

# **An Afro-Christian ministry to people living with HIV/Aids in South Africa**

**Matsobane J Manala**

**Department Practical Theology  
University of South Africa**

## ***Abstract***

*The HIV/Aids pandemic is cause for great frustration to the developing countries in their attempts to improve the quality of life of their citizens. HIV/Aids in South Africa demands a specific approach to the Christian ministry in which the African world-view is acknowledged. In order for the church to play a relevant and meaningful role in combating the HIV/Aids pandemic, it is necessary that the church should be informed of the existential situation of persons living with HIV/Aids. This information is vital for raising awareness and engendering sensitivity among Christians. In the context of such awareness of and sensitivity to human pain and suffering, the community of the faithful should be moved to heed Christ's call to show neighbourly love. The possible role of the church in caring for those who are already infected with HIV is defined.*

## **1. INTRODUCTION**

The HIV/Aids pandemic is one of the fiercest challenges facing the Christian ministry in the twenty-first century in South Africa. Dreyer (2002:87) states in this regard: "... I would like to argue that in the continuing struggle for justice in South Africa, HIV/Aids presents an important challenge for theology in general and for practical theology in particular." I view the Christian ministry as referring to services of faith communities that are concerned with proclaiming the gospel of the kingdom of God. These services include imparting Christian ethical and moral values and conduct, as well as offering prayers for those who are in need. These services should emanate from and be founded upon the unconditional love and acceptance of Christians as ambassadors for Christ (2 Cor 5:20, Eph 6:20, Mt 22:39: King James Version). In this article, the term "Christian ministry" is used to refer to the caring actions of the followers of the gracious Lord Jesus for people living with HIV/Aids.

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In this article, firstly the important terms are clarified to re-emphasise the meaning and implications of the pandemic. Secondly, the Afro-Christian approach is outlined. This approach takes seriously the existential and pastoral realities relating to people living with HIV/Aids. The Afro-Christian approach is an approach that seeks to integrate those values from the African and the Christian traditions that are meaningful and life-giving in service of the weak and marginalised people. It considers the African world-view as the basis for the Christian ministry to people of Africa in their experiential needs. Thirdly, the existential situation of people living with HIV/Aids is sketched. The aim is to inform the faith community, also known as the healing community (Duncan 1988:67), about the experiences and expectations of people living with HIV/Aids. I hope such information will raise awareness and induce genuine concern for people living with HIV/Aids. Fourthly, the role of the church in caring for infected and affected people is examined. The assumption is that if the church could play its role as it should, the faith community would be well-informed, sensitised and equipped to deal with HIV/Aids matters more efficiently. In conclusion the important issues highlighted in the article are restated.

## **2. CLARIFICATION OF TERMS**

Aids which is the acronym for Acquired Immune Deficiency Syndrome (Van Dyk 1993:5), is known to be mainly transmitted sexually. About 95% of all Aids infections in Africa are sex-related (Katongole 2001:144; cf also Saayman & Kriel 1992:17). Although Aids is mainly a sexually transmitted disease (STD), it differs from other STDs in two important respects: it is both incurable and fatal (Saayman & Kriel 1991:159). The HIV/Aids pandemic therefore bedevils sexual activity, threatening to place a moratorium on human procreation. Aids is, as suggested in the word “syndrome” above a collection of many conditions “that occur as a result of damage to the immune system caused by HIV” (Van Dyk 1993:5), which is the acronym for Human Immunodeficiency Virus (Van Dyk 1993:5; Bayley 1996:4). The challenge of HIV/Aids demands a suitable Christian response. The Christian ministry to people living with HIV/Aids should respond positively to the demands of the gospel of Jesus Christ for justice, transformation and liberation. The gospel of Jesus Christ calls for the compassionate treatment of suffering people (Mt 25:40; Lk 10:25-37). People living with HIV/Aids should not be alienated but be embraced with love. The Afro-Christian approach could provide the context of love.

### 3. THE AFRO-CHRISTIAN APPROACH

Seoka's (1997:1) statement is quite relevant as the rationale to my vision of the Christian ministry in general, and to ministry to people living with HIV/Aids in different parts of Africa, in particular:

The subject "Christianity and culture" should be approached from the context of culture, if it is to make sense. This approach will emphasise culture of the people whom the Gospel/Christianity reaches, thus making culture the primary factor in the method of doing African theology and spirituality. At the moment the teaching method is of Western orientation and engages African experience as an afterthought.

I believe an African approach to the ministry to people living with HIV/Aids in Africa not only makes a lot of sense but more importantly will also improve the quality of their lives. An attempt is being made here, to help the Christian ministry in Africa to touch the core of the lives of people living with HIV/Aids.

The concept, "Afro-Christian", suggests that the Christian ministry in Africa should be genuinely African and Christian. There is to my mind potential for dynamic and efficient caring in the Christian ministry that is constructed on a two-fold foundation of Biblical and African cultural values. The biblical story about the life and work of the early Christian church as narrated in Acts 2:43-47 reveals the lifestyle that is characterised by close kinship, mutuality, self-sacrifice for the sake of the other and prayerfulness. This lifestyle and values of the Christian community reminds one of the African Ubuntu lifestyle. Four important pillars, namely *community (koinonia)* both vertical and horizontal, *mutuality*, *self-sacrifice* for the sake of the other and *the belief in God's healing power* can be observed in these two communities. African people are known for their love of and concrete commitment to community. They are indeed a mutual community (Shorter 1978:27). This mutual community lifestyle is the core of Africanness.

The same is true for the Christian lifestyle in as far as it is founded on the culture of the ancient Mediterranean peoples and devoid of Western civilisation with its individualism. The *Ubuntu* lifestyle<sup>1</sup> relates well to the world-view of the ancient Mediterranean culture, which is the predominant context of Biblical narratives. In his comparative study of the social values of the ancient Mediterranean world and those of Africa in today's context, Botha (1997:178) states: "There can be no doubt that what is true for the ancient

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<sup>1</sup> The African way of life in which people believe that they are, because others are, and in which they believe, work for and live in mutuality and interdependence.

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Mediterranean [culture] in terms of values and human relationships is also true for Africa: it is group-centred and the spirit of *Ubuntu* is all-pervasive". Group belonging, interdependence and communal life are therefore equally at the heart of Africanness just as they are at the heart of the Mediterranean world-view. The Africans' encounter with the gospel in its Mediterranean culture should, to my mind, advance a meaningful loving service to people living with HIV/Aids in Africa today.

The imperative of mutual support or solidarity is at the core of African life. African peoples "acted always to fulfil a human need, their own and that of others" (Shorter 1978:27). Community members co-operated in support of the weaker members in particular, for example the elderly, the orphans and the handicapped. "The demands of hospitality", notes Shorter (1978:28), "were far reaching, extending not only to the whole family community, but to clan, chieftdom and on occasion, the whole ethnic or language group." Kaunda (cited in Shorter 1978:29) states: "The African traditional community was, he says, a mutual society, an accepting society, and an inclusive society." Kaunda saw (cited in Shorter (1978:28) these features of the traditional African community as a core system of African life.

The African community was organised around the addressing and satisfying of the basic human needs of all its members. The organising motto for African communities was in the context that "an injury to one is an injury to all". The sense of African solidarity comes powerfully to the fore in practical ways here.

Another characteristic that the African community shares with the Christian community is their belief in the God of love and in mutual love. African people's life and conduct are therefore founded on religious faith. Shorter (1978:53) cites Leopold Sédar Senghor, former president of Senegal, as follows: "The African is a believer in God, and for him a Godless society is a loveless society." Love lies at the centre of African life. Love is therefore as Senghor (cited in Shorter 1978:54) puts it, the essential energy. Senghor, in the footsteps of Teilhard de Chardin, the Jesuit anthropologist-theologian, believes that human life – even well-being and achievements – would be of no use if it did not lead to the maximum being that is felt only in a love-union (Shorter 1978:53). Love is essentially the primary motif and the driving force of African community life. The result is a strong sense of brotherhood and sisterhood as well as meaningful communication. This should stand in good stead the Christian ministry to people living with HIV/Aids in Africa. Within the framework sketched above, ministry to people living with HIV/Aids in Africa should indeed be in a position to make a meaningful contribution in the fight against HIV/Aids.

Yet this does not seem to be the case, and one wonders why this is so. This question and other questions need urgent and unambiguous answers. Let me state here that I have no intention of presenting a romantic view of *Ubuntu*. I am aware that some people may rightly have misgivings about *Ubuntu* as a result of negative experiences they may have had in its context. I am also aware of problems which need to be resolved to facilitate the Christian ministry in Africa, especially to people living with HIV/Aids.

One such serious problem is patriarchy. African societies, in spite of the enviable *Ubuntu* philosophy, are deeply patriarchal. The problem inherent in patriarchal societies is that they are gender-insensitive and oppressive to women, a situation that predisposes, precipitates and perpetuates HIV infection. Men make all the sex-related decisions which women as “minors” have no right to oppose, however unfair and unsafe these decisions may be. The evils of patriarchy can best be grasped when one carefully heeds the words of Nyambura Njoroge (1997:81):

Patriarchy is a destructive powerhouse, with systematic and normative inequalities as its hallmark. It also affects the rest of the creation order. Its roots are well entrenched in society as well as the church – which means we need well-equipped and committed women and men to bring patriarchy to its knees

The Bible also affirms patriarchy (Phiri 2002:20). The Christian biblical tradition treats women in almost the same way that the African cultures do, that is, as minors who are forced to remain silent and aloof about major decisions and activities. This gender-insensitivity and oppression of women are manifested in various abuses, including cruel acts of sexual violence against women and children in many South African communities. The question is whether our proposed Afro-Christian approach to Christian ministry to people living with HIV/Aids can succeed in the abusive situations described below. Phiri (2002:20) citing Musimbi Kanyoro states:

Culture has silenced many women in Africa and made us unable to experience the liberating promises of God. Favourable aspects of our cultures, which enhance the well-being of women, have been suppressed. Those that diminish women continue to be practised in various degrees of our societies, often making women objects of cultural preservation.

It does not seem feasible, therefore, to advocate embracing the proposed Afro-Christian approach. I however do not think that patriarchy should be allowed to jeopardise opportunities for the design of a potentially helpful

ministry to people living with HIV/Aids. The approach should, as Ackermann (1993:21) so eloquently states, embody the ethical demands of the reign of God, namely justice, love, freedom and *shalom*. African theology within which the proposed Afro-Christian approach resides, therefore needs to purge itself of the evils of sexism. In other words, it ought to reread and reinterpret the biblical texts that are life-denying to women. Masenya (2005:194) suggests that the present androcentric biblical hermeneutics should be challenged. The suggested biblical hermeneutics should acknowledge the woman as a human person in her own right, not as an attachment to a male partner. The suggestion therefore places the respect and honour of women at the centre of our theologising, if it is to contribute positively towards the Christian ministry to people living with HIV/Aids in Africa. Only then will the proposed Afro-Christian ministry to people living with HIV/Aids be acceptable, especially to women. I now turn to sketching the existential situation of people living with Aids (PLWA).

#### **4. THE EXISTENTIAL SITUATION OF PEOPLE LIVING WITH HIV/AIDS**

HIV/Aids is more prevalent among young, economically active and child-bearing people including professionals (*Sowetan* 9 June 2005:4). These are people who are actively working to improve the quality of their lives and that of their young families. De Jongh van Arkel (1992:113) indicates that young energetic people with dependent families are likely to have heightened distress caused by illness. It is clear therefore that the majority of people living with HIV/Aids are highly distressed. The life-world of the sick is one compounded by multiple emotions, for example, uncertainty, dependence, rebelliousness, denial and rationalisation (Dreyer 1981; Louw 1994). Next I sketch a few of these existential situations of people living with HIV/Aids.

##### **4.1 People living with HIV/Aids struggle with fear**

HIV/Aids is known to be incurable. People living with HIV/Aids therefore struggle with fear, for example a fear of death and disfigurement. Kgosikwena (2001:209-210) mentions that people living with Aids are tormented by the experience of fear of social, psychological and physical death. Fear of desertion, of becoming a burden to others and of pain, occupies the minds of people living with HIV/Aids.

People living with HIV/Aids fear that other people may find out that they are infected, a fear induced by the stigma attached to the pandemic (Louw 1994:131). The person living with HIV/Aids has a complex reaction after discovering that she or he is HIV positive or has developed Aids.

The person is confronted with various questions. Louw (1994:131-132, 1995:39-40) lists the following: fear of rejection – the patient could feel profoundly rejected by God and experience God as being obscure and hidden: Who is my God? Is he a tyrant or a friend? Fear of rejection, especially by God, brings with it profound feelings of helplessness and emptiness. Bayley (1996:255) lists a number of questions people ask when disaster befalls them and states that, underlying such questions, is the basic fear: Does this disaster mean that God has rejected me? Such questions reveal these peoples' quest for reassurance that God is truly and faithfully on their side.

#### **4.2 People living with HIV/Aids struggle with an identity crisis**

HIV/Aids fill a person with questions about her or his identity. People who once had good knowledge and were proud of themselves become uncertain who they actually are, after being infected by HIV/Aids. One asks her/himself: Who am I? Am I still the same person? Am I acceptable to my people, especially my relatives?

Louw (1988:72) points out that societal perception about the identity and morality as well as the negative labelling of people living with HIV/Aids have an enormous impact on people who live with the epidemic. The person living with Aids is seen by others as a failure and as one who has brought misfortune on him-/herself by leading a sinful or immoral life. In many cases, such perceptions result in a severely damaged self-image and an inferiority complex. In the African context in which *Ubuntu* is central, the harm done to one's identity as a result of such destructive perceptions becomes exaggerated. In that context, others and their opinions are quite important in forming and maintaining one's identity and self-image. If other people become judgmental and label one, they destroy one's identity. In this way the person living with HIV/Aids loses a sense of her/his own identity. It is therefore not surprising that a person living with Aids sometimes experiences society, especially church people, as alienating hypocrites. Ward tells the following story about a young patient (24 years old), called Bryan, which aptly illustrates this point:

Bryan was kept in isolation and visitors wore a mask, gown and gloves. I was warned not to touch Bryan, not to sit on his bed, not to be near him if he should sneeze as he had a parasitic infection of the lungs and not to eat anything he might give me in the way of chocolates or fruit. I was afraid, insecure and very anxious. The sister in charge told me that Bryan was twenty-four years old, was rapidly losing weight and had been in bed for a month. He had been

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a rather up and coming accountant having just finished all his studies at the university and was working in a good firm in the city. So far he had refused all contact with the pastoral care department saying that he did not want to talk to any strangers or people from the church.

(Ward 2000:26)

Bryan was living with Aids. What is extremely surprising is Bryan's refusal to have any contact with the pastoral care department or talk with other people, especially those from the church. Though Bryan's conduct might have emanated from a projection of his own guilt feelings, it might also be true that he had experienced the faith community as being judgmental. It is clear that he needed a community that would not label him, one that is compassionate and caring, non-discriminatory and non-judgmental. This became clear when he later invited the author to talk to him, as she had waved and smiled at him whenever she passed by. Ward (2000:26) relates that Bryan shared with her, his feelings of alienation, isolation, fear and vulnerability and that he felt that God was punishing him for his lifestyle. Bryan probably needed a human presence that would express the true nature of God's mercy on, love for, faithfulness to and salvation of sinners like him. The African community with its group orientation, mutuality, interdependence, love and mutual respect could probably make the Christian ministry more accessible to suffering people.

#### **4.3 People living with HIV/Aids struggle with the question of meaning**

Life with HIV/Aids makes one wonder what meaning there is in living since the scourge obscures the future and denies hope. Living with HIV/Aids therefore involves suffering. The following questions are inherent in this context: Does this suffering have any meaning? Do I still want to live or would euthanasia be a possible way out? For the distressed people who are HIV positive, it is not even possible to ask if euthanasia could be a possible way out. They would rather ask whether suicide would end this HIV/Aids-engendered sense of meaninglessness. People infected with HIV through sexual intercourse struggle with the question: Does someone still love me?

If the transmission of the virus occurred through heterosexual intercourse, the traditional positive meaning of sex comes under fire: sexual intercourse becomes feared and shunned. HIV/Aids takes away the fun and pleasure that sexual intercourse used to bring to human experience. The title of a book edited by Peter B Anderson, Diane de Mauro and Raymond J



Noonan, entitled: *Does anyone still remember when sex was fun?* confirms the complex situations that HIV/Aids causes in sexual relations.

Part of the question of meaning is the struggle with fate. Why did this happen to me? This is especially true of patients who were infected as a result of blood transfusion. In their opinion they have done nothing wrong and do not deserve to suffer and die. They ask: Why must I now depart from life when I do not want to die? They feel deceived by society and prematurely doomed to death. The feeling that God has failed them by not protecting them against this “undeserved death” may be part of the experiences of people living with HIV/Aids.

#### **4.4 People living with HIV/Aids are emotionally confused**

Patients could become more confused and depressed, and feel helpless and weak. Loneliness and negative thoughts determine the thought processes and perceptions of patients. People living with HIV/Aids are in need of a cure but are informed that no cure has yet been found. People living with HIV/Aids have no certainty about who their friends are. They are not sure whether they are about to be shunned because of HIV/Aids. They ask the question: Are my friends and loved ones going to shun me? Who knows about my disease? For those who are breadwinners the confusion is heightened further by the niggling worry about her/his dependants. How can they survive without any assurance of support? The Christian Ministry should be able to provide an alternative environment. The environment of familial closeness and serviceability found in the Afro-Christian context should be able to provide the needed care and assurance.

#### **4.5 People living with HIV/Aids are stigmatised**

Stigmatisation involves the associations that members of society fabricate, based on their linking of one’s HIV-positive status to a particular causal factor, such as homosexual behaviour, intravenous drug use (by means of shared needles) or promiscuous behaviour. They perceive the HIV-infected person in this light and talk about the person in terms of the perceived or identified cause (Louw 1988:71). Louw (1988:71) rightly decries the fact that such labelling and scapegoating strip people with HIV/Aids of their humanity. They are pushed into the background and the cause of the infection becomes the predominant and overriding factor. People no longer see the infected people as persons in their own right; they only see the act that is perceived to have led to the infection. Louw (1991:94) states that “being” is no longer important in such a situation.

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Stigmatisation is extremely cruel, so much so that it is likened to the greatest crimes against humanity, such as “medieval witch hunting, anti-Semitism of Nazi Germany and the McCarthyism against Communists in the USA” (Joubert 1991:25). Speaking conservatively, such hostility can isolate people living with HIV/Aids, with a crisis of loneliness. I say conservatively speaking because the worst effect (e.g. murder) cannot be ruled out. The widely reported case in KwaZulu- Natal of a young woman, Gugu Dlamini, who was killed by a mob of people after declaring her HIV/Aids status, is a case in point.

Many disconcerting questions come involuntarily to mind: Did I choose to be homosexual? Why must I suffer from this disease? Is Aids God’s punishment?

#### **4.6 People living with HIV/Aids struggle with guilt**

People living with HIV/Aids lead a life of self-castigation. They often express statements such as: I have made a mess of life. They often feel guilty and blame themselves and ask questions: What have I done wrong? What do I leave behind? How will people remember me? They often think that they could have done something to prevent the disease. Furthermore they explore the magnitude of their own shame, the value and possibility of forgiveness and self-forgiveness, and ask: Could I accept and forgive myself? (Louw 1994:131-132, Ward 2000:27).

It is clear that the anguish and anger felt by people living with HIV/Aids are often suppressed and directed internally. Their entire ego structure and self-esteem could therefore be negatively affected and even destroyed as a result of internalised anger. The Christian ministry that is designed on familial principles of intimacy, mutual trust and interdependence could help people living with HIV/Aids to open up and experience catharsis.

## **5. THE ROLE OF THE CHURCH AS THE HEALING COMMUNITY**

The church, also described as the body of Christ, is in the world particularly to express in concrete terms the love and mercy of Christ to such people as the poor, the sick, people living with HIV/Aids and the needy in general. This love can be expressed by the church’s visits to people living with HIV/Aids, to share the good news of salvation and material resources with them, and to invite them to church services and other church activities. This would also concretise the Afro-Christian provision of required community and solidarity. The church, as Christ’s ambassador, should indeed be there for the salvation

and welfare of these people and to communicate the life-giving and hope-inspiring message.

### **5.1 Presence among and identification with people living with HIV/Aids**

The church should be concretely there for, loving to and enthusiastic about people living with HIV/Aids. The church's ministry to people living with HIV/Aids should indeed be based upon the ministry of presence. This ministry is expressed in "the moving towards, the being with, and the being part of as well as the being enthusiastic about" (Duncan 1988:67). This would be in line with the African community's essentially communal nature. This is quite necessary as healing in Africa is essentially a communal matter. Masenya (2005:192) states: "Because a human being is only a human being because of other human beings, Aids victims cannot heal in isolation".

The role of the church towards the needy and specifically people living with Aids is not easy. It involves a great deal of sacrifice. It entails involvement in the pain of people in empowering ways, with the aim of providing a better quality of life to those in pain (WCC 1990:4). Kgosikwena (2001:213-4) notes that to come closer to people infected with and affected by HIV constitutes a Christian identification with people's suffering. This position was adopted by Christ himself with regards to our sinfulness. Instead of visiting judgement and punishment on sinners, he approached them with the offer of salvation based on God's abundant love.

The church should therefore understand its mission of education and caring with regards to the Aids pandemic as a particular mode of proclaiming the gospel. The church should understand this proclamation in the light of Paul's attitude, that is, as an *anagke*, a necessity laid upon the church by God (1 Cor 9:16). Caring for and empowering those who live with the scourge is something the church has to do at all costs. In this role of the church, the needs of people living with HIV/Aids should take precedence over moral considerations. To put it differently, moral considerations should not lead the church to a judgemental position that could easily jeopardise this caring task. Louw (1991:93) writes in this regard:

Human agape or love as a moral principle requires that a person's needs take priority over judgement about any conduct or characteristic of that person. The single most important moral consideration for God's people in the Aids crisis is how they are going to love their neighbours caught in the suffering that Aids generates. For purposes of pastoral care all other moral concerns are secondary and operationally irrelevant.

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Lovegrove (1990:154) affirms the above-stated position. He notes the statement of the World Council of Churches that confirms the loving and redemptive role of the church: "Our Lord came to redeem mankind (*sic*), healing the sick and identifying with the outcast. We, the Church, his disciples who seek to carry on his work and to be like him, can show ourselves [to be] his followers if we too, share in the love of God for those in need." The role of the church is therefore to offer community, compassion and concrete help to people living with HIV/Aids. The role of the church in the context of HIV/Aids also entails communication of the gospel.

### **5.2 Communication**

The Christian church has as its core mission and task the proclamation of the gospel. The church's ministry to people living with HIV/Aids should therefore be mainly communicative. The church should in fact communicate the life-giving message and actions to all people, especially those who feel helpless and hopeless. This life-giving message entails education and pastoral care and counselling.

#### **5.2.1 Education**

The church can play a vital role in educating people, especially in remote rural areas. The church is also a trusted educational agency because of its widely acknowledged adherence to issues of justice. Nelson Mandela in one of his speeches on SABC news rightly referred to Aids as an issue of justice. Aids is therefore a matter of extreme interest to the church which many people still view as in the vanguard of justice.

The requisite education in the HIV/Aids context ought to emphasise the love of God, self-love, love of others and of the environment. This should promote unconditional love, mutual respect and mutual acceptance.

The church should talk openly and encourage parents to talk openly about sex and its relation to HIV/Aids. For example education should inform people that Aids can be contracted through unsafe sex, by sharing needles in cases of drug abuse and occasionally through blood transfusion, and also emphasise that it cannot be contracted in any other way (Nicolson 1995:73). This would help to allay people's unfounded but petrifying fears. She should educate adults and the youth – most of whom are sexually active – about sex as an honourable activity but also about the Aids crisis linked to unsafe sex. Saayman and Kriel (1992:66) state: "... sex education should stress the holiness of sex as a God-given expression of human love and commitment, that is given to women and men to enjoy – within *closed sexual relations*" (my emphasis).

This education should raise awareness of the reality and the catastrophic consequences of HIV infection and of the Aids pandemic. Based on the notion of Christian victory inherent in the church's teaching about Christ's resurrection, this sex education should encourage a positive lifestyle and victory over HIV/Aids. This victory, the church must insist, could be achieved by the practice of what Saayman & Kriel (1992:60) call "closed sexual relations" – the restoration of which they regard as the only means through which: "the epidemic will be broken". Closed sexual relations mean sexual relations in which sexual intercourse excludes those who are not sexual partners in monogamous or polygamous relations. This is one way of ensuring sexual fidelity. It means that sex education by the church in co-operation with other stakeholders has to encourage faithfulness among current and future sexual partners.

Sex education ought to address the power relations between males and females in order to curb the sexual abuse of women and of girl children. Gender equality is critical in sex education aimed at preventing the spread of HIV. Sex education should therefore empower women and destroy patriarchy (Masenya 2005:193). This would more likely succeed in promoting gender equality in general and in heterosexual relations in particular. This can be done by empowering women using the contribution of female theologians who employ various approaches. Quite interesting in this regard is what Masenya (2005:195) calls the *bosadi* (womanhood) approach. This approach, she points out, reads the Bible with the unique experiences and rights of African women in focus and is aimed at women empowerment and at promoting gender equality. In the context of equality, sex becomes a negotiated activity and not an activity which forces one party to submit and surrender her autonomy. Safe sex is only possible in a relationship in which partners are able to negotiate and reach an agreement that is satisfactory to all. This would go a long way towards curbing the further spread of HIV and other STDs.

Sex education should also address the political, social and economic issues in South Africa, that lead to open sexual relations and the rapid spread of HIV/Aids (Saayman & Kriel 1992:55-56; Nicolson 1995:74). Poor living conditions indeed provide an environment that is conducive to HIV spread. The church should therefore call upon the government to speed up improvement of the quality of life of the poor. This programme should also encourage those who are infected to take their treatment faithfully, where such treatment is available. In areas where there is no infrastructure for the administration of antiretroviral drugs, the church should keep pressure on the relevant government departments to speed up the process of setting up such infrastructure. The government should also be challenged to create jobs and

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where possible be assisted with job creation plans and projects to reduce unemployment. Unemployment leads to poverty which in turn leads many women and some men to prostitution and other transactional sexual relations. The church should also help to rehabilitate and have rehabilitated those who are already engaged in prostitution and other high-risk situations.

Afro-Christian means could be used to facilitate effective Aids education. Art and music are some of these means which could add resilience to education in the HIV/Aids context. In Africa song seems to be the most effective way of communication. For example on 10 June 2004 from 07:06 to 07:59, the Thobela FM phone-in education programme, *Mofahlosi*, discussed music and its importance in education. It became clear to me from this discussion that music could play an important role in facilitating education in general and Aids education in particular.

In the life of the African Christian community as well as the African community in general, song plays a major role in celebration, initiation, work, mourning and so forth. The health minister at the time, Nkosazana Zuma, had the best intentions when introducing the play *Sarafina 2* in the 1990s as a strategy in the Aids education and awareness campaign. Unfortunately the production was opposed and stopped because of its high financial costs. Aids education by the church in Africa could achieve the requisite success if it co-operated with musicians and used song in its campaigns. Sundkler (1960:299) refers to the importance of song and music in the African church as follows: "The African Church comes to life and realises its special charisma at the level of music and song and rhythm." This is clear evidence of the empowering ability of music and song in the service of God and of humanity. The church could organise church choirs and singing groups to unleash this musical dynamo. The church could make a meaningful contribution by organising festivals in which well-known musical groups and personalities would be asked to participate to educate communities about Aids through music. This could prove not only didactic but also therapeutic for HIV-infected and affected persons and those living with Aids. Such events would also help raise the sorely needed funds for further campaigns and for providing much-needed resources aimed especially at poverty stricken rural areas and informal settlements.

#### **5.1.2.2 Pastoral care of and counselling with people living with Aids (PLWA)**

Pastoral care is one of the important services the church or the healing community can render to people infected with or affected by HIV/Aids. The Oxford Advanced Learner's Dictionary of Current English defines care as "the

process of care for somebody or something and providing what they need for their health or protection (Hornby 2000:163). This means that care is the task of those who are sympathetically concerned about someone. This sympathetic concern cannot be passive. It must involve a caring action by the one who is sympathetically concerned. According to Campbell and Williams (1990:23) the Chikankata Aids team in Zambia defines Christian pastoral care as "... a commitment to expressing God's love and resources through service and counsel in Christ's name". This definition emphasises the Christians' expression of God's love and resources in words and in deeds. It also indicates the pertinent need for human commitment to expressing and offering God's love. Pastoral care in the context of HIV/Aids therefore refers to the Christian communicative actions to which members are bound by the love of Christ and through which they give the necessary attention to those infected and affected with HIV/Aids. The primary aim of the caregiver is to enhance the coping skills of a person living with HIV/Aids and to provide emotional support. The caregiver should fulfil the need for reassurance of the person living with HIV/Aids.

The caregiver should offer unconditional love, counselling, listening and acceptance as aspects of a theology of hope (Ward 2000:27). Louw (1998:448) refers to what he terms *promissio-therapy* which he defines as "the application of God's promises to a believer's faith functions". Seen in the light of God's faithfulness, the application of God's promises to a person living with HIV/Aids could indeed inspire the needed hope.

In a nutshell, the pastoral caregiver's role is to care, comfort, accompany and offer stability of mind to the person living with HIV/Aids. In my opinion, this could be achieved by developing a pastoral care and counselling approach of hope. According to Stone (2000:154), hope can be inspired through a deliberate act of focusing on exceptions to times or events that sadden and depress people. One other important aspect of inspiring hope is to let depressed people visualise positive futures for them. Stone (2000:154) claims that depressed people can be led to hope through a method which seeks to "focus on people's strengths; search for exceptions; re-frame hope; and create future goals as a way to move away from preoccupation with the past". These exceptions should be co-discovered with the care-seeker. This would probably empower people living with HIV/Aids. Henderson (1990:36) points to the empowering ability of assertion of hopeful living, stating:

In fact, those of us who are involved with people living with HIV and with service provision, have seen that this assertion of hopeful living can indeed sustain people through their dying; nor does the

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departure of the dead destroy the commitment of the living to go on reaching for true life in every available moment.

People with HIV/Aids have to be persuaded to accept themselves and to know that God and their significant others love and accept them. Total self-acceptance by the person living with HIV/Aids and unconditional acceptance by the community should be encouraged, with the faith community acting as role model. The faith community should be developed into a real, loving and healing community. The church in Africa could become a real caring, loving and healing community by merging Christian values with the African community's values of love, mutuality, respect and inter-dependence. The familial nature of the Christian congregation, namely intimate fellowship, and active caring should be emphasised. Small caring communities and peer-support groups for people living with HIV/Aids should be established and their members trained in the art of caring, in doing practical chores for people living with HIV/Aids and in networking. The African perspective especially in so far as it is centred on the concept of *letsema* or co-operative action, could be useful in providing a good basis for the needed teamwork.

The Afro-Christian ministry to people living with HIV/Aids cannot do without prayer for divine healing. The faith community in Africa believes in and trusts God's healing power (Mbiti 1970:68). Prayers for healing should form part of the pastoral care and counselling strategy.

## **6. CONCLUSION**

Afro-Christian ministry to people living with HIV/Aids seems to be a feasible and meaningful way of inspiring hope. The existential experiences and expectations of people living with HIV/Aids have been sketched to sensitise the healing community to greater compassion and meaningful action. An outline is given of the role of the church in preventing the further spread of HIV and in caring for those already living with Aids. I have pointed out that the Afro-Christian approach could help transform the Christian ministry into a dynamic endeavour.

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