

## CHAPTER 6

### RELIGIOSITY AND SPIRITUALITY IN AFRICAN CONTEXT

#### 6.1 INTRODUCTION

This chapter explores a reflection on religious and spiritual aspects, especially on God's presence, as it is understood and experienced in specific African context. This is not a forceful effort by researchers to bring God into the present situation, but rather an honest effort to hear and understand the co-researchers' religious and spiritual understanding and experiences of God's presence. Again, this should be integrated into the social construction process. The researchers' own understanding of God's presence in certain situations is also part of the valuable contributions they have to make. Methods used: Listening to clues in children's narratives about experiences of God and interacting with those clues by methods congruent to the world and language of children.

The gift of life in the African context is celebrated through many rituals and festivals. These vary from family to family, and from clan to clan. God is the spiritual focus and this awareness determines the practice of rites and ceremonies. The spirits of the forefathers form the ancestral domain, the lower gods with whom human beings and the unborn interact. In a spiritual sense, human beings are the stewards of the biodiversity found within God's natural universe (Herndon 2008: 1).

During my childhood, as I watched sangomas (spirit mediums) and moroka's (rainmakers) perform rituals, and traditional healers bringing the sick back to health, I realized that God was being recognized as the ultimate giver of life and the source from which they derive their talent for living life to the full.

In 1997 and 1999, I travelled with the Ambassadors of Christ and other Christian organizations for a short mission in Botswana, Lesotho, and Mozambique, I was introduced to many prophets (who belonged to traditional African Apostolic Church), the traditional healers. I observed an overwhelming degree of commonality in their religious considerations, structures and practices. There seemed to be some distinct but overlapping hierarchies bound by an intuitive, instinctive connectivity. Those who practice traditional religion do not have a revelation book; yes evidently they are of oral nature. Though they have the theoretical components, they are transmitted orally.

These traditional religions believe in two worlds, that is the world of the living that we are in at the present moment, and the world of the dead. There is a duality, but what is interesting is that the two worlds are complementary. Their complementary relationship is so important, so essential that each act carried out in this life requires the blessing of the other world in order to unfold fully.

## **6.2 DEFINITION OF RELIGIOSITY AND SPIRITUALITY**

We can begin by attempting to define "religiosity" and "spirituality." It is very important to recognize that talking about religiosity does not always mean talking about spirituality necessarily. It seems that human beings have always had the need to commit themselves to an inner work that not only gives them equilibrium, but also helps them relate to the world around them. By "the world around them" it is meant not only other human beings but it includes even non-human beings. Thus, human beings should not be considered as the only the determining or fundamental element of the cosmos.

Rather, they can be seen as one element among all that make up the whole. Therefore, many times only the work of those who are religious or who are members of a religion is considered "spiritual". This is erroneous. It would be interesting to extend the use of the term spiritual to all groups including those that are not part of a religion (in the sense that this term is used today), that work in their own way for harmony, good relationships and equilibrium.

These groups and beings, then, are doing a religious work based on the true meaning of the word religious (Benegas & Basch 2002: 1-6).

### **6.3 RELIGIOSITY AND SPIRITUALITY IN AFRICAN CONTEXT**

African is a fundamentally, religious functioning. In the different cultures of the Mamelodi township there are various African traditional myths. There is no distinction between God and humans. That is to say, God and humans once lived with one another. However, God withdrew from day-to-day human existence and caused many illnesses including HIV/AIDS. As a result people had to die of AIDS. Thus, God withdrew and did not concern himself directly with the affairs of men on earth. Men alone are responsible both for the good and evil that may befall them (Meyer, Moore & Viljoen 2002: 533-34; Van Schalkwyk 1999: 1-19).

Mbiti (1989: 2) postulates, that the daily functioning of the traditional African is fundamentally religious. Africans are, he maintains, notoriously religious. And all levels of life are imbued with religion. Thus, wherever an African is, there is his religion. S/he carries it to the fields. Wherever s/he sows seeds or harvests a new crop, s/he takes it with to the beer, a party or attends a funeral ceremony, and if s/he is educated s/he takes it to the examination room at school or in the university.

### **6.4 THE PLACE OF ANCESTORS IN AFRICAN CONTEXT**

While conducting this investigation, it was found that most of the co-researchers lived in an environment intermeshed with different religious experiences. They incorporated African beliefs in ancestry and witch craft. The veneration of ancestors is common. It is believed that the ancestors mediate between God and man. When worshiping or venerating the ancestors, a cow is slaughtered, followed by ritual dancing in an attempt to please them and the spiritual world, as Müller (2006) stated:

“People are greatly influenced by their culture and customs and something like bereavement and trauma should be understood within a cultural context. In order to reach out to them as a whole human being, we must keep in mind and find ways of accessing and incorporating this indigenous African knowledge into helpful practices”.

It is not possible to speak to an African who lost his/her love ones because of AIDS or whatever, without touching the subject of ancestors. An ancestor is a person who died as a good or bad person, and even who died of AIDS after having faithfully practiced and transmitted to his children the laws left to him/her by ancestors. He/she contributes to the continuation of the line by many descendants who also mediate between God and the living and links communion between the living and the dead through sacrifices. A firstborn in the family is a candidate ‘par-excellence’ to become an ancestor because s/he is able to maintain the chain of the generation in a long genealogy. His/her right is thus inalienable African traditional religious leaders.

## **6.5 CHILDREN’S LETTERS WITH QUESTIONS TO GOD**

During the investigation children affected by HIV/AIDS were asked how they experienced the presence of God. This was done by giving them an assignment to write a letter to God. After reading their letters to God, a conversation was held with the bigger group, including the caregivers on the 30<sup>th</sup> March 2008. These letters were written in different African languages and were translated into English. They are subsequently presented:

*“Dear God, instead of letting my parents die, making me an AIDS orphan and giving me guardians, why didn’t you just keep my parents, then?”*

*“Dear God, will mom come back and live with me, or is she be with you in heaven?”*

*“Dear God, does mom pray for me in heaven?”*

*“Dear God, how come you caused my parents to die of AIDS?”*

*“Dear God, why are we suffering as AIDS orphans?”*

*“Dear God, how come you raised others from the dead in the old days and you don’t do any now? I need my parents?”*

*“Dear God, are you really present or are you out there? How do you look like?”*

## **6.6 THE GROUP’S EXPERIENCE OF GOD**

The conversation cited above was on the issues of religion and the role of the church in the lives of children affected by HIV/AIDS. Below are the outcomes of the group’s experience of God. Some are negative experiences or perceptions about the presence of God.

### **6.6.1 The fate of the poor and marginalized**

One of the children pointed out that, “I am starving and I don’t have clean clothes to attend the church. Because we cannot afford to buy washing powder and wash myself with a good cake of soap, when I sit next to someone in the church s/he shifts to the next chair. They (church people) don’t like to sit next to me because I am not attractive. Now tell me, where is God? I think that there is no God for the poor or marginalized like me”.

The situation became tense because of the statement made by this child. It raised many questions about God's presence and it was suggested that a Bible study be undertaken on suffering and to let the children talk about their perceptions of God. It was a voluntary Bible study with those interested on a bi-weekly for a period of two months, that is May and June 2008. These children showed a deep knowledge of the Bible, especially the Bible stories like the story of Job and his suffering.

### **6.6.2 Does God Allow AIDS Orphans to suffer?**

God allows sufferings so that we may be strengthened it. Suffering can produce perseverance; perseverance, character; and character, hope. Our suffering should bring us closer and more dependent on God, not turn us away from him. The apostle Peter wrote, "And the God of all grace, who called you to his eternal glory in Christ, after you have suffered a little while, will himself restore you and make you strong, firm and steadfast" (1Peter 5: 10 NIV). The apostle Paul tells us that trouble is only temporary, but the lessons it teaches are permanent. He wrote, "For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal" (2Corinthians 4: 17-18 NIV). James, a brother of Jesus Christ also wrote, "Consider it pure joy, my brothers, whenever you face trials of many kinds, because you know that the testing of your faith develops perseverance" (James 1: 2-3 NIV). One can see by these examples that, when approached from this point of view, personal growth can certainly result from suffering.

### **6.6.3 Suffering occurs by God granting the gift of personal freedom of choice**

God created us with the ability to love and follow Him or to reject and turn away from him. We often choose to sin and sometimes sin brings suffering upon us or others. Many times suffering stems from people hurting each other, something Jesus clearly taught us not to do.

When asked which of the commandments is most important, Jesus replied, "Love the Lord your God with all your heart and with all your strength. The second is this, Love your neighbour as yourself. There is no commandment greater than these" (Mark 12: 30-31 NIV). God could stop us from harming each other, but He would have to limit or take away our freedom of choice. From this point of view one can see that it is humanity who is to blame for much of the sufferings experienced.

#### **6.6.4 Suffering is simply a part of life**

In her book "Shaking a Fist at God", Dell suggests that questions regarding why God allows suffering stem from a misunderstanding of religion (Dell, 1997). Faith in God does not guarantee personal prosperity, and lack of faith does not guarantee troubles. Faith based on rewards or prosperity is hollow. Life is not given merely for happiness and personal fulfilment, but for us to serve and honour God. Elisabeth Elliot (2008) states, that man's circumstances are not the window through which to understand God's love. Man should view his circumstances through God's love. Jesus himself told his disciples, "In this world you will have trouble. But take heart! I have overcome the world" (John 19: 33 NIV).

#### **6.6.5 God is the Father of the fatherless**

Deep down in the cries of children orphaned by AIDS the face of Jesus can be seen. God's cry can be discovered, who feels the pains and sufferings of those children who find themselves in the township being stigmatized by fellow local residents.

It is high time that the church listened to the unheard voice of God as He speaks to it through the voices of orphans. The Israelites never overlooked the importance of the stranger in their midst, because they never knew just when the stranger might be God.

When working with children affected by HIV/AIDS, one never knows when the hungry person or a stranger that welcomed or turned away just happens to be Jesus. “I was hungry and you gave me something to eat, a stranger and you welcomed me”, said Jesus (Matthews 25: 35). God spoke through his prophets, “Let justice roll down like waters and righteousness like an ever flowing stream” (Amos 2:6-8 and 3:9-10). He also said, “Cursed be the people, the nation, who deprives the alien, the orphan and the widow justice” (Deuteronomy 27: 19). God is the father of the fatherless and is on the side of the oppressed (Exodus 22: 22-33; Psalm 10: 14-16).

#### **6.6.6 The researcher’s experience of God**

By working with children affected by HIV/AIDS, I realized that I was not in a position to judge them, or to judge the way they were thinking about God. I also realized that their situation did not suggest the absence of God in their lives. God uses people. Some of those children are exposed to the Bible and interact with the local churches and other believers who work with them on daily basis.

One thing that I learnt from my co-researchers is that, they did not judge me for who I am. Instead, they respected me as I respected their clues in turn about God’s presence.



## CHAPTER 7

### THE CHILD'S WORLD: TOWARDS AN ALTERNATIVE UNDERSTANDING

**The development of alternative interpretations that point beyond the local community**

#### **7.1 Introduction**

While the number of the people infected by HIV continues to grow the pandemic also has a direct and devastating effect on millions of other children whose lives have been permanently altered by the intrusion of HIV/AIDS into their households or communities (AIDS in Africa 2007).

Children living in the hard-hit communities feel the impact as they lose parents, teachers and caregivers to AIDS, as health systems are stretched beyond their limits, and as their families take in other children who have been orphaned by the pandemic. Individual households struck by AIDS often suffer disproportionately from the stigma, isolation and impoverishment, and the emotional toll on the children is heavier. As the number of children orphaned or otherwise affected by AIDS rises, the social security systems, already under-funded and overburdened where they exist, are at the breaking point. The impact is most acute on girls and boys already facing hardship or neglected children in institutional care, children in poor neighborhoods or slum areas, refugee children and even more so for young girls who have unequal opportunities for schooling and employment (UNICEF 2008).

#### **7.2 SOCIO-ECONOMIC FABRIC**

In South Africa, like countries such as Uganda where the pandemic already

took hold over a decade ago, the impact on the socio-economic fabric of the communities becomes increasingly visible. As one UNICEF (2008) report puts it, the effects of the pandemic are starkly obvious from the banana plantations going fallow; the houses closed or abandoned the funeral processions on the roads and the recent graves near homes where grandparents care for children whose parents have died.

AIDS sets back developments and changes patterns of life. To a child, this translates into a world turned upside down. But, the shadow of the pandemic extends far beyond even these millions of affected children. Thus, all children of the world from henceforth will face a lifetime of risk from HIV.

They are exposed to the risk of HIV infection at different life stages as they grow towards adulthood because of circumstances such as sexual exploitation and abuse, or simply due to the violation of their rights to information, education and services. There is a need for greater recognition of the specific needs of especially vulnerable children, both boys and girls such as refugees, street kids, and children exposed to drug abuse.

### **7.3 THE IMPACT OF HIV/AIDS ON THE WORLD FOR CHILDREN**

Children and young adults in all countries have to adjust and adapt to this new world, as the global pandemic continues to accelerate and changes the world for children. The United Nations Convention on the Rights of the Child provides the framework for promoting and protecting the rights of children which can minimize the impact of HIV/AIDS on them (UNAIDS 2009). Yet, despite its almost universal ratification, the response to the infected, affected and vulnerable children has remained inconsistent.

The industrialized world has unmet needs. In a survey conducted in 1992 in the United States, government lobbyists on children's issues admitted that while they were generally successful in promoting other causes such as education and anti-poverty programs. They were much less so with childhood AIDS issues such as prevention, orphan care and the education around

sexual health.

In a world with AIDS children must become everybody's responsibility. On World AIDS day, (Day Month 1994), heads of government from 42 countries attended the Paris AIDS Summit during which they called for a global partnership to reduce the impact of HIV/AIDS on children and young adults.

Through the 1997 World AIDS Campaign UNAIDS and its partners aimed to bring to the attention of the international community the many facets of the pandemic's impact on the lives of children. The campaign offered a platform for children and their communities to voice their concerns and aspirations in relation to the pandemic and to support the development of appropriate responses.

Subsequently, the United Nations Convention on the Rights of the Child in the context of HIV/AIDS spelled out the principles for reducing children's vulnerability to infection and for protecting them from discrimination because of their real or perceived HIV/AIDS status.

This human rights framework can be used by governments to ensure that the best interests of children with regard to HIV/AIDS are promoted and addressed as follows:

Children's right to life, survival and development should be guaranteed.

The civil rights and freedom of children should be respected, with the emphasis on removing policies which may result in children being separated from their parents or families.

Children should have access to HIV/AIDS prevention education, information and to the means of prevention.

Measures should be taken to remove social, cultural, political or religious barriers that block children's access to these.

Children's right to confidentiality and privacy in regard to their HIV status should be recognized and this includes the recognition that HIV

testing should be voluntary and done with the informed consent of the person involved which should be obtained in the context of pre-test counselling. If children's legal guardians are involved, they should pay due regard to the child's view, if the child is of an age or maturity to have such views.

All children should receive adequate treatment and care for HIV/AIDS including those children for whom this may require additional costs because of their circumstances such as orphans.

States should include HIV/AIDS as a disability, if disability laws exist to strengthen the protection of people living with HIV/AIDS against discrimination.

Children should have access to health care services and programs, and barriers to access encountered by especially vulnerable groups should be removed.

Children should have access to social benefits, including social security and social insurance.

Children should enjoy adequate standards of living.

Children should have access to HIV/AIDS prevention education and information both in school and out of school, irrespective of their HIV/AIDS status.

No discrimination should be suffered by children in leisure, recreational, sport, and cultural activities because of their HIV/AIDS status.

Special measures should be taken by governments to prevent and minimize the impact of HIV/AIDS caused by human trafficking, forced prostitution, sexual exploitation, inability to negotiate safe sex, sexual abuse, use of injecting drugs, and harmful traditional practices.

#### **7.4 THE PSYCHO-SOCIO-ECONOMIC IMPACT ON HIV/AIDS AFFECTED CHILDREN**

Children who lose their parents to AIDS suffer grief and confusion. The psychological impact can be even more intense than for children whose parents die from more sudden causes, such as in armed conflict or as a result

of an accident. HIV ultimately makes people ill but it runs an unpredictable course. There are typically months or years of stress, suffering or depression before a person can die. And in developing countries, where the pandemic is concentrated, effective pain or symptom relief is often unavailable to alleviate a patient's suffering.

The children's distress is often compounded by the prejudice and social exclusion directed at individuals living with HIV and their families. This stigma may translate into denial of access to schooling, health care and inheritance rights of orphaned children. In this respect, girls may be the most disadvantaged. Another cruel difference from other parental diseases is that HIV is likely to have spread sexually between the father and mother. Thus, the child's chances of losing a second parent relatively quickly are far higher than, say, that of a child who has lost a parent to a disease that is not communicable to the partner (UNAIDS 2009).

These uniquely painful features of parental HIV/AIDS are of course of deep concern to the adults themselves. Making provision for the families of HIV-positive mothers and fathers is a main priority when they learn that they are infected. For example, most parents will comment one infected man who said: "My biggest fear was what was going to happen to the children and I did not know how long I was going to live and I still felt that within the time left I had to try to do something. I tried to start some kind of business for my wife and I tried also to put up a house".

The extended family is the traditional social security system in many countries. In many developing countries, deep-rooted kinship systems have accordingly provided support to children and families affected by AIDS.

It is common, for example, for children orphaned by AIDS to be taken in by aunts and uncles or even grandparents, who may have little income and may have been counting themselves on being supported by the very son or daughter who died of AIDS.

Financial pressures on those least able to afford them have inevitably increased. Thus, taking care of these children is a real burden. Even before the AIDS pandemic, many of black communities were already being pushed to a breaking point as a result of labour migration, demographic change and other factors. With the advent of AIDS, the constraints became even greater. One of the symptoms of this is the increasing numbers of households now headed by children – some of which may previously have been headed by grandparents at the death of the parents. "The death of a grandparent may leave the situation where there is nobody else in the extended family willing to care for the children, giving rise to orphan households headed by older siblings.

It is not only in developing countries that the extended family system is under strain. Many European countries, particularly in Central and Eastern Europe, experience problems as family systems come under pressure because of the changing social structures and demographics. Many extended families that have accepted orphans cannot afford to send all their children to school, and orphans are often the first to be denied education. "My foster mother wants to stop me from going to school. She wants me to work as a maid so I can earn money to buy food", says Beatrice, a 16 year old from Kenya. A study in Zambia indicated that in urban areas, 32% of orphans were not enrolled in school, compared to 25% of non-orphans. In rural areas, 68% of orphans were not enrolled compared to 48% of non-orphans (UNICEF 2009).

For many families, to send children to school simply becomes an impossible option. "When my father died I was 14 years old", says Maurice Kibuuka, a 14 year old Ugandan. "There were eight of us and my mother was left in our care. I became the head of the family and I was responsible for looking for money, food, clothing, and even shelter. I had no choice but to drop out of school".

Finance is an important consideration. Many orphan programs rely on funding from non-governmental organizations based in economically affluent countries and UN agencies and are seldom self-sustaining. Investment in these orphaned children is necessary for a stable future, both for the children

themselves and for their communities. But, in the world's poorest countries, children orphaned by AIDS may be seen as only part of many competing urgent priorities.

Despite a widespread belief that orphans are well-served by AIDS care organizations, there is a growing realization that such care is inadequate and that children orphaned by AIDS are in reality often a neglected group.

## **7.5 REACHING CHILDREN BEFORE THEIR PARENTS DIE**

Problems for children affected by AIDS are most acute from the time that HIV is diagnosed in a parent. If organizations wait until children become orphans, it is almost too late. Before the massacres in Rwanda in 1994, Caritas Rwanda, a Christian NGO, tried to help parents plan for the future of their children. They worked with parents to identify solutions and arrange for children to move in with relatives or foster parents. Caritas also advised parents on legal and property matters.

In 1994, representatives from the NGOs throughout southern and eastern Africa drew up the Lusaka Declaration on Support to Children and Families affected by AIDS. It urged that wherever possible, efforts should be made to keep children in AIDS-affected families in their communities. These efforts, it argued, should begin before the death of the parent. Home-based care schemes, in which visiting health or community support teams attend to AIDS patients at home, should also be involved in helping parents plan ahead for their children.

The declaration also recognized that families affected by HIV are vulnerable to exploitation and recommended that the NGOs should inform people affected by HIV of their legal rights, and that governments should revise existing laws to further protect these individuals.

## **7.6 ORPHANAGES AS LAST RESORT**

Orphanages should only be considered as a last resort in providing care to those orphaned by AIDS, according to experts. Dr Eric Chevallier of AIDES Médicale Internationale argues: "Orphanages are far more expensive than community-based approaches and they can be culturally inappropriate if they cut children off from their social origins" (Cheallier 2007:3). "The link between generations is very important," he emphasizes (Ibid).

Orphanages may be more successful in countries where they have been more commonly used in the past, such as in Thailand and India. But even in countries where orphanages are the norm, they can act as a magnet for stigmatisation.

In 1995 in Romania, a group of citizens led by a town mayor stormed an orphanage because it housed children who were known to be HIV-positive. "The local population argued that these children could infect other children in the town, as well as those in the orphanage," reported Romanian journalist Dan Stoica for Panos (UNAIDS 2007).

Institutional care has many limitations, as it usually cannot provide children with an ongoing, trusting relationship with a specific adult primary caregiver. Furthermore, institutionalization has proved to have adverse effects on people once they try to reintegrate into their communities, as they tend to lack support networks and the skills to develop them. Institutionalized care has also been found to nurture dependency and to work against self-reliance.

## **7.7 POST-TRAUMATIC STRESS AMONGST AIDS ORPHANS**

Lynne Smit summarizes the study of AIDS orphans as follow<sup>16</sup>:

The results of the world's largest comparative study of AIDS orphans, focusing on 1200 Xhosa speaking children in the poorest areas of Cape Town, has prompted Dr Zola Skweyiya, the Minister of Social Development, to replicate the study in all the nine provinces. Levels of post-traumatic stress amongst the

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<sup>16</sup> Lynne Smit: Africa's first online science magazine. September 2007



AIDS orphans were found to be at similar levels to children experiencing sexual abuse and those living in war-torn societies, said Lucie Culver, of the University of Oxford's department of social policy and social work<sup>17</sup>, at the 3rd South African AIDS Conference in Durban, South Africa.

Initial research by Oxford University and Cape Town Child Welfare found that, compared to international norms, the AIDS orphans are twice as likely to be depressed, five times more likely to have post-traumatic stress and seven times more likely to have peer problems. However, there is a silver lining as research also found that the mental health of the AIDS orphans could be improved.

"If the AIDS orphans are given enough food, enabled to go to school and given a social grant, that reduces depression and behavioural problems," said Culver. It was also found that because many carers of the AIDS orphans are either elderly or unwell, usually grandparents, improving their health would reduce children's anxiety, Culver added.

Given that one-in-five of children are expected to be orphans by 2020, an estimated 2.3 million children, this additional study, which is anticipated to involve interviewing 13 000 children nationally, will provide evidence on which to base government policy relating to the AIDS orphans, Culver concluded.

Speaking at the same session, which focused on the impact of HIV/AIDS on the youth, Ann Strode from the University of KwaZulu-Natal took new regulations governing non-therapeutic research (NTR) on minors to task for making the process inordinately difficult and time-consuming. While she allowed that strict guidelines were needed to protect the rights of minors, Strode did point out that the new regulations would severely restrict important research. "These new regulations require that all NTR requiring the participation of minors will have to get the consent of the minister of health," she explained.

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<sup>17</sup> <http://www.scienceinafrica.co.za/2007/august/aidsorphans.htm>

What this means is that the health minister will have to sift through large volumes of research before giving consent, slowing down the entire process. It could also lead to legal action taken against the minister if she declines to give that consent. "It's too broad because it includes all NTR research, even low-risk research. This effectively means that, for example, research into children's perceptions of traffic hazards would have to be approved by the minister" .....

"These regulations need to be amended so that consent only need to be given in exceptional cases where there is some risk involved. And, perhaps, the minister could also delegate such responsibility to Research Ethics Councils".

## CHAPTER 8

### THE CHALLENGE OF HIV/AIDS TO THE CHURCH

“Where people are bruised the church in its pastoral role supplies the balm. Where people are battered the church restores with dignity. Where people are broken the church brings healing. Where people are buffeted by courage the church soothes. Where people are banned and some stigmatised the church provides a home”<sup>18</sup>.

#### 8.1 INTRODUCTION

The purpose of this chapter is to explore the diaconal work of the Church that the Church must at all times focus on those who find themselves marginalized or stigmatized. The HIV epidemic represents one of the major diaconal challenges of our time, both globally and nationally. The Church is one body, consisting both of many individuals and many different Christian churches. HIV is in the church, is in the pews. HIV exists in the societies of which the churches are a part. The Church in South Africa at large is affected by the epidemic and has a responsibility towards those who are infected by HIV in Mamelodi and towards people and churches affected by the HIV epidemic in other countries. The church must do what it can to prevent those who are HIV positive from feeling excluded, and provide assistance/or help to the affected and infected. The church must also work to prevent the spread of infection.

I, the researcher, while doing this study, I used to challenge my colleagues (pastors as I facilitate workshops on HIV/AIDS for the churches) to promote understanding for the diaconal and ethical challenges caused by the HIV epidemic, both for us as a church in South Africa and for the church as a global koinonia/fellowship.

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<sup>18</sup> Adeyamo is one of the young people in Kenya. The extract is from Map International AIDS Training manual for pastoral workers (1996).

To place these challenges into a holistic frame, and to give central church authorities, dioceses, congregations and individuals some concrete aims and tools in order to handle the challenges.

The statistics of HIV/AIDS has gripped Africa more than any other continent. This is an awakening call to the church! God calls his church to commit herself in preventing HIV/AIDS and care for the children affected thereby. Jesus Christ demonstrated God's love to all mankind when he came to be present in the midst of the human suffering and struggle. The challenge here for the church is to fulfil the mission. She must recognize that HIV/AIDS brings the lives of many, particularly the affected children, into crisis and that she should face. The very relevance of the church will be determined by her response as Serwalo (2007: 41), in congruence with Kobai (1997: 1-2) puts it: "It is theologically and morally important that the church responds to the crisis of HIV/AIDS. For if the Church does not respond to an issue of such importance it would imply that God, Jesus and Christianity are irrelevant and offer no saving grace".

## **8.2 THE CHURCH AS A HEALING COMMUNITY**

In reference to Chapter 3 (3.1), one of the co-researches who withdrew from the study, mentioned that he last saw his pastor two years ago at his mom's funeral. Even though he believed in God he still felt isolated by the church community. In this chapter we look at what the church should do as a healing community, because, she by her very nature as the body of Christ, calls her members to become a healing community. Despite the extent and complexity of the problems raised by HIV/AIDS, she can make an effective healing witness towards children affected by HIV/AIDS. The experience of love, acceptance and support within a community where God's love is made manifest can be a powerful healing force. This means that the Church should not behave like the pastor who was only seen two years back at the funeral.

### **8.3 THE CHURCH'S MISSION**

Dordzberg (1996: 2) suggests that the mission of the church is restoration with the Creator. He says that "AIDS is about death. The Christian response to AIDS is about grace". The HIV/AIDS pandemic highlights immorality, sin, the need for restoration in relationship with God and with each other. The church's mission is to extend the grace of God, his forgiveness offered in the relationship to Creator.

The mission of the church should not be confined to the benches of the church. It should respond to the world, pain, burden, while risking her life to save the world. She should identify with suffering. The Christian community should be converted to the world where God calls us to – a world that groans with broken relationships and struggles with cultural change. As the church responds to the world's problems sinners will be converted to God. Jesus Christ offers an example how to do it. He walked thousands of kilometres, held hundreds of hands crushed by calamity, ate with prostitutes and thieves, marched into big churches to tell the religious leaders that the kingdom of God was upon them, and went outside the community where the blind and lepers lay (Mark 1, Luke 4). Thus, the church's mission is to understand HIV/AIDS and feel the pain and heartache, and bind wounds.

### **8.4 SEIZING THE OPPORTUNITY TO SACRIFICE**

The Church is called to sacrifice in the HIV/AIDS crisis. Sacrifice means giving up feelings of self-righteousness, condemning judgments and faulty doctrines that point to sin only, forgetting grace. This sacrifice in the challenge of HIV/AIDS is based on two biblical principles suggested by Dordzberg (1996: 4). The first principle is that, "There is no one who does well, not even one". If any time you sin you are to be sick, then everyone is finished". The second is that only in God's grace can we give up and give out sincere love, and hate what is evil, clinging to good works of faith by devoting ourselves to one another in brotherly love.

The Church's involvement in HIV/AIDS may be expressed through the priestly, the prophetic and pastoral roles. Jesus, the Priest, Prophet and Pastor made problems to be opportunities. HIV/AIDS present an opportunity to lift our weakness to God and find His strength.

When the nation is infected with HIV, the church is affected and her credibility depends on the way in which she responds. She is confronted with people in general and members of the body of Christ, who not only seek support and solidarity but ask: "Do you want to be my priest, prophet and pastor?" This implicates the three roles cited above.

The priestly role is about lifting others up from their lowly condition, inspiring them, provoking them to noble virtues, and raising the consciousness of mankind. In the positive role of compassion, the priest is sympathetic to the psychological suffering of others. He seeks to alleviate it by encouraging them to find their way out of it. In the negative role of zeal, the priest crusades to reform the wrongs of the world. He campaigns fervently to make life better for others.

Metaphorically speaking, priests are the heart of the body of mankind. They are the people's representatives before God. They are intercessors, standing in the gap between God and men that God might not destroy the land. The task demands humility, prayer, and repentance. If the church fails in this role of pleading before God to intervene, seeking spiritual health in the homes, bedrooms, schools and children affected by HIV/AIDS, then no other institution will be able to meet the challenge (2Chronicles 7: 14; Joel 1: 14, 2: 12-13; John 3: 16, 8: 1-11; Hebrews 5: 1-3; James 4: 17; 1Peter 2: 9-19).

God is ready to act in the time of HIV/AIDS. HIV/AIDS is deadly, but alienation from God is more serious and more deadly than HIV/AIDS. God did not send his Son into the world to condemn the world, but to save the world through him (John 3: 17). Salvation is a gift of grace, offered to all who place their hope in Jesus Christ, including all children affected by HIV/AIDS. The Church is God's instrument for proclaiming his salvation.

She is his watchmen to identify danger and warn his people about his coming. But to do so, the Church should examine her own motives, morality and methods. Thus, a prophet with a message but without morality does not have God's message.

Where people are bruised, the church in her pastoral role supplies the balm. Where people are battered, she restores dignity. Where people are broken, she brings healing. Where people are banned and some stigmatised, she provides a home (Adeyamo 1996: 1).

The walls of Jerusalem were broken down and the city defenceless when prophet Nehemiah left his comfortable home and place at Susa and marshalled the Lord's people to rebuild them. Today, the walls of the society are crumbling, too. The Lord calls the modern-day Nehemiah's to rebuild families through pastoral care and counselling.

## **8.5 THE CHALLENGE TO THE CHURCH**

The Church has over the years been important to the society generally in terms of information dissemination towards behaviour change. But about 20 years into the HIV/AIDS pandemic, the church in South Africa, especially in the Gauteng Province, has lagged in its role to make information on HIV/AIDS accessible to its members and the society at large. Church leaders trained at HospiVision in the "Choose-life-programme", a value-based behaviour change approach to HIV/AIDS. The programme works best within the Church with the aim to discover their potentials in HIV/AIDS information dissemination. A lesson was learnt. This lesson is about the Churches in Tshwane. They are yet to utilize the opportunities presented by HIV/AIDS information dissemination as they are a force for behaviour change in the society.

If "access for all" is to be achieved then the Churches should play her role to disseminate information in the community which focuses on sexuality education and declare "Choose life: Health week" at all levels in Tshwane, Africa and the world in general.

## 8.6 TOWARDS A THEOLOGY OF HIV/AIDS IN THE CONTEXT OF SOUTH AFRICA

Within the Church in South Africa, HIV/AIDS has raised anguish questions such as:

Why does God allow the virus to exist?

Why does God allow innocent people to be infected?

Does being infected with HIV/AIDS mean that you go to hell?

What beliefs about God and the human beings should inspire the

What is the Church's action in response to HIV/AIDS?

Where is God in the HIV/AIDS pandemic that has by now?

Gender roles, exploitation of women, and cultural expectations facilitate the spread of HIV/AIDS in South Africa. In many communities, prevailing social norms, regarding masculinity and sex, permit men to have multiple sexual partners, which dramatically increase the possibility of contracting HIV/AIDS. The spread of HIV/AIDS is further complicated by the unequal relationship between men and women. In many instances, women are treated as inferior beings and as property.

The high incidences of HIV/AIDS among women are an affliction that has profound implications on the whole nation. Economic hardships often lead women and girls into situations of sexual exploitation, working as prostitutes or exchanging sexual favours for daily necessities such as food, shelter, protection, resources and money. Violence against women is also a common phenomenon in South Africa. Many men believe that women have no choice in sexual relationships. Often women are afraid to assert themselves in their sexual relationships. Women are also exposed to the virus because many men refuse to use condoms.

HIV/AIDS affects families and cultures. Some traditional cultures are very helpful in dealing with it. Others make bad problems worse. The church should know and understand her own culture as expressed today in different age



groups and settings. The cultural traditions of the people infected by HIV/AIDS may be different from the culture of the church. Sensitivity with open-ended questioning will help to better understand the cultural contributions to confronting HIV/AIDS as well as cultural constraints.

Culture is always changing, it is not static. Some cultural aspects in the African context, maybe, contribute to the spreading of HIV/AIDS directly and some indirectly, making it very difficult to address. For instance, many people talk about polygamy and circumcision as cultural practices adding to the spreading of HIV/AIDS (Dordzbach 1996: 13).

## **8.7 THE CHURCH'S ROLE IN MODELING CHRISTIAN MARRIAGES AND SEXUALITY**

There was a discussion between me (the researcher) and pastors on 4 August 2008 at the George Mukhari Hospital in Ga-Rankuwa while I was facilitating a workshop on HIV/AIDS. The discussion included the consideration that to support marriages beyond simply telling people about God's plan. It was thought there are many additional ways to support this role. They include:

- sponsoring marriage enrichment weekends for couples;
- developing a small group on Bible study series regarding marriage for couples and relating it to the present day challenges that marriages are face;
- challenging cultural or economic practices that strain marriages or tear them apart, for example, husbands and wives living apart from each other;
- using testimonies of couples who are willing to talk about their marriage and how the Lord has and continues to help them; and
- developing the biblical theme in Genesis of a husband and the wife leaving of their parents and cleaving to each other and relating it to cultural practices.

The discussion also included understanding sex – the church should help married couples and youth understand sex from God's point of view. Understanding does not come from giving information only. It also involves

dialogue, reflection, modeling righteous living, and a commitment to spouses to talk and grow together. Some possibilities to facilitate such engagements were listed:

Develop booklets on biblical sexuality for married couples to help them begin to talk to each other.

Search to understanding the role of husbands and wives in sex and satisfaction within marriage.

Create the forums where the youth can discuss freely with adult Christians who are not afraid to discuss openly and answer the questions from the Word of God and so on.

## **8.8 THEOLOGICAL ANALYSIS**

The spread of HIV/AIDS demands a theological response in order for Christians to deal with effectively. Questions such as, “Why is God doing this to me?” or “Why is this happening to me?” are posed. These are theological questions that require a theological response. In addressing such questions, a need arises to understand the relationship between those who suffer and the place of God in the equation. Theologizing is not an abstract activity but one based on the situation and circumstances of persons who need answers to life.

The importance of investigating the relevant theologies that address the HIV/AIDS crisis in South Africa is exemplified in changes of global HIV/AIDS status. Initially, AIDS was considered a curse or punishment from God. The discussion cited above tried to understand as to whether HIV/AIDS is punishment from God or not, and also as to why there are some religious discourses about HIV/AIDS that make fundamental Christians interpret the Bible to suit them by isolating and condemning the people living with HIV/AIDS.

## 8.9 CONCLUSION

Allow me to conclude this chapter by suggesting that the role of the Church should be listening to the culture as Pope John Paul II once described culture as the first voice of the sacred. This means that in any theological and pastoral response to HIV-AIDS the Church must facilitate an open and honest dialogue between the local culture and the gospel. In the document *Ecclesia in Oceania* (nn. 3-4).<sup>19</sup> we read that the path to deeper faith is not only shaped by leaving behind sin but equally by leaving behind sterile ways of thinking and acting. All cultures and religions have some aspects which have become sterile ways of thinking and acting. All are in continual need of conversion and growth.

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<sup>19</sup> *Ecclesia in Oceania* of his holiness Pope John Paul II to the Bishops Priests and Deacons men and women in the consecrated life and all they lay faithful.

## CHAPTER 9

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 9.1 INTRODUCTION

This introduction makes me to reflecting on what I learnt in the process of undergoing narrative research. It took five years of wondering in the dessert of research positioning, epistemology, research methodology, narrative research process and theological positioning. Indeed it was bewilderment in that jungle of post-modern research due to my background explained (9.2) subsequently.

#### 9.2 POSITIONING

To come out of the jungle, Professor Muller and his assistants in the likes of Dr Bosman unfolded the post-modern worldview. What was discussed in some of those lectures or contact weeks is interpreted on the subject of post-modern worldview. The present realities with specific reference to the worldview called modernity. Post-modernity describes the move from the way of reasoning based on scientific rationalism in which truth is absolute, to the acceptance of the philosophy called existentialism.

Existentialism sees truth as a relief and upholds the importance of experience and feeling in order to give life value. Relationships are more important and truth is found in the context of relationships and experience of the world. This had a profound implication for the way the empirical research was conducted in this study. It was influenced by the background of the fundamentalists, charismatic and my indigenous background, which is explained as follows:

As a fundamental Baptist theologian the emphasis of my belief is to stick to the Bible. A Baptist is a person of the Word that practically closes doors for other worldviews.

The charismatic experiences that I personally had in my spiritual journey made it difficult to position myself. In the charismatic worldview one has to rely on prophecies, the baptism of the Holy Spirit, speaking in tongues, divine healing and exorcism.

The indigenous background of my mother church also played a role in positioning myself because its belief is not to study the Word of God or the Bible by going to a theological seminar. The belief is “the Holy Spirit will teach you”.

I began to examine my previous positioning and I summed up the pressure points of changes as follows:

I moved from the ‘I know’ to the “I do not know” position (when I conducted the empirical investigation);

I moved from being “centred but not influential” to “de-centred and influential”;

I moved from being right to being real;

I moved from telling, talking to listening;

### **9.3 THE MEANING IN A POSTFOUNDATIONAL PARADIGM**

Social constructivism and narrative approach share the same inherent assumptions as theological and philosophical post-foundationalism. All these approaches question the construction of reality. “The idea of socially constructed interpretations and meaning is clearly part of the post-foundationalist approach” (Muller 2005: 80).

I understood the basic aims of post-fondationalism as defined by Van Huyssteen (1998: 24) in relation to theology and science, that is:

- To fully acknowledge the conceptuality of any human experience;
- To affirm the crucial role of interpreted experience;
- To creatively point beyond the confines of the local within an interdisciplinary conversation, and
- To conduct an interdisciplinary epistemological investigation into the biological source on human rationality.

Since I dealt with children affected by HIV/AIDS from different family backgrounds, diversity of cultures, religions, beliefs and values, and nationalities, the post-foundational approach was vital in my study. I was immersed in multi-cultural experiences which provided and expanded a comprehensive vision about the problem shared in the children's stories.

I also learnt that post-foundational and post-modern theologies do not emphasize dogma, rules and regulations, imposing one's religious beliefs or convictions. Post-modern theologies do not evangelize where it is not necessary, like the modernist theologies do. The aim of these theologies is to provide fresh insight, answer existing anomalies, and provide new meaning by moving beyond modernism. These theologies display a much greater openness to non-conceptual ways of knowing whereby a believer is not called upon to master abstract truth as in modernist discourse. A believer is challenged to make sense of the world by participating in the creation of a new world in terms of which the self can be redefined.

#### **9.4 THE SEVEN MOVEMENTS METHODOLOGY**

It realized that in order to conduct the narrative research in an orderly and systematic way one should follow the post-foundationalist practical theology, suggested by Muller (2005: 301-306) and based on the seven movements listed below:

- a specific context is described;
- in-context experiences are listened to and described;
- interpretations of experience are made, described and developed in collaboration with co-researchers;

- a description of experiences as it is continually informed by traditions of interpretation;
- a reflection on the religious and spiritual aspects especially on God's presence as it is understood and experienced in a specific situation;
- a description of experience thickened through interdisciplinary investigation; and
- the development of alternative interpretations that point beyond the local community

The seven movements methodology used for this study is in my opinion exceptionally rich and it reflects the post-foundational practical theological philosophy of Professor Julian Muller. This approach sees meaning as transversal, as created at the intersection of the discourses.

## **9.5 THE MEANING OF THE STORIES (NARRATIVE RESEARCH)**

The late Michael White of Australia, at Dulwich Centre, and his friend and colleague David Epston of New Zealand, who developed narrative therapy during the 1970s and 1980s are cited as stating that, a narrative research is a respectful and collaborative approach to co-researchers (like in counseling) and community work. Narrative research focuses on the stories of people's lives and is based on the idea that problems are manufactured in social, cultural and political contexts. Each person produces the meaning of his life from the stories that are available in these contexts.

"... A wider meaning of narrative therapy relates significantly to a relatively recent way of thinking about the nature of human life and knowledge which has come to be known as 'post-modernism' – which believes there is no one objective 'truth' and that there are many multiple possible interpretations of any event. Thus, within a narrative approach, our lives are seen as multi-storied versus single-storied ..." (White & Epston 1990: 2-3).

Stories in a 'narrative' research context are made up of events linked by a

theme occurring over time and according to a plot (Morgan 2000: 1-4). A story emerges as certain events are privileged and selected out over other events as more important or true. As the story takes shape, it invites the teller to further select only certain information while ignoring other events so that the same story is continually told.

David Epston sees these stories as both describing and shaping people's perspectives on their lives, histories and futures (1999:1-7). These stories may be inspiring or oppressive.

In essence, within a narrative research approach, the focus is not on 'experts' solving problems, it is rather on people discovering through conversations, the hopeful, preferred, and previously unrecognized and hidden possibilities contained within themselves and the unseen story-lines. This is what Michael White (200:3) would refer to as the "re-authoring".

## **9.6 WHAT NEW RESEARCH CAN BE DONE?**

After listening to different voices around stigma, the following themes may be researched:

Women and children are the most vulnerable groups, for example, due to the discourses that oppress them, they are the powerless among HIV/AIDS affected communities.

Homeless issues need to be probed to find out as to what the law says, what the role of the local government in providing the basic needs for AIDS orphans is, such as housing (shelter), food, school, and what the causes of stigma attached to them are.

The revised theology of the post-modern church is of great importance. What is the church doing to the plight of infected and affected children? Is there a God of AIDS orphans? Who is my neighbour?



## 9.7 CONCLUSION

Visiting the hospital wards in Mamelodi, I realised that the plight of many children affected by HIV/AIDS around the Mamelodi Township, in Tshwane and South Africa at large, has been a reality from the start.

I further realised that the rate at which it occurred, and is still occurring, vary from community to community and from city to city. Most children seek security away from the stigma and discrimination by their own communities as well as by some extended family members. To their surprise, they find and experience hostility and stigma instead of safety and security. To be stigmatised in the face of despair is heartrending for those children.

Children affected by HIV/AIDS in Mamelodi and elsewhere experience the intensity of stigmatisation. Lastly, I am left with the following and challenged as a narrative researcher, post-modernist pastor, post-foundationalist, and a pastoral therapist:

How will I reach the new generation of AIDS orphans who are losing their parents on a daily basis?

How will I respond to their realities of being orphaned by AIDS and are presently experiencing stigma from my fellow Christians?

How will I encourage none-cultural churches to match the new and mixed population?

How will my church match their demand for techno-literacy, connectivity and interactivity?

How will I build a church that is attuned to the 21<sup>st</sup> century post-modern value system?

God help me to do it!