the whole nation works together. Jesus indicated how to have a right attitude, as He said in Luke 6:37: "Be compassionate, as

your heavenly Father is compassionate. Judge not and you will not be judged, condemn not and you will not be condemned.”

It is not for anyone to judge or condemn but rather to reach out in love and care.

## **CHAPTER 3**

### **LISTENING TO THE COMMUNITY IN THE IN THE MOTHEO DISTRICT COUNCIL ON HIV/AIDS**

#### **3.1 Method of research**

This research was conducted through interviewing people who are living in the area of the Motheo District. This qualitative method permits the evaluator to study selected issues in depth and detail. Communication is a basic mode of human interaction. Talking to each other makes one more comfortable and the respondent can easily feel free to give the answers that one is looking for. The questions were asked in a manner that the recipient could easily feel part of and answer freely. These questions were asked to different groups, like the churches, the health department, traditional healers and also to individuals.

#### **The question(s) that were put to the church leaders/ ministers:**

- i) What do you tell your members about HIV/AIDS?
- ii) Can the church help people with HIV/AIDS?
- iii) Do you see a future for the people living here?
- iv) What can the church do to bring about a new future?

#### **The questions that were put to the Health Department:**

- i) What do you do about HIV/AIDS in the district?
- ii) What should the churches do?
- iii) How can the churches help?
- iv) Do you see a future for the people in the district?

**The questions put to the traditional healers:**

- i) What do you know about HIV/AIDS?
- ii) What is your own view on HIV/AIDS?
- iii) What do you tell people about HIV/AIDS?
- iv) How would you treat a person with HIV/AIDS?
- v) Can you work with the churches, and how?
- vi) What is the future of the people in the district?

**Questions for individuals:**

- i) What do you know about the illness HIV/AIDS?
- ii) What does the church tell you about HIV/AIDS?
- iii) Can the church help somebody suffering from HIV/AIDS?
- iv) How can the church help?
- v) How do you see the future of people with Aids?
- vi) Can God help us?

**3.2 Interviews**

**3.2.1 Health Departments**

- (i) What do you know about HIV/AIDS in the district?

Mrs Betty Seate from the Motheo District Health Department responded in this way concerning the above-mentioned question:

*"As you know that HIV/AIDS presents one of the major challenges for both the public and the private sectors. One of the strategies the Government has developed to fight the epidemic is the introduction of Home Based Care to the District, and I'm the one who is responsible for that. This strategy aims to reduce the loads on our public hospitals and get the public directly involved in providing health care."*

*With the large numbers of people living with HIV and AIDS within our district and province and with increasing numbers of children infected and orphaned, the formal health and welfare institutions will be unable to care for them. Thus the numbers will need to be cared for in their homes.*

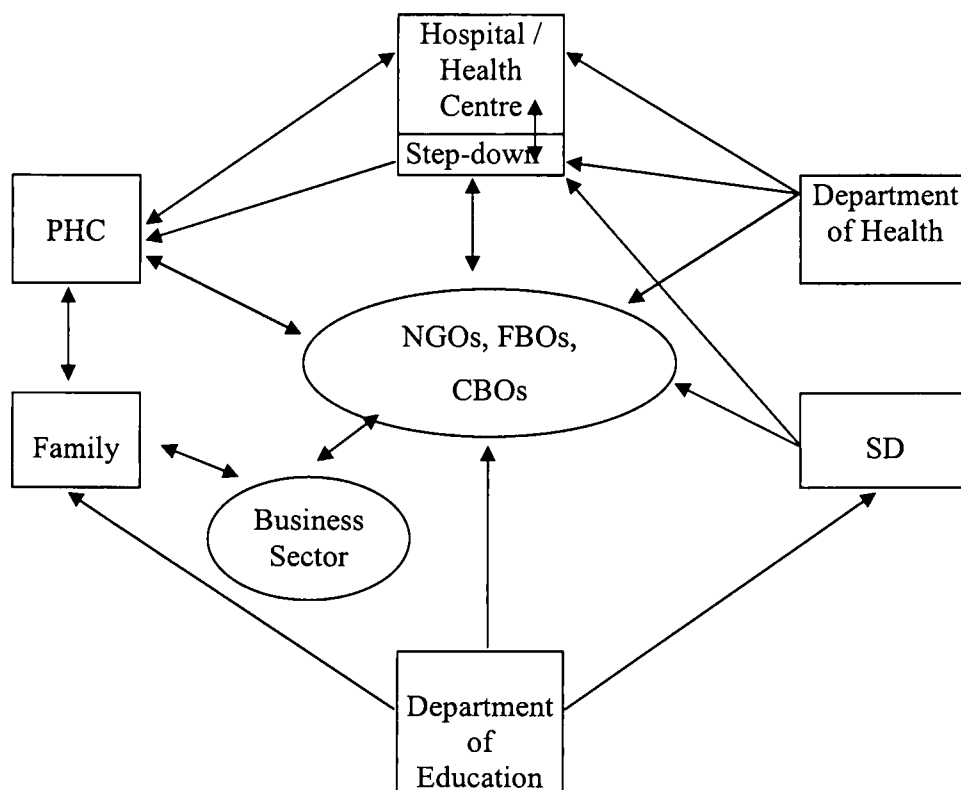
*Home based care is defined as the provision of comprehensive services which include health and social services by formal and informal care givers. It should be understood that by engaging the assistance of the community, it is not meant to shift the burden of care onto the community, but rather to work with the community to lessen the burden that they currently endure.*

*Home based care programmes within the province and throughout South Africa have shown that lay people can be trained successfully to provide good home based care, especially when they have adequate supervision, emotional and psychological support and access to resources.*

*Our vision in implementing these programmes of Home based care in our district is to provide holistic, sustainable, integrated Motheo District community home based care in the Free State.*



*The implementation of community / Home based care is structured like this in the Free State Integrated model:*



*Our model differs from the National formal government model. The main difference is that it also includes the step-down facilities. In this model the NGOs are spearheading the house/community based care programme in collaboration with other partners. A multi-disciplinary team, consisting of doctors, professional nurses, auxiliary nurses and social workers is driving the home/community based care programme within the district (step-down and clinics), with the full support and commitment of the Senior Executive Officer of the hospital.*

*After treatment in the hospital, the patient is discharged and reunited with the family and the community. If the patient is not fully recovered he/she can be referred to the step-down facility. The responsible family member will be taught how to care for this patient*

*in the step-down facility. Before the patient is discharged from the step-down facility, the mentoring team is contacted to identify a suitable caregiver.*

*The patient and the family are referred to the local primary health care clinic for further follow-up treatment. Home visits are conducted by the caregivers, and professional nurses where possible, to treat the patient at home. The caregivers refer the patient to the clinic, which can refer him or her to the hospital, depending on the patient's condition. The social worker provides counselling and support services or refers the patient for the application of a grant or other financial support services and community mobilisation. NGOs, CBOs and FBOs assist the family and the patient with the necessary resources needs, like food parcels."*

According to the Motheo District Motheo Health Officer there will be a serious problem of accommodation to care for people living with HIV and AIDS, because of the escalation of this disease. It would be wise to improve their services, by establishing home base care in the communities, in order to reduce the workloads of the hospitals.

If the Government can put in place this programme of home based care, it would be a wise move.

#### RECOMMENDATION

People, particularly the youth, should be encouraged to work together with Health Workers. As with any new service, introduction of HIV prevention and care activities require training youth to acquire specific knowledge, skills and attitudes.

Ms Sina Lehularo, working in the Health Department as Educational and Communication Officer, originally from Thaba 'Nchu, but working in Bloemfontein, said in her response to the above-mentioned question:

*"The HIV/AIDS pandemic is the biggest health challenge ever to confront the entire globe in the 21<sup>st</sup> century. Of greatest concern is the fact that of the 40 million people who are infected with HIV 28 million are in Sub-Saharan Africa, the world's poorest region. South Africa, like the rest of the countries in the Sub-continent has one of the highest infection rates. It is estimated that almost one in every five South Africans is infected with HIV and that by 2005 about 6,1 million people will be living with HIV/AIDS.*

*Efforts to combat the disease have been a proliferation of health promotion programmes focusing on HIV/AIDS, interventions. CBOs, FBOs, NGOs as well as the private sector are all involved in initiatives aimed at combating the pandemic. Major activities include information dissemination, health education will emphasises on sex education; HIV/AIDS awareness campaigns, health care services for those that succumb to the disease and become chronically ill, and support services to enable both infected and affected persons to live a meaningful and dignified life.*

*I go around the whole district mobilising youth energies, in order to initiate activities that can help in coping with the scourge of the HIV/AIDS pandemic. I always make an example of myself, like I know some of the people don't know that I am also a victim of HIV/AIDS. I tell them that Aids is nothing else that you can't cure. The only thing is that you yourself must accept that you are HIV/AIDS positive and you must not deny your status. Acceptance is the only remedy in HIV/AIDS, whilst there is still no cure to it.*

*In these activities that I am running I also tell the youth they must stop sleeping around affecting one another and drinking excessively, becoming frustrated. They ought to live a normal life like normal people as I also do. Since 1995 I have lived with this virus. Like I know some of the youth families are faced with conditions of chronic disease at home, where they live, the trauma of death, hunger and social ills, but what I have noticed is that our community needs more education on HIV/AIDS.*

## CONCLUSION

We need to move beyond current thinking toward a conceptual framework that is based on an understanding that S&D are social processes and that, consequently, S&D can be resisted and challenged by social action.

People living with HIV/AIDS are also people who must live also a meaningful and dignified life as others do.

## RECOMMENDATION

More education about HIV/AIDS is needed in our communities. Being tested HIV positive can have a major impact on someone's life. However, many people are able to continue with a normal life after the diagnosis.

### ii) What should the churches do?

Mrs Betty Seate said: *"A long time ago the churches were the ones running the social development affairs before the government took it over. As I have indicated we are working with that the Faith Based Organisations (FBOs), I think in order to fight this disease, the church must play a crucial role, in identifying correct caregivers for the patients and form part of the co-ordinating community for this consortium."*

*I feel strongly that the churches*

- ◆ *must support caregivers*
- ◆ *must learn the skills of care giving*
- ◆ *must encourage the spirit of volunteerism among the congregants*
- ◆ *their congregants must also try to donate some funds, food and clothing to the victims*
- ◆ *The churches must provide counselling and support services to the victims of HIV/AIDS, especially prior to death of a family member and after (bereavement).*
- ◆ *They must provide capacity building in childcare, HIV/AIDS, nutrition and primary health care of families together with organisations that provide such services.*

*If the churches can do all these things I think we can fight HIV/AIDS and all this cheating when issuing food parcels won't occur."*

## CONCLUSION

By working together in fighting HIV/AIDS we can curb the spreading of HIV/AIDS or limit it from spreading further. We should join hands with different organisations to fight this epidemic.

## RECOMMENDATION

The churches should not be excluded from HIV/AIDS activities. More organization must be established by the different churches to support caregivers.

Mrs Sina Lehularo said:

*"I always refer to myself when coming to this issue, because I know what the church did to my situation, as someone who is HIV/AIDS positive. When first the church heard that I am HIV/AIDS positive, they never ignored me, but started to come closer to me by trying to show love and support. Through the church I saw God's love for His people. If I couldn't go to church and to my minister, I think, I couldn't have broken the silence. I believe in God and hope that He will help us to overcome this epidemic someday.*

*In 1990 I had a boyfriend and in 1992 I fell pregnant and I was diagnosed HIV negative. In 1995 I was tested HIV positive, and I thought this is the end of the world, I even thought of leaving the job. At that time I was working at Moroka Hospital in Thaba 'Nchu as a clerk, I couldn't cope that year, and my boyfriend, after hearing that I was HIV positive, ran away; he went back where he was coming from - Bultfontein in the Free State. I want to show you just what the church should do in helping the ones who are suffering from HIV/AIDS. Around 1996 I heard my boyfriend has married behind my back, I was hurt more, because I still loved him dearly. You see that now the pain started*

*to increase more and more. I was asking myself what I had done in this world to suffer like this, because my boyfriend impregnated me and we had a baby girl, then he just went away. I started to lock myself up, isolating myself from my friends. But one day, I woke up and kneeled down, praying to God. After a few days I went to my minister to tell him about my situation. My minister tried to inform the congregation and he said: 'It doesn't mean that if someone has HIV/AIDS, he/she must be isolated from the society'.*

*I can remember very well what he said, that people do not want to be associated with Aids victims' (former) way of living. People are afraid that contact with infected people will mean that they will also get Aids. He even said to the congregation 'this attitude is unacceptable from a Christian point of view, because it is inconsistent with God's commandment to love our neighbour. In his Word (Mt. 22:39) God requires believers to help these people in compassion.'*

*The church must lecture the society about God's love to its congregations and also they must help the victims of HIV/AIDS. They should stop the prejudice against the victims. That is how I see it."*

## CONCLUSION

In order for a person to live and do well, the healing and restoration of broken relationships is an important area that must be resolved. Sometimes the person may feel as if God has turned away from him/her, and no longer cares. But this is far from the truth. God is always eager to offer forgiveness and to accept us in love.

## RECOMMENDATION

The churches must care for people living with HIV/AIDS and come closer to them with love and show them the love of God is abundant.

### iii) How can the church help?

*"The church can help in many ways," said Mrs Betty Seate. "The church can help is with people incapacitated by HIV/AIDS, orphans, child-headed families, disabled people, frail-aged people (persons) living with HIV/AIDS or other debilitating disease or conditions.*

*The church can also help to monitor the Home Based Care, the implementation of step-down facilities, support services and grants to the victims of HIV/AIDS and the orphans and also see that the programme of food parcels is properly run."*

### CONCLUSION

Community outreach is an important component of HIV care programs, to improve community understanding, increase health care-seeking behaviour, reduce stigma and discrimination, and provide community and home-based care and support.

Ms Sina Lehularo responded by saying: *"The church is where one's faith is built up. The church must help by promoting moral regeneration among the congregation. If we have lost our 'Ubuntu' the church must try to show us through the World of God. It must help us with spirituality. The church must bring hope to our people who are suffering from HIV/AIDS, because through the darkness of the tunnel there is a bright light."*

### CONCLUSION

Sometimes in our circumstances, we struggle to experience God's abiding presence. Remember God is always with us. (Rom 8:31)

iv) **Do you see a future for people in the district?**

Mrs Betty Seate: *"If we work together with all the stakeholders we can fight this epidemic of HIV/AIDS. There is a future for our people if they all take this pandemic seriously and start doing something, by using contraceptives. Then we can see the future."*

Mrs Sina Lehularo: *"Although Aids has become very common it is still surrounded by silence. People are ashamed to speak about being infected and many see it as a scandal when it happens in their families. People living with Aids are exposed to daily prejudice born out of ignorance and fear."*

*"We cannot tackle this epidemic unless we can break the silence and remove the stigma (shame) that surrounds it. As leaders in our communities we have to provide leadership to deal with Aids, by so doing jointly we will see a future for our people in this district of Motheo."*

**CONCLUSION**

We should encourage people who are sexually active to use contraceptives or totally abstain totally.

After interviewing the officials of the Health Department, the researcher went to interview the church ministers of different congregations in the district of Motheo. Basically there are no areas where the specific gifts of each member of the church could not be involved in ministering both to those living with and suffering from the HIV infection and to those who are suffering alongside them.



### 3.2.2 Ministers of religion

These questions were posed to the ministries in certain congregations.

#### i) What do you tell your members about HIV/AIDS?

Reverend Kingsley of the congregation called Christian Faith Assembly, responded by saying to the above-mentioned question: *"Nothing in life is impossible until you accept it as such. The battle of life in most cases is fought uphill, and to win without a struggle is perhaps to win without honour. Difficulties may intimidate the weak, but they act only as a wholesome stimulus to men of resolution and valour. HIV does not kill, I believe, as the physicians tell us; what kills is the fear of Aids."*

*There are many men and women who have been living with the HIV virus for many years, who never felt any pain or symptoms, who were very healthy until they went for tests and discovered that the virus was in their blood. From that point on, they were dead.*

*Fear is a torment. It kills faster than any epidemic. It robs a man of hope for the future. It kills a man before his physical death. It robs a man of the courage to push ahead with life's struggles. Fear is a killer.*

*Many are dying today of HIV because of the fear they have developed in their hearts that there is no cure for it. So when a man is tested and discovers that he is positive, he begins to count his remaining days because he believes that he will soon die!*

*But wait a moment: Let me ask you a question: is it only HIV that kills? What about mere headaches, stomach pain and other sicknesses? Why is it that when you feel a headache you gather the courage that helps you overcome the headache? Why? Because in your heart you fully believe that a headache cannot kill. Yet HIV is 'just' a virus. Is there anything impossible for God to do?*

*My advice is (1) deal with the spirit of fear that is tormenting your life; (2) have faith in God. With God everything is possible."*

Concerning the same question, one of the ministers that the researcher interviewed was Rev. J. Kofa of the Dutch Reformed Church in Africa (NGKA).

He responded by saying to the question posed to him: *"Firstly, I try to explain to the members of our church what Aids is, and also what HIV positive illness is. According to different authors, Aids is a sexually transmitted illness, also transmitted by blood transfusion or by other body fluids. I also explain to them that it is usually transmitted by sexual relations and this makes it a very dangerous illness.*

*It is transmitted by prostitutes and other people not keeping to one sexual partner and in the end many are infected by Aids. It spreads very quickly due to promiscuity.*

*I am also telling them that it is a virus that changes its strand very often and by doing this it is very difficult to find a remedy. The way in which other cures of viruses are found by injecting a person with a little bit of the virus to help him to develop anti-bodies, cannot be used for Aids because the Aids virus attacks the very immune system that other viruses can be fought with. Therefore, the immunity of the person who has Aids is adversely affected. Thus many people die not of Aids, but of complications such as pneumonia.*

*On the other hand, I tell them that if we read Matthew 25:35-46 we can be able to tell other members of the church about Aids. We as Christians can help those families and communities who suffer and are dying every day. Adults have a great experience and have learned much from life. They should be encouraged to talk with each other about their experiences."*

**ii) Can the church help people with HIV/AIDS?**

Rev. Kingsley: *"The church is expected to be a 'people's' ministry' to all the peoples of God, and especially to the marginalised, the sick, the suffering and those who suffer with them. It is expected to support those involved in pre-bereavement and bereavement counselling. At all times we must respect the dignity and the confidentiality that will be demanded of us as trustees of faith, hope and love.*

*We minister best when we recognise that we are being ministered to by the love of Christ which was always actual, just as it was always practical in meeting the real needs of the sufferer. Unfortunately, at present, we minister, knowing that in many instances, the individual living with the infection will not walk into his or her local church for help. For so many, the church has rejected them because of their sexual orientation. The church can help:*

- i) To offer compassionate care towards all who are living with the HIV infection, including their partners, families and friends.*
- ii) To repudiate constantly any condemnation, rejection or judgement against those who are living with this viral infection.*
- iii) To stress the crucial need for education and to be in the forefront of this first line of defence against infection.*
- iv) To be with, to pray with, to remember liturgically and to serve sacramentally the sick, the dying, the bereaved and all who care with and for them.*

*There is no way in which the church can offer compassionate care unless we Christians, as individuals, empty our minds of any lingering suspicion that God may be using this infection as a punishment. "*

Rev. J. Kofa: *"The answer to this question is yes, the church can help people with HIV/AIDS. Christians are equipped to help those who are in need of comfort. To love them through the Holy Spirit. The church is called by the Lord to care for others (Matt. 25:31:46.)*

*Without any doubt, the Christian church has a very clear responsibility to deal with people who have Aids. The church must reach out to those people and tell them that the church is not rejecting them. The church wishes to assist them and reaches out to them to get a new life.*

*The church of Christ stands in a very personal relationship to Christ. Jesus is the head of His church and the church is the body of Christ. Jesus is the Lord and the King who will save those who suffer from HIV/AIDS.*

*Those who come to Jesus and those who believe in Him, those who turned from their sins will become new creatures in anew sense with the Lord Jesus Christ.*

*The church is the body of Christ and the body of Christ has implications for the sick. The body of Christ is the main group living on earth. To deal with the problem on earth they live a life according to the deliverance that Jesus Christ has given them.*

*The church of Christ as the carrier of God's mission that is authentic can from their own context reach out with the gospel message and can help shape the response of the church itself to the HIV/AIDS pandemic."*

### **iii) Do you see a future for the people who live here?**

*Rev. Kingsley: "After discussing this with some of the people who can still be classified as youths, I have come to realise that the problem is not necessarily about the outlook of the product itself. Rather the focus should be to put away the stigma attached to the product itself.*

*How many people would take condoms in a public place? Taking them sends a certain message to the public, especially women. Recently I have seen a notice attached to a box of condoms: "Take responsibly". I wonder who puts such a notice on the box when thousands of people might be dead due to the embarrassment of not taking responsibility.*

*The use of contraceptives is not only about the package and colour, so I have been told by youth, but also about opening channels of communication and bridging the gap between parents, guardians or anyone who cares to know and teach about HIV/AIDS.*

*So, with due politeness (and not suggesting that the youth cannot control themselves or abstain) I would as a youth myself remind them to act responsibly and protect their lives. I am not advocating that they should be sexually active. And we often forget about the selected few who have managed to abstain and applaud them for that. By saying this yes, I can see a future for the people here, because they know exactly how to protect themselves against HIV/AIDS."*

*Rev. J. Kofa responded by saying: "Yes, there is still a future for people who are living here. The church carries the message of God. The church carries the message of hope and it is then that it helps to share the responsibility of the church.*

*On the one hand we may ask the question - Is HIV/AIDS sin? If it is sin then it can be dealt with by Jesus Christ. A person has a relationship with Christ even if he/she is caught by the virus. Christ also saves in this situation.*

*The situation in modern society has changed drastically. Young people become sexually active while they are still at school. Some people say the church must also try to help the situation by advising people to use condoms. But I think the most important thing for the church to do is only to proclaim that the people must become new in this situation in relation with Jesus Christ.*

*If they become new people who also know that it is not good to use what is meant for marriage before marriage has begun. The church therefore has a clear message in the world - repent of sin, live a new life with Jesus Christ, fight the good fight against the problems of the world. Proclaim the Word of God and live as new people in this new situation."*

**iv) What can the church do to bring about a new future?**

Rev. Kingsley: *"Aids is a challenge to our compassion, if we are to be faithful to Jesus, who called and appointed us to follow his example in our attitude towards our brothers and sisters. To do this, we have no alternative but to embrace the unique personhood of every sufferer and of those who suffer with them. This is the work of God in Christ and of Christ in us all. This is the work of love's compassionate endeavouring towards all who suffer and those who suffer with them."*

*The Christian is expected to be 'infected' through the pains of doubt, with 'faith, hope and love, and the greatest of all these is love.' We are expected to be unafraid to recognise the suffering and loving Jesus, and ourselves, in the person of the sufferer."*

Rev. Kofa: *"First of all we must ask if this sin is without any possible hope of reconciliation. The answer must be that there is no sin that cannot be dealt with by Jesus Christ. Even if the person has caught the virus it does not mean that he/she has no relationship with Christ the Lord."*

*The church has the duty to help these people to talk of their sins. They have to be guided to come to Jesus Christ as new creatures. The church and its various organisations should help these people to have shelter, proper homes and guide them in times of death. The church should preach to young people to ABSTAIN from all sex before marriage.*

*The church must preach the message of hope, because Jesus Christ is the only one that saves and He is prepared also to save the person in that situation. This does not mean that he/she will change totally, or that his/her life will turn about or that he/she cannot get well, but it does mean that God is still interested in him/her and that God wishes him/her to change and become well and to become a new person. He/she might become a total new person in Jesus Christ, still having the illness. It will be easier for him to deal with the illness if he/she has Jesus Christ in his/her life.*

*So the main purpose of the church should be to assist these poor people to understand the situation, to confess their sin, to become new in Jesus Christ, and to look forward to a new life with Jesus himself. This does not mean that in this world they must shun everything.*

*They are people; they are still human beings; they are living in this cosmos. Everything must be done to help them in their situation. The church must also play a very important role to equip these people for life in our modern day. This means that the church will have to preach very clearly and without doubt that people should not try to use that, which is meant for marriage before their marriage; that people should, especially young men and young women, should ABSTAIN because sex was meant by God for marriage and in marriage itself."*

## CONCLUSION

Being tested HIV positive can have a major impact on someone's life. Many people are able to continue with a normal life after the diagnosis. They are more aware of their physical and health status and are concerned with minor illnesses and blood test results. With the onset of AIDS symptoms the person enters a whole new phase, both on a physical and an emotional level; that is why we need ministers to be directly involved in making people aware of this epidemic that is HIV/AIDS.

Spiritual needs are important in this phase, because the carer has in his mind that he/she will lose everything that he has, like faith in God (his/her trust in an all-powerful, personal God who knows him/her); dreams and hopes for the future, and the ability to communicate with others and express his/her feelings and wishes.

## RECOMMENDATION

In his or her community the minister must play a serious role in building the community by bringing hope to those who are without hope and build them spiritually.

### 3.2.3 Individuals

The researcher also interviewed some individuals. These were the question(s) that were put to them:

#### i) What do you know about HIV/AIDS?

Mr. Sidney Dywili responded by saying: *"It's Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome. It's a disease in which some of the body's white blood cells / natural defences are destroyed. Aids can't be acquired by kissing, hugging, shaking hands or using the same utensils, etc. but by having unprotected sexual intercourse, sharing needles with an infected person, etc."*

Tumi Seane: *"I know that Aids is a sexually transmitted disease and it makes the human system weak. As a result, opportunistic diseases affect the victim. It can also be transmitted from the mother to the unborn child."*

Fanyane Mosia: *"HIV/AIDS is the illness that affects the immune system of the body, meaning that it disables the body's white corpuscles from fighting any sickness that affects the body."*

Ms Mamokone Seepe: *"Aids is an illness that can't be cured. It is an illness that is transmitted through sexual contact with a person that has already been infected. Aids can also be transmitted from mother to child during the birth period. It is an illness that is being transmitted through body fluids such as blood, vaginal fluids and semen."*

#### CONCLUSION

So if we accept that the greatest chance of becoming infected with HIV is through sex, how do we protect ourselves?

There are four ways to protect ourselves, namely:



- abstinence;
- being faithful;
- condoms; and
- disease control.

Abstinence: is the best way to protect yourself against HIV infection. The safest sex is no sex! The longer young people can wait before they have sex, the less their chances of becoming HIV-positive.

Be faithful: Mutual faithfulness is a good way of protecting oneself against HIV/AIDS and other sexually transmitted diseases.

Condoms: You need to use a condom when you have sex. Don't rely on trust, or on how healthy the person looks or what he/she says.

Disease control: Anybody can get infected with HIV/AIDS, but nobody has to get infected.

Most of the youth are aware that one can contract the disease through sex and also mother to child infection.

## ii) **What does the church tell you about HIV/AIDS?**

Mr. Sidney Dywili: *"The church, or our church, does educate us about the disease and how it is transmitted, and also as encourages abstinence until marriage."*

Tumi Seane: *"Our church encourages us to uphold constructive morals and values, e.g. encouraging abstinence among the unmarried and faithfulness to those already married."*

Fanyane Mosia: *The church tells us or warns us about the coming back of the Messiah (Parousia). All these different diseases affecting us mean the second coming is near.*"

Ms Mamokone Seepe: *"The church does not say much about Aids but this differs from church to church. The only thing that the church is mostly concerned about when coming to the issue of HIV/AIDS, are the teachings of the Bible that must be followed. That is to say that no sexual contact should occur before marriage and that one partner must stay faithful to the other partner."*

## CONCLUSION

The church can play an important role in upholding the morals and values of our societies.

### iii) Can the church help somebody that has Aids?

Mr. Sidney Dywili: *"Yes, the church can help somebody that has Aids by building him/her up spiritually, and through prayers."*

Tumi Seane: *"Yes, through integration and accommodating the victim through support, counselling, rehabilitation, and warning of high risk behaviour, e.g. prostitution and drug abuse. The church can also help to develop people and maintain justice by destroying the stigma of Aids."*

Fanyane Mosia: *"The church can help the person with Aids by spiritual counselling and also supporting the victim to accept his/her status and not by pre-judgement."*

Ms Mamokone Seepe: *"Up to this stage, as far as I can remember, the church only helps some of its congregants, but those who are in real need. The other thing that causes the church not to help others is because these others keep it a secret."*

#### **iv) How can the church help?**

Mr. Sidney Dywili: *"By giving support to the victims (physically, spiritually and socially). Teaching about positive living. There is still life after HIV/AIDS."*

Tumi Seane: *"Yes, by giving a supportive environment, nutrition and good physical health. If we reach out we can make a difference."*

Fanyane Mosia: *"The church can help by giving spiritual support to those who suffer from this disease, by allowing those who are infected to participate in the activities of the church and letting them praise the Lord, like anyone else and not be segregated from the church. They are still God's children even if they are HIV positive."*

Ms Mamokone Seepe: *"The church can help by asking for donations from the members of the congregation in order to help those with Aids. Caregivers can also be of great help"*.

#### **CONCLUSION**

The church can help by starting some activities in the churches and involving the youth through projects to keep them busy. The church should be like a light in the dark that enlightens everyone in order to bring hope to those who are without hope.

#### **v) How do you see the future of people with HIV/AIDS?**

Mr. Sidney Dywili: *"The future of people with HIV/AIDS is bright, especially with new drugs being developed or invented, like Nevirapin, AZT and all other anti-retrovirals."*

Tumi Seane: *"The future is OK and bright too because of the resources that the cities and towns have. If one is sick he or she can go to doctors, clinics, etc. There are fewer*

*stereotypes and myths which were there in the olden days, reinforced by culture and traditions, e.g. polygamy."*

Fanyane Mosia: *"Those who believe in God and stay positive about life will get their healing. Jesus Christ said: 'What is impossible with man is possible with God.'"*

Ms Mamokone Seepe: *Their future can be bright if the government can help them to get the anti-retroviral drugs free. It can be also be bright if the community knows how to handle people with HIV/AIDS and support them."*

## CONCLUSION

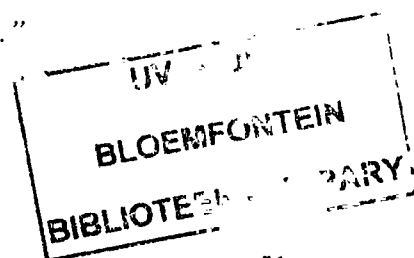
If everyone can take responsibility for curbing HIV/AIDS then we can win the fight against HIV/AIDS.

### vi) Can God help us?

Mr. Sidney Dywili: *Yes, God can help us if we put our faith in Him."*

Tumi Seane: *"Before I answer the question please allow me to say a few words concerning HIV/AIDS. It is not God's way of controlling the population or punishing people. I believe God is merciful, kind and compassionate. He does not like to see people dying and children having to take up the role of parents. Back to the question: I believe that if we live according to God's principles the rate of infection will decrease, since the main challenge is corrupted morals and values. God can help us if we are willing to take His advice as made clear in the Bible."*

Fanyane Mosia: *"Definitely yes, because He is the Almighty God, the creator of heaven and earth, He also put it clearly in his Word in 11 Chronicles 7:14."*



Ms Mamokone Seepe: *"Yes God can help us if we stick to His commandments and also follow what is being said in the Holy Bible."*

## CONCLUSION

Our security lies in God's compassion. When one reads Rom. 8:31-39 one sees that nothing can separate us from the Love of God.

### 3.2.4 Traditional healers

The researcher also approached traditional healers concerning the epidemic (HIV/AIDS). These were the questions that were asked:

#### i) What do you know about HIV/AIDS?

Lumka Ngaleka was the first to be interviewed by the researcher. Lumka Ngaleka is a well-known 'Sangoma' in Bloemfontein. She responded by saying: *"HIV/AIDS is a dangerous disease that kills people. It occurs to persons of both sexes. It is a transmitted disease. Someone who is a victim of HIV/AIDS has certain symptoms; some are complaining of headaches, swelling feet, and aching pimples in his or her face. Some of these people suffering from HIV/AIDS become easily aggressive, short-tempered, cough and have running stomach."*

Norute Matole, she is also a Sangoma in the Motheo District. She said: *"HIV/AIDS is a virus that destroys the body and makes the body weak. The virus is killing our generation. HIV/AIDS can be transmitted through sexual intercourse. If your partner didn't inform you that he/she is suffering from HIV/AIDS and you have sex with him/her, then you can be infected."*

Phumzile: *"HIV/AIDS is not something that has come today, I was informed by my ancestors that HIV/AIDS was there before and we did not call it what we call it today. A long time ago there was a disease that was there and one was contracting the disease if*

*you can sleep with someone who had a miscarriage or who had an abortion. If that particular person did not clean herself after the miscarriage or abortion then she will affect her partner. There is medicine (muti) that we cook for someone who had a miscarriage and that 'muti' cleanses her inside in order not to affect her partner. But today it is called HIV/AIDS and now this virus destroys your body and your body becomes very weak and you die."*

Mr Mosebetsi Heqoa is also a traditional healer, known as 'Inyanga' in the District. Mr Heqoa said about Aids: *"HIV/AIDS is a sickness that comes through sexual intercourse. If two partners do not prevent it at an early stage then they might die."*

**ii) What is your personal view concerning HIV/AIDS?**

Lumka Ngaleka: *"Aids is a bad disease and it is very dangerous. I can heal it only in the first stage, but in the last one not. Aids is something that you must not be ashamed of."*

Norute Matole: *"Aids is a nation killing virus to all the South Africans and we must take it seriously."*

Phumzile: *"Aids to us is like a punishment unto us. As I was talking with my ancestor(s) Aids can only be cured after going back to our roots, going and reviving our customs and tradition(s). It's when the disease will stop destroying our life."*

Mr Mosebetsi Heqoa: *"This disease is a disease that is killing our generation."*

**iii) What do you tell people about Aids?**

Lumka Ngaleka: *"I tell them that if you have HIV/AIDS then you ought not feel ashamed, you must admit it in order that I can help you to heal it."*

Norute Matole: *"I tell them if you are a victim of HIV/AIDS you should not lose hope very easily, because there is a treatment that I am going to give to you and you ought to*

*follow the instructions as I am going to tell you. The 'muti' that I give it will make your blood veins strong, but if you don't use it properly your blood will become weak and you can easily die. I encourage my patients to use the 'muti' and then he/she can go for a second check-up or take some blood tests, at the medical doctor, and he/she must come back and tell me the results. Always I know after that he/she will come with good news that he/she is negative after the use of our treatment, but as I told you, if it is still in the first stage, I can help but the full-blown one cannot help."*

Phumzile: *"I tell my patients, someone cannot be trapped by Aids if one is behaving well and honouring the ancestors and I can heal it in the early stage only."*

Mr Mosebetsi Heqoa: *"I tell them to stop drinking too much and going out to the shebeens and hanging around with people who uses some drugs. If you like a nice time, know that you will suffer the consequences of this and you will get HIV/AIDS. In the shebeens or taverns you can be raped and you won't know that person is HIV/AIDS positive or not."*

#### **iv) How would you heal a person with Aids?**

*"I can heal People with HIV/AIDS as I've already indicated before by using different 'muti'", said Lumka Ngaleka. "When healing them I will tell them that this virus won't go out of your blood the same time but it will go out from you body. It is a process to go out. As a Sangoma, when working with patients, you ought to be patient. If one is HIV positive and his/her stomach is running, I must first give him/her a 'muti' that will stop the loose stomach before I can heal him/her, so that the food can stay in the stomach. I do have a 'muti' that can cure Aids called 'Vuka kwabafileyo' (Knock to life). This 'muti' comes in a package, in that package we have step one, step two and step three.*

*When using Step one, one must use it together with the powder that is coming with it. In Step one you must first drink the medicine then lick the powder. This medicine will cleanse out your body and it will fight the virus inside your body. If you are someone who*

*is suffering from a loose stomach and vomiting, Step two 'muti' will stop that. Step three will cleanse out all the things that were cleaned by Step one and Step two and it will make your blood strong and this 'muti' gives you more power and more strength. Afterwards I encourage my patients to eat more healthy food."*

Norute Matole: *"If someone is still in the first phase of HIV, I can help him/her to be cured, but at the last stage, sorry, I cannot help. I heal my patients with the 'muti' called African potato, boiling it in water and giving it to drink. One ought to take the 'muti' for more than a month, drinking it three times a day.*

*After completing the first treatment I give out the second 'muti' called 'mahlaba ekufeni'. This medicine removes all these bad things from your bloodstream. It makes you very strong."*

Phumzile: *"I help my patients by giving them from these 'vuka muti' and I say they should go for a test by the doctor he/she will come out negative."*

Mr Mosebetsi Heqoa: *"First I give them a bath, in other words, I bath them after bathing. I give them a 'muti' that will make them strong and give them more strength."*

**v) Can you work with the churches, and how?**

Lumka Ngaleka: *"Yes, I work with churches, because before I heal a patient I kneel down first and pray, asking God to give me power to heal my patient. Again I pray to my ancestors and invite them to be with me while I'm healing a patient. This gives me more power and strength to heal. I can work with the churches because we are praying to the same God the Creator. We are here on earth because of God's love."*

Norute Matole: *This disease doesn't know whether you are a churchgoer or not, but it just kills all human beings. Yes, I can work with the churches, because what the churches*



*do, I do also what I'm trying to say is that the church people go to pray and praise God. This I do also before I can heal someone. I pray often before I can work."*

*Phumzile: "I'm working with the churches, because before I can do anything I ask for power from my God and even before I can work with a patient I pray for the patient plus the medicine ('muti') that I am going to give him/her. I believe, according to the Bible in the book of Genesis, that when God created the earth he also created plants, so it is those plants that we are healing our patients with. I pray for the 'muti' because our medicine is coming out of these plants. In that sense I am working with churches."*

*Mr Mosebetsi Heqoa: "I don't work with churches, because their churches use salt and water, and my 'muti' doesn't come across with salt. I tell my patients to use my 'muti' but not mix it with salt."*

**vi) What is the future of the people in the district?**

*Lumka Ngaleka: About the future if the people in this district the future is bleak, because most of the people living around here are HIV positive, especially the young people. The future will be bright only if the victims of HIV/AIDS can come out and talk about the disease, then we will see the way forward."*

*Norute Matole: "The future of the people in the district is bleak, because of the increased rate of HIV/AIDS. But we try our best to heal our people who are suffering from this epidemic."*

*Phumzile: "The future of these people who are HIV/AIDS positive will be bright if we can work together and fight HIV/AIDS."*

*Mr Mosebetsi Heqoa: "The future really is so bleak, because the young people don't want to listen that this disease is a killing disease."*

### 3.3 SUMMARY AND CONCLUSION

This chapter contextualises and discusses the findings of the study regarding the knowledge, attitudes, beliefs and practices concerning HIV/Aids among the people in the Motheo District.

The main issues that are covered relate to the knowledge of the disease and reactions of respondents toward people living with Aids.

Regarding knowledge about HIV/Aids, nearly all people knew about HIV/Aids as a disease. However, some lack knowledge as to how HIV/Aids is transmitted. When asked about the knowledge about the HIV/Aids some respondents indicated that most churches say little about HIV/Aids in their congregations and stress what the Bible says, namely that no sexual contact should occur before marriage and that partners must stay faithful to one another. If proper knowledge is not accessed on transmission, people will not be in a position to practise safe sexual behaviour.

The findings suggest that people in the District know about HIV/Aids. However, they could learn more about the disease to empower themselves with information. The media could be used to disseminate information by having youth programmes and how to protect oneself against infection from opportunistic disease as well as teaching about the dangers of indulging in sex. Church members have to talk to one another about these dangers and learn about good experiences and practices from others. Critical to the success of any prevention strategy is the empowerment of individuals through the dissemination of information. Education and information are powerful tools that are necessary to promote and encourage non-risk behaviour.

Traditional healers were asked how they would react towards people with HIV/Aids. Different and diverse responses indicated different attitudes. Some were uncertain how they would react toward people with HIV/Aids. Some say they can cure the HIV/Aids with their treatments or with their herbs.

These revelations state without doubt that people's attitudes toward HIV/Aids and those infected with the diseases are a matter for concern. Correct information will improve their understanding of the causes of the disease and of the barriers to adopting safe sexual behaviour. False beliefs can fuel the spread of the disease and lead to discrimination. Lack of correct information can propagate discrimination and stigmatisation.

Young people should be encouraged to abstain from sex until they know exactly what they engage in when indulging in sex. They already know that, culturally, sex before marriage is unacceptable. (The majority of the respondents share this view). Nevertheless, they must be able to make wise decisions by being faithful to one partner and by using condoms at all times.

## CHAPTER 4

### IMMORALITY AND SEX IN MARRIAGE

#### *4.1 A Biblical view on the whole question of HIV and Aids.*

It is very clear that both in the Old and in the New Testament a very high premium is placed on marriage. Marriage is seen as holy and has to be respected. God made man and women to live together in holy matrimony without the inclusion of the third person or even other sexual partners.

In Genesis 1 verse 26 it is written:

*Then God said, "Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of air, over the livestock, over all the earth, and over all the creatures, that move along the ground." So God created man in his own image, in the image of God he created him. Male and female he created them. "*

This is a clear text that shows that God created man and women in a unity and as man and women referred to as human beings.

In chapter 2 verse 18 the Lord God said:

*"It is not good for the man to be alone. I will make him a help, a suitable for him." Now the Lord had formed out of the ground all of the beasts of the field and the birds of the air. He brought them to the man to see what he would name them: and whether the man called each living creature, that was its name. So the man gave names to all the livestock, the birds of the air and all the beasts of the field. But for Adam no suitable helper was found. So the Lord God caused the man to fall into a deep sleep and while he was sleeping, he took one of man's ribs and closed up the place with flesh. Then the Lord*

*made a woman from the rib he had taken out of the man, and he brought her to the man and the man said, This is now bone of my bones and flesh of my flesh: She shall be called woman for she was taken out of man."*

Brueggemann (1997:529-531) clearly explains that the blessing of creation also is evident in the wonder of marriage. God's blessing is also joyfully experienced in the creation.

In Leviticus 18 unlawful sexual relations are forbidden by the Lord. The section starts with the Lord saying to Moses: *"Speak to the Israelites and say to them: I am the Lord your God, you must not do as they do in Egypt, were you used to live and you must not do as they do in the land of Canaan were I am bringing you."*

Very clear rules for sexual behaviour then set forth so that the community of God in the Old Testament must be seen as a holy community, respecting one another and accepting their respect for the laws of God. Therefore clear rules about sexual relationships of different people are put forward and also for sexual relations between the different groups of the community.

Jacob (1974:172) puts as follows: "The most developed reflection on the unity of the married couple is in the Yahwist creation narrative, from which we can extract the main contentions which the whole Old Testament makes on this subject. Since the woman is taken from man's body she forms with him a single flesh; this is why man and wife unceasingly seek and call upon each other."

Inferring in these different aspects that we have referred to, it is clear that marriage in the Old Testament also has been put forward by God as a way of dealing with sexual desires and the sexual life of the person. It is therefore clear that marriage should be accepted as the way in which God wishes a person to live out his or her sexuality. It is very clear in both Old and New Testament clearly states that marriage is the way in which God wishes people to behave according to their sexuality. This means that this is also the way in which to deal with the dangers of Aids it will have to be communicated to very young

people so that they may see themselves in dealing with this problem as in a relation with one another and aspiring to a good healthy marriage in future.

Kaiser (1983:192) explains that sex in marriage is good and from God but therefore it must be kept in marriage holy: "Human sexuality is not some awesome force over which men and women have no control. Not is it some drive that is earthy and outside the boundaries and interest of morality or religion. Instead scripture calls it 'good' from the very beginning and credits it as being a gift from God"

Ephesians 5 from verse 22 clearly states the relation of husband and wives in the unity of communion with one another.

*"Wives, submit to your husbands as to the Lord. For the husband is the head of the wife as Christ is the head of the Church, his body of which he is the Saviour. Now as the church submits to Christ so also wives should submit to the husbands in everything. Husbands, love your wives, just as Christ loves the church and gave himself up for her, to make her holy, cleansing her by the washing with water through the word, and to present her to himself as a radiant church, without stain or wrinkle or any other blemish, but holy and blameless. In this same way, husbands are to love their wives as their own bodies. He who loves his wife loves himself. After all no one ever hated his own body, but he feeds and cares for it, just as Christ does for the church – for we are members of his body. "For this reason man will leave his father and mother and be united to his wife, and the two will become one flesh." This is a profound mystery – but I am talking about Christ and the church. However, each one of you also must love his wife as he loves himself, and a wife must respect her husband.*

The emphasis on holiness in marriage is clear from different perspectives in Corinthians.

1 Cor. 7:2-5.

*"<sup>2</sup>But because there is so much immorality, ever man should have his own wife, and every woman should have her own husband. <sup>3</sup>A man should fulfil his duty as a husband,*

*and a woman should fulfil her duty as a wife, and each other should satisfy the other's needs. <sup>4</sup>A wife is not the master of her own body, but her husband is, in the same way a husband is not the master of his own body, but his wife is. <sup>5</sup>Do not deny yourselves to each other, unless you first agree to do so for a while in order to spend your time in prayer; but then resume normal marital relations. In this way you will be kept from giving in to Satan's temptations because of your lack of self-control."*

Guthrie (1981:923) states: "It may be said that his doctrine that the body is the temple of the Holy Spirit (1 Cor. 6:19; cf. 3:16) introduces a powerful deterrent to sexual sins, for the Christian cannot use his own body or anyone else's body in a manner which dishonours it. The indwelling Spirit makes any sexual acts outside the marriage state totally unacceptable."

#### **4.2 Biblical guidelines not to contract HIV/Aids**

Sexual immorality must be avoided at all costs:

1 Thessalonians 4:3-8

*"God wants you to be holy and completely free from sexual immorality. Each of you should know how to live with his wife in a holy and honourable way, not with a lustrous desire, like the heathen, who do not know God. In this matter, then, no man should do wrong to his fellow -Christian or take advantage of him. We have told you this before, and we strongly warned you that the Lord will punish those who do that. God did not call us to live in immorality, but in holiness. So then, whoever rejects this teaching is not rejecting man, but God, who gives you his Holy Spirit."*

#### 4.4 Confronting the stigma of HIV/AIDS

Miller (1988:125) explains that many patients have been particularly disturbed by the religious emphasis brought out by the discussion of Aids and Aids patients. He shows that guilt is a very destructive feeling and many people rightly feel that sections of society are blaming them for the fact of Aids and HIV. He mentions that Biblical authority is often invoked in the blaming process, particularly where homosexuality is being discussed. Miller (1988:125) is of the opinion that it is a mistake to get heavily drawn into such lines of argument mainly because they are bound never to be resolved.

If one reads the following scriptures, one can see how God gives us hope in Romans 8:18-39:

*<sup>18</sup>For I consider the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us. <sup>19</sup>For the earnest expectation of the creation eagerly waits for the revealing of the sons of God. <sup>20</sup>For the creation was subjected to futility, not willingly, but because of Him who subjected it in hope; <sup>21</sup>because the creation itself also will be delivered from the bondage of corruption into the glorious liberty of the children of God. <sup>22</sup>for we know that the whole creation groans and labours with birth pangs together until now. <sup>23</sup>Not only that, but we also who have the first fruits of the Spirit, even we ourselves groan with in ourselves, eagerly waiting for the adoption, the redemption of our body. <sup>24</sup>For we were saved in this hope, but hope that is seen is not hope, for why does one still hope for what he sees? <sup>25</sup>But is we hope for what we do cannot see, we eagerly wait for it with perseverance. <sup>26</sup>Likewise the Spirit also helps in our weaknesses. For we do not know what we should pray for as we ought, but the Spirit Himself makes intercession for us with groanings which cannot be uttered.*

*<sup>27</sup>Now he who searches the hearts knows that the mind of the Spirit is, because He makes intercession for the saints according to the will of God. <sup>28</sup>And we know that all things work together for good to those who love God, to those who are the called according to His purpose. <sup>29</sup>For whom he foreknew, He also predestined to be conformed to image of His Son, that He might be the firstborn among many brethren. <sup>30</sup>Moreover whom He*



*justified, these he also glorified. <sup>31</sup>What then shall we say to these things? If God is for us, who can be against us? <sup>32</sup>He who did not spare his own Son, but delivered Him up for us all, How shall he not with Him also freely give us all things? <sup>33</sup>Who shall bring a charge against God's elect? It is God who justifies. <sup>34</sup>Who is He who condemns? It is Christ who died, and furthermore is also risen, who is even at the right hand of God, who also makes intercession for us. <sup>35</sup>Who shall separate us all from the love of Christ? Shall tribulation, or distress, pro persecution of famine, or nakedness, or peril or sword. <sup>36</sup>As it is written: 'For your sake we are killed all day long; we are accounted as sheep for the slaughter.' <sup>37</sup>Yet in all these things we are more than conquerors through Him who loved us. <sup>38</sup>For I am persuaded that neither death nor life, nor powers, <sup>39</sup>nor things present nor things to come, nor height, nor depth, nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord."*

As Christians we can learn basics for Home Based Care and teach people to care for their loved ones. You can consider adopting a child whose parents died of Aids; you can get involved in caring for people with HIV/AIDS (in hospice) who can no longer take care of themselves.

As a minister, let your church have an action plan to become involved and lend help to the people in need.

Tell people the truth in love about HIV/AIDS, from God's perspective. You can help break the stigma of HIV/AIDS by accepting people who are HIV positive.

Psalm 145:9: *"The Lord is good to all, he has compassion on all he has made."*

When Jesus walked on earth, leprosy was the dreaded disease. Lepers were cast out of society. People feared their illness. But Jesus repeatedly showed compassion. Today victims of Aids have suffered similar stigma. Even though the disease is not proven non-transmittal if reasonable precautions are followed, the Aids victims are greatly feared. Public anxiety caused rejection in medical transportation, hospitalisation and even

mortuary care after death. Tragically, the fear may even supersede compassion in family ties.

“Lord, help us, that our compassion for those who suffer may make a difference for good.”

## CHAPTER 5

### RECOMMENDATIONS AND SUGGESTIONS FOR DEALING WITH THE AIDS PANDEMIC IN FUTURE

#### *5.1 Recommendation for HIV in the Motheo district.*

HIV Aids is a challenge to the church. The church should do its utmost to deal with the problem of sexual promiscuity; therefore the church should start with people at a very young age. The church must take in young people to equip them with the necessary knowledge and with the necessary help to be pure and to follow the guidelines of the Bible.

Suggestions for the Motheo district will be the following:

First of all to establish quite a few crèches in which very young people, very young children can be caught up and be taught the Word of God, so that they may, from a very young age, start living according to the Word of God and live according to the essential aspects of living with God. These crèches can be scattered throughout the community and all the church buildings that are available. There are so many church building available therefore children can be caught up and helped in these church buildings.

Secondly, youth movements should be established, by using youth movements to reach out to people, many young people can be taught how to live according to the word of God. Youth movements can be active inspiring movements that can help people in various ways. The youth should be helped by the church to be part of these youth movements. It would be very good if it were also possible to get hold of the young

people at a very early age of their teenage phase and to help them to be part of the community.

Thirdly, catechism and Sunday school should be developed, so that in these catechism classes and Sunday school young people can also be helped to be part of the community and to be taught to live according to the Word of God. In these classes also the whole aspect of marriage and the worth of marriage should be established.

Fourthly, the community itself should be educated by using social workers and ministers of religion to help people to understand what they should emphasize or preach in the sermons to help people to become accustomed and to help them in this situation.

On personal level the following can be done

Changing one's way of life

As seen, Aids is spreading mainly by way of sexual conduct. By changing sexual conduct the spreading of Aids can be stopped. Christian marriage is the answer to sexual promiscuity. In the Motheo District there is much promiscuity. Christian marriage is the answer.

Partnerships

The power to defeat the spread of HIV/Aids lies in partnerships, as youth, women and men, business people, as workers, as religious people, partnerships and teachers, students, healers, farmers and farm workers, unemployed and professionals, rich, poor: all.

In partnerships the dangers of HIV/Aids can be explained, help can be given and future plans can be formed.

Every effort should be done to respond to the crisis:

- Support efforts to find a cure
- Make any effort to show comfort, compassion, and love of Jesus Christ personally and in partnerships with Aids related ministries - to those who are dying
- Make every effort to support, comfort, and help those who grieve for loved ones taken by this disease
- Make every effort to share the love of Jesus Christ and his offer of eternal life with all involved-victims, families and members of the medical community.

### ***5.2 Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa***

Van Rensburg (2002: 149ff) gives the following very appropriate suggestions:

- Financial, technical and project management capacity building among CBOs need to receive more emphasis. Additionally, volunteers working in the field of HIV/AIDS care and support should receive some form of compensation or incentives, while the content and procedures of training and mentoring provided to these caregivers need to be standardised. A caring and healing environment should also be provided for stressed and demoralised caregivers.
- National government needs to address the provisioning of grants to CBOs. By making funds more accessible, liaising and working closely with grassroots organisations might prove beneficial. In particular, FBOs have an important role to play in the provision of care and support to those infected and affected by HIV/AIDS. More awareness and knowledge of the nature and availability of current financial assistance and grants need to be created at the community level.
- Promoting home-based care for the ill and those orphaned by HIV/AIDS presents a real challenge. As such, ways for orphans and the foster parents to obtain access to grants need to be secured. It is equally important to clearly define the role of families in the provision of care and support. The establishment of community forums to monitor home-based care and increase networking for orphan care is

seen an important strategy. In this regard a quality assurance audit of home-based nutrition is fundamental to ensuring the well-being of PLWAs and their affected families.

- Ways are to be found to ensure intersectoral co-operation and increased co-ordination of care and support activities. Thus, it would be necessary to identify a co-ordinating body in each district or local municipal area to mentor and develop home-based care initiatives. Two-way referral between public health and community-based care facilities also needs to be streamlined.

Van Rensburg (2002:151) further suggests the following:

- Focus should increase on the funding of a variety of issues related to economic and social rights, including HIV/AIDS. A rights-based approach to development should prevail, and needs to embrace support for impact litigation and law reform. Best-practice sites, especially in rural areas that work within this framework could be replicated elsewhere.
- HIV/AIDS should be mainstreamed into existing systems, e.g. advice centres could aid in accessing social security, education and information, and also assist in the management and prevention of domestic violence. Existing paralegal groups could also increase awareness of legal and human rights.
- Mechanisms need to be devised to strengthen municipal strategic planning and policy-making that encompass both HIV/AIDS rights and human rights. Such attempts should ensure appropriate infrastructure and resources for the promotion of both human and health rights.

Van Rensburg (2002:162ff) suggests the following:

- Improving ease and access to funding support to CBO'S that are in the forefront of providing care is urgent and increased availability of resources should prevail. Local governments also require increased funding. Incentives for volunteers and

provision of essential equipment and supplies should be put in place. Caregiver support and counselling are also viewed as necessary.

- Cluster departments should be formed and networking and co-ordination should be improved, thereby encouraging NGOs and CBOs not to duplicate HIV/AIDS services and programmes.
- Bottlenecks within government departments need to be overcome; to facilitate this process, service providers need themselves to be empowered. Intersectoral co-operation should be improved and minimum standards established.
- Organisations providing HIV/AIDS services should be monitored. Toward this end provincial databases built on the existing national AIDS Directory could be used to provide information for such monitoring, e.g. on the capabilities and programmes provided by hospices, NGOs and CBOs offering care.
- Important programmes should include providing nutritional diets to those infected with HIV and to their families. In the face of poverty and unemployment, this underlines the need for job creation projects. Although the priority should be for existing policies to be implemented in extending home-based care for sick adults and orphans, there is also the need for this policy to be developed further in terms of detail.
- Other valuable suggestions are that under-utilised or unused government buildings should be offered to local government and civil society HIV/AIDS initiatives, while some transport support could also be offered. Additionally, schools could help to identify vulnerable children.

### ***5.3 Conclusion***

When it comes to HIV/Aids risk, simple knowledge of Aids is not enough to instil safe sex or self-protection from the risk of HIV infection. There are many factors that have to be considered when trying to instil safe behaviour and practice to protect oneself from the risk of infection.

A deep Christian approach is needed. Only in obedience to God, in the love of Jesus Christ any progress will be made. Radical conversion to Christ is needed. A return to the Word of God and the love of God is needed to come to Christ and find new life in Him. In the Motheo District this can only be brought about by radical mission. The church should turn to mission as the holistic approach to the problem.



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## **Abstract**

The complex and fatal illness, HIV/AIDS challenges the church and the community. The illness has a high occurrence in the Motheo District. The worldwide tendency of rising infections is also present here. In the research, the views of specific persons in the community towards the illness and the conclusions they reached on how to empower people to overcome and prevent the illness, were determined.

The views of health workers, pastors, members of churches and traditional healers were determined. Suggestions on how people can be involved with the affected persons were also put forward. It is clear that those people suffering from the illness are not ostracised but that there is the desire to help them to live with the illness and to fight against it. Responsible sexual behaviour is strongly emphasized.

The monogamous marriage, in which people are faithful toward one another, is the best guarantee against contracting the illness. Emphasis on Christian marriage is the best defence against the pandemic.

Lastly, the church and community have a responsibility to become involved in the fight against the pandemic. The church cannot avoid her responsibility but must provide help and advice. The community must help via groups to give help and guidance.

### **Key concepts**

HIV/aids

Motheo District

Attitude towards the aids pandemic.

Marriage

## **Opsomming**

### **Die getuienis van die kerk aangaande MIS/VIGS in die Motheo-distrik**

Die komplekse maar dodelike siekte MIS/VIGS stel groot eise aan die gemeenskap en die kerk. Die voorkoms van die siekte in die Motheo-distrik is ontstellend. In aansluiting by wêreldwye tendense kom dit hier ook steeds toenemend voor. In die ondersoek na die voorkoms van die siekte is die houdings van bepaalde persone in die gemeenskap teenoor die siekte en die gevolgtrekkings waartoe hulle kom ten opsigte van die bemagtiging van persone om die siekte te voorkom of te vermy, bepaal.

Gesondheidswerkers, predikante, lidmate en ook tradisionele genesers se houdings teenoor MIS/VIGS-pasiënte is bepaal. Voorstelle hoe die gemeenskap by dié mense betrokke kan raak is ook bepaal. Dit is duidelik dat hulle nie veroordeel word nie, maar dat daar wel die begeerte is om die persone te help om met die siekte saam te leef en ook daarteen te stry. Ten opsigte van die voorkoming van die siekte word groot klem op 'n verantwoordelike lewe ten opsigte van seksuele gedrag gelê.

Die monogame huwelik, waar mense getrou teenoor mekaar is, is die waarborg teen seksuele promiskuiteit en ook teen die gevaar om die siekte op te doen. Veral Paulus lê groot klem in die huwelik op die verantwoordelikheid van mense teenoor mekaar en hoe hulle teenoor ander buite die huwelik moet optree. Die bevordering van die Christelike huwelik is dan ook die beste wyse om die pandemie te bestry.

Ten slotte het die kerk en die gemeenskap die taak om by die pandemie betrokke te raak. Die kerk kan nie sy verantwoordelikheid op ander afskuif nie, maar moet in alle opsigte daarby met raad en hulp betrokke wees. Die gemeenskap moet met die hulp van verskeie groepe steeds die nodige leiding en hulp verskaf.

Kernbegrippe

MIS/VIGS

Motheo-distrik

Houdings teenoor die VIGS-pandemie

Huwelik

## List of Abbreviations

Abbreviations	Descriptions
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
SADC	Southern African Development Community
UNAIDS	Joint United Nations Programme on HIV/AIDS
STD	Sexually Transmitted Disease/s
NGO/s	Non-Governmental Organisations
CBO/s	Community Based Organisations
PLHA	People living with HIV/AIDS
S&D	Stigma and Discrimination
MRC	Medical Research Council
UN	United Nations
DC/s	District Councils
GDP	Gross Domestic Product
GGP	Gross Geographical Product

