

**MISSION AND HIV/AIDS PREVENTION IN STERKSPRUIT PARISH, EASTERN CAPE: NEW INSIGHTS
FROM AN EVALUATION AND A CRITIQUE OF EDUCATION FOR LIFE PROGRAMME (EFLP), OF
THE ROMAN CATHOLIC CHURCH.**

By

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DECLARATION

I declare herewith that ***MISSION AND HIV/AIDS PREVENTION IN STERKSPRUIT PARISH EASTERN CAPE: NEW INSIGHTS FROM AN EVALUATION AND A CRITIQUE OF EDUCATION FOR LIFE PROGRAMME (EFLP), OF THE ROMAN CATHOLIC CHURCH***, submitted for the degree of PhD in Missiology is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references. This work has not been submitted for any other degree at any other institution of higher learning.

(Joseph Mary Kizito)

A handwritten signature in black ink, appearing to be 'JK' with a flourish, on a light-colored background.

Signature

Date

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ABSTRACT

In this study, the researcher investigates an HIV and AIDS prevention programme known as Education for Life (EFLP) run by the Roman Catholic Church (RCC). The programme seeks to encourage behaviour changes as a viable approach for the prevention of HIV and AIDS through education. EFLP is faith-based and run by the RCC as one of the programmes in RCC pastoral mission activities to mitigating the HIV and AIDS epidemic.

EFLP aims at preventing HIV and AIDs through creating awareness of human values in the context of the gospel, facts about HIV and AIDs and promoting behaviour change, particularly among the youth. The programme is youth-led, peer-driven and peer support based. The researcher examines EFLP in Sterkspruit Parish from 2003 to 2013 to assess whether EFLP was effective in bringing about preventative sexual behaviour, as a result of participants in the programme changing attitudes and values and acquiring life skills.

RCC and many Christian churches promote behavioural intervention abstinence, fidelity within marriage, counselling and delaying sexual debut and partner reduction. Behavioural change programmes have, however, not been without controversies.

A qualitative research method was followed to investigate the impact of EFLP. Data were obtained and tape-recorded during one-on-one interviews of 25 youth participants. The researcher employed the theory of reasoned action to examine the data.

Analysis of data revealed that the mission of the church could be achieved through social transformation in the lives of the youth, especially behavioural change concerning HIV and AIDS. It also showed that a single preventative approach should not be taken to the exclusion of others in the prevention of HIV and AIDs. The study recommends combining different approaches, including promoting behavioural change.

KEY TERMS

Behaviour change, Context of the gospel, Effective, Reasoned action and Social transformation, Prevention programme.

LIST OF ACRONYMS AND ABBREVIATIONS

ABC	Abstinence, Being faithful and using Condoms
AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
NGO	Non-governmental organisation
EFLP	Education for Life Programme
CCC	Catechism of Catholic Church
SACBC	Southern African Catholic Bishops Conference
CSD	Catholic Social Doctrine
CST	Catholic Social Teaching
ABCD	Abstain, Be faithful, Change your lifestyle, or you will be in Danger of death
TRA	The Theory of Reasoned Action
FBO	Faith-Based Organisation
RCC	Roman Catholic Church
UNAIDS	Joint United Nations Programme on HIV and AIDS
TRA	Theory of Reasoned Action
EFLP	Education for Life Programme

DEDICATION

This piece of work is dedicated to the youth of the SACBC who have dedicated their time and energy to promoting the Education for Life Programme (EFLP) among the youth. To those youth, Priests and Religious people living with HIV and AIDs and to those youths who have passed away due to HIV and AIDS epidemic.

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CHAPTER 1: BACKGROUND AND ORIENTATION TO THE STUDY

1.1 Introduction

When I was first appointed as a pastor of Sterkspruit Parish in 2013, we would have about five funerals in the parish every weekend. Most of these funerals were of youths between 15 and 25 years of age. When I tried to ask why was this so, not many people were aware of the reason or the issues behind this high youth death rate, even if behind their backs they were saying it's the *Amagama amathathu* in the Xhosa local language meaning the *three latter diseases* known as HIV and AIDS. However, nobody was talking or paying attention to the role of behaviour change, positive attitudes, values and life skills.

This led the researcher to the introduction of the Education for Life Programme (EFLP) as a Christian response (*mission Dei*). This EFLP was adapted by the Southern African Bishops Conference (SABC) to target the youth in dealing with HIV disease and prevention by focusing on behaviour change. This was aimed at filling the gap that existed in the community on knowledge, attitudes and values. To understand the conflicting messages and the local concerns of the community of Sterkspruit, the researcher first turned to the global and African statistics of HIV and AIDS.

Africa is the continent most affected by the spread of the Human Immunodeficiency Virus (HIV). According to 2017 UNAIDS, HIV continues to be a major global public health issue with an estimated 36.9 million people living with HIV (2017:1). Among this group, 19.6 million are found in east and southern Africa, which saw 800 000 new infections in 2017. More than six out of ten people infected with HIV live in sub-Saharan countries, amounting to a total of 23.5 million (UNAIDS 2017:1). In sub-Saharan Africa, 80% of those who are HIV and AIDS positive are the youth aged between 15 and 24 years. More than one third (35%) of the young woman around the world have reported experiencing some sort of domestic physical and sexual violence. According to the District Health Barometer (2015:175), South Africa has 6.8 million people living with HIV and AIDS. In spite of South Africa's substantial improvement in offering the people antiretroviral drugs (ARVs) and reducing mother to child transmission; the spread of the epidemic is still high. According to UNAIDS (2017:6), young people, especially the girls, are very vulnerable due to

transactional sex and lacking the knowledge to be able to protect themselves. There are also a number of forced marriages to older men.

In South Africa, the province of Kwa-Zulu Natal has the highest prevalence of HIV infections to date. The Global Health observation (2017:6) states that in Africa, 17 million children below the age of 17 have lost one or both parents to HIV and AIDS. In the same year, there were 330 000 new infections, while 200 000 South Africans died from AIDS-related illnesses. Klaus (2015:7) argues that the question of why the HIV epidemic causes such immense devastation in Africa “cannot yet be answered”. Likewise, the District Health Barometer (2015:175) emphasises that there is great concern that the knowledge level of HIV and AIDS for most of the people in Africa has declined and, at the same time, there is an increase in risky behaviour. Government health departments and private sector agencies have promoted the use of condoms aggressively as a preventative tool against HIV and AIDS. According to the District Health Barometer (2015:175), however, it has been reported that, despite giving people condoms freely and making them accessible and available even to the early teenaged young people, the majority of men do not use condoms, increasing the risk of high HIV prevalence.

The Human Sciences Research Council (HSRC), in its report of 2017 in the District Health Barometer (2017:175), noted the use of condoms among the youth in South Africa declined compared to the survey of 2008. In 2017 condom use reduced to 36%, similar to the 35.4% noted in 2005. In the local district of Joe Gqabi, where Sterkspruit Parish is located, condom usage and distribution were at 30.8%, and the main cause of death in 2017 was HIV and AIDS.

In view of the above, the following has to be recognised;

- 1) The government and private sector donors have been promoting condom use as an HIV and AIDS preventative strategy more than other means and, in many cases, to the exclusion of other strategies
- 2) With most of the focus being on using condoms, other preventative strategies, wherever they are used, lack appropriate methodical effectiveness evaluation
- 3) The use of condoms is declining, particularly among men and the youth

- 4) There are increasingly widening gaps between the intended HIV and AIDS infection rate reduction targets and the results being achieved

The researcher asks first whether other HIV and AIDS prevention strategies should not also be as aggressively promoted as condom usage; secondly, whether there is evidence of any other preventative strategy being effective. For this study, the researcher examines encouraging behaviour change through education as a strategy for preventing HIV and AIDS in a rural community.

In 2003, the Roman Catholic Church bishops in Southern African introduced the Education for Life Programme (EFLP) as an HIV and AIDS preventative measure. This concurs with the UNAIDS (2001:3) statistics that education on HIV and AIDS can be one of those most powerful prevention mechanisms that can be used to halt the transmission of HIV. Through EFLP, the RCC intended to encourage the youth to make responsible changes to lifestyle choices to take care of present youth and future generations against the HIV infection.

The youth of Sterkspruit parish in the Diocese of Aliwal Eastern Cape were equipped with knowledge on HIV and AIDS in several workshops to help deal with behaviour change. The Parish of Sterkspruit, through its Diocesan Pastoral office, received the resources and the mandate or mission to address behaviour change of their youth as a church mission. A group of youths were trained in EFLP to minister to each other in peer-to-peer groups. This EFLP was launched in the Parish of Sterkspruit in 2003. The parish was appropriate for EFLP because the majority of its members are young; the area has a high HIV, and AIDS prevalence and the church intended to make an impact on the youth

Although this programme has been in operation for ten years, evaluation of its impact on the prevalence of HIV among the youth of Sterkspruit Parish has been overlooked. Since its implementation, the impact of the programme has never been evaluated. Yet, as Gallant and Maticka (2004:1337) argue, "Programme evaluation is a valuable tool for programme managers who are seeking to strengthen the quality of their programmes and improve outcomes for the children and youth they serve." The evaluation that is proposed for this study takes place within the specific context of Sterkspruit, which is a rural Parish with under-development problems.

In the Sunday Times of May 10th, 2015, it was reported by Govender that the South African government had announced it was planning to distribute condoms to 10-year-old pupils (Govender 2015:21). The proposed policy suggested offering condoms to male and female pupils aged nine to 12 years in Grades 7 to 12. As stated by Health Minister Aaron Motsoaledi at the time, 80 000 babies a year, or 8% of the total, are born to females younger than 18 years. Furthermore, according to the National Strategic Plan on HIV and Sexually Transmitted Infections (STIs), an estimated 39% of girls between the ages of 15 and 19 have been pregnant at least once (Graham Southern, African Newspaper 2015). The researcher observed that the distribution of condoms to pupils at very young ages conflicts with the policies of the Catholic Institute of Education (CIE), Southern African Catholic Bishops' Conference (2013:114). It is from this position, therefore, that the EFLP has been a strategy focusing on the youth of Sterkspruit as a strategic prevention programme to reduce the infection rate among them. This, in turn, motivated the researcher to study the role of the RCC in its mission of targeting the youth in Sterkspruit. This was supported by an earlier study of the role of identity in my Master's study in Missiology (with specialisation in church uniforms).

1.2 Background to the research in the parish of Sterkspruit

Sterkspruit Parish is located in the Joe Gqabi District in the Eastern Cape Province, bordering the Free State Province and Lesotho to the north (see Map of Sterkspruit). It consists of three sub districts, namely Elundini, Maletswai and Senqu.



Figure 1.1 Map of South Africa and Eastern Cape

The population stands at 354 819, with a density of 13.8 persons per square meter. Only 17.6% have piped water, 69% of the population use electricity for lighting, and 28.0% have a weekly refuse service. Among the population of 20 years and older, 14.1% have Matric, and 6.2% have some higher education. The District Health Barometer (2017:391) has reported that Sterkspruit has a high number of unemployed youth and adults estimated to be 35.4%. According to the District Health Barometer (2017:391), the majority of the people depend on Government grants; the municipality is one of the poorest districts in the Eastern Cape, and the people are economically poor. Most of the adults and some youth move to the big cities, like Johannesburg and Cape Town, in search of better lives and employment. The under-resourced youth who remain behind face economic and social problems with insufficient, or no, support from migrated parents, other family adults or institutions within their community.

Poverty, a high rate of absent parents, lack of appropriate youth advisory services, inadequate education and recreational resources often lead a substantial number of youths to resort to unguided high-risk behaviour including alcohol abuse, promiscuity and infidelity with the adults. This high-risk behaviour potentially increases HIV infection among the youth and in the community.

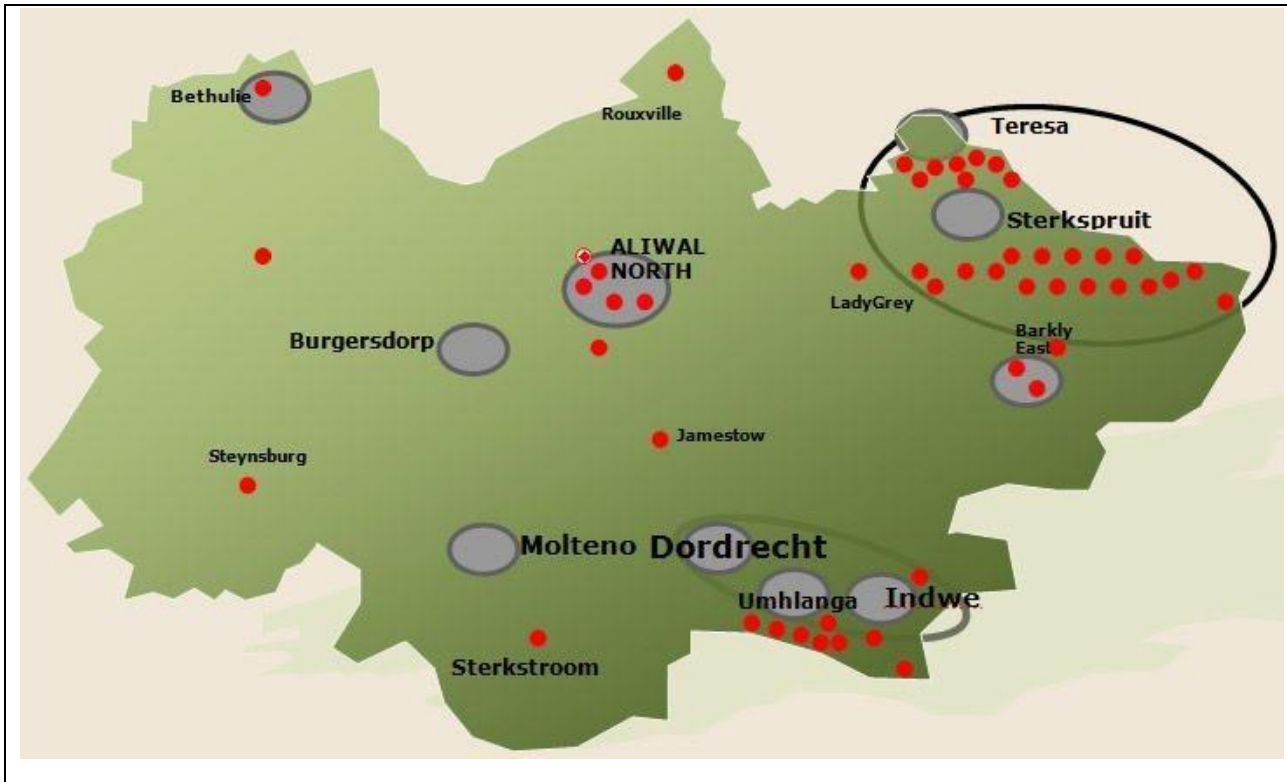


Figure 1.2 Map of Diocese of Aliwal and Sterkspruit the study site.

The Sterkspruit parish is a cluster of 24 churches run by four full-time ministers and has about 3000 registered members. The parish has undertaken a participatory role in her work of mission, Hendriks (2007:999), which aims at bringing the Good News about Jesus spiritually and socially especially aimed at the development of the youth and children. The parish considers her primary role to be proclaiming the gospel, “triune God” and to equip the youth with positive values (Acts 6:1-4). One of its difficulties has been how to address the factors that lead to the high prevalence of HIV and AIDS in the parish. In an attempt to address this, the parish introduced the EFLP as an intervention programme. A number of the church youth had died, and others are HIV positive. It was imperative, according to Hendriks (2017:1000), for the church to offer a holistic approach to peer education and not to merely focus on offering condoms to its youth.

The church’s insistence on its preventative strategy of abstinence and faithfulness is often dismissed as not applicable by some people and organisations. However, the church has got a mission and a duty to teach the truth (Klaus 2015:36). This research highlights the church’s

contribution towards dealing with social issues, especially those which have an adverse impact on people's lives around the HIV and AIDS epidemic.

The research demonstrates how the church's ideals and values in the areas of sexual activities impact the youth in matters of morals. Kelly (2008:117) presents similar ideas which are a tremendous motivating force in the moral sphere. The encyclical letter of Pope John Paul II, '*Evangelium Vitae*' (1995:97) emphasises great respect for life and views it as being sacred and considers sexuality a gift of God to mankind. The Pope calls for the education of the youth on matters of sexuality. The researcher will also attempt to examine the encyclical letter of Pope John Paul II, *Evangelium Vitae* (1995:97) critically, thereby analysing how the ideas of abstinence and marital faithfulness can inspire, motivate and move the youth towards appropriate and educated decisions and actions to minimise the risk of being infected with HIV.

In the process, the researcher engages the church in open discussion around issues of sexuality and sexual behaviour. The Roman Catholic Church's theology is a staunch opponent to condom use. The emphasis and promotion of using condoms contradict the church's teachings and position on sexual morality. The outcomes of the study may prompt the church to re-think its position on sexual morality and perhaps even consider it feasible to integrate the government's suggestions or policies with the church's teaching. This, as set out in Chapters 4 and 5, has set the respondents a mammoth task as far as South Africa is concerned. Napier, the Catholic Cardinal who is an Archbishop in the Roman Catholic Church in Southern Africa, says it's a "short-sighted and immoral" solution (Sunday Times Fourth Edition 24 Feb 2013).

Whether the youth can change their behaviour and opt for the church's sexual morality teachings instead of the use of condoms will continue to be debatable. What the EFLP intends is for the youth to be assisted with making informed decisions and realise the potential to contribute to the moulding of positive behavioural change. Abstinence from premarital sex and sexual activity is not solely advocated by the Roman Catholic Church. The Catechism of the Catholic Church teaches that "the flesh is the hinge of salvation". It indicates that sexual relationships in marriage are "a way of imitating in the flesh the Creator's generosity and richness" and lists fornication as one of the "offences against chastity" (Catechism of the Catholic Church 1994:543). The term *fornication*

refers to a voluntary or carnal union between an unmarried man and an unmarried woman. This is very common among the youth in Sterkspruit.

An issue the researcher also looks at in this study.

All religions have a set of moral codes which have a direct impact on human social behaviour. They influence our religious values and attitudes. The religious attitudes we choose to adopt, therefore, govern our sexual behaviour. Religion sets our moral code and, in this study, the researcher examines the youth's understanding of those codes and teachings. The church will clarify the importance of abstinence and faithfulness to the youth with the EFLP. The church has used its structures, such as schools, to bring about these teachings. Gallant et al. (2004:1337) argue that school-based HIV and AIDS programmes are a necessary means to protect the youth.

The researcher's endeavour in this study has been to show that behavioural change can solve human problems and attitudes towards disease and illness, especially HIV and AIDS. The youth need to change their behaviour. This will result in the change of the events that are causing the spread of HIV and AIDS (SACBC a message of Hope 2001). In their message of hope to the youth, the Catholic Bishops did not encourage the use of condoms among the youth, in spite of the government originally promoting condom use as a means of HIV prevention.

1.3 Statement of the problem and background of this research

A problem statement clearly describes the problem and the motivation of the researcher to carry out the study. The researcher will be able to develop a logical argument to find out what the outcome of EFLP as a behavioural change programme was, as well as the contribution to the solving of HIV and AIDS epidemic. There is a need to know if the EFLP was successful in changing behaviour among the youth since its introduction by the SACBC. Kennedy, Medley, Sweat and Reilly (2009:88) suggest that one of the most effective ways of reducing HIV and AIDS among the youth is behavioural change. The researcher, therefore, wishes to evaluate the impact of EFLP on the prevalence of HIV among the youth of Sterkspruit. The reason for this research is to make an evaluation by analysing the impact on the prevalence. The EFLP presented an alternative to total

abstinence from sexual intercourse by avoiding unhealthy risk behaviours, being faithful and delaying sex to deal positively with their sexual issues.

Although many institutions, including the Catholic Church, put more effort towards increasing awareness of HIV and AIDS, risky sexual behaviour still continues to exist. This problem statement is a challenge to the Catholic Church programme of EFLP and its Social Teaching. In their article on the theory of planned behaviour, Bryan et al. (2002:71) suggest that condoms are the only reliable mean of dealing with the prevention of HIV/AIDS. On the other hand, Kaufman (2014:250) suggests that the battle of dealing with HIV prevalence will not only be a simple way of offering condoms or medication to the youth. He argues that we need many complex behaviours to deal with HIV prevalence and the researcher will, therefore, explore the behaviours required to achieve a low prevalence of HIV among the youth of Sterkspruit Parish.

The researcher seeks to know why it is that, even after much effort has been put into creating awareness of HIV and AIDS, the number of infections is still high. It is about ten years since this programme was introduced as the main intervention preventative programme by the RCC. The first group of the participants were between 15 and 25 years old and, by now, these young people are about 30 - 35 years old.

A baseline survey was carried out before the EFLP, and it showed that a number of the youth were already engaging in high-risk sexual behaviours. Others were using alcohol, condoms and were involved in several risky behaviours. How did a faith-based programme, focusing on sexual behaviour change and attitude, value and life skills influence those behaviours? This programme was also offered to the youth in and out of school and to Catholics and non-Catholics. The main goal of this programme is to prevent and reduce infection of HIV and AIDS among the youth. The EFLP has been the primary programme for the Catholic youth ministry to offer knowledge and skills about HIV and AIDS. The government, however, funded and implemented other programmes to address the HIV and AIDS crisis, their focal point being to champion the use of condoms. It has been problematic that, even among those who know about condoms, few actually use them. The Catholic Church has, however, continued to offer EFLP as a preventative behavioural change

strategy among its youth. After ten years of its implementation, the researcher sees it as imperative to evaluate the programme from a missiological perspective.

Despite the noble ideals of the EFLP interventions, as well as the intentions and passion of practitioners and church youth workers involved in this programme, the reality is that HIV and AIDS prevalence among the Catholic youth in Sterkspruit parish remains high. The research question is to understand the missiological point of view; despite the interventions of the EFLP, there is still a lack of behaviour change to HIV/AIDS among the Catholic youth of Sterkspruit. There is, therefore, a need to evaluate the EFLP to assess the impact or contribution to youth behaviour change.

In the uKhahlamba District municipality, the district office of education prevented the distribution of condoms in secondary schools due to the department of education's policy of "no condoms in school" (uKhahlamba District municipality HIV and AIDS report 2005:17). This motivated the researcher to continue with the awareness and behavioural change activities offered by the EFLP. The researcher aimed at offering information to the youth on the church's teachings on sexual practices outside marriage. According to Klaus (2015), HIV and AIDS cannot be reduced to medical issues alone; for many people, moral and spiritual issues are just as important. The Sterkspruit parish, therefore, took up the EFLP as one of its major pastoral activities to offer faith formation and behaviour change to address HIV and AIDS among its youth.

1.4 Significance of the study

This study will provide information about the role of EFLP behaviour change as a method of intervention in the HIV and AIDS epidemic and enable the researcher to assess the impact of the church or the faith-based programme of EFLP on HIV and AIDS awareness. The findings from this study may be used in other areas of the country and, for those who are working with the youth, these findings may assist them in designing their youth programmes and may be used as a guideline. The information from the study will also be used by the churches to update their policies on their youth programmes and also how to improve their HIV and AIDS programmes.

This study contributes to present knowledge on behaviour change related to HIV and AIDS among the youth of Sterkspruit in the Eastern Cape (South Africa) and will examine whether the faith-based spiritual programmes can offer a better meaning in HIV and AIDS prevention than the non-spiritual ones.

1.5 Purpose and objectives of the study

The purpose of this study is to achieve the following objectives:

Objective 1

To ascertain the impact of Roman Catholic teaching on HIV and AIDS by responding to the HIV and AIDS epidemic in the Parish of Sterkspruit.

Objective 2.

To establish the extent to which Education for Life Programme (EFLP) contributed to the present reduction in HIV and AIDS prevalence through its behaviour change strategies.

Objective 3

To assess in what ways faith-based intervention programmes are different from the non-faith based ones.

Bate and Egan (2013:313) argue that, by 2015, HIV and AIDS will remain a key challenge to the world and the church and, as it relates to this study, especially among the youth. The EFLP was introduced to the youth in 2003, and an evaluation of the programme has never been undertaken. The researcher, therefore, aimed at establishing how strongly EFLP influenced the behaviour change of the young people to HIV and AIDS. The question to ask is how has the programme impacted on the youth. The researcher aims to assess the immediate outcomes of the programme, knowing that behaviour change is difficult to measure and monitor. As van Dyk (2005:92) points out, if anyone wants to be successful in changing people's sexual behaviour, they must first understand the theories of how behaviour can be changed.

The primary purpose of this study was to evaluate and investigate the impact of EFLP by using the theory of reasoned action. The researcher hopes that the results will be used as a guideline to those who are to design future youth programmes around HIV and AIDS.

AIMS OF THE STUDY

- The researcher aims to study the programme, in particular, the 'actual change of lifestyle' among the youth.
- To ascertain what this means, but also to identify and evaluate the implicit theories of behaviour change.
- An evaluation is an essential part of the process, and it is the key that will keep the process on-going and appropriate.
- The youth who participated in the programme were in the process of changing. It is, therefore, important to study how the programme actually touched the youth in their current circumstances.
- To challenge the pastoral response of the RCC, its theological teaching and practice.
- The impact of the influence of EFLP on the youth of Sterkspruit can be best described by changes in observable behaviours.

This programme was to be peer-to-peer led and driven and was to provide knowledge and life skills about HIV and AIDS to the youth so that they can live a healthy, positive lifestyle. The EFLP was also to promote positive values and attitudes to lead the youth to respond to positive behavioural change. This is what has motivated the researcher to aim at offering a pastoral theology reflection on the programme. HIV and AIDS motivated the researcher to engage a different preventive measure of moral education rather than that of condom use and he, therefore, expected to discover that some youth may have used a comprehensive approach towards sexual life which included the use of condoms.

The EFLP is missiological, a conversion and an ongoing personal transformation process. The researcher needed to know how to strengthen and sustain the behaviour change among the youth once they had participated in the programme.

Another important issue is to examine how the youth who have encountered obstacles have been able to cope. This exercise will throw light on what measures need to be taken to sustain and keep the programme relevant in a fast-changing society. Apart from the abandonment of bad behaviour, the researcher wished to know the extent of the adoption of good practices or habits, especially those that the EFLP claims to impart. The study also found out how a peer-to-peer model changed youth behaviour and helped them to abstain from sex before marriage. (In as highlighted in Chapter 4 section 4:2.2 transformative paradigm calls for the activities that have to be run by the youth themselves. Chapter 5 section 5:2.12 table 11 also affirms to this role of the peers in their programme *"I know how to respect other people; I know how to administer treatment on people who are HIV/AIDS positive"* (Y12)

There are several factors that stimulated and attracted the researcher to engage in this research project. As a Roman Catholic priest, the problem of HIV and AIDS is very close to the researcher's heart. He supports the church in its role to rekindle hope and offer support to the youth and to support programmes that promote quality of life (Bate et al. 2013:313). From 2003 to date, the researcher has been involved in workshops which focus on HIV and AIDS and the youth's behaviour and attitude towards the pandemic. As a school chaplain, one of the researcher's duties is to offer the youth an understanding of Catholic ethos, gospel values, and HIV/AIDS prevention education. The school ministry uses EFLP among the youth both in the school and the Sterkspruit parish as an intervention programme.

The South African Department of Health originally advocated and promoted the supply of condoms in the schools and among the youth as a means of preventing HIV and AIDS (Bate & Munro 2014:31). In contrast, the Roman Catholic Church has elected to respond differently and has decided instead to focus on its teachings and formation of faith. The issue of HIV and AIDS for this church is a matter of morality. One of the greatest challenges for the church is the perception of abstinence from sexual activity before marriage, which it advocates. Promotion of total abstinence, being faithful and delaying sex is the core tool being utilised by the church in its prevention programme.

In this report it is estimated that 27.1% of the population in the Eastern Cape are living with HIV and AIDS. This is an issue of major concern. These statistics are the impetus behind the Roman Catholic Church's involvement in matters of morality, right from its foundation. In its catechism, the church teaches that premarital sex is against the dignity of a person and of human sexuality (Catechism of the Catholic Church 1992:543). It is understood that the church has a role and responsibility to educate its faithful on matters of morals. The Bishops of the Catholic Church have also been calling for chastity as their Christian response to HIV and AIDS for a long time. They champion abstinence and fidelity as the answer to curbing the spread of HIV and AIDS, which calls for a change of behaviour as stated by Napier, Tlhagale, Brislin and Slattery (2013:117).

The Bishops consider the fact that HIV is increasing as a tremendous concern to the faith and teachings on sexuality. Sexuality is being targeted because most HIV transmissions occur through sexual activity. The EFLP programme has, therefore, devoted itself to youth behaviour change, unlike other programmes which focus on safe sex. It aims at providing the best information on the reduction of sexual behaviours. Nothing much has been emphasised in the actual sexual behavioural change of the person and this study, therefore, set out to investigate what the role of the EFLP has been as a holistic sexual prevention programme intervention.

This study contributed by providing guidance to pastoral workers and individuals who work with the youth in schools and communities. It also encouraged these individuals to use this study as a tool to empower the youth. This research makes it clear that the Catholic Church's teachings on HIV and AIDS and sexuality do matter. HIV and AIDS is neither the whole problem nor the central issue of human life. Pope Emeritus Benedict XVI suggests that we need to care for those who are infected by HIV and AIDS since it's a moral and ethical problem. He calls for behaviour change as a strategy in *Africae Munus* (2011) requiring and demanding a global approach. We need to take care of the whole human person if we are to make any impact on faith formation and behaviour change (see findings in Chapter 4 and 5). This research showed how the church reflects on its mission and activities and that it is engaged in caring for its people.

It is possible that the distribution of condoms may divert addressing vital socio-economic issues that are failing and lacking in truly empowering the youth. Indeed, Van Dyk (2005:25) argues that

socio-economic challenges sometimes compel the youth to use sex as a means of economic gain. According to a UN Report of 1 June 2011, Opportunity in Crisis states that an estimated 2500 young people are newly infected with HIV daily. The report found that young women and adolescent girls faced a disproportionately higher risk of infection due to biological vulnerability, social inequality and exclusion. One of the focuses for this study was to ask the question: “Did the social teachings of the Catholic Church on moral behaviour, abstinence and being faithful as a preventative strategy, bear positive results on the prevalence of HIV among the youth of Sterkspruit Parish?”

The EFLP, according to Duffy (2007:11), aims to change the attitudes, values, life skills and behaviour of Catholic youth through a helping skills model. The youth who are sexually active are encouraged to participate in EFLP with the view that the exercise will offer them the possibility of viewing sex as a relationship between two people who are committed to another in future. Furthermore, Moloney (2005:93) argues that youth should not use each other simply as an opportunity for sexual pleasure. This is the power that EFLP offers to the youth to make positive choices.

1.6 Research questions

The main research questions were based on the workshops of HIV prevention and behaviour change as a strategy for young people to deal with the issues of HIV and AIDS. To bring about a social and economic consequence, the researcher had to turn to the narrative and literature reviews. To understand the research, question the researcher analysed the impact of EFLP on the youth by asking

“Did participation in the programme of EFLP result in recognisable changes in the young people’s behaviour as set out in its objectives?”

This question focused on what role the RCC played through its programme of EFLP in HIV prevention in relation to other programmes run by the government. From the objectives above, the researcher based his study on the following questions and the study attempted to answer them.

1. What are the socio-economic variables influencing HIV and AIDS infection rate in Sterkspruit?
2. Why have a number of interventions by both the government and civil society failed to achieve the expected reduction in HIV and AIDS infection rates?
3. Why have many people not changed their risky behaviour in spite of the effort and resources invested by the government, private sector and the churches in fighting HIV and AIDS?
4. What are the various methods, techniques and programmes that have been applied by the various entities to effect behaviour change, to deal with HIV and AIDS prevalence?

1.7 Clarification of key concepts in this study

The following terms are going to be used repeatedly throughout the study by the researcher. These terms are defined as intended by the researcher so that the researcher and the readers of this dissertation will approach them using similar terms of references.

1.7.1 Behavioural change interventions

According to Michie, Van Stralen and West (2011:1), behavioural change is defined as coordinated sets of activities designed to change specified behaviour patterns. One can measure the impact of these behaviours afterwards in terms of prevalence or incidences of that particular behaviour in a given population. Behaviour change also refers to all the basic qualities of right living that make life successful and joyous. This is about reducing the HIV prevalence rate by promoting delay of sexual activity in young people. Behaviour change aims at reducing the number of sexual partners and promoting condoms. Behaviour change encourages a healthy lifestyle by reducing the frequency of intercourse and number of sexual partners. Another element of behaviour change is to offer sex education in a comprehensive manner which is done by offering tools and skills that are needed in sexual situations.

1.7.2 Attitudes

In the context of this study, attitude will refer to personal attitudes towards a particular behaviour. Dyk (2005:94) points out that attitude depends on the positive and negative feelings and beliefs of an individual. In this study, the researcher will focus on positive thinking based on

one's direct personal experience. These attitudes can also be measured to predict out how accurate wills a person before a certain action. To identify one's attitude, Dyk (2005:94) suggests that an individual must know all the other alternatives forms of behaviours around him or her.

1.7.3 Transformation

This refers to the church's involvement in reaching out to those who are both infected and affected by the HIV and AIDS epidemic. The church's role is to transform the lives of the people by stimulating and inspiring them with positive values and morality. It is the role of the church, according to Baron (2017:4), to assist people in their struggle for jobs, poverty, lack of housing, crime, shebeens, teenage pregnancy and HIV and AIDS. The church should have space in the lives of the people to be able to speak for those who are voiceless and marginalised by society, particularly in the area of HIV and AIDS. The EFLP spirituality is based on John 10:10, "I have come that you may have life to the full", this is a transformed life, this spirituality is life-giving oriented and therefore has a spirituality of transformation

1.7.4 Values

Duffy (2007:56) defines values as something that has a price, something that is important where one is ready to suffer and sacrifice his or her life for it. In this context, values will be used to reflect one's personal attitudes and judgments, decisions, choices and behaviours in relation to HIV and AIDS. Andre de la Porte (2006:9) suggests that values are important for relationships and offer a person direction and behaviours. There are many conflicts and dilemmas when it comes to values. Duffy (2007:56) remarks that values can be broadly classified under four headings

- Personal values: those that are desired and cherished by the individual
- Social values: these are values which are other-oriented. These values are cherished and practised because of our association with others.
- Moral and spiritual values: these are values that are related to an individual's character and personality conforming to what is right and virtuous. The spiritual values reveal a person's self-control and convictions.

- Behavioural values: these are the basic human qualities of right-living that are needed to make our life successful and joyous. These are values that we exhibit by our conduct and behaviour in our daily lives.

1.7.5 Youth ministry

In the context of this study, youth refers to those who are between the ages of 15-35 years. This is about the role of the church to be able to speak to the hearts of the youth and to stimulate, comfort and inspire enthusiasm in them. They must feel the joy of the gospel so that they may feel welcome to follow Him as a travelling companion. The youth, in return, should respond to this gospel by becoming Disciples of Christ. This youth ministry does involve their families, their parish and the larger community. The youth should take up the evangelisation by having opportunities to identify their own needs offered to them. This evangelisation is not only a human interaction but has to be in touch with the Holy Spirit. In this study, it is about taking their experiences seriously by listening and learning from them. The EFLP moved from being a youth programme to a person-centred one.

1.7.6 Education for Life Programme (EFLP)

This is a programme that was introduced by the Roman Catholic Bishops of Southern Africa as a preventative (sexual behaviour and attitude change) programme for the youth. This was their response to the AIDS epidemic, targeting the youth who were to lead, drive and support the programme. It is a conversion programme process by facing the present reality of their situation and aims to change undesirable behaviour.

1.8 What makes this study missiological and what are the subfields

The researcher enters into the debate and discussions taking place in the circle of behavioural intervention programmes in HIV and AIDS by the church. This study offered alternative solutions from the Catholic social teachings with a focus on EFLP. This programme is a behaviour change model that deals with the HIV and AIDS epidemic and does not advocate the use of condoms. The researcher intends to introduce EFLP to the missiology discipline as one of the mission's activities.

It is common knowledge that it is not easy to change one's behaviour. Behaviour, according to the Oxford dictionary, is "the way in which one acts or conducts oneself, especially towards others". As a result, behaviour is hard to measure.

1.8.1 Introduction of Cycle of Mission praxis as a source of methodology

The researcher applied the Cycle of Mission praxis in this study. In 1983 Holland and Henriot developed the "Pastoral circle" with four simple stages; these are:

- 1) Insertion within a specific context,
- 2) Social analysis of this context, 3) Theological reflection on context
and 4) Pastoral planning.

The Pastoral Circle was used as a part of the researcher's framework. It is about the human experience, in this case, the youth of Sterkspruit. The researcher identified the most serious issues affecting the youth, and that was HIV and AIDS. Data was gathered to examine how the church can respond to them. Social analysis was done by structural consciousness and awareness and was aimed at seeing beyond the stories. Then the moment of faith reflection which asks the question "how does the word of God give a similar experience or situation in the bible?" The church has to find God in all things. The last stage is the moment of planning and action which is the incarnation approach of Jesus where the youth share in the three functions of Christ's baptismal role, which are Priest, Prophet and King (Luke 2:52).

This pastoral cycle was further put into the South African context by Cochrane, De Gruchy and Petersen in (1991 and developed by Karecki in 2005 with five models having spirituality as an addition and using slightly new terminology by calling it Cycle of Mission praxis. The new terminology used by Karecki (1999:14) is *Identification, Context analysis, Theological reflection, Strategies for mission and Spirituality at the centre*. This was what was used by the researcher throughout the research for this study. This enabled the researcher to analyse, describe and examine the EFLP as a preventative sexual behaviour and attitude change among the youth of Sterkspruit in response to the HIV and AIDS epidemic.

In attempting to answer the problematic question of evaluating the impact of EFLP on the prevalence of HIV and HIV among the Catholic youth of Sterkspruit Parish, the praxis cycle depicts an ongoing cycle/ process. It combines the researcher's actions and reflections that lead to social transformation in relation to young people's behaviour. This Cycle of Mission praxis design was further developed by Kritzinger and Saayman (2011) as a "praxis matrix", using a sevenfold "matrix" which was based on the framework suggested by Cochrance, De Gruchy and Peterson (1991).

This tool is applied to examine and determine what the church's stance is on the issues of HIV and AIDS and behavioural change. The analysis approach was applied to the context of Sterkspruit Parish's economic, political, social and cultural causes (Wijsen, Henriot and Mejia Eds, 2009:45). The EFLP is rooted in the faith of John 10:10, "we need the guidance of the Bible and the tradition of the church" to have a sense of direction by reflecting on the word of God and social teachings on the image of God and His compassion. This is to make a church that is sensitive to HIV and AIDS, and that speaks freely about the challenges that face its youth, as well as incorporating HIV and AIDS activities in its faith formation programmes (Klaus, 2015:28).

Below are the steps of Karecki (2003:14) of the Cycle of Mission praxis, which are (1) Identification (2) Context analysis (3) Theological reflection (4) Strategies for mission and Spirituality at the centre of all the Cycle of mission praxis.

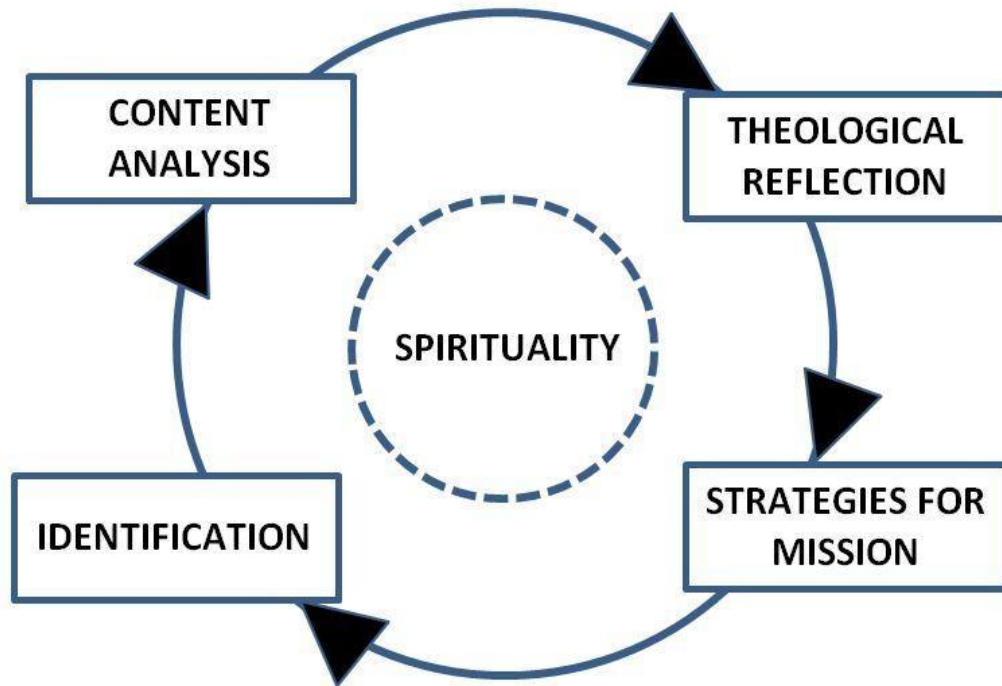


Figure 1.3 Cycle of Mission praxis

This fourfold methodology approach is based on the Pastoral Cycle, which has got four points which are (1) Insertion, (2) Analysis (3) Theological reflection and (4) Planning for action.

1.8.2 Spirituality at the Centre

The reason for this choice is that the EFLP is gospel value-based with spirituality at the centre. This spirituality is based on the words of Saint John’s Gospel 10:10, “I have come that you may have life and have it to its fullest”. With Jesus as the key focus, the participants are led by prayer, personal reflection, dramas, songs and personal testimonies; all responding to the invitation from Our Lord Christ to choose life. Kerecki (1999:14) reminds us that Spirituality moves and gives direction to all our Mission praxis. The second reason for the researcher to use this fivefold model is that the cycle integrates the gospel, culture, tradition, political and economic realities and social transformation, which are very close to EFLP.

1.8.3 Stage 1 = Identification

As one of its ministers, the researcher has a Catholic Church background. The church is the “pillar and bulwark of the truth”; it has received this solemn command of Christ from the apostles to announce the saving truth (Catechism, 1994:479). Karecki (1999:15) describes and defines this stage as “being in communion and in communication with the local community”. The researcher compared his own understanding of behavioural change in the context of the youth and their own culture. At this stage of insertion, the researcher met the youth who participated in the programme from 2003-2013. Listening to their stories was one of the tools used to learn about their sexual behaviours, observe and interview them (see Chapter 5 and 6).

This process, according to Karecki (1999:15), needs the researcher to have a sense of empathy for those in that community or situation. This was possible for the researcher since he shares the same gospel values with the youth who have undergone the EFLP. The researcher integrated himself into the community life of the people and their well-being. The RCC, in its own teaching and mission, does not only deal with spiritual issues but also with human needs. According to the church teaching, HIV and AIDS is a social, moral and spiritual dilemma and tests us in many ways. The researcher speaks the local language, which has opened up new relationships with the youth and their cultural values; this is what we call identification. The researcher is thus able to find out how the EFLP entered into the local context of the youth of Sterkspruit Parish to be used as a preventative programme.

1.8.4 Stage 2 = Context analysis

The researcher analysed and reflected on the data collected in the larger context of the historical, social, political and economic structures and cultural make-up of his target group. The EFLP was implemented between 2003 and 2013 and, in the end, the researcher analysed the youth and their experiences in the context of social context analysis (see Chapter 2 and 3). The researcher had to know what the factors are that the youth face in dealing with HIV and AIDS. What has shaped these youths on the prevalence of HIV after attending the EFLP? The youth that participated in the programme come from a rural part of the former Transkei. In this area of

Sterkspruit people experience a lot of poverty, overpopulation and underdevelopment. The people live in small, scattered villages and most of the youth move away to bigger cities looking for jobs and a better life. These conditions contribute to a lot of suffering and a high HIV and AIDS prevalence, said to be 25%. The youth lack basic things like school uniforms, food, medication and income to spend. For the last ten years, the EFLP has made an impact by offering gospel values and skills to the youth. The researcher tried to find out what changed in attitudes and behaviour to HIV and AIDS as a result of EFLP. This analysis aimed at discovering both the “visible and invisible factors shaping society as they manifest themselves in the local context” (Karecki 1999:16). There is a need for a change in this society regarding HIV and AIDS among the youth by applying the Gospel values as a Christian praxis. This was made by collecting data (seen Chapter 4 and 5) that informed the researcher about the impact of EFLP. The researcher turned to the theological reflection (see Chapter 7) to see what God says about the above context in which the EFLP was implemented.

1.8.5 Stage 3 = Theological reflection

HIV and AIDS are a missiological and theological problem. Karecki (1999:63) calls this a need for an active listening ear and liberating, to find the position of the church. The community needs to be transformed; Bosch (2002:83), in reference to Jesus in the gospel of Matthew, uses terms like “send”, “go” “proclaim” “heal” “exorcise” “make peace”, “witness”, “teach” and “make disciples”. The researcher used the bible, the Vatican II, the Catechism and the Catholic Church’s social teaching church, the Pastoral Plan of the Catholic Bishops of 1989 and information from the context analysis to explain the word of God in what has been analysed (see Chapter 7). The researcher explained how the word of God responds to the HIV and AIDS epidemic among the youth of Sterkspruit parish; they are not only socio-economic realities but also a faith or religious issue. According to Kerecki (1999:16), this stage is meant to help local Christian communities view their situation from the biblical perspective of their Christian heritage. The research dealt with the values and the social, political, economic and cultural and issues in the light of Biblical and theological concepts.

The EFLP dealt with behavioural change, values, attitudes and sexuality, all of which are bible based concepts. The researchers were thus able to show how the EFLP is rooted in the bible and in the light of the Catholic Church documents and its social tradition teaching (see Chapters 2 and 3). The Spirituality for Education for Life is John 10:10, "I have come so that you may have life to the full". The researcher reflected on the use of prayers and the sacraments within the Catholic Church as a means of healing. The word of God and church tradition with its social teaching must lead us to the understanding of the role and response of the church to the epidemic. What does the Bible teach about premarital sex in the situation above?

The researcher used the bible to reflect on the lives of the youth to direct them in a new way. This was done by meeting the participants one by one, giving them time to reflect on the current HIV and AIDS epidemic in Sterkspruit. Are they able to be empowered to live according to the call and invitation of Christ to abstain from sex until marriage? Will they be faithful, responsible and independent to the teaching of their church and the commandments of God to be faithful? These are the challenges and the realities of young life today and in the future generation. The bible needs to help us to reflect on the use of condoms and to be sensitive to the teaching of the church, as we accompany and instruct them during their puberty. The Theological reflection did assist both the participants and the researcher to reflect on the situation within a faith framework, to have a strategy for dealing with HIV and AIDS from a faith perspective and how the youth act and celebrate life after committing themselves to new behaviour. They were able to ask the question "why is this current situation the way it is?" This stage of theological reflection is one of the main keys in evaluating the EFLP.

1.8.6 Stage 4 = Strategies based on faith

This is the final stage in the cycle of Mission praxis; it is about pastoral planning and taking action. According to Karecki (1999:74), the cycle of Mission praxis necessitates change and new possibilities. After the theological reflection, the researcher took into account the biblical text and attempted to see how it fits into the youth's context. Karecki (1999:20) points out one should take into account the findings, identification and actions based on data collected through context analysis and biblical passages which are understood in the light of people's particular Christian

tradition. The researcher showed how the EFLP has led to the behavioural change of the youth. This opens up a lot of possibilities for what the church could do in participating in the behavioural change of the youth. The researcher reviewed the existing programme along with what emerged from the other stages, such as the identification, analysis of the data that was collected and the theological reflections to make new considerations of the EFLP. This is the way to a new transformation, to a new change that the EFLP is advocating, by changing behaviour to deal with HIV and AIDS prevention. What are they, the new possible creative ways of dealing with HIV and AIDS by the church after the identification, analysis and prayerful reflection on the situation? The RCC needs to come to its own self-understanding of the nature of HIV and AIDS its impact on the rest of the society.

1.9 Research design and methodology

A qualitative research approach was adopted for this study. This research design is a logical task undertaken to ensure that the evidence collected enables us to answer research questions through interviews and document analysis. The reason for the researcher to use a qualitative research method is that it will assist with understanding the youth within their social and cultural context where they are living in Rakotsoane (2007:18). The researcher undertakes this evaluative research to find out how effective EFLP is as an intervention in the occurrence of HIV and AIDS among the youth of Sterkspruit Parish. How useful and effective was the programme? This is an explorative and descriptive research study aimed at investigating the impact of the EFLP in a preventative programme.

This is a set of logical steps, the overall plan that the researcher took to answer the research question and the research objectives. The researcher chose the qualitative interviews model as Hofstee (2006:135) reminds us that, in personal interviews, there can be open-ended questions, or they can be used in a focus group and these questions can be structured or semi-structured. This method Leedy (2010:145) points out that with this method, data collection must suit the study since it uses multiple forms. Mouton (2001:194) reminds us that the qualitative method has got a distinctive character as it attempts to understand people in their own context. This qualitative research methodology is a systematic approach using tools such as interviewing, observations,

document sampling, visual data and action research and many others. The researcher used the qualitative research methodology to evaluate EFLP to arrive at “real-world issues” where the phenomenon of the prevalence of HIV among the youth of Sterkspruit unfolds. A qualitative methodology is a holistic approach to knowledge building. The researcher then links his philosophical framework with the method. It encompasses three different dimensions: ontology, epistemology and teleology. The researcher informs his target public what the purpose of the research is and why he is studying this work.

The qualitative methods did assist the researcher to understand the behaviour, values, social and cultural attitudes in the context of the HIV and AIDS epidemic. Qualitative methods did offer the researcher an accurate account of how EFLP has contributed to the mission of the church. This study was classified as evaluative research which, according to Mouton (2001:158), aims to answer the questions of whether an intervention programme, therapy, policy or strategy has been properly implemented. Whether the target has been adequately covered and, lastly, if the intervention was implemented as designed.

1.9.1 Research methods

There are several methods that are used to collect data; however, the researcher applied interviews and documentary analysis in structuring this study. The researcher applied more than one qualitative method in this study to gather and generate data from the youth of Sterkspruit, who participated in the programme. Mason (2002:5) points out that qualitative research is grounded in a philosophical position which is “broadly interpretive”. It explains how the social world is interpreted, understood, experienced or produced. Overall, the researcher’s Catholic faith did not influence the methodology or the results. Qualitative methods are flexible, allowing the researcher to interact better with participants. Through these methods, the researcher was able to attain real-time responses, draft follow-up questions. This was done by utilising good listening skills and the ability to deal with different personalities.

De Vos, Strydom, Fouche and Delport (2002:205) point out that this information must then be measured by using the sampling method, which includes random, systematic and stratified

random sampling. This information will be used to gauge the extent of the programme's effectiveness and assist the church in its mission of bearing witness to the gospel values. Key to this process will be how the EFLP has re-addressed a societal issue such as HIV/AIDS. The researcher did come to a conclusion on the role of the EFLP in transforming youth's behaviour on the subject of sexual morality. The data finding and interpretation were followed by generating data analysis and discussion. Buono (2002:20) calls for dialogue for further research about such programmes within the church as it undertakes other activities and pastoral work. (This section will be discussed in detail in Chapter 8 with the recommendations).

The researcher made use of the following specific research techniques:

1.9.1.1 Interviews structured and semi-structured

This is one of the very important techniques used in data collection by the researcher. The researcher applied the use of interviews in qualitative research design to evaluate the impact on the prevalence of HIV among the youth of Sterkspruit Parish. Since this is qualitative research, interviews are one of the most desirable and reliable methods to generate data. Mason (2001:39) rightly puts it that interviews are one of the most commonly recognised forms of qualitative research methods.

- **Interview schedule:**
- The researcher used both the English and Xhosa languages.
- The researcher collected information from the respondents who expressed their experiences of EFLP verbally by using semi-structured questions (see Annexure C).
- The reasons the researcher chose this technique was because the interview questions depended on the researcher who had been facilitating the EFLP for the last 13 years.
- The researcher sent an official letter of request to those who took part in the EFLP from 2003 up to 2013, asking them to be interviewed.
- In this letter, the researcher indicated the agenda, protocol, venue, date and time of the interview (See Chapter 4).

- This happened about six weeks before the real interviews took place.
- The researcher avoided leading or closed questions. Hofstee (2006:136) pointed out that questions should be asked in a neutral manner; one should use clear, carefully planned and accurate words.
- The researcher asked the interviewees for their approval to use the results of the enquiry for the study.
- **Conducting the interview:**
- The interview took place in the quiet and comfortable place of the researcher's office.
- The interviewees were made to feel free
- The researcher's role was that of a facilitator
- The researcher was well aware of the effects of the interviews on both himself and the interviewees.

With regard to the ethical procedures that have to be taken into consideration (see Annexure D):

- The researcher offered the interviewees a letter of consent. This was to inform the interviewees fully about the purpose of the research.
- The researchers spent about 30 to 45 minutes for each interview. Hofstee (2006:134) reminds the researcher to be friendly to the interviewee and not to intimidate or offend them by, for example, putting them into a corner.
- The researcher explained the issues of anonymity and confidentiality. Seeking permission to record the interview and to use the outcome of the interview is of great importance in qualitative research.
- The researcher informed them about their full right to withdraw at any time during the interview once they feel uncomfortable. They were also free to ask if they do not understand the questions.
- They were requested to sign the consent form (see Annexure B).
- The participants were made aware of the fact that the data provided will be interpreted, basing it on the data as the evidence and the relevant theories, especially the theory of Reasoned Action.

- The researcher informed the interviewees that the knowledge gained from the interviews was going to be used in present and future studies but in an honest way in line with the researcher's goals.

This gave the researcher access to primary sources that gave explanations of how the programme of EFLP has addressed the HIV and AIDS epidemic. According to Mason (2001:16), the research questions assisted the researcher in dealing with the intellectual puzzle of the impact on the prevalence of HIV among the youth of Sterkspruit and how it has led to behavioural change. Mason (2001:40) suggests that you cannot separate the interview from social interaction. Since the researcher has worked and lived in Sterkspruit and has been a part of the community, he understands the behavioural problems facing the youth. There were a set of draft questions for the respondents that were used for discussion. If there were any adjustments, the researcher made a final set of questions for the final interview. The data from the interviews and documentary sources were analysed and categorised, and the emerging patterns were made with recommendations.

According to Rakotsoane (2007:24), interviews can be either structured or semi-structured. Questions and answer categories are pre-determined for a structured interview. This type of interview limits the respondents since they cannot have access to all the information. On the other hand, there are semi-structured interviews with open questions that help the interviewer not go off track. The researcher thus made a list of the main themes that emerged from the data collected (see Annexure C).

1.9.1.2 Purposive Sampling of the population:

The purposive sampling method was used in this study. The researcher used a qualitative research method according to Leedy and Ormrod (2010:146), who suggested that one will draw his or her data from many sources. One, therefore, needs to analyse a small group of many items. The researcher was not able to interview all the youth who took part in the EFLP in Sterkspruit and instead chose 25 youths to take part. These youths had common characteristics in which the researcher was interested. Rakotsoane (2012:54) described sampling as the act, process, or

method of selecting a suitable sample of a finite part of a statistical population whose properties are studied to know about the whole, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population. The youth representatives were selected based on age, gender (inclusive), education, residence (semiurban and rural), different socio-economic backgrounds and cultural differences. These youths were selected by the researcher because they have the relevant information for the answers about the impact of EFLP.

1.9.2 Literature review

These are the techniques that the researcher applied to collect information. The researcher engaged in the use of primary and secondary sources which have been secured through the use of the websites, the library and academic journals. This assisted the researcher in having access to the subject of the study.

1.9.3 Primary sources

The primary data comprised unpublished data which the researcher gathered directly from the people or organisations, as well as recorded experiences and personal stories of the youth who took part in the workshops of EFLP. According to Kimaryo, Okpaku, Shongwe and Feeney (2004:196) churches play a crucial role in HIV and AIDS prevention and can be instrumental in shaping the lives of the youth through their Sunday services, schools, hospitals and NGOs. This shaping focuses on attitudes and social norms aiming at promoting healthy behaviour and HIV and AIDS awareness.

The EFLP was designed to foster behavioural change in the youth by the Catholic Church as its response to the HIV/AIDS prevention programme. The Catholic Church teaches the condemnation of sin, showing compassion and being merciful towards sinners (John 8:3). Hugh (2003:88) argues that "Unlike the Scribes and Pharisees, Jesus did not condemn the women accused of adultery, but neither did He tell her she could go on committing adultery. He said very clearly that she must change her behaviour". The researcher wishes to evaluate the impact of behavioural change on the prevalence of HIV among the youth of Sterkspruit Parish.

Mboyo (2010:121) sums up the role of the church leadership that can be accomplished through the following mediums: mobilisation, training, education services, health care, counselling, welfare and support, project development and funding. Bishop Dowling, a Catholic Bishop from the Rustenburg Diocese, remarks that the Catholic Church is articulating a more realistic and sociologically informed understanding of sexual behaviour. Since most of the youth are infected with HIV/AIDS through sexual activity due to poverty and as a means of economic exchange, there is a need provide economic resources for the youth (Knox 2008:83). This means that, in our programmes, we need to include skills development that can to be taught to the youth in all of the prevention programmes.

Dowling, alone within the SACBC seems to be “in favour of a less restrictive approach permitting the use of condoms among the married couple in the case where one partner is HIV positive, as a way of stopping people from dying” (Knox 2008:83). These opinions have to be addressed, keeping in mind the primary objective, which is to save lives. We need to look at these views and see how they can save lives, especially when one of the partners in a stable relationship is infected with HIV/AIDS.

In a stable relationship where one partner is infected with HIV/AIDS, the church encourages the couples to listen to their conscience (Catholic Bishops of Southern Africa year). This is one of the areas that the researcher will address when it comes to the teaching of the Catholic Christian tradition. The Bishops of the Catholic Church in Southern Africa remind us that “Conscience is nothing less than the Voice of God. It is where we as human beings discover that deep down in our conscience, there is a law which we did not make for ourselves, but we must obey it” (2013:46). In this case, we do not need any written law; one is able to be alone with his or her God.

Therefore, in matters of moral decision making, especially when it comes to the use of a condom in marriage when one partner is infected with HIV/AIDS, one should follow one’s own informed conscience. The Bishops call upon the couples to choose the appropriate means during sexual activities; therefore, one’s conscience must be respected. One would ask would this conscience also apply to the young people who choose to use a condom. Can the young people be able to buy

them, keep them all the time they need them and be able to use them? These are some of the questions EFLP may wish to ask.

Another important point is that teachers at schools are “not comfortable” in discussing sexually related matters and condom use with pupils (Gallant et al. 2004:1347). This is an issue in Sterkspruit, where the Xhosa and Sotho cultures would not tolerate parents talking to their children about condom use. Chitando et al. (2008:5) point out that, in the past, the church has been perceived by the majority of youth as an institution that only provides moral teaching and is not sensitive to people’s other predicaments. There is a disconnection between the church and the needs of the youth. The youth feel that the church is only interested in teaching the gospel without explaining how this education should be incorporated in their everyday lives, resulting in confusion and discontent.

After analysing the literature on behavioural change quoted above, one is compelled to agree with the researchers who suggest the importance of focusing and paying attention to peer-to-peer education model programmes (Alta van Dyk, 2007:172). This reaching out to the youth by other youth will win the battle against the HIV/AIDS pandemic, and it is, therefore, essential for formulators of intervention strategies to take heed of this fact. Gallant et al. (2004:1344) in their experience rightly observe that “many theories specify attitudes, beliefs and/or intentions as proximal determinants of behaviour. As a result, changes in attitudes are viewed as an important goal in many AIDS prevention programmes and intentions to engage in low-risk behaviours are often taken as a sufficient indicator of subsequent behaviour”.

This literature also highlights the involvement of the church in its mission activities as pivotal, since it is perceived by communities as the prime custodian of values. Although HIV/AIDS is a health issue, it cannot be denied that the church is an effective engine for addressing societal issues, dissemination of information, and offering support to communities, including the youth. Alta van Dyk (2007:143) sums up that the aim of health education in HIV/AIDS-prevention programmes should not only be the prevention of illness; it should also focus on promoting physical and mental health. Unfortunately, Alta van Dyke has negated the spiritual elements and their impact in guiding societal attitudes. The church offers a spiritual foundation that is imperative in any progressive society.

1.9.4 Secondary sources

When we talk of secondary sources, the researcher studied material that has been published previously and included reports, news and documented information posted by other researchers on the topic at hand. Academic papers and newspapers, faxes, articles, manuals, magazines, books on behavioural change, journal (Encyclical) letters and articles by different Popes expounding the Catholic Church, articles on moral and sexual behaviours and HIV/AIDS. The Southern Catholic Bishops Conference AIDS office and Pastoral letters of different Bishops and Declarations issued by the SACBC on AIDS were also utilised. Hofstee (2006:91) writes that “The secondary literature is the body of works previously published by other scholars”. A lot of work has been undertaken by various researchers on behavioural change among the youth in the area of HIV/AIDS. This secondary method will deter the researcher from making unsubstantiated conclusions about behavioural change and, the tools of interpreting data will, therefore, be of great importance.

As stated earlier, a lot of work has been undertaken by various researchers on behavioural change and HIV and AIDS among the youth. The literature review, therefore, is a very important component in such research. In this review, the researcher will aim to broaden and increase understanding of the phenomenon of behavioural change and its impact on the HIV and AIDS epidemic at Sterkspruit parish. Gallani and Tyndale (2004:1341) maintain that, in most cases, programmes that deal with HIV/AIDS behavioural change are not implemented in the way their designers intended them to be. This means that there is a need for supervision and monitoring of this process, for example, how far did the EFLP go in achieving its outcomes and implementation? Creswell (2009) reminds us that a researcher must apply scholarly literature in order to realise what has been done in similar studies and to enable s/he to relate the present study to an ongoing dialogue in the literature so that they can compile a new framework that yields comparative results.

The review focused on the following themes:

- a) Theoretical framework on behavioural change
- b) Behavioural change programme implementation (strategies)

- c) The role of the church in behavioural change programmes, and
- d) Conclusion

1.9.5 Theoretical framework on behavioural change

There have been a number of social, psychological theories that deal with behavioural change; some of them include the theory of reasoned action (TRA) by Fishbein and Ajzen 1980. The researcher used the existing theory of Reasoned Action as the theoretical framework in this study. Fishbein (2008:843) suggests that we do not need to come up with a new theory every time to answer the problem of behavioural change. He argues that what we need is to understand better and correctly use the existing theory to answer the present problems. It has the psychosocial dynamic since it influences health behaviours by promoting behavioural change among the youth as a preventative approach to HIV and AIDS. Current theory suggests that, for any programme on HIV/AIDS to be successful in changing people's sexual behaviour, one needs to be knowledgeable of the theories at work (Dyk 2007:92). There are a number of theories that the researcher will access in this study. Dyk (2007:92) suggests five theories of behaviour change, namely,

1.9.6 The theory of planned behaviour (TPB) by AJZEN (1985-1991).

Ajzen revisited the theory of reasoned action by adding on the perceived behavioural control as a variable (PBC).

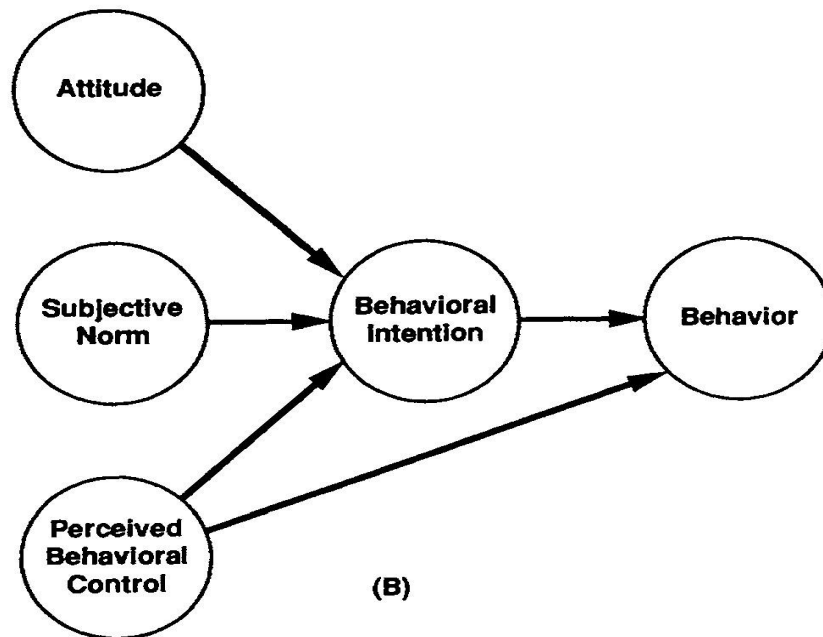


Figure 1 Path models for the theory of reasoned action (A) and the theory of planned behavior (B) Exogenous correlations were estimated; paths left out of figure for simplicity.

Figure 1.4 The Theory of Planned Behaviour by Ajzen

Sheeran et al. (1999:1629) make an observation that one's perception of the ease or the difficulty of performing behaviour can affect behavioural intentions of a person above the effects of attitudes and subjective norms. Madden (1992:3) therefore, for behaviour change to happen, Ajzen made an extension to the theory of reasoned action by including perceptions of the behaviour control.

This extension has got both a direct and indirect effect on the behaviour by having a motivational implication. This means that, for one to change their behaviour, one should believe that they are in control. If they feel that they have little or no control over performing the behaviour by lacking a tool or resource, then the will to perform that behaviour will be low. Ajzen argues that, even if one has got a positive attitude and good subjective norms, if their perceived behavioural control is not, their intention to perform that behaviour will be low. One has to have the confidence and the ability to perform the behaviour. The strength of this extension is it seems that Madden (1992:4) has got a strong influence as a predictor of intentions.

1.9.7 The Health Belief Model (HBM) by Becker and Maiman (1975) and Rosenstock (1974).

This model or theory was developed to improve people's health. In their article, Sheeran and Taylor (1999:1626) suggest that a person's beliefs and subjective norms are the elements to predict health behaviour change. Negative beliefs can be changed by the theory of HBM. A belief can be about a threat of a disease such as HIV or a step in undertaking a positive behaviour like using a condom as a preventive behaviour. According to the theory of HBM, Sheeran and colleagues (1999:1626) argue that, if a person has as a great belief that he or she is at risk of infection of HIV, the more that person will use a condom or abstain from sex. One has to see and know the benefits of one's actions, for example, if one is to use a condom.

What would be the benefits psychologically, attractiveness, interpersonal consequences, effectiveness and purchase embarrassment? This theory also calls for the subjective cost to be taken into account. One's behaviour performance may be low or high, according to external or internal control factors. External factors are things that you have no control over; for example, rain falls on your way to exams. Internal factors are controllable; for example, one oversleeps the night before exams. Both of these external and internal factors may prevent one from dealing with new behaviour.

1.9.8 The AIDS Risk Reduction Model (ARRM) of Catania (1990).

This model is based on individual behaviour and was developed by Catania in 1990, who based it on the health belief model, cognitive theory and the diffusion of innovation theory. This model of ARRM is based on three stages that can lead to HIV transmission. The first stage is behaviour labelling: this is based on the person having knowledge about HIV and AIDS and how it is transmitted. How does one perceive HIV and AIDS? The second stage in the ARRM is for one to have a commitment to change, this stage is based on four factors which are: perception of enjoyment, self-efficacy, social norms and aversive emotion. The last stage is taking action, and this is for one to enact the change by taking action over the issue of HIV; for example, one will have to decide to use a condom or abstain.

This theory does assist in identifying an individual's sexual behaviours associated with higher rates of HIV transmission. The Catania model of ARRM can, therefore, be of great help in that it provides a guideline in formulating or designing programmes, such as EFLP, that deal with behaviour change. However, one has to pay attention to such theories; since they were developed in the west, they were not gender-sensitive, and context has to be taken into account.

1.9.9 The Social-Conative learning theory of Bandura (1997)

The Observation learning theory of Bandura, according to Swart, Rey, Norman and Townsend (2008:131) states that human behaviour can be acquired by an individual observing and modelling other people's behaviour. However, this will not happen in the same way that he or she observed as the individual will then formulate his or her own behaviour and make up their own. This can happen in a four-step process, being concentration, memorisation, desire and choice, all of which will depend on one's incentives.

Swart et al. (2008:131) remind us that, for behaviours to work, they need to be reinforced by two points; one of which is vicarious reinforcement, based on rewards or punishment; a person will perform or not repeat that behaviour depending on the reinforcement. The second point is that one would need self-reinforcement or self-direction depending on one's self-devised rewards. Bandura says that one will perform certain behaviours if one is in control, that is to say self-regulated, and one has access or control over the reinforcement.

This self-regulation does lead to self-evaluation, for one to be able to act on a given behaviour, there must be a positive reward that an individual will be able to give him or herself. This reward must be tangible, both visible and invisible, for example, one's feelings. If the reward is not visible, one's behaviour will fall short. This person will also have low self-esteem, due to the fact that their behaviours have not been to their expectations. On the other hand, according to Bandura's theory of social learning, one's behaviour will be positive if self-esteem is high.

This model of Bandura has some weaknesses; it does not take account of the relationships of an individual with his or her social, cultural and economic environs. This makes the theory miss out

on the full understanding of the behaviour, especially those that deal with sex have got their base in the community. Many religious, cultural and gender power issues influence one's behaviours and may lead to negative or positive behaviours in an individual's life. One's surrounding culture is of great significance in influencing individual behaviours, especially when it comes to the peer-to-peer approach.

1.9.10 The Theory of Reasoned Action (TRA) by Fishbein and Ajzen (1975)

For this study the researcher used the theory of reasoned action as a theoretical framework, the current research seeks to investigate the impact of EFLP as an effective HIV and AIDS prevention intervention programme, which requires behaviour change as its main structural intervention. The researcher chose the TRA as the best intervention and effective theoretical framework to improve behavioural change around decision-making about HIV and AIDS prevention. The theory of reasoned action identifies seven variables that will account for the predication of behavioural change in a given behaviour. According to Fishbein and Ajzen, these seven variables will assist an individual to arrive at a decision to get involved in the behaviour change process.

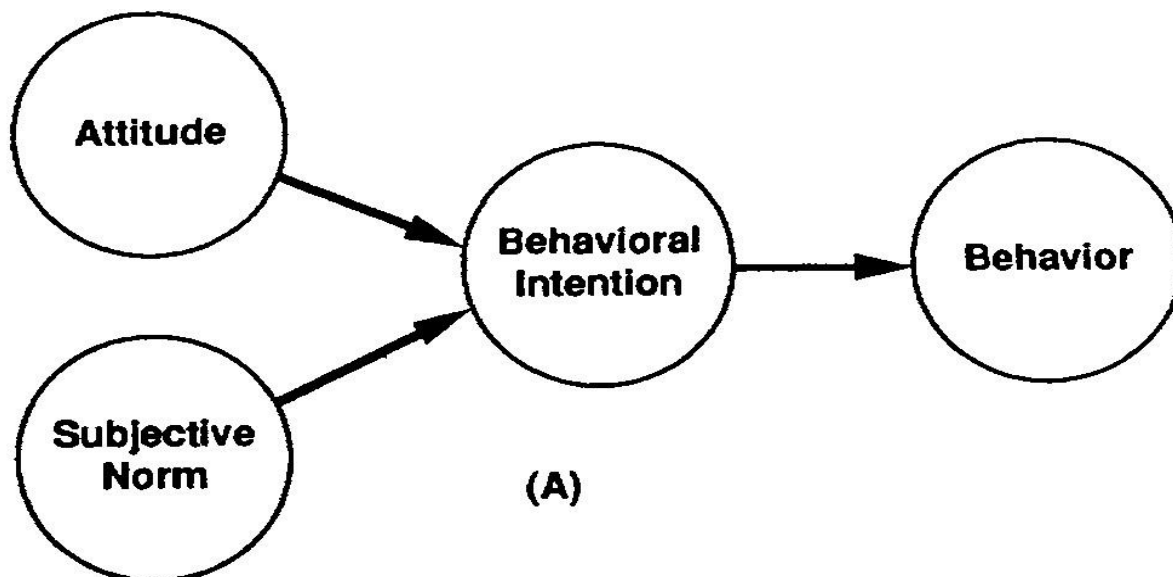


Figure 1.5 The Theory of Reasoned Action (TRA)

According to Fishbein (2008:834), this theory assumes that human beings are reasonable in their actions. It further states that, for one to be able to engage in a process of behavioural change, one has to be rational. Gibbons, Gerrard, Blanton and Russell (1998: 1164) argue that the TRA helps one to identify the factors that are responsible for people acting or not acting on certain behaviours with a given goal in mind.

However, several researchers have questioned this theory. The theory forgets to take into account the human hinder or background issues such as emotions and other non-cognitive or irrational factors of human behaviour. Gibbons et al. (1998:1166) argue that not all human behaviours have to be logical and rational. There are other factors that influence one's behaviours, for example, habits, context and previous personal behaviour. Below are the variables for predicting an individual's behaviour.

One has to be in a position to define and describe the behaviour in question, knowing what it is that needs to be changed. Fishbein (2008:836) recommends that one should be specific about what he or she wants to work on. Knowing the benefits or goals will assist in the prediction of whether one will engage in the process of changing behaviours or not.

The second variable is for someone to know the definition of that behaviour to know what it needs for action to be taken. This requires one to know the four elements that are involved in behaviour change. The *action*, what are you going to be doing, for example, will you be using a condom? Did you buy it or are you going to abstain from sex? The *target*, with whom are you going to use the condom, your wife, an occasional partner or a prostitute; the target is different for each. The *context*, in what context, for example, if you are going to use a condom during vaginal sex; the *time*, one must give a period, for example, in the next two weeks.

Fishbein (2008:836) points out that one must have a behavioural intention (BI) to perform that behaviour change. This theory of reasoned action bases itself on assessing the person's intentions as a motivating factor. According to Montano and Kasprzyk (2008:78), without motivation, a person is unlikely to carry out a recommended behaviour. One must have the will to be able and willing to engage in a given behaviour. One's intention, according to Sheeran and Taylor (1999:1625), will indicate how one is willing to try to change their negative behaviour or not. The stronger the intention to perform a certain behaviour, the more likely it is to be done. The

individual must have a plan of action and have the readiness to perform it. However, this does not mean that all the people will be in a position to perform a given intention. There are a number of factors that may hinder an individual from performing certain actions to change behaviours.

One may have a positive intention, but there may be other factors beyond one's control. In summary, one needs to be able to work on their intention. If one has no intention to change or to perform a new behaviour, what should one do? One needs to look at his or her attitudes of performing the behaviour in question, by having self-efficacy or perceived control.

The fourth element is the subjective norm or normative influence, which is the people's perception of social pressure that an individual experience in life. This perception is what a person thinks about others, what he or she would be doing. Sheeran et al. (1999:1628) point out that every person has got people who are important in their lives and are concerned about what they may think if they do or do not do a certain action. Every behaviour can be subjective, meaning it is unique and a result of one's belief (normative beliefs). Thus, behaviour change can be driven by social pressure from peers, sexual partners, parents or friends. Gibbons et al. (1998:1166) state that it is evident that the way your friends respond to your intention has a strong negative or positive influence on your behaviour. One may stop acting, or one may be encouraged to continue behaviour by one's motivation. This subjective norm is about motivation or demotivation of a person.

The theory of reasoned action calls for one to be able to measure one's attitude and beliefs. According to Montano and Kaspersky (2008:78), attitude towards the behaviour may be favourable or unfavourable to one's performing the behaviour in question. An individual will fail to perform a change of behaviour if he or she has got the incorrect attitude. Thus, it is very important to influence one's attitude by offering people appropriate knowledge. Attitudes do come as a result of one's beliefs which, therefore, have to be changed if one has to carry out the new behaviour change. Attitudes may be favourable or unfavourable, depending partially on one's beliefs about the benefits.

One should have a personal belief in oneself that one has the necessary skills and abilities to perform the action which will lead to a behaviour change. One should have the necessary information to be able to perform the action in question. The TRA, therefore, asks the question

whether people have the necessary skills and abilities if not there are some other external barriers preventing them from carrying out their intentions. The theory calls for an outside facilitator to assist in building skills so that one may overcome or avoid those barriers. If one has got the right attitude and the skills one will be able to perform behaviour even if the circumstances are difficult. Life skills are needed for the people to change their behaviour; there is a direct relationship between knowledge of HIV and AIDS and behaviour change. A common thread in the theory of reasoned action Montano and Kasprzyk (2008:78) argues that, for an individual to act on his or her behaviour, one will need knowledge and skills. Skills, knowledge and intention will move a person to act or not.

For any behavioural change, programmes should be in a position to address different beliefs of the people. Fishbein (2008:842) argues that beliefs are related to behaviours. Each person has got his or her personal beliefs that influence any intervention. The beliefs that must be dealt with are those that can be changed, but the different theories do not tell us how unchangeable beliefs can be altered. Good communication skills will, therefore, be needed to change or reinforce beliefs successfully.

There is not necessarily a relationship between the environmental factors or external or background variables to any given behaviour. For example, culture may differ from place to place, and mood and emotions may also differ in a wide range of people. There is, therefore, an association of the above variables to other factors such as gender, age, knowledge and other background factors.

In summary, culture may be a great influence in performing certain actions. At the same time, there is a need to communicate well on the theories of communication. Once one accepts or rejects information, the rest will be based on that. Not all interventions have been effective in the prevention of HIV and AIDS among the youth, and the TRA will provide us with guidelines on how to measure an effective programme. This theoretical framework will enable the researcher to evaluate how the EFLP offered knowledge and skills in prediction and understanding of human behaviour.

1.9.11 How behaviour change programmes are implemented

There are many strategies which have been developed by professionals over the years, and each one has its own theory and method with both differences and commonalities. Some suggest that the best time for the introduction of a school-based HIV/AIDS programme is at the primary level. Early introduction and awareness in children is the best method for protecting and educating the young generation (Gallant et al. 2004:1349).

Every programme needs to be outcomes-based, and the promotion of abstinence and fidelity are perceived as possible solutions in reaching this outcome. The bishops of SACBC (2013:177) wish that “moral education and faith formation” are taught to the young through the paradigm of the church. Most children learn moral values from home; therefore, they acknowledge input from parents. Moral values are the standards of good and evil which govern an individual’s behaviours and choice and may be derived from society, government, religion or self.

A child must be given a solid foundation so that they can develop into a morally sound person. During a child’s moral development, they begin to understand what they do affects others and that others have rights and viewpoints too and they need to be considerate. Children then expect wiser/older people to guide them. They can connect the consequences of good versus bad behaviour. A child that has received parental and “older” guidance, in this instance the church, is more likely to incorporate values and behave in the manner that s/he has been taught, in this instance “good behaviour”. Of course, this guidance/education needs to be constantly reinforced and not just be once-off.

Wilkins (1987:3) states that “few programmes address the values, beliefs and philosophies that surround sexual practices”. In a sample of 10 000 15 years-old females in the United States, Hanson, Myers and Ginsburg found that knowledge of human sexuality and birth control practice had no effect on the chances that a black or white female will experience an out of wedlock birth as a teenager. However, in circumstances where adolescents and their parents hold values that stress responsibility, the adolescent’s chances of experiencing out of wedlock childbirth are significantly reduced

This supports the content of the EFLP which looks at values, attitudes and behavioural change as the main intervention tool to combat HIV/AIDS.

The mainline churches, Pentecostals and Independent/Initiated Churches (AICs) have also played a great role. This is according to Ezra Chitando (2007:116), who wrote about the role of Pentecostalism in shaping soft masculinities in the wake of HIV/AIDS. According to him, they have promoted good positive values; for example, in Zimbabwe, the Pentecostal Churches have aimed to “radically convert men, women and children to new lifestyles” (Chitando 2007:116). There is a great need to reach out to children. “Catch them young” is another successful programme implemented in Zimbabwe that targets the youth. These successes reinforce the need to increase programmes that target the youth. This raises the question of whether the churches have got programmes that are targeting children. According to Gallant et al. (2004:1349) for the older youth in the 15-18-year age group, no programmes were able to affect sexual behavioural change, especially with regard to abstinence and number of partners. This is because youth are vulnerable to peer pressure and values as they vacillate between various value systems to find the one that they “fit in” and eventually adopt.

In a school-based HIV/AIDS prevention programmes for the African youth, Gallant et al. (2004:1344) remind us that knowledge is not sufficient to affect behavioural change but is instead a necessary condition. The researcher concluded that, while there is a need to understand the knowledge, applying what we have learned by taking action and being responsible is just as important. With HIV/AIDS infection, as with any other health challenge a person might face, lifestyle change becomes imperative. Thus, we need programmes that highlight and are conducive to the need for behavioural change. Supplying condoms, information, intention and support should be perceived as a start. The impact of our value systems, attitudes, cultural beliefs, faith, family and friends in our lives should also be appreciated.

1.10 Demarcation of the scope of study

This was as follows:

- The delimitation for the scope of this work was mainly done among the Roman Catholic youth population.
- The participants were aged between 15-17 years in 2003-2013 and are now about 20-27 years old.
- They are mostly of rural black isiXhosa and Sesotho backgrounds.
- The researcher was not able to take into account all the different cultural norms and how they have played a role in influencing the youth's behaviour.
- The researcher was not able to study behaviour changes among other ethnic groups since Sterkspruit is predominantly made up of young people from these cultural backgrounds.
- Condom use will be a limitation to the researcher due to his religious background and the social teaching of the Catholic Church.
- The work was limited to studies on preventing HIV and AIDS and did not include teenage pregnancies.
- The study has risen from the researcher's passion for addressing the challenge of the HIV and AIDS epidemic among the young people that he works with.
- The interviews were exclusively conducted in the Parish of Sterkspruit in the diocese of Aliwal North in the Eastern Cape.
- The study was done using donor funds from the University of South Africa (UNISA) with specific rules and restrictions. The EFLP was the focus area of the evaluation of the study.
- This programme was endorsed in 2003 by the SACBC. Other programmes that deal with behaviour change like Love Waits, Love Matters, Love Life and ABCD lifestyle Campaign (Abstain, be faithful, change your lifestyle or else you are in Danger of death), were only secondary references.
- The thesis statement was based on sexual behavioural change of the youth in the defined area with regards to HIV and AIDS. The researcher's aim was to discover how the EFLP

education has impacted on behaviour change, specifically if it has influenced sexual behaviour to a positive lifestyle.

- The study of missiology is an inter-disciplinary perspective which uses insights from other academic disciplines dealing with the church's teaching, doctrines and norms. The focus was on the way the Roman Catholic Church has responded to this social, pastoral challenge of HIV and AIDS among the youth of Sterkspruit Parish. The researcher applied a theological, philosophical and ethical conceptual framework. This necessitated the use of the Catholic social teaching documents.

1.11 Ethical considerations

Ethics is defined as a system of moral values that the researcher undertook to adhere to with professional conduct. The researcher took into account the legal and social obligations of a study. Any scientific investigation that studies human beings needs a prior set of ethical norms that need to be considered throughout the study. Moustakas (1994:103) suggests that "ethical principles of human science research should be taken into account, and participants should be fully informed and respected in their privacy". There was a respect to the moral values during the study to adhere to the professional, legal and social obligations to the researcher. This was done by the informed consent form, and a letter was signed by the participants before the interviews were conducted.

This letter informed them about the nature of the study. It is appropriate for the participants to know the holistic picture of the study. For example, the names of the participants may not be revealed without their consent and confidentiality was upheld. The researcher asked the youth who were to take part in the interview if they wished to validate the data before publication. It is very important to consider their privacy, according to Mouton (2006:239). He reminds us that "researchers, for example, have a right to collect data through interviewing people but not at the expense of the interviewee's right to privacy". The youth may be made vulnerable by disclosing their private sexual and behavioural lifestyle to others.

Thus, the researcher has not disclosed the names of those whose status is HIV positive unless, for a good reason, any interested person wishes to be acknowledged as a contributor to the study. For the female youth, who may not feel comfortable being asked personal questions, the researcher may ask a female research assistant to ask sensitive questions on his behalf.

The researcher observed the national, health, moral and academic laws, all of which was taken into account during this study. There is, however, a problem with the ethical consideration. Mason (2001:57) argues that, "How much choice do interviewees really have about participating? Is it ever appropriate for a third party to give consent on someone's else's behalf, for example, a parent on behalf of a child, a relative or carer on behalf of someone with a mental illness, a husband on behalf of his wife, an employer on behalf of their employees?" These and more of such issues may be faced during the study, as the researcher carried out interviews in an open office space where people felt safe and comfortable. This is why a consent letter was required before they participated in the research; one has to know his or her involvement in the research project. The researcher informed the participants how long the interviews would take and what type of questions would be asked.

Regulations and norms applying to access some sources, even entering information centres with restriction, will be followed and observed. When it comes to the interviews and questionnaires, people will be free to answer or not; no one would be forced to participate. If there is direct information to be used in the study, the researcher will ask for written permission from the informants, thus observing the participants' rights, especially the youth who are 18 years and above, are mature enough and are intellectually able to answer the questions put to them by the researcher.

The participants took part in this study on an absolutely voluntary level, and they were not paid. They were free to withdraw from the interview at any stage they wished, which could arise if they are not comfortable with the questions posed to them or any other reason. In this consent letter or agreement, the researcher will make it clear to them that the data obtained from the interviews will be used in the research paper and in the analysis. The participants were asked if they would like to have a copy of the study findings (Mouton: 2006:240).

The researcher avoided plagiarism by offering all the references at all times. It is very important that the researcher acknowledges the work that has been done by others in this study. The researcher, therefore, makes a commitment to this, to show works that belong to others and what are my own opinions.

1.12 Overview of following chapters

This study will consist of eight chapters. Each will be concluded by a summary of the issues discussed and introduce the next chapter in a coherent way so that all the parts will logically and harmoniously make a whole.

Chapter 1: Introduction and overview

In this first chapter, the researcher gave a general overview of the study and provided the background to the research. In other words, it's the map that was used to direct the reader and the researcher. Chapter 1 comprised the introduction (the problem, setting, statement of the problem, goals/objectives and the researcher's motivation) and an overview of EFLP and its context. The researcher offered the limitations of the study, definitions of terms, significance of the study, contribution to the scholarly knowledge and ethical consideration. There was a limited review of the literature, research methodology, research approach, a qualitative research approach/design: interviews, data analysis and document analysis that were used. The researcher ended with the outline of the proposed study.

Chapter 2: Literature review of the faith-based and cultural responses to HIV and AIDS in South Africa

In this chapter, the focus was on the role of the churches and other faith or cultural institutions. This was to ask questions like what, how and why the faith-based and cultural bodies have responded to behaviour change in the light of HIV and AIDS. The researcher shared his background and the location of the researcher at the stage of initiating the analysis. The researcher interrogated the faith-based relevant literature related to HIV and AIDS and behaviour change in this chapter. The roles of the faith-based groups focusing on the role of the Roman Catholic Social

Teaching of the Vatican II and on its other social teachings were dealt with. The Catechism of the Roman Catholic Church (CIC) is the location of the researcher. The EFLP publications were studied. This chapter offered what may be the most appropriate measures that can be undertaken by faith-based groups to combat the HIV and AIDS epidemic.

Chapter 3: Literature review on the HIV and AIDS epidemic and associated factors in South Africa.

This chapter deals with the scholarly literature, particularly that which has made a significant contribution to HIV and AIDS in the context of behaviour changes. In the literature review, earlier works by different key players and researchers in the area of behaviour change among the youth were referenced. The literature review comprised both primary and secondary sources in the area of the HIV and AIDS epidemic. Different HIV and AIDS prevention strategies such as behavioural, biomedical and structural strategic interventions were explained.

The review provided different theoretical backgrounds associated with behaviour change. This model is based on a particular theory of personality development. It is a framework for conceptualising the helping process and is best used in working on issues in the recent past and present. This theory of the reasoned action aims to help the researcher address the three main questions: a) "What is going on?" b) "What do I want instead" c) "How might I get to what I want?" The researcher found out what the other studies have discovered and what the gaps are in the literature review. The researcher was called upon to fill in the gaps. In the end, the researcher's results will be compared with the findings of others. This literature in Chapter 2 and 3 was to assist the researcher in finding answers to the research questions.

Chapter 4: Methods employed:

The researcher will provide the paradigm of empirical, descriptive, interpretive and criticism of the qualitative method. The researcher will indicate the type of research approach, which is qualitative. The phenomenological research design was used to answer the research questions, to know and understand people's perceptions. The researcher then described the data generation technique(s) such as interviews, targeting a group of 25 youth (population) who took

part in the EFLP. The researcher ensured reliability and validity and described the data and then dealt with the method(s) of data analysis.

The Mission of Praxis Cycle and its use as a missiological approach, the researcher applied the Kerecki (2005:162) modified pastoral Cycle of praxis design in which she gave a fourfold model and added a fifth step of Spirituality in the centre of the cycle. Kerecki also used different terminology from Holland and Henriot (1983:8). Holland and Henriot used the following elements: Insertion, Social Analysis, Theological Reflection and Pastoral Planning, whereas Kerecki used Identification, Context Analysis, Theological Reflection, Strategies for Mission and placed Spirituality in the centre. The researcher gave reasons for choosing this model. Kritzinger and Saayman have developed the Holland and Henriot model further by developing it into a sevenfold "matrix" which is based on a framework suggested by Cochrance, De Gruchy and Persen (1991).

Chapter 5: Interview findings and interpretation

This chapter contains the data findings and interpretation from the study showing the responses, opinions, suggestions, perceptions and recommendations from the research respondents. In this chapter, the researcher presents the individual interviews, in different themes. This chapter shows how the respondents reacted to certain questions and how those questions were grouped into themes.

Chapter 6: Discussion and data analysis

In this chapter, the researcher builds on all the chapters above to make an analysis of the following elements: beliefs, values, skills and attitudes that make up the programme. Why and how the RCC has responded to the HIV and AIDS epidemic, with this programme. What has been its impact in the last ten years of its activities as a mission of the church to offer life to the youth? This has been a faith formation programme which focuses on the culture of life. How has it been embraced by the youth after going through this programme? How do they see themselves as a witness to the gospel and how do they experience life now that they have undergone this programme, compared to others who did not?

What factors have contributed to the spread of the epidemic among the youth in Sterkspruit? What has the church achieved through its teachings and the EFLP? Could the youth tell the

researcher about their personal call and the story of their life? How have they been able to live positively with the help of the EFLP and not contract HIV? The researcher looked for gaps in the programme by asking the following questions: should the programme end or continue or attempt a different approach? Did the theoretical framework yield positive results by applying it to the programme? How have other programmes implemented at Sterkspruit, i.e. Love Life, fared and contributed, and what were the short-falls and outcomes. Data interpretation from the interviews and documents were dealt with. How effective has the programme been in Sterkspruit parish where it has been implemented?

Chapter 7: Theological reflection, analysis on Education for Life (EFLP)

This chapter contains theological discussions on the word of God and the moral law on behavioural change. The chapter provides the church's teachings on the HIV and AIDS pandemic and its theological response, such as how God is seen to be active in the mission praxis of the church. This chapter answers the question "How can the churches respond to the HIV and AIDS epidemic and interact with the youth and other governmental departments? One of the questions the chapter asks is: "Did the programme integrate faith formation and commitment of the youth to mission as a witness?" What the Scriptures say about behavioural change: this was analysed in terms of the Scripture. The Catholic Church teachings in understanding behavioural change and how it integrates the three worlds of everyday life, scientific knowledge and the world of Ontology. The researcher ends this chapter reflecting on the spirituality of EFLP (John 10:10). This is the time to show what transformation is needed in the mission of Christ.

Chapter 8: Strategies for mission – Recommendation, conclusions and missiological implications

In chapter 8, the researcher deals with decisions and planning that have to be undertaken as the EFLP move into the fourth phase of the strategies for mission. The chapter contains discussions on the findings of the researcher's investigation and establishes how the church is challenged to play a prophetic role in addressing negative attitudes, beliefs and behaviours/practices. This will empower the youth by providing sufficient information about the disease of HIV/AIDS. Are there any new insights that the EFLP can offer new contributions and findings from the research? Did

EFLP offer a holistic approach to HIV and AIDS? The analyses were reviewed, and necessary adjustments made. New plans or strategies that have emerged from this study were debated and possibly adopted. A plan was devised that will continue the programme beyond what has been researched in terms of recommendations. The researcher determined how the mission of the church fits into its task of carrying out its evangelisation work.

The research gave pragmatic solutions from the data compiled in fieldwork (interviews), from which predictable theories could emerge as a new approach in tackling the problem of behavioural change. At this stage, the research reflected on specific insights on how to apply the mission as a builder of bridges, especially to those who are HIV and AIDS positive, to bring about healing and change of behaviour. The researcher reflected on the work done by the church as missiology by looking at what the church has done and failed to do, especially around the conflict on the use of condoms and sexual ethics. How can missiology be an agent of change in behavioural change? The youth are sexual beings, not just youth who are performing sex acts.

Thus, a strong recommendation is made that any preventative programme implemented must take into account and deal with the person's whole life.

As a missiological implication in understanding behavioural change, the researcher ended the study with conclusions and evidence of the findings. There was a logical flow of the arguments to evaluate the impact of EFLP and the role of other programmes, from both the government and faith-based groups, and factors that influenced behavioural change, as well as strategies of the mission. Karecki maintains that "participating in God's mission of healing and transforming the world, we need to be open to change. As the researcher develops these strategies for change, we need to hold ourselves open to personal change because, as we participate in God's mission, we are called to change. In this way, we become agents of change in our contexts" (Karecki 2003:74). Recommendations, reflections and lessons learned from the research paper will be for the researcher to listen to the youth and what has been learned from the publications.

1.13 Conclusion

In this chapter, the researcher provided an overview of the study and the background information that was necessary to conduct this research. This chapter offered the research design, the method the qualitative approach and data collection and analysis that were used. Qualitative techniques such as interviews, population sampling and documents were utilised. The research problem, ethical considerations and limitations of the study were discussed. Therefore, this chapter provided a comprehensive overview of the study with the background to the EFLP by offering the research problem among the youth who participated in the EFLP workshop. Key terms were defined. The next chapter will be to discuss the literature review on the HIV and AIDS, epidemic and associated factors in South Africa.

CHAPTER 2: LITERATURE REVIEW ON THE HIV AND AIDS EPIDEMIC AND ASSOCIATED FACTORS IN SOUTH AFRICA

2.1 Introduction

In the previous chapter, the researcher discussed the introduction and purpose of this study. This chapter is about identification by asking the following questions: who are the other key players in the field of HIV and AIDs? Who are the other interlocutors and what kind of encounter is taking place? This chapter provides an overview of the state of the HIV and AIDS epidemic globally generally and in sub-Saharan Africa, particularly South Africa, during the past five years. What measures have been suggested in HIV and AIDS prevention, for example, the behavioural model, biomedical intervention and structural. The researcher also offers a theoretical framework supported by different theoretical principles. Finally, the relevance of behaviour change theory of Fishbein and Ajzen (1975) in relation to EFLP is discussed.

2.2 The global and regional HIV and AIDS epidemic situation in general.

HIV and AIDS has become a global concern since its identification in the 1980s. According to UNAIDS (2018), approximately 36.9 million people worldwide were living with HIV/AIDS at the end of 2016, and an estimated 1.8 million individuals were newly infected with HIV in 2017. Of concern is the high number of people (5000 new infections) per day worldwide, 940 000 to 1.3 people died from AIDS-related illnesses in 2017

On the global level, Fliescher (2015:23) argued that Africa has been the most affected continent when it comes to HIV and AIDS. It does not look good on the African continent on the matters of HIV and AIDS. According to Chitando (2007:112), sub-Saharan Africa is the most affected region in the world, with 23.5 million (six out of ten people) infected with HIV.

South Africa, like many countries in sub-Saharan Africa, is found to have the largest number of people who are affected and infected by HIV and AIDS. South Africa also accounts for a third of all new HIV infections in southern Africa. The latest data show that, in 2016, there were 270 000 new HIV infections and 110 000 South Africans died from AIDS-related illnesses (UNAIDS 2018:191) Globally, sub-Saharan Africa carries a disproportionate burden of HIV, accounting for more than 70% of the global infections. Young women are the most at risk of being infected with HIV, according to UNAIDS (2017:4). This is mainly due to physical and sexual violence and is, therefore, a big difficulty facing the country.

By 2016 according to the UNAIDS report of 2017, South Africa had 7.1 million people living with HIV with a prevalence of 18.9% in the general population. This high HIV prevalence rate involves men who have sex with other men, transgender women, sex workers and those who use drugs and inject themselves. This high HIV prevalence has forced the South African government to make a huge investment in the health sector to get people on tuberculosis (TB) and HIV treatment by providing them with antiretroviral therapy (ART); it is the largest programme in the world. In 2015 the country was investing more than \$1.34 billion annually to run its HIV programmes. According to (The ART programme has been a success, and there is empirical evidence that there has been an increase in the national life expectancy rate, rising from 61.2 years in 2010 to 67.7 years in 2015. (Kharsany, and Karim, 2016:20).

The question to be asked is, despite high levels of programmes about HIV and AIDS in sub-Saharan Africa and a lot of knowledge about HIV, why is the rate of infection still so high? The biggest group of people affected by HIV in South Africa are sex workers. It has been estimated that 57.7% of them are HIV positive. According to UNAIDS 2017, there are several factors that support the argument that sex workers are very vulnerable: high poverty rates, as well as the fact that a large number of sex workers depend on other men or women for their livelihood. There is a lack of job opportunities, abuse of drugs, lack of life skills and information about sex and, furthermore, these sex workers face stigma and discrimination by the law. They are not protected by those in authority who tend to harass them, and it has been reported that 70% of female sex workers have been harassed (UNAIDS 2017).

Jewkes, Dunkle, Nduna and Shai (2010:41) offer the following reasons for the high HIV prevalence in the general population. Tuberculosis, which is closely related to HIV, is one of the main causes of HIV, due to its drug resistance. Furthermore, condoms have been the only reliable method of HIV and AIDS prevention so far, but their usage is still low. This poor usage of condoms is due to a number of factors which Bryan, Fisher and Fisher (2002:71) state are due in some cases to condoms having to be purchased with money which at times the youth may not have. They are also sometimes not even available in the store or in the clinics. Negative traditional attitudes also affect the use of condoms. Another factor that influences the poor use of condoms is peer pressure where the youth discourage each other from using condoms, putting them at a very high risk of HIV infection.

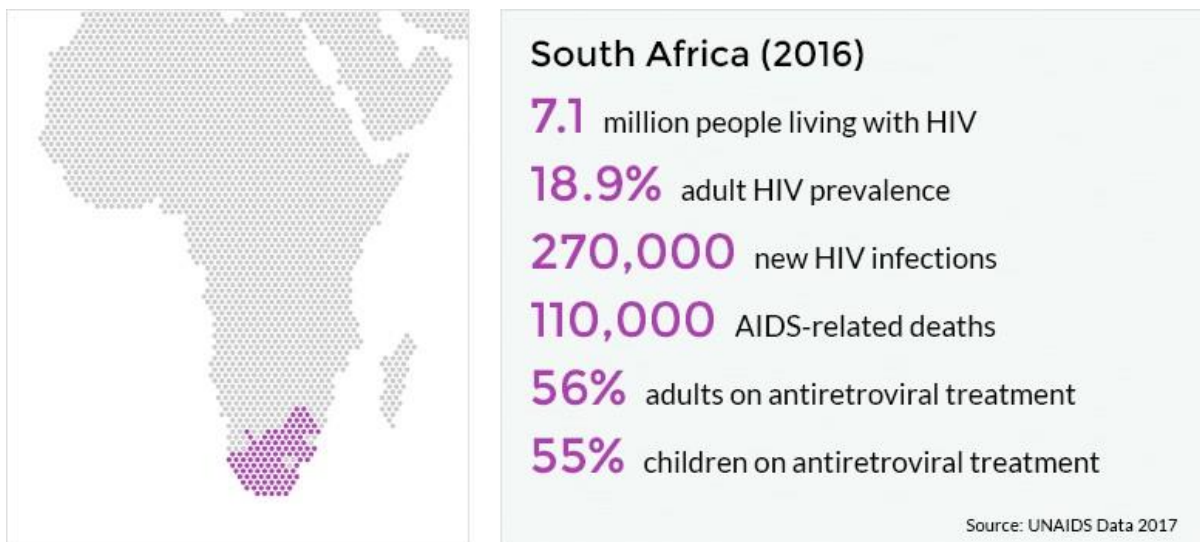


Figure 1.6 Map of South Africa indicating different HIV and AIDS phenomena

Dyk (2004:23) offers a number of causes for such a phenomenon including unprotected sex and, especially among women, a high prevalence of rape as women are perceived as having a lower status than men in some South African communities. This is supported by Fleischer (2015:97), who states that many women have no control over their social and economic power due to poverty. This leaves them very vulnerable to men since a number of women in the South African context depend on their husbands to survive financially, and there is less power and space for young girls and women to negotiate safe sex, even if they face infidelity.

In South Africa, many men have to leave their homes and go to big cities to look for work. According to Dyk (2004:25), this puts their women into economically difficult circumstances which, in turn, puts them at greater risk of contracting HIV due to the absence of their husbands. Kakoko (2018:4) observed that women are at high risk compared with men due to biological, social, economic and cultural factors. This absence of men causes poverty, and it exposes the women to prostitution or to turn to commercial sex so that they can have some income to survive and support their families. The issue of “Sugar Daddies” (commonly known as blessers) has had a very negative impact on a number of school girls. These rich men offer gifts and money in return for sex, and this vulnerability is an obstacle to HIV/AIDS prevention. Kakoko points out that woman in low-income communities like Sterkspruit are at a very high risk of contracting the virus (6.2%), compared to men (3.8%).

The high number of women being exposed is also due to gender inequalities. Women in black African culture have limited powers and rights over men such that they cannot even ask them to use condoms. According to Kakoko (2018:46), men tend to have more economic and political powers than women. This situation has led to violence against their wives and women at large. Apart from substantial progress in scaling up ART, sub-Saharan Africa accounted for 74% of the worldwide 1.5 million AIDS-related deaths in 2013.

Despite the many interventions by government and non-governmental agencies, HIV and AIDS remain a social problem in South Africa. According to Fleischer (2015:97), this is due to the misbehaviour or risky behaviour of individuals, unprotected sexual intercourse, multiple sexual relations, lack of life skills and ignorance as the main reasons accounting for the persistence of a high HIV and AIDS prevalence. According to UNAIDS (2017), 7.1 million people in South Africa are still living with HIV and AIDS, with an 18.9% adult HIV prevalence. The report also points to 270 000 new HIV infections and 110 000 HIV and AIDS-related deaths.

2.3 HIV and AIDS prevalence among young people in South Africa

According to Michie, Van Stralen and West (undated), behaviour change intervention is a coordinated set of activities which one does to change a given specific behaviour. UNAIDS (2016) also reports that the South African government has been able to introduce a number of strategies to mitigate HIV and AIDS these include pre-exposure prophylaxis (PREP), condom distribution, male circumcision and HIV education programmes. According to the South African National Aids Council (SANAC, 2017), the National Strategic Plan is to reduce the number of new infections from 270 000 to under 100 000 by 2022. This is especially among young women aged 15-24 who are more highly affected than young men of the same age. SANAC (2016) reported that up to 37% of the new infections occurred among young women and young women are, therefore, at very high risk of being infected by HIV. The government has, however, been able to offer PREP to this affected group.

There are a number of reasons for this crisis of high HIV prevalence among young woman. Poverty, low status and gender-based violence (GBV) account for 20-25% of infections in young women.

There is also the issue of intergenerational relationships which is very common these days with older men and younger women engaging in sexual activities as some of the men are already HIV positive.

There is, therefore, a need to address these issues. This can be done by offering programmes that deal with things such as, for example, stopping gender violence, keeping girls in school longer and offering some practical economic opportunities for income generation. This will keep them away from the “Sugar Daddies” since they will have their own economic power and self-esteem. These young women sometimes do not use condoms with the older men, fearing being called prostitutes or promiscuous and are, therefore, not in control of their own bodies and sexual life. They end up engaging in high-risk sexual behaviours which lead to HIV and AIDS. Given this persistence and reasons elaborated above, sub-Saharan Africa, including South Africa, should not yet give up on prevention programmes as the answer to HIV and AIDS prevention.

2.4 HIV and AIDS prevention programmes in South Africa

According to the South African Policy on HIV and AIDS, there is a need for a holistic approach in dealing with HIV and AIDS prevention since there is no single approach that can deal with such a big epidemic. There will be a need for those who are in HIV youth programmes to consider a combination of programmes. HIV and AIDS prevention intervention programmes are needed to halt the transmission of HIV. Effective HIV prevention requires a combination of behavioural, biomedical and structural strategy interventions. The researcher will now present the three main areas of HIV prevention, according to UNAIDS (2010:1).

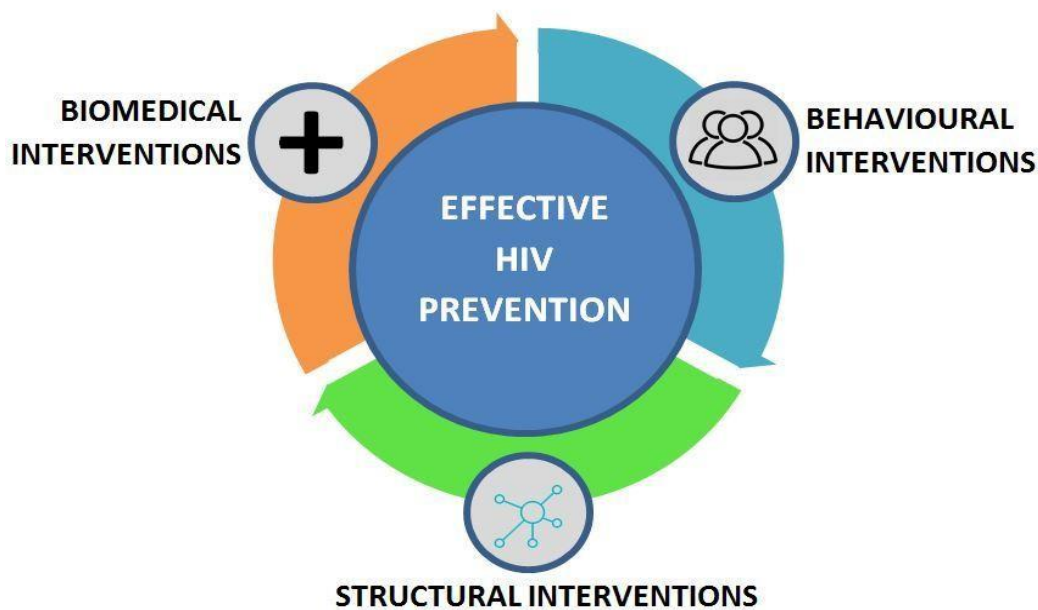


Figure 2.1: The three main areas of HIV prevention

2.4.1 Behavioural interventions as a prevention strategy for HIV and AIDS

This behavioural intervention seeks to deal with the reduction of HIV and AIDS by addressing risky behaviour. For this study, the researcher focused on behaviour intervention programmes as a preventative measure. The behaviour intervention to reduce HIV transmission, according to the UNAIDS 2016 report, aims at those risky behaviours by concentrating on the following areas: sex education, counselling, stigma and discrimination and income-generating programmes.

Holtgrave et al. (1995:136) explain that any intervention programme should offer information and motivation and should use life skills to empower his or her clients.

There will be a need to first offer the individual or the community necessary life skills, communication, knowledge of HIV and AIDS, risk perceptions, norms and sexual education. There will be a need for one to know how they can reduce the number of their sexual partners, have access to treatment adherence, have condoms and know how to use them correctly, partner reduction, promote abstinence and faithfulness, offer psycho-social support, deal with safe sex, stigma and discrimination. This was because, as mentioned above, the biggest cause of HIV, according to Fleischer (2015:23), is the infection transmitted heterosexually. It is, therefore important for the researcher to seek out how behavioural change programmes can assist in HIV

prevention. There have been a lot of interventions to prevent the HIV epidemic, however, across the globe there is not much decline in the number of people affected, and there is a need to target individuals, communities and government departments. In sub-Saharan Africa, the ABC (A) abstinence, (B) be faithful and, (C) use a condom, is the most common behaviour change programme.

Kennedy, Medley, Sweat, and O'Reilly (2010: 89) outline different prevention programmes, such as psychosocial support, treatment as prevention, voluntary counselling and testing and peer-to-peer education programmes. Mccamish, Timmins, Terry and Gallois (1993:185) consistently argue that peer-to-peer programmes have been seen as very successful in HIV and AIDS prevention since they are easily accepted. MacPhail and Campbell (2001:1617) explain why there is a need to seek an evaluation of any programme so that gaps may be dealt with. According to Green (2001:1), these primary behaviour change programmes focus on fidelity to a single partner, delaying sex, sexual abstinence and partner reduction.

Holtgrave et al. (1995:136) acknowledge the importance of sexual education among the youth. Studies have shown that HIV education in schools has led to positive knowledge and outcomes. Holtgrave et al. (1995:138) show how good counselling and testing of HIV among the youth has reduced HIV risk behaviours. However, there is a need to review some of the African cultural traditions and practices. Changes in some African cultural and traditional practices need to be reviewed. These cultural patterns according to Fleischer (2015:103) do pose a risk to those involved, for example, *Kusasa fumbi* (cleansing rites for widows) after the death of her husband and *Fisi* (forms of sexual initiation of girls in Zambia and Malawi). The promotion of change in human behaviour especially sexual will be the main preventative measure.

One's life skills have to be able to fit into one's local culture. In this study, it is about youth culture in South Africa. Dyk (2005:126) for example, offers "thigh sex" or other forms of non-penetrative intercourse as a culture in some youth. Therefore, facilitators for programmes about behaviour change should offer skills in risk behaviour that are related to the youth cultural lifestyles. There are among the Zulu some measures to encourage abstinence by female virginity, such as those cultural practices that require young people to have life skills. MacPhail and Campbell (2001:1614) differentiate between the skills that are needed for sexuality. For them, the term sexuality does

not only mean the sexual practices but also what people know and believe about sex. Therefore, sexuality cannot be divorced from life skills and the culture or context. Since sexual behaviour is a result of rational decisions that an individual makes based on his/her knowledge, these life skills will be needed.

The choice for behavioural intervention programmes is justified on various grounds. For example, Green, Halperin, Nantulya and Hagel (2006:335) pointed out that programmes dealing with behaviour change are more successful than those programmes that are mainly on the use of condoms because they integrate HIV education and sexual behaviour. While Kalichman, Eaton, Cain, Cherry, Pope and Kalichman (2006: 402) acknowledge that a reduction in risky sexual behaviour led to a lower HIV and AIDS prevalence, which is evidence that an individual or a group of people have got the capacity to change the rate of HIV and AIDS by their own sexual behaviour. Therefore, a change in sexual behaviour is of great importance in HIV and AIDS prevention because, as Galvin and Cohen (2004:33) argue, more than 42 million people worldwide are living with HIV despite sustained prevention programmes and activities. This is due to the fact that the spread of HIV has been primarily sexual.

According to Munro (2002:400), it is argued that programmes dealing with the HIV and AIDS which includes the training of participants, should not forget to provide them with the skills of behaviour change that are so important in HIV prevention. The population reports of 1990 state that youth all over the world do learn some skills in their schools or at home. Skills such as reading writing, what food is healthy for them and safety on the street. However, the question remains as to who teaches them the skills about a safe and a happy sex life? One needs to offer them skills in avoiding HIV and other sexually transmitted diseases.

According to Dyk (2005:23), HIV is mainly transmitted through sexual activities such as unprotected sex without a condom. Therefore, in turning to the skills of behaviour change, one is able to be motivated with positive attitudes like delaying sex, communicating well, reducing sexual partners, going for testing and using condoms. Addressing the issues of behaviour change does add value to the prevention programmes by discouraging or forbidding sexual intercourse before marriage. Therefore, there is a need to have a multi-dimensional contextual approach to different

behaviour change programmes. Such behavioural change programmes must focus on broader social and community context issues that affect the youth.

Michie and Jonston (2012:1) remind us that behaviour change programmes need to be understood well and know their contribution to HIV and AIDS prevention. In all health programmes, behaviour change plays a part and should not be overlooked by those who promote healthy living. Michie et al. (2012:2) offer the definition of what a behaviour change would mean in this context of HIV and AIDS. They suggest it is the end, that is, a point of an intervention that will bring about a result and its consequence.

For example, the consequences of dealing with HIV and AIDS include empowerment of woman, safe sex, male violence, multiple sexual partners. One will be able to change sexual debut, casual and commercial sex, reduction in sexual partners and condom use. All these consequences will come as a result of positive behaviour change. Therefore, behaviour change intervention programmes should be used among the youth and encouraged by government departments, NGOs and the churches if HIV and AIDS are to be prevented. Green et al. (2006:335) site an exemplar in Uganda where there was a decrease in casual/multiple sexual partners brought about by a decrease in HIV and AIDS than condom use due to sexual behaviour change programmes.

Dyk (2005:129) sums up that behavioural interventions are programmes that deal with sex education programmes covering topics such as encouraging abstinence from sex, postponement of sexual activity, safer sex, communication, condom use programmes, counselling and many other programmes that promote behaviour change.

2.4.2 Biomedical intervention:

Biomedical intervention, according to UNAIDS (2016), uses a number of mixed approaches to reduce HIV transmission. These approaches deal with issues like condom distribution for both male and females, testing and blood screening, antiretroviral drugs for the prevention of mother-to child transmission, pre-and post-exposure prophylaxis, voluntary medical male circumcision(VMMC), blood screening and HIV testing. There is a need to use a multimedia

approach when dealing with biomedical interventions. However, biomedical interventions work hand in hand with other behavioural interventions. People who are on the ART can live a well and healthy life and Due to viral suppression; there is little chance of transmitting the virus to someone else. ART has been seen as a game-changer.

2.4.2.1 Condom use and distribution as behaviour strategy

The UNAIDS report (2017) between 1990 and 2015, it has been estimated that 45 million HIV infections have been averted through condom use globally. According to SANAC (2017:9), South Africa is making significant efforts to distribute both male and female condoms. By 2018 it was estimated that 850 million male condoms had been distributed annually. The South African female condom programme is one of the biggest and most established in the world (SANAC 2017), it has been stated that, by 2016, 26 million female condoms had been distributed and by 2020 it will be 40 million.

However, it is disturbing that after such great efforts by the South African health programme of condom distribution, there is still a high rate of people not using them. It has been said that condom use is on the decline. According to Nucifora and Gallois (1993:47) students are at the highest risk of infection they are at the age of sexual experimentation and are very close to each other, and this is a problem, especially to the youth at school and college. These condoms should be used by the youth who are vulnerable to sexually risky behaviour and by those who are already HIV positive. However, it seems that, even if they have information on HIV and AIDS, it is not being acted upon Nucifora et al. (1993:47). There is, therefore, a need for other new programmes that will make the youth more aware of the information about condom use, and be available to all groups of people. Another concern about condoms is how to sustain their use and how to use them correctly and consistently. There are a number of problems associated with the use and distribution of condoms; for example, Riruta et al. (1003:111) show that there are double standards between men and women carrying a condom. Men feel it is acceptable for them to carry condoms, but it is not acceptable for a woman to carry them.

2.4.2.2 Male circumcision and HIV education programmes:

The government has also tried to roll out male circumcision programmes which, according to UNAIDS (2017) can bring about a 60% reduction in the risk of disease transmission during unprotected heterosexual sex. Research has shown that male circumcision can reduce the risk of female to male HIV transmission (UNAIDS 2017:33). According to SANAC (2017: 10), 59% of the South African young people have got certain or comprehensive knowledge of HIV infection and prevention compared to 85% in Eswathini (Swaziland). For example, only 5% of the schools in South Africa offer a fully comprehensive sexual education programme, so there is still a gap in HIV and AIDS education in the schools. More of such programmes will reduce the number of dropout rates of learners to be low, especially the young woman. It is still difficult to find teachers, who can offer life-skills to the learners to equip them on topics of human sexuality and morals. The young people need to be guided in making moral decisions, and behaviour change intervention programmes will assist with HIV and AIDS prevention.

2.4.3 Structural intervention:

According to UNAIDS (2016), structural intervention approaches are another tool that seeks to prevent HIV and AIDS. This approach focuses mainly on the community in a vulnerable HIV position. Structural intervention can be grouped into economic (poverty), political and legal issues that deal with the rights of people living with HIV and AIDS, social/gender inequality, increasing access to the education of the young girls and environmental, all of which are deep-rooted problems. According to the UNAIDS (2016) report, 90% of the world's HIV infections are occurring in developing countries.

For any programme to be successful, it will need to address issues in the community such as inequalities and prejudices, for example, same-sex relationships and women who cannot negotiate sex with men. There is a need to empower young women to have their rights to education respected and to be kept longer in schools. Fleischer (2015:18) argues that poverty among women and the youth needs to be addressed. These people are very vulnerable as they do not always have the money to buy condoms or to pay for transport to go for treatment in the

health clinics. There is a need to set up economic projects to reduce and avoid dependence on men.

Abuse of women by men with violence, rape and gender issues exacerbate their vulnerability. Kakoko (2018:3) argues that women need to be empowered with life skills such as how to negotiate or have a discussion with men about using condoms correctly and consistently. However, one should keep in mind that there is still a negative perception of condom use among people who say that condoms decrease sexual pleasure and make the act of sex less enjoyable (Kakoko 2018:46). On the positive side, in Botswana in the study carried out Kakoko (2018:46), women and men in the military encourage each other to use condoms as a sign of caring for each other.

Dube (20015:1230) emphasises that women are more vulnerable to HIV and AIDS than their male counterparts due to the power struggles between the two and domination of woman owing to cultural attitudes that go further into sexual exploitation. It is, therefore, the duty and responsibility of the churches to empower women and young girls to deal with these cultural, social, political and gender imbalances. This will assist in the prevention of infection and the management of the HIV/AIDS epidemic.

There is still homophobia towards certain people with different sexual orientation and to men having sex with men. There is still stigma, criminalisation and discrimination by the police and the community to same-sex relationships and sex workers. Kennedy (2009:624) indicates that condom use and other negative attitudes can be dealt with following counselling and group education among HIV positive and heterosexual adults.

The role of the political leadership and the community play a part in HIV prevention. The local political leadership and religious leaders can offer awareness and financial support to programmes that deal with HIV prevention. Poor communities need to be supported financially; in South Africa, the President's Emergency Plan for AIDS Relief (PEPFAR) has supported a number of projects but has a sustainability problem. For an HIV prevention programme to be effective, it should possess the following:

There should be good planning that brings all the stakeholders on board. Successful HIV prevention programmes need to have one person each from the education department, cultural and traditional leaders and civil society organisations. Holtgrave, Qualls, Curran, Valdiserri, Guinan and Parra (1995:135) emphasise the importance of a community and the individuals in it in HIV prevention programmes by arguing that the community should be part of the planning so that they do not reject the programme. The community knows the needs of its people, so there should be a workshop on a needs assessment to identify the gaps in services and make a priority list. The needs of the community and the individual who offer the programmes must coincide. No one infected and affected should be taken for granted or viewed merely as respondents, but should be full partners in the planning and decision-making process. The community's cultural needs must be taken into account, for example, their educational level, race, ethnicity, values, beliefs and norms. A prevention intervention programme should be able to address all the above factors.

A successful HIV programme should take into account the main route of transmission of HIV among its people. Who are the most affected and infected populations? Which places are the most affected, are they rural or urban? How many people are you looking at for your HIV programme? In planning for a successful HIV programme, one will need to have knowledge of the social, legal, economic and cultural factors that might fuel the HIV prevalence in that particular community.

This approach needs to take into account other factors that may influence the above approach. One's socio-cultural background, economic, political, legal and other personal and community factors need to be addressed first. There is a need to have a strong community support empowerment programme based on legal and policy difficulties. The community support will play a big role in addressing issues such as stigma, gender and discrimination. UNAIDS (2016) argues that, for a change to happen, there will be a need to have more than one prevention programme to deal comprehensively with sexuality, education and health services without economic barriers. This approach calls for the facilitator to know their target group before a programme is rolled out. "Know your epidemic; know your response", there is a need to know the requirements of the youth on the ground which will put you a better position to understand the modes of HIV transmission, who are the most affected populations and what are the new HIV infections.

2.5 The different theoretical principles that influence behaviour change.

For any professional that is dealing with behaviour change in the areas of HIV and AIDS programmes, one has first to understand how behaviour change happens.

2.5.1 The AIDS Risk Reduction Model (ARRM) by Catania, Kegeles and Coates (1990).

The theory of AIDS Risk Reduction Model (ARRM) was developed in 1990 by Catania, Kegeles, and Coates. This model is mainly about behaviour change regarding the issue of HIV. This model deals with behaviour labelling, commitment to change and taking action. According to Catania, Kegeles and Coates, (1990:53), behaviour change is the only way to prevent HIV and AIDS. This theory is also based on the psychosocial approach of problem-solving and integrating the elements of the Health Belief Model (HBM). It is about studying people's behaviour so that they do not contract HIV, which is mainly transmitted through sexual activities. The theory uses the following arguments.

One must be in a position to label his/her sexual behaviour as high risk. An individual must know that their sexual behaviour and actions are risky, problematic and dangerous. This first step calls for one to move beyond the labelling of one's sexual lifestyle as a problem to the next step, which is making a commitment. At this stage, one should have knowledge and information about the risk so that the individual knows that they can contract HIV, which is undesirable.

Secondly, one must be committed to reduce those high-risk sexual contacts and turn to a low risk activity. In this second step in the processes of behaviour change, one has to decide to change negative and risky behaviours. As in the Health Belief Model, one also has to ask if the benefits of change outweigh the costs and make a decision to act or not act. By not acting, one may think that the problem will go away, or one may resign oneself to the problem going away. In this case, the person may think, for example, of reducing sexual partners, turning to mutual masturbation, from condom use to massage, or from one-night stands to a long-term relationship. The person in this stage will have to question whether their change of behaviour will be in line with their enjoyment of sex. Will I be successful in changing and reducing my sexual behaviour, or can I perform the actions that will change the outcome that I want?

Thirdly, one must be able to seek and enact strategies to attain those goals. This is done by seeking solutions through self-help skills, turning to other people around you or to the professionals. This stage, according to Catania et al. (1990:64), calls for an individual to find solutions to their personal sexual high-risk behaviours which should be to reduce such behaviours. This is not an easy step for a partner in a relationship; both of them have to agree to the new behaviours which call for good communication between the two partners.

For example, when it comes to condom use and contraceptives, both partners have to agree and know that their sexual activities and actions are risky, both have to commit to the change and, lastly, have good communication skills. Once these three stages are done, a change may happen with regard to AIDS reduction. However, there are other external and internal motivations that may be at play, for example, one's emotional state and one's formal and informal environment can also influence one's attitude towards sexual behaviour and how to change or not to change.

2.5.2 The Basic Theory of Reasoned Action (TRA) and Moral Behaviour by Fishbein and Ajzen (1975)

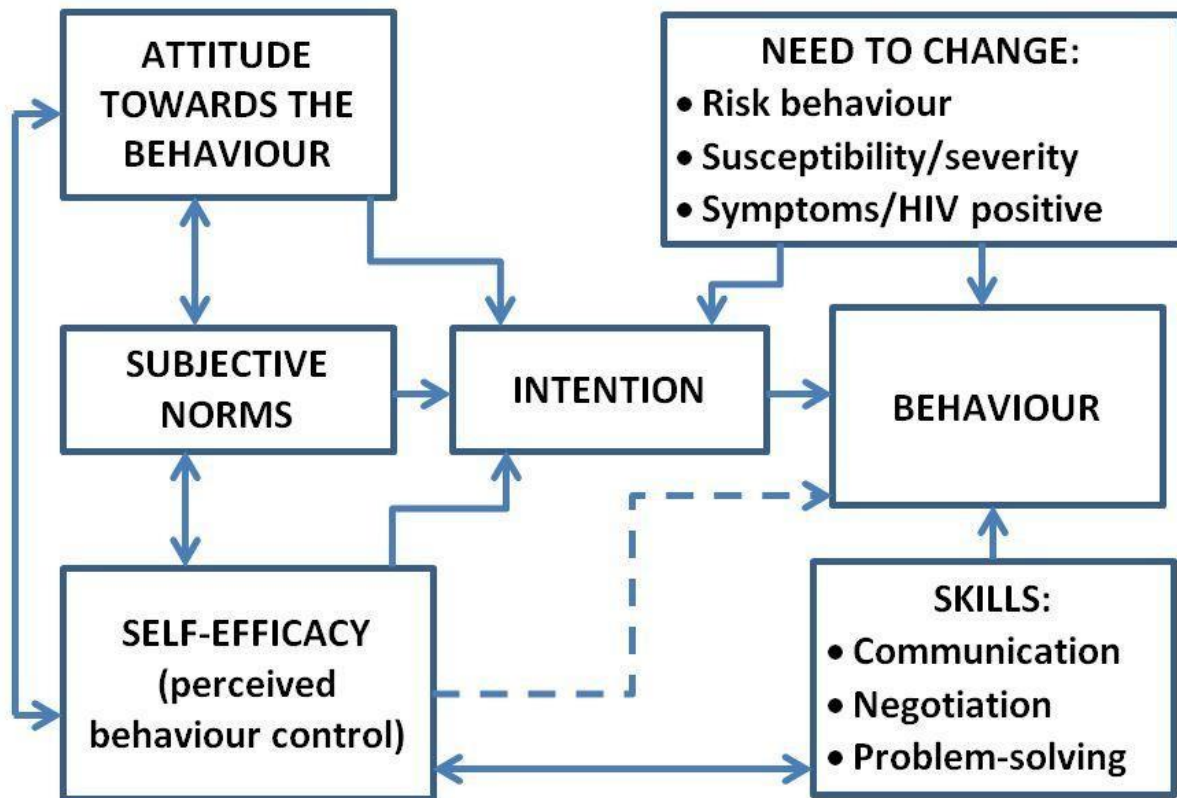


Figure 2.2: Note: The arrow indicates the direction of influence.

The Theory of Reasoned Action (TRA) falls within the realm of cognitive theories and was developed by Ajzen and Fishbein in 1980 and introduced in 1967. According to Cynthia et al. (1993: X), the TRA has been applied on a number of social and psychological variables, mainly in North America and Europe. For this study, the researcher will not apply the extension theory of Planned Behaviour (TPB) by Ajzen (1985). It states that moral behaviour is based on one's personal and social factors which need to be taken into account. This theory is based on psychology, which tries to understand human behaviour, and it plays a significant role in behaviour perdition.

This is an empirical study which will be informed by this theory of reasoned action. This theory meets the researcher's needs and is useful to this study that deals with the evaluation of the EFLP. There is a great need to test different theories that can help in behaviour change. For this study, the researcher is not developing a new theory but is going to apply an established technique within a new context which is in the HIV/AIDS preventative programme of the EFLP in Sterkspruit Parish.

Most of the programmes that are dealing with HIV/AIDS are focusing on condom use. However, there is a need to focus on a more holistic approach which is behaviour change programmes. The TRA was chosen by the researcher due to it having been cited by many scholars and researchers in the area of HIV and AIDS. Within the HIV/AIDS programmes, not many apply theories to their activities.

Michie et al. (2011:11) suggest three steps that one needs to keep in mind while applying a theory to an existing behaviour change intervention programme. The first one is that the theory must be comprehensive, coherent and used to an overarching model. The TRA meets these conditions and is in a better position to predict HIV and AIDS-related behaviours as the youth try to move towards behaviour change.

This theory has been mainly used in the West, and the researcher wished to test it for the first time in the EFLP and see how it fits into the South African context. After the EFLP workshops, the youth of Sterkspruit Parish have much information on HIV/AIDS, but they need to work on that information to make well-informed decisions on behaviour change. The information referred to is about information on HIV and AIDS and knowledge and is a model known as the Knowledge Attitude-Behaviour model (KAB), but it has not translated into safer sex behaviour. KAB focuses on a number of issues such as condom distribution and use, appeals and mass media. However, such programmes ignore the behaviour life change outcomes at times and do not focus on empirical studies. The KAB model has been criticised a lot as it puts much emphasis on mass media and information but does not give life skills. Thus, the researcher basing on the attitudes, beliefs, normative norm and intention towards a specific behaviour that one wants to change, then a change can happen.

These factors, according to Nucifora and Gallois (1993:47), are the path that will lead one to perform or not perform a certain behaviour and the performance is predicated. The Fisher and Ajzen theory of reasoned action offers psychosocial barriers as to why people find it very difficult to change their behaviour, especially in the area of sexuality.

This theory has been used mostly in psychology and health programmes. Virginia et al. (1993:39) seek to illustrate that this theory of reasoned action fits well within programmes that deal with HIV and AIDS prevention and suggest that human beings will make their own decisions to carry

out certain behaviours. This is due to the fact that behaviours are caused by beliefs. For one to deal with HIV and AIDS prevention programmes, Virginia et al. (1993:39) argue that one's beliefs in low or high-risk behaviours may reduce or increase HIV and AIDS prevalence.

Therefore, according to Ajzen and Fishbein (1980:98), people's behaviours are determined by their intention to engage in a certain behaviour. That is to say that the intention will, in turn, be predicted by their attitudes towards that behaviour and the subjective norm. For a person to have any kind of attitude, they must first have certain beliefs about the outcome or attributes of performing a specific behaviour. Someone's attitude and belief have a very significant role to play in their behaviours. The EFLP wishes to move beyond information on HIV and AIDS, and Duffy (2007:7) points out that we need to have information and use it to move towards behaviour change that is positive health behaviour.

The other element is the subjective norms that are associated with that behaviour. These are people who are very important in one's life, for example parents, siblings, friends, sexual partners and church personnel and one may wish to please individuals or groups. For example, if someone has friends who do not like or believe in the use of condoms, it will be very difficult for that individual to use condoms since the group of peers do not support the idea. This is the influence of subjective norms on behaviours. Van Dyk (2005:94) presents a similar argument based on the subjective norm by saying that friends have a lot of control when it comes to behaviours. What they think or approve or disapprove of about us determines our behaviours (this is normative beliefs which drive or motivate a person to comply). However, Mccamish et al. (1993:192) argue that it is not always true that the peer-to-peer facilitated programmes will always make a better impact than teacher-led programmes and that there was no major difference. For one to be a peer facilitator does not necessarily make them a better peer educator. He also pointed out that group normative norms tend to be conservative, that they oppose behaviour change from unsafe to safer sex. It is therefore important for an individual to be able to take action after reflecting on the consequences of why they should perform a certain behaviour and also thinking about what other people around them expect to do.

2.5.2.1 Behaviour change Theory of Reasoned Action (TRA) in relation to EFLP

The theory of reasoned action has been chosen by the researcher as it has been the most cited in the area of HIV and AIDS research. What is the relevance of this theory to the EFLP? This is an empirical study which will be informed by this theory of health behaviour. This theory meets the researcher's needs and is useful to this study in that it deals with the evaluation of the EFLP. Since the EFLP is behaviour based and uses attitudes and beliefs to change behaviour, the TRA is relevant. This model is based on the assumption that, if one is to change negative behaviours to positive, they will need to change their attitudes and beliefs in a specific direction.

There is a great need to test different theories that can help in behaviour change. For this study, the researcher is not developing a new theory but is going to apply an established technique within a new context. This context is in the HIV/AIDS prevention programme of the EFLP in Sterkspruit Parish. Therefore, the TRA is better suited to the researcher's framework for the evaluation of the EFLP than other behavioural theories. According to Virginia et al. (1993:44), anybody can use this theory to suit one's context.

The relevance of this theory to this study relates to the fact that it can explore an individual response to behaviour change. In this case, Virginia et al. (1993:44) consistently argue that, if one is to use this theory, the first thing to do is to choose a population and a behaviour of interest. The TRA shows that all human beings are basically reasonable and rational. This ability to reason is what enables one to make an assumption that there is a psychological process that takes place in decision-making. Dyk (2005:92) supports this theory by stating that human beings can apply the information that they have systematically to plan their behaviours. This theory explains the relationship between beliefs, attitudes (motivation), intention and behaviour. In this study, the focus will be on sexual behaviour change as an example of this theory. The most important element in the processes of behaviour is the behavioural intention. The direct determinants of one's behavioural intentions are his/her attitude towards performing or not performing the behaviour in question. The other element must be the subjective norm that is associated with the behaviour.

Most of the programmes that are dealing with HIV/AIDS are focusing on condom use. However, there is a need to focus on a more holistic approach which is the behaviour change programmes.

The TRA was chosen by the researcher due to the fact that it has been cited by many scholars and researchers in the area of HIV and AIDS. Within the HIV/AIDS programmes, not many apply theories to their activities. Therefore, the researcher has undertaken this study of evaluating the EFLP by basing it on the TRA.

Michie et al. (2011:11) suggest three steps that one needs to keep in mind while applying a theory to an existing behaviour change intervention programme. The first one is that the theory must be comprehensive, coherent and used to an overarching model. Thus, this theory of reasoned action meets those steps. This theory is in a better position to predict HIV and AIDS related behaviours as the youth try to move towards a behaviour change strategy.

The researcher wished to test this theory for the first time in the EFLP since this theory has been mainly used in the West and now how does it fit in the South African context. The youth of Sterkspruit Parish after the EFLP workshops they have much information on HIV/AIDS. However, there is a need to work upon that information, for them to be able to make well-informed decision-making in behaviour change. This information that is assisting is about information on HIV and AIDS and knowledge (this model is known as (KAB model) but it has not been able to translate into safer sex behaviour. This (model of KAB) focuses on a number issue like condom distribution and use, appeals, and Mass media. However, such programmes do ignore at times the behaviour life change outcomes. Such programmes do not have a focus on empirical studies.

Thus, the researcher basing on the attitudes, beliefs, normative norm, and intention towards a specific behaviour that one wants to change, then a change can happen.

Virginia et al. (1993:29) suggest that in the absence of any medical cure for HIV/AIDS, the only sure means of prevention is a change of behaviour. The EFLP is a prevention programme that calls for the youth to look more deeply at their sexual lifestyle. Can the youth abstain from and delay sex activities? What therefore offers the best health preventative programme? Since the main mode of transmission is through sex and sex is a human behaviour, the researcher used the TRA to convince people to deal with risky behaviours. Virginia (1993:29) reminds us that HIV/AIDS involves a social relationship between two intimate people. In Uganda, the best means of prevention was not the promotion of condoms; the most effective means was abstinence, fewer sexual partners and monogamy. Virginia (1993:35) presents similar arguments that, in Zaire, most

of the preventative programmes have been based on HIV/AIDS control and prevention education activities. Such programmes do offer the alternative of recreation.

This theory takes in to account that the individual must be able to understand and change the cognitive structures that influence certain behaviours. Therefore, for anyone to help others to change their behaviours, they first have to take into account the person's intentions, beliefs, attitudes, subjective norms and self-efficacy. Virginia et al. (1993:29) emphasise that the subjective norms are good predictors of intention when it comes to the use of condoms, for example.

Secondly, all those elements have a relationship between them and the individual who wishes to change their behaviours. According to Swartz, Rey and Duncan (2004:383), the intention of a person plays a great role in behaviour change. However, this theory is individualistic and takes for granted that every person has the capacity to make rational decisions. According to research, it is not easy for the youth to make changes around risky sexual behaviours in their context (Klaus:2015:70). There are also other limitations to the TRA in that there may be emotional and interpersonal factors that may limit one's behaviours. The youth are influenced by their peers and family members.

Chang (1998:1826) sums it up by saying that an individual will use reason and all the information available to him or her to take positive reasoned action. Therefore, for one to know their behaviour and change it, they will need to look at the cognitive structures that influence certain behaviour. In their TRA, Ajzen and Fishbein (1980:98) offer six elements or propositions to be taken into account in predicting moral behaviour or to change behaviour. These six propositions will be used in the data analysis to attempt to explain the behaviour change in relation to the EFLP. Therefore, how can the TRA theory of Fishbein (1980) be applied to the EFLP in dealing with HIV and AIDS? The researcher attempts to find out if this theory is more instrumental in behaviour change than those programmes based on information or condoms only as an intervention. These variables have a very significant role in HIV and AIDS prevention. They can predict intentions for health behaviours by assisting one to reduce risky behaviours. Lewis and Kashima (1993:29) remind us that the best method to deal with HIV and AIDS is behaviour change as a preventative intervention. According to Lewis et al. (1993:29), HIV and AIDS cannot be cured, and there is no

vaccine, so prevention remains the only means left. People will have to make their own decisions to prevent this epidemic. This is based on the premise that a human being has the capacity and ability to control their desires. For us to have a clear understanding of the theory of TRA, the researcher will offer an explanation of the various underlying concepts below.

Proposition 1: One should see a need to change one's personal behaviour based on their beliefs

The first proposition of the TRA is the basic belief "I need to change". This is the underlying cause of one's attitudes and subjective norms which finally determine intention and behaviour. The TRA emphasises the need to change; without that belief, one will not be in a position to begin to try to change or even help others to change their behaviours. This means that the individual should be able to see the risks of being infected with HIV. Dyk (2005:93) presents similar views in that one should see the seriousness and the consequences of the disease in their life. This person should see the need and believe that performing a specific behaviour will reduce the risk of the disease. Thus, the beliefs that an individual hold about themselves and their environment can determine their behaviours. The TRA holds that there must be a correspondence between silent beliefs and attitudes.

Proposition 2: Be specific about that behaviour:

One has to be specific on what type of behaviour one will change. This is very important in the area of sexual intercourse as one has to be specific that one has got control over his or her own behaviour. One must have the will and the capacity to change and not depend on external factors to change behaviours. For one to change, according to Moore et al. (1993:30), the role of intention is to predict a certain behaviour resulting from a specific action.

Dyk (2005:93) points out that every behaviour, especially those that deal with sexual matters, has four behavioural elements which are, action, target, context and time. Every action is directed at a target in a given context at a given time. For example, the action will be that an individual involved in a sexual act makes a specific decision to go and buy a condom and use it. The target should be what type of condoms would one wish to use, latex versus non-latex. Then one has to take into account the context, in what type of relationship is one engaged, casual sex or a long-

term relationship? “time” are not the same. Once an individual wish to change their behaviours “time” must be taken into account.

Proposition 3: Have a behavioural intention (BI) to change

The TRA is also based on the proposition that one must have behavioural intention to be able to perform the desired behaviour. Terry, Gallois and McCamish (1993: XV) point out that it is part of our everyday life to predict our own behaviour. For one to know if someone will perform a certain behaviour, one has to assess that person’s intention. According to Dyk (2005:93), intention is the most immediate factor or determinant of behaviour change in an individual’s life. Using the TRA, we may have the most accurate prediction of someone’s behaviour by focusing on his or her intention to carry out that specific behaviour.

The TRA has been supported by Chang (1998:1826) who states that the individual must take into account their intention to change. This will offer one the motivation to change behaviour. The stronger the intention to change, the more one will put in the effort and be committed, and the stronger will be the result that emerges from that action. However, there are two factors that need to be taken into account to know the strength between the intention and the behaviour and also to know to what degree one's intention will remain stable over a given time. The theory calls one to reinforce the intention by motivating that person to comply. According to Holtgrave et al. (1995:136), a strong personal intention is required to deal with risky sexual behaviours. For this reason, there must be a correspondence of the intention and the behaviour elements. This calls for the argument that, if one is to change his or her behaviour; one has to first look carefully at the intentions (in terms of action, target, context and time) with the behaviours in question.

Proposition 4: Determinants of attitude towards behaviour

One should have the correct attitude (motivation) towards a specific behaviour by knowing the advantages and disadvantages of engaging in it. According to Ross (1993:81), the use of the word attitude in the TRA may not be used in the same way in the other literature reviews. Terry et al. (1993: 20) like Fishbein and Ajzen, argues that attitudes about one’s feelings must be positive to the desired behaviour. Therefore, the likelihood of a person performing a given behaviour will be stronger if they hold a favourable attitude. If someone has a very good and positive attitude, the

better the predictor of that behaviour; one's attitude towards a specific behaviour has to be positive. One should not have a negative attitude towards behaviour change as this will have an adverse effect on the action.

One needs high positivity to perform some actions; a negative attitude to a certain action cannot help one to change behaviour. One should not harbour negative beliefs such as "I cannot change". Such beliefs or attitudes are often linked to feelings of inferiority. Ross (1993:83) suggests a number of negative attitudes to condom use by the youth in one of the studies. The reasons given are that condoms interfere in their sex, they are unnatural, unsatisfying, messy, uncomfortable, irritating, unreliable, were forgotten, unsafe, hard to buy, do not work, reduce pleasure, considered infection unlikely, impaired pleasure, influence of alcohol, insulting and embarrassing to use them and to purchase them, unavailable when needed, knowing the partner, no fear of HIV, ignorance and that they are against peoples' religion. Beliefs are one of the main determinants of behaviour change.

Positive attitudes can be used to predict outcomes. Chang (1998:1826) mentions that attitudes to a behaviour can be favourable or unfavourable. According to Nucifora, and Gallois (1993:48), behavioural beliefs are those that underlie a person's attitude towards a given behaviour, and they can be positive or negative. For example, strong belief can result in a positive attitude towards that behaviour. If, on the other hand, someone has a negative attitude, negative outcomes may result.

As noted above, Vallerand (1993:107) established that one's personal attitude and the normative elements of the theory of reasoned action play a significant role in one's behaviour change processes. However, Ross (1993:85) emphasises that there is a lack of correspondence between people's attitudes to the use of condoms and their behavioural intention. It is therefore important in the HIV and AIDS programmes to use peer-to-peer support to translate attitudes into behaviours. This will need a facilitator to offer them the skills to reinforce personal control.

Proposition 5: The subjective norm (SN) is one's personal perception of whether those people who are important to him or her think he/she should or should not perform the behaviour in question.

This is a major determinate of behavioural intention and refers to a person's perception of social pressures to perform or not to perform a given behaviour. The influence of subjective norms for a behaviour change to happen depends on the variables that are external to the person's ability to change. This subjective norm depends on those people that an individual person relates too. Dyk (2005:93) reminds us that an individual will take into account the normative expectations of others in his/her surroundings. Therefore, according to Nucifora and Gallois (1993:48), the theory of reasoned action suggests that there must be a link between behavioural and normative beliefs to behavioural intention and behavioural attitude (towards behaviour) and subjective norm.

What the individual feels about certain behaviour is influenced by those around them, not on their own beliefs but on how they want to please a certain group. Fishbein and Ajzen (1972) (1993:70) acknowledge the positive role that can be played by the parents and peers influence in behaviour change. Both of these play a role of being strong motivators of behaviour change. One's intention must be at the centre of behaviour change since it stands between attitude, norms and behaviours. At the same time, there is a strong relationship between intention and action to a given behaviour. The subjective norm plays a great role by approving or disapproving of the performance of a behaviour. This means that someone, according to Ajzen and Fishbein (1980), will be most likely to perform a behaviour, such as using a condom, when it is believed to be approved by others. The way others think about our actions subjective norm should be in line with the normative belief.

On the other hand, there is what is known as the normative belief; this refers to another person's behavioural prescriptions, towards an individual or group, and not a generalised significant. According to Dyk (2005:95), one's intention is not enough; one's belief and ability is needed. Behaviour change cannot happen by subjective influence; what Ajzen calls normative control. One has to have personal autonomy not to be pushed from outside. One's personal identity to one's action is what is needed since each person has got their own independence.

Proposition 6: The Theory of reasoned action points out the importance of some specific skills.

The person who wishes to change his/her behaviour must be aware of certain specific life skills which are important in changing behaviour and must, therefore, be equipped with those life skills. Holtgrave et al. (1995:136) suggest that one should be empowered with the necessary life skills to

be in a better position to execute the behaviour change that one desires. Virginia et al. (1993:29) sum up the skills that are universally necessary for HIV and AIDS prevention, being self acceptance of one's sexuality, negotiation and self-reinforcement. These skills should be able to fit into a given cultural context so that they can speak to the target group. Finally, someone should be in a position to have that self-belief, which is one's ability to use those skills.

Yankah and Aggleton (2008;465) suggest and advocate that one will need certain key components of life skills such as knowledge, communication, negotiation, decision making, listening skills, refusal skills, problem-solving, coping skills, self-esteem, managing feelings and stress, attitudes, intentions and access to information which is appropriate to the behaviour in question. With life skills, one has to have basic information and knowledge which will help one to act on his or her behaviour; these life skills will reduce one's vulnerability to HIV infection. According to Egan (2010:56), who supports this theory, those who need to change behaviours must ensure that life skills will facilitate change.

There is a big association between life skills and behaviour change. Egan (2010:128) observed that the one who facilitates a client, or a workshop needs to have a range of communication skills such as listening, understanding, empathetic presence and even non-verbal communication and knowledge which will help one to act on their behaviours. Those who need to change have to have the skills of how to go about it. These skills can be, for example, good communication, negotiation skills and problem-solving.

2.5.2.2 The relevance of the Theory of Reasoned Action (TRA) to the study.

The TRA was used in this study because it addresses the elements that are needed in the behaviour change of an individual. The EFLP is about helping the youth to support each other to find some answers to the important question of how one can prevent HIV and AIDS. How can one explore the present reality and change negative sexual behaviours? Van Dyk (2005:93) reminds those who are conducting workshops or programmes that HIV and AIDS can be prevented among the youth by behaviour change. For example, the youth who are sexually active must have positive thinking about abstaining or being faithful.

Kalichman, Eaton, Cain, Cherry, Pope, and Kalichman (2006:402) explain that HIV is mainly transmitted between an infected and uninfected partner through risky behaviour. Furthermore, they explain that HIV infection can occur when infected semen and vaginal fluids mix. Such risky behaviours, such as starting sexual activity early among the youth, can be addressed with the elements in the TRA.

Behaviour change interventions are, therefore, the key to HIV reduction, and this is supported by different theories which describe how, when, and why change occurs. These theories offer information to help understand why and how interventions succeed or fail. According to Michie and Johnston (2012:4), the importance of using theory to inform intervention and guidelines as to how to link behaviour change to HIV and AIDS should be emphasised. The theory assists in designing behaviour change programmes, as well as specifying what type of interventions are needed to be applied in a given context.

This research seeks to illustrate how an EFLP behaviour change programme can be tested and evaluated by the TRA. The EFLP is about helping the youth to support each other in finding some answers to the important question of how one can prevent HIV and AIDS and how one can explore the present reality and change negative sexual behaviours. Dyk (2005:93) reminds those who are conducting workshops or programmes for HIV and AIDS that it can be prevented among the youth by behaviour change programmes. There is always a link between HIV and AIDS and behaviour in both a scientific and practical sense. Furthermore, Michie et al. (2012:4) explain that a number of studies have consistently found that behaviour change intervention programmes have to be used to ensure a positive outcome and sexually active youths must have a positive attitude about abstaining or being faithful.

Vallerand et al. (1992:105) point out that, for one to change their behaviour, attitude and intention must be supported. Egan (2007:69) suggests that, for one to put this theory in action, one needs to have the power to change and the confidence in one's ability to solve problems, have the courage to face up to them and have a sense of self-control, especially emotional self-control and control of the problem.

All the above may lead to a better life for the youth if they have the capacity to change. To change people's lives is the mission of the church's teaching and to help them find joy in improving their

lives. The theory of the behaviour change process looks at the role of one's experience; one has to ask him or her "what is going on in your life, what are the problems, issues, concerns, or developments and opportunities that one should be working on?"

This theory challenges one to choose to change behaviour. Duffy (2007:13) maintains that, in the EFLP, belief is essential in one's life. One must have the need to change negative peer pressures such as negative media influence, extramarital sex and substance abuse. Then one needs the first proposition of "I need to change", without which one cannot even begin to try to change or to help another to change. This theory is, therefore, relevant to this study.

HIV and AIDS prevention, according to UNAIDS (2007), needs people to work together in a comprehensive way, one of which is behaviour change. The TRA fits well in this comprehensive strategy since it offers the tools for one's capacity to change. For example, can one sustain and consistently use the condom?

The reasoned action theory offers the best elements of behaviour change since it focuses on programmes that promote effective behaviour change intervention (Terry et al., 1993:25). However, there are some limitations to this theory with regard to behaviour change and health care.

The transformation must be community-based. However, this theory is open for additional predictors. The study was based on the TRA, and the EFLP was based on the model of Egan the Skilled help, both of which complement each other with different views since we have a multidisciplinary study. Give the psychological views of all different religion and relationship between the theories how they meet and encourage each other.

The TRA (Fishbein & Ajzen, 1975) holds that behaviour change is possible if it can be advocated as a major strategy to prevent the spread of HIV and AIDS. Behaviour change is a weapon in dealing with HIV and AIDS; it calls on one not to engage in risky situations. For example, one would say that removing the youth from the external variable that urges the youth to engage in risky situations. This theory assisted the researcher in understanding behaviour change and data analysis.

2.5.2.3 Critique, flaws and limitations of the Theory of Reasoned Action.

According to Mccamish et al. (1993:208), this theory of Fishbein and Ajzen (1975) is based on the following variables: beliefs, attitudes, subjective norms, intentions and behaviour. These concepts have been questioned in that they do not give us an adequate account of the behaviour change process in HIV and AIDS prevention. One must take into account that HIV and AIDS, by their nature, are essentially social issues. Therefore, the theory of reasoned action must not ignore this part of human life and must base itself on the individual person.

Just like any established technique or theory within a new context, the TRA has its limitations in the EFLP. It is based on the assumption that people have got the ability to reason well and can decide on what action to take, depending on the information they have. What about the use of common sense? Fishbein and Ajzen based this theory on psychology as their primary base, but any decision-making issues that deal with the psychology of the mind are not easy. In my view, this is a Western concept and mentality of looking at issues, since it focuses a lot on the individual mind and cognitive structures to explain behaviour change.

The human person is a complex being, and there are a number of factors that play a great role, and common sense should not be taken for granted in behaviour change. In their article, Kippax and Crawford (1993:253) bring forth several points to demonstrate the limitation of the TRA. They argue that the TRA does not take much account of the connections between individuals, both interpersonal and social. A person acts within a certain context which affects his or her actions and behaviours. One's surroundings and the structures that one operates in are of great importance. Without society or community, our behaviours have no meaning for us, and the theory should therefore not be too individualistic which may lead to bias. HIV and AIDS must be taken in a certain culture and context, such as the places and population in which the person who wants to change his or her behaviour lives. Even if the theory takes into account the subjective norms, but it does take it for granted. For example, if one is to use or not use condoms during sex, there are several factors to be taken into account as one may think of his or her values of fidelity, honesty and romance. Condom use or not may be based on the cultural values of the individual in a given community. Therefore, it does not depend on an individual's life. For one to see the

meaning of using or not using a condom must be shared with others. Kappax et al. (1993:262) argue that nominative rules are not fixed and such rules differ from one society to another.

For an action to take place in an HIV and AIDS privation strategies, there is a need for collective participation. The community in which one lives largely supports carrying out an action; so action to change a certain behaviour will be influenced in a given culture, it will be negotiated, debated and acted upon within that given community.

Finally, the TRA is based on the assumption that human beings are reasonable animals. We may decide on our own what actions to take or not to take, and we use information that we have to make changes to our behaviours. Terry et al. (1993:8) and other researchers have argued that, when it comes to sex, it is mainly influenced by non-rational factors. Kappax et al. (1993:265) argue that, since the theory calls for the belief, norms and behaviours to be rational, does this mean that sexual behaviours are irrational when one is faced with conflicting demands? External events may prevent a person from acting in a reasonable manner, so rationality itself is not culture-bound; it can differ from individual to individual and may be questioned by certain communities.

The rationality of an individual and that of the community may differ. At times people can act against their reasoning and what about the role of consciousness in one's life? Some actions may take place without the deliberation of the conscious. Many young people will say "I just found myself having sex without knowing how it happened". This puts the theory at odds with the cultural meaning of sexuality which at times is mysterious and impulsive. According to Kappax et al. (1993:268), sex takes place between two people, thus making us aware of the joint decision making. This is a challenge to the TRA on how the two people can both make a reasoned action at all times. This makes the theory uncomfortable at times.

In the EFLP, the issue of group process is important in learning behaviour. The situation that surrounds any individual in life affect the family, friends, education, faith and environment and all else that surrounds us. This theory does not take in to account that each person is unique, with a unique experience and unique opportunity to grow. In the African context, the group is more important than the individual. According to the TRA, the focus is on an individual as opposed to the group of which they are a member. A person who wants to change his or her behaviour is immersed in a given community and social group.

This is very strong among the youth who have very strong peer pressure in their sub-culture. The group takes a prominent role; it is easier to change and maintain behaviours when there is the support of a group to which an individual belongs. In an African context, most of the education and care is collective rather than individual. Even if we have a subjective norm which talks about collective decision-making, it is still driven by an individual motive. Therefore, this theory lacks a social-ecological approach in the African setting as the community super ordinates an individual person and their behaviour.

It is not easy, according to Virginia et al. (1993:29), to measure someone's attitudes creating inconsistency and weakness in its claims of being predictive. It is very difficult to understand why people act in a manner contrary to their best way of life. Another limitation of the TRA is that there are no new theories that can be developed easily from it. Other criticisms of the TRA are that one has to take into account the social context in which one is applying this theory and the issue of volitional control, which is one's ability to make conscious choices or decisions. This is not easy for human beings, especially the youth since the TRA is based on predicting behaviours which are under one's volitional control. The theory also does not offer space for habitual or automatic behaviours. In HIV and AIDS prevention there are factors that may be outside one's control, for example the use of condoms, if the man does not have a condom with him, it may be very difficult for the female to say "No" or, on the other hand, the female may refuse to use it. Therefore, one has to find behaviours that are under one's control. Finally, one's intention may change from time to time, to what extent one should distinguish the stability of intention.

For example, the issue of attitude, which is based on the feelings of a person, must be taken into account. According to Mccamish et al. (1993:208), there is a difference between thinking and feeling. One may have a positive idea or attitude but with negative feelings about it. Someone's feeling at times may be stronger than their attitude which may be considered as irrational since feelings may have a great influence on intention. Another criticism is how does one measure attitude? Beliefs can be classified as likely or unlikely, positive or negative. For the facilitators of HIV and AIDS, will only have to depend on the cost or benefits of that behaviour. The predictors of intention are another area of limitation since attitude, and the subjective norm affect intention; however, one may also ask about the role of situational influence. This will be of importance on the norm and attitudes when it comes to decision making in a given context; there is a limitation

in the relationship between intention and behaviour. According to Mccamish et al. (1993:217), this is not a direct effect, especially on issues of sexual behaviour. People's intention can change from time to time, so that the prior intention may no longer hold. Behaviour change is a process; it does not just happen in a short time, and this may be due to the change in time, opportunity, skills and cooperation from others. This calls for the TRA to be improved as it does not indicate to us how one may deal with his or her emotions in the process of behaviour change. Behaviour change calls upon the individual to talk with others and share his or her ideas of change. When a person acts on their behaviour, the community will be affected by their actions, so beliefs, intentions and behaviours find their true meaning within the context of a community. The major part of the individual that is needed to change behaviour will lie outside an individual, and one will need to link and marry the social and collective practice.

Mccamish et al. (1993:255) call for more involvement of society and to move away from the individual approach theory. If the focus is on the individual, then this will be partly successful, but if the community is involved and it shares in one's behaviour change, a better model may emerge. One person's behaviour change needs to be accountable to the bigger group of people in which they find themselves. In matters of HIV and AIDS, however, this theory still offers success, especially when it comes to actions based on one's beliefs, judgments and subjective norms. One can say that no theory can explain everything that is needed in behaviour change, but all theories need to be evaluated to see if what they say and do meets the needs of the people.

2.5.3 Conclusion

This chapter examined the state of HIV globally and in South Africa in particular. It also examined various interventions currently used by African governments, especially in Uganda and South Africa. The main issues in the role of government and other associated factors in South Africa and globally have been articulated. The role of condoms as one of the behaviour change prevention methods has been discussed.

This chapter also provided a detailed explanation of the theory of reasoned action. This theory offers the best element of behaviour change, which is intention since it focuses on programmes

that promote effective behaviour change intervention (Terry et al., 1993:25). This TRA of Fishbein and Ajzen (1980:6) seeks to illustrate the facilitators of any programmes that deal with behaviour change should first understand the client's reasoning or intellectual abilities and argues that human behaviour can easily be predicted if you know the determinants of the intentions.

In the next chapter, which is also the literature review, the researcher will focus on the role played by churches, especially the Roman Catholic and other faith-based churches. Attempts will also be made to discuss the voice of the Muslim and traditional healers in HIV prevention.

CHAPTER 3: LITERATURE REVIEW OF THE FAITH-BASED AND CULTURAL RESPONSES TO HIV AND AIDS IN SOUTH AFRICA

3.1 Introduction

This chapter discusses the role of the church, especially the Roman Catholic Church (RCC) in Southern Africa. The voices of the ecumenical Churches, the Muslim, the African Independent and Indigenous Churches and the role of the traditional healers will also be discussed. The RCC decided to adapt the EFLP programme from Uganda into the South African situation as its HIV and AIDS prevention intervention, by promoting behaviour change as a suitable preventative measure to target the youth in HIV and AIDS prevention. This was in comparison to other government programmes which promoted condom use as a means of HIV prevention. The church has focused on the training of youth in behaviour change as an initiative and the starting point to HIV and AIDS prevention. Therefore, the researcher makes a study of the evaluation of the EFLP by asking himself why it is a suitable programme in comparison to other programmes based on other theories. This EFLP has been one of the church prevention strategies for existing behaviour change as an intervention for HIV and AIDS prevention in the Sterkspruit Parish.

3.2 The role and the voices of the Ecumenical Churches

In most of the church mission statements or objectives, they wish to promote care and support to those who have been infected and affected by HIV and AIDS. Morgan, Green and Boesten (2013) acknowledge that the faith-based organisations (FBGs) have been highly involved in HIV and AIDS prevention projects and mitigation services in Africa for a long time. Moved by their mission and faith, the different ecumenical churches provide a good framework for dealing with HIV and AIDS. Different churches have their own structures which can play a vital role in HIV and AIDS prevention.

The different church leaders in the world are still valued, and their leaders respected, according to Sutton et al. (2011:515). These churches are still viewed as credible sources of information to their members. They enjoy the respect and support of both the local people, especially the youth, and the government. Dube (2006:17) calls for the churches to have the mission of wiping away tears from those who are HIV positive. She calls specially to have compassion for the women. In many churches and communities, young woman, have been exposed to the HIV and AIDS risks. This has resulted in these young women having sexual affairs with older men.

Munro (2002:399) reminds us of the importance of networking among churches, and Sutton et al. (2011:515) suggest that this networking can shape the attitudes of both the leaders and their members in living a positive lifestyle. Ecumenical Churches or faith-based organisations need to share skills, resources and structures to deal with the HIV and AIDS epidemic. Networking with other churches is a sign of witnessing and collaboration in mission. Overberg (2006:7) agrees that the importance of this collaboration is a sign of *mission ad gentes* which means a missionary activity that reaches out to those people who are not fully viable Bevens (2004:394), these people should also become participants in the triune of God's *Mission Dei*. The churches have got the capacity and the ability to ensure their members have positive information on risky sexual behaviour.

Fleischer (2015:28) noted that the churches have been supporting young women who are forced to engage in sexual intercourse or promiscuity to earn money by giving them hope. It also supports those who do not agree with the teachings or doctrines of the church but who are open to talk about HIV and AIDS. Churches should become places of love, safety and hospitality. Sutton et al.

(2011:515) emphasise that the churches should not retreat into a culture of silence, stigma and homophobia, but should rather be the face of Christ with no need to discriminate against those who are HIV positive. There have been several difficulties within the faith-based organisations especially with the youth when it comes to the prevention of HIV and AIDS by the use of condoms as they are in conflict among themselves. According to the UN Report (2005:23) the youth are defined as population between 15 and 24 years while in the South African context, the youth are individual who are between 15 and 35 years.

In defence of the extended age category, the asserts as follows: "The essence of these was that many of the older youth, most of whom were disadvantaged by their role in the struggle against apartheid, needed to be included in the youth development initiative". The term "youth" according to (National Youth Commission (NYC) Act of 1996) denotes individuals who reflect certain behavioural traits, such as adolescence, immaturity or a particular mind set of attitudes. In addition, young people mainly concerned with being the youth, sexuality, youth health, education and careers, employment participation in a democracy, money, safety, compliance with the law and connectivity.

Given the attitude and mind-set these young people have towards HIV, some support and others reject the use and promotion of condoms and advocate abstinence and fidelity instead. Others are in-between promoting the use of condoms and advocating faithfulness and abstaining from sex. Morgan (2013:318) presents a similar view on the matter of condoms in the Anglican Church. He states that, in many ways, the church does not inform its members about anything promoting or not promoting condoms. Morgan (2013:315) suggests most of the faith-based organisations all agree on the use of condoms among couples where one or both are HIV positive.

Some churches have been seen as condemning those who are HIV and AIDS positive, and this type of judgement should not be accepted. Many churches need to relook at their religious doctrines, ethics and morality to offer a teaching that is acceptable to the modern youth in the present social-cultural environment in which they find themselves. According to Muyambo (2016:4) the most affected people are the youth between the ages of 15-49 and, for him, this is the biggest challenge to the ecumenical Lutheran Church community. Mayambo (2016:144) acknowledges the work done by this church, which calls for other churches like them to addresses the issue of domestic

violence, especially affecting women and children, and also to promote human life. Sutton et al. (2011:518) argue that at times, they are made to feel as though they are being treated as sinners.

According to the Lutheran study of HIV and AIDS, the church should consider the role of movements of the youth within the countries and across the national borders. He noted that migration has exposed the youth to promiscuity and sexual abuse. Jackson (UNAIDS 2015) described the role of the churches the Swedish evangelical Lutheran faith community where their church is a place of healing, reflection and communion, social and spiritual support. The church plays a role in humanitarian activities and development cooperation. The church, according to Jackson, further states that it has a task to respond to global challenges with HIV and AIDS as an example. God cares for the oppressed and the vulnerable, and he does not punish.

Therefore, the ecumenical approach should be to offer more educational tools, home-based care and material and moral support. All these activities will enable the faithful to talk about HIV and AIDS openly and without fear. According to Sutton et al. (2011:518), the different voices of the church must be sorted out. There is a call for all the ecumenical movements to develop, support and guide the families as part of their participation in *Missio Dei* so that they can raise awareness in their families. Assisting their children with moral and religious instruction will help in changing their behaviours.

The works of evangelisation should start with the parent; that is to say within the family. The parents not only give birth to a child, but they have a duty and responsibility to educate their children in all matters of life by bringing God into their lives (CCC et al., 1994:519). It is the task and mission of each family to pass on the moral teachings of the church to their children and such value-based community, and family-based teaching would include:

The role of the Lutheran community in Southern Africa who, according to Muyuba (2016:148), have been running a programme called "*Break the silence on HIV and AIDS*". Our churches should not keep quiet about the epidemic but communicate with those who are affected and infected by HIV and AIDS. The Lutheran community and other churches play a role in advocacy and lobbying the government to offer ARVs. Dube (2005:15) seeks to illustrate that, as a woman scholar, a nationalist and a theologian, she calls for women empowerment and balancing that power by

transforming and liberating by using theology. She further notes that the church in Africa is fragmented and highly divided within the so-called mainline churches.

3.3 The voice of the Muslim in behavioural change and its role in HIV prevention:

In promoting its Islamic values, Morgan (2013:117) seeks to illustrate that the Muslim faith empowers its communities and other individuals to deal with HIV and AIDS as a way of life. The social infrastructure concerning HIV and AIDS is the role of religious leaders. Islam is an inclusive faith-based religion which tries to look at HIV and AIDS holistically by promoting Islamic values and offering people life skills. Islam is a way of life; Barmania and Alijunid (2016:3) remind us of this fact and emphasise the importance of Islam as one of the role-players in shaping response and contribution to HIV prevention. This institution has got its own strategies and policies related to HIV and AIDS. Islam is a social, cultural group and is vulnerable to acquiring HIV and AIDS, but Morgan (2013:315) argues that their involvement in health care projects has been minimal compared to the Christian organisations. The Islamic faith uses the Quran and other Islamic texts to bring about its teaching on HIV and AIDS. Morgan (2013:318) points out that the cause of HIV and AIDS is referred to as *Zina* which means adultery and fornication. The Islam community in Malaysia argue that women are more vulnerable to acquiring HIV due to cultural, social and economic factors, according to Barmania et al. (2016:2). Women in the Islamic culture do not find it easy to negotiate safe sexual practices. Furthermore, Barmania et al. (2016:2) comment that men who have sex with other men (MSM) find it very difficult to talk about it due to the social pressures of Islamic culture. Such men may end up looking for girlfriends. The leaders, the imams, support the promotion of HIV prevention measures such as HIV testing among the couples.

The promotion of condoms among the Muslim is forbidden in the Islamic faith, which has influenced their attitude towards their sexual activities. This faith teaches that sexual relationships should only be within marriage. Sex outside marriage is unacceptable and is called *Haram* (forbidden); however, among teenagers, it is still difficult to abstain from sex.

This calls for the Islamic faith to empower women and young girls in the ideology of abstaining from sex. There has not been enough openness about HIV and AIDS due to the fact those who are

HIV positive are stigmatised by being linked to drug use and immoral extra-marital sexual activities. There are suggestions among some Muslim that condoms should be promoted while for others it is still a taboo.

Barmania et al. (2016:5) point out that, among married Muslims, it is permitted to use condoms in discordant couples and as a means of disease prevention. However, according to Morgan (2013:318), within the Islamic faith, abstinence outside marriage and faithfulness within marriage are so far the best means of HIV and AIDS prevention. So, among the Muslims, condoms are being permitted only within marriage and, for the RCC, sexual abstinence not condom use is the best way to prevent the spread of HIV. The Muslim faith thus looks at condoms as a health issue rather than a moral one. According to Muslim teaching, transgender women are not accepted, there are only two genders, male and female, and anyone who falls outside this is stigmatised. It becomes a great challenge within the Islamic faith for one to be transgender, woman will need to be empowered but not to undergo underground.

Homosexuality is forbidden in Islam, and such people find it difficult to access HIV prevention services. In Islam, one will be taken as a sick person (*Haram*) which is a dismissive attitude meaning the Islamic faith does not even want to listen to them. From a teaching point of view about HIV and AIDS, they call upon people to return to their Islamic teaching on matters of sexuality. They faith promotes abstinence as the best method *Zinah* which means “illicit sexual activity”. Condoms are not the answer to HIV and AIDS. There is a great need to offer awareness programmes within the Islamic context by offering them the right education. Islamic faith and its people seem to be wearing different hats; the use of language is still a tension and non-Muslims are not cared for. Bate (2014:228) argues that, even if there is a lot of saying and teaching about Islam teaching, nevertheless there is still a great number of HIV and AIDS people among the Muslim community. There is still a stigma associated with HIV and AIDS, even if they assist with burying those who have died of the disease. This is based on Islamic compassion and the merciful love of God, but there is still a call for the Muslim community to move to empower women and the youth to change their behaviour.

In conclusion, Islam plays a great role in shaping behaviour change and prevention related to HIV and AIDS. Bate (2014:232) reminds us more dialogue is still needed between them and other faith denominations.

3.4 The voice of the African Independent/Indigenous Initiated Church response to HIV and AIDS

Dube (2015:1230) points out that HIV and AIDS is a spiritual, theological and biblical issue as it causes it fear, suffering, ill-health, hopelessness and death to those affected and infected. Murthy (2016:1) acknowledges that churches in Africa face several issues when it comes to HIV and AIDS and lists a number of them, amongst which are stigma and discrimination against people living with the diseases. He goes on to say that many African Churches often view AIDS as God's punishment for sexual transgressions. Others believe that God is eradicating sinful people from society for those who are HIV positive are looked upon as being sinners and unrighteous (African Independent Churches (AICs) and Pentecostalism). However, all of them have been able to respond in one way or another to the HIV and AIDS epidemic, each in its own way and in their own views. Churches should not only pay lip service to ecumenism but have inter-faith cooperation so that they can support those people living with HIV and AIDS (PLWHA). The churches should not have judgmental attitudes to those who are HIV positive, and there is a large role to be played by these African Independent/Indigenous Initiated churches. Oduyoye and Kanyoro (1992:80) suggest that there is a call to transform these church attitudes and responses to the epidemic (World Council of Churches, WCC). The churches have been in denial, especially in the 80s and indifference and condemning people. Dube (2003: viii) illustrates a similar view by saying that there was a general tendency on the issues of HIV and AIDS and goes on to say that most of the church leaders had an attitude that HIV/AIDS is one of God's messages to a generation that has gone wrong. These churches have been moralising that HIV and AIDS was about the sin of a person. Dube (2005:5) argues that the churches have contributed to the high HIV/AIDS prevalence due to gender inequality within their leadership because the leadership should be the ones leading the movement of liberating women in their own churches.

There is a power struggle between women and men within the churches, when women are not empowered it creates a fertile environment for HIV infection as they cannot tell their husbands to abstain due to power struggles between the two.

Ecumenical theology, according to Dube (2015: 531), calls upon the churches to listen to the vulnerability of its members with compassion. She points out that HIV and AIDS affects all aspects of human life, social, spiritual, psychological and economic and the churches have got the divine mandate to continue with the caring and healing ministry of Jesus.

The churches are at the grassroots and people still respect and listen to them and their leaders. Dube (2015:1229) emphasises that the churches have got a lot to contribute to HIV/AIDS prevention by emphasising it in all its church activities.

3.5 The voice and the role of Traditional Healers in HIV prevention.

In the HIV and AIDS prevention approach, traditional healers have a role to play in a number of African communities. These traditional healers are culturally convenient and accepted by most of the South African people. People respect them with their services being welcomed and used in both social and cultural areas. There is a need for collaboration with the traditional healer major players with biomedical, structural and behavioural interventions. According to Snidle and Welsh (2001:49), in an African context, there is a big role for the traditional healers, Sangomas, herbalists and spiritualists can all play a part and contribute to HIV and AIDS prevention.

According to Kang'ethe (2009:84), in Africa, people have strong beliefs in traditional medicine which is deeply rooted in African values. In South Africa, despite the use of modern medicines, many people still base their health on the use of traditional healers. In some communities, what people can easily access are the traditional medicines, and at times they collaborate with Western medicine. Snidle and Welsh present a similar argument based on the beliefs and culture of the African people that they pay great respect to these traditional practitioners. They are very powerful people in any community and are visited by many people and use their influence within the communities.

One person had this to say “the Sangoma are very modern people and some even have modern hospitals and clinic facilities. When people go to the Western medical doctors, they are often not there and, once they are available, they are very overworked and have little time for you like the traditional Sangoma do”. Western medical doctors are very expensive; thus making traditional healers more accessible. Mwaura (2002: 18) in the African Christian Studies, Vol 18 rightly observes that people turn to traditional healers because, at times, modern medicine cannot respond to the sickness of the people.

These traditional healers know a lot about the culture and the needs of the local people, and they are easily understood by both the educated and the uneducated. Fleischer (2015) offers a similar finding from Zambia where the people believe that a person does not just die, from a nature did. Therefore, there is always a connection between HIV and AIDS and traditional healers who deal with the all person’s needs. Snidlw and Welsh (2001:49) describe that they deal with the disease from a mental, emotional, spiritual and physical wellbeing point of view. They also offer medication to those who are HIV positive by their use of herbs and the spirits of the ancestor.

They also contribute to caregiving in their own community as volunteers to those who are infected and affected. These traditional healers have also contributed to structural interventions by calling on their clients to limit the number of sexual partners, use condoms, and they also offer them a traditional herbal vaccination. According to Kang’ethe (2009:88), African people respect the elderly who have a big influence on younger people.

Dky (2005:125) argues that, in an African context, HIV and AIDS cannot be overcome without the intervention of the traditional healers. They have got a strong hand in the lives of the people, their authority can be felt, and they can influence people positively or negatively in the areas of health.

The challenge that traditional healers face is how scientific are they in their dealings with the people’s sickness? Can they also support the sexual abstinence and fidelity programmes within a marriage set up to be able to reduce sexually transmitted diseases? How true is the information that they offer to their clients? All these can be a concern in the prevention of HIV and AIDS. Van Dky (2005:123) asked if they can ask their ancestors spirits to introduce condoms into their practices and this and other questions still need to be answered by the traditional healers. Flischer (2015:83) suggests that the church should take into account a holistic pastoral approach to

sickness so that it may stop those who seek help from traditional healers. The church needs to focus on the healing of the whole person and to offer awareness of the role of the traditional healers in HIV and AIDS.

Dky (2005:126) maintains there are certain beliefs that are false and negative, and that should not be encouraged. Examples of these harmful beliefs are having multiple sexual partners, men having sex with a widow of their brother in the belief that they are cleansing her of her husband's spirit. Brothers in some African cultures inherit the wife of their deceased brother (Klaus: 2015:103), and this custom comes with a number of dangers, for example, the brother may have died of HIV and AIDS, the widow may be infected and the family may also ask the new husband (the brother) to impregnate the new wife.

The issue of both female and male circumcision is another African cultural practice which has to be evaluated and studied as it can lead to blood contamination. However, Dky (2005:125) suggests that traditional healers should be well trained since they can be of great assistance in HIV and AIDS prevention. There is a need for Western medicine to collaborate with the traditional healers in the area of values and beliefs.

There is a stigma attached to the people who still use these traditional medicines for HIV and AIDS. These Sangomas have no licences to regulate them by offering quality control, and they have no monitoring and evaluation methods which may make them seem untrustworthy and not credible. Kang'ethe (2009:87) states that people are confused by these traditional healers at times as they use both Western medicine and local herbs. There are some traditional healers according to Kang'ethe (2009:87) who have abused their clients, especially the young girls, mainly the virgins, by sleeping with them and claiming that this will cure them of AIDS. However, it is not all negative, they are loyal to their calling, and there is still a major role to be played by the traditional healers in HIV and AIDS intervention. Traditional healers need to change their mind set and collaborate with medical partners to deal with HIV and AIDS.

3.6 The voice and role of the community groups, culture as a structure to HIV prevention.

There are local community group structures which are grass-root initiatives addressing HIV and AIDS by using different community creative programmes. Dky (2005:124) argues that, in Africa, the community like churches, women's groups, family and youth groups play a prominent role in human behaviour and, in this case, HIV and AIDS. The African people are based and rooted in the collective interest and have a saying "*Umntu ngu muntu nga bantu*" "a person is a person because of other people". In the case of the HIV and AIDS epidemic, the community comes in with its support.

An individual who is part of the whole knows that they belong to others at the same time. Campbell, Scott, Nhamo, Nyamukapa, Madanhre, Skovdal, Sherr, Gregson and Further (2013:114) state that, in the African context, community involvement has a critical role as an enabler in HIV and AIDS prevention. The role of community groups such as the church-based denominational groups, NGOs, women empowerment, same-sex relationship, sex work, youth and male groups are very useful in sharing information about HIV and AIDS among themselves (Campbell et al. (2013:117). They also offer, at the same time, space for those who want to talk about their HIV status. These opportunities are very good at teaching and informing one another. Such community groups are good since people trust and know each other. Stereotypes and negative beliefs about sex are dealt with in such groups, as well as talking about HIV and AIDS.

These social and economic community groups offer a common purpose and debates can take place on social problems. These community groups are indigenous by nature in a given community context and can be linked to other government departments which offer similar services. They can network easily with each other by offering support, for those that support the women are good at empowering them to know their rights and duties. Campbell et al. (2013) argue that such small communities are in a position to offer protection to those who are stigmatised. In these communities, a number of activities take place, for example collecting money for their members who have died. They can offer leadership skills and adherence support to the women. Such women's groups can network with other bigger groups and support each other in reducing women's' economic dependence on men.

Therefore, when it comes to values that can assist in the prevention of HIV and AIDS, they can easily be learned in the community. People are supported in life and in death within a community. For any youth programmes, Van Dky (2005:124) suggests that the community should be incorporated into the design of the programme. Young men and women undergo certain rituals in their communities every year, so the community is a school of knowledge and a medium of communication.

Dube (2003:88) argues that, in some cultures, men are allowed to have extramarital affairs which could make the women not abstain or be faithful to their husbands, indicating a need to educate men to relook at their masculinity. In some cases, the African culture makes people silent on the presence of HIV and AIDS, the youth and adults do not want to talk about it and are therefore exposed to HIV and AIDs unknowingly. In other cultures, according to Dube (2006:18), some people welcome pre-marital pregnancy, and it is perfectly acceptable as a sign of the young girl is ready for marriage and that she is fertile. There are other myths and cultures in behaviour change; there are some myths that having sex with an old woman or a virgin will cure a man of HIV and AIDs which has resulted in a number of rape cases being associated with such practices.

Knust (2003) offers a similar view that, according to some cultures and beliefs, there may be cause from God; if one gets sick, it was caused by the breaking of certain sexual taboos. Other cultural beliefs are that people get HIV and AIDS due to the fact it may be sent to you by your enemies who do not want to wish you well. Grenrich (2004) argues that some Xhosa and other African cultures insist on the woman obeying their male partners. They demand that woman should submit to them sexually and cannot just say no to them.

There are many challenges that face the approach to bringing about change using structural interventions. Campbell et al. (2013:177) argue that it is not easy to use such an approach since the local people are unpaid volunteers and cannot easily make major decisions about HIV and AIDS policies. There is a lot of local jealousy and conflicts within the local members, as well as lack of life and practical skills in management. Other negative impacts of such groups are that they can stigmatise people who are HIV positive since they know each other. They may fail to respect each other because of someone's level of education, immoral lifestyle or those who are economically poor.

3.7 The role and voice of the RCC Church in HIV and AIDS prevention

This structural model can easily be seen in the RCC in Southern Africa, other denominations and faith-based organisations. It has been noted by Sutton and Parks (2011:514), that churches have a vital role to play in reducing the HIV and AIDS epidemic by using this model of structural intervention in particular.

One of the important roles an RCC member has in HIV and AIDS is prevention is through care and counselling. Green et al. (2006:339) concur that, in the entire African continent, the faith-based churches and their leaders have played a major role and have a great influence on HIV and AIDS prevention. The RCC has had an outreach to its members and people of all faiths to take the issues of HIV and AIDS seriously. The RCC has a task and duty to preach, apply and live the ethics of responsibility by educating its congregants with all the information on HIV and AIDS available. In doing so, the RCC assisted people in taking responsibility for their sexual lifestyles. This has been done in different areas, some of which are education, moral awareness which deals with human life, developing moral maturity, responsible sexuality and cultural sensitivity (Bata 2003:24).

RCC has been confronted by the HIV epidemic to wake up and become proactive rather than just a praying church. This is supported by Baron (2017:1) who argues that the churches have a role in social transformation and in shaping and reshaping the communities. The churches have got to be the voice of the sick and do the advocacy.

The RCC, therefore, put up an office in the region to coordinate its response to HIV and AIDS, to fundraise and to facilitate training, monitoring and evaluation. The church has been networking with other established programmes to address the needs of people with AIDS (PWA) by caring for them and (OVC) and their families. The RCC has offered treatment (ARV therapy), homebased (HBC) care, support, income-generating projects, compassion, prevention, stigma programmes, counselling and funding projects were initiated it as a powerful response to the HIV epidemic. With reference to RCC, Bate and Munro (cited in Ponce de Leon, 2014:17) submit that the church has been like the Good Samaritan; it could not just look and pass by the other away and, instead, has taken up the challenge of HIV and AIDS as its mission praxis to the whole world.

In dealing with HIV and AIDS, the Catholic Church offers teaching on the purpose of human sexuality and opposes the use of contraception and condoms as a way of HIV prevention. Catechism of the Catholic Church (CCC) (1994:544) teaches that sex is between a married man and woman only. It is about giving to each other totally and completely for the purpose of begetting children. According to the Catholic Church doctrine, sex is only permitted within the context of marriage. A promiscuous lifestyle has a direct effect on the spread of HIV and AIDS. In a promiscuous relationship, there is no moral responsibility, whereas a marital situation will promote a responsible lifestyle between the couple. Batge (2003:26) claims that one who is in a sexually faithful marriage will stand a better chance of real responsibility to each other and a better lifestyle overall. Morgan (2013:318) argues that within the Catholic Church there are members who disagree with the position on the teaching of condom usage; what the church needs to do is to offer condom education rather than promotion. A document from the World Council of Churches (WCC) (1997: 11) presents a similar argument that marriage can be of assistance in the reduction of HIV transmission if there is mutual faithfulness in the relationship. One would assume that there is a stable sexual relationship in that particular marriage.

In South Africa, it has been government policy to promote the free supply of condoms, especially to the youth. Bate et al. (2014:253) argue that this policy is morally wrong, according to the Roman Catholic Church teaching. One may argue that free accesses to condoms could increase promiscuity among the youth and lead to increased immoral behaviour, but this opinion is not generally accepted. Even if the RCC does not support the use of condoms, according to Duffy (2007:51) the SACBC argue that, in certain cases, where married couples find out that one of them is HIV positive, the RCC accepts that they should listen to their own consciences.

The researcher acknowledges the role of the RCC in focusing on the youth in HIV and AIDS prevention. This is due to the fact that a number of the youth start engaging in sex at a very early age because, according to the WCC (1997:16), they do not have control over their own bodies. Young girls can easily be forced into commercial sex work where they are exploited due to their economic, social and cultural situation. The WCC (1997:14) reminds us that poverty makes children and the youth vulnerable.

Furthermore, young women are at high risk of gender discrimination; in some societies, they even lack education, and thus lack life skills to deal with HIV. Munro (2002:401) argues that HIV and AIDS programme awareness should target children and youth by offering them life skills which will make them live responsibly from an early age. Overberg (2006:115) calls for the educational prevention programmes to target preteens before they become sexually active. This has been done the RCC with its EFLP and other workshops.

Duffy (2004:25) provided four reasons why the SACBC does not agree with the use of condoms in their teachings and rather promotes:

- Fidelity and chastity
- Sexual abstinence for those who are not married
- Rejection of sexual promiscuity
- Highlight risks associated with the use of condoms such as the 13% failure rate in preventing pregnancy, they may break during sex, leak, slip due to poor storage, expiration dates, defective condoms and poor quality control.

Vitillo (2014: 43) suggests that, when the church is teaching, it is like a mother in her teaching. He argues that it is up to each individual to use their own conscience and be reasonable in the situation in which they find themselves. Green (2001:1) pointed out that, when the fight against HIV and AIDS started, the church was seen as being opposed to the different government initiatives towards prevention. The church and religious leaders were seen and judged as being traditionally moralist against condom use; however, it is a different story today, particularly for the Catholic Church, which has played a very positive role in supporting various HIV and AIDS programmes.

3.7.1 Chastity as a behavioural intervention

As one of the safe ways to combat the HIV and AIDS epidemic, chastity has to be brought into the picture. This is a moral term which is a commitment to chastity as a self-discipline. The Catechism of the Catholic Church (CCC) (1994: 540) teaches that people have to learn self-control over their

own bodies and sexuality, to have an inner understanding of their body and spirit to become fully human with others. For chastity to happen, one needs to have confidence in their own freedom to be able to control their sexual desires.

Moore, Rosenthal and Boldero (1993:65) maintain that the youth in the stage of adolescence are in a period of sexual experimentation and looking for identity. Moore et al. (1993:66) argue that youth engage in sexual initiation at a very early age, leaving them in a very vulnerable state, making them promiscuous with several sexual partners.

Many young people engage in sex outside of marriage, and casual sex is common in both boys and girls, according to Moore et al. (1993:67). It is not easy to have a steady partner leading to them having many sexual partners, on average more than their parents did. According to Moore et al. (1993:67), the youth have a different attitude to sex, young people have more than one sexual partner in their teens and early twenties and often do not keep these relationships longer than a few weeks or a year. Rigby, Dietz and Sturgess (1993:101) argue that those who choose not to have sex with anyone except their regular partner are happier if they keep on being faithful and, if they control their sexual desires and passions, they find peace and happiness.

Chastity is a power one has to develop from within using life skills and not to be controlled by external forces and pressures. Most of these skills are acquired through the use of media campaigns or directly in a classroom. These chastity campaigns offer the youth information on sex education with topics on pregnancy, how to delay sexual intercourse until marriage and other related topics. These topics are dealt with in an open and honest adult manner.

Therefore, in the evangelisation within a family, the parents have to teach their children about chastity from an early age and to use their reason in matters of sex. This calls for an on-going catechesis from the “womb to the tomb” as, once one masters their true sexuality, a change of growth happens both spiritually and morally.

According to the Bishops of the RCC in Southern Africa in their letter (2013:65), people have got the ability and capacity of using self-discipline and self-control. One is able to say “No” to what is not good and say “Yes” to what is positive in life. This is what Ajzen and Fishbein (1992:98) suggest in their TRA, which deals with one’s will to change certain behaviour. One will need to go through

seven elements which are (1) a need to change, (2) be specific on what behaviour to change, (3) have an intention to perform that desired behaviour, (4) have a positive attitude, (5) be aware of the subjective norms, (6) belief in one's self and (7) have the right life skills.

The Catechism goes on to teach that chastity is a gift from God (CCC, 1994:541) which one attains after a spiritual effort to imitate the purity of Christ. Therefore, the magisterium of the church teaches that chastity is a personal call to be like the Disciples of Christ, by taking the example of Christ, who was faithful to His Father to the end. Thus, it is a call to both the married, the single and constricted people to be faithful to each other and to Christ (CCC 1994:543). If the youth could accept this teaching of the Catholic Church, there would be a low prevalence of HIV and AIDS.

The youth should be taught the skills of how to develop friendships among the opposite sex. Moore et al. (1993:67) emphasise that sex gives a sense of self-identity and can lead to one being trained for maturity and being able to participate in future adult relationships. They should know how to respect and be faithful to each other, and these teachings will influence the beliefs, attitudes and practices when it comes to chastity. Green (2001:8) presents a similar argument based on chastity and a change of behaviours, that faith-based organisations have been very supportive in their teachings on the HIV and AIDS prevention efforts. The RCC promoted fidelity and abstinence in the matter of HIV and AIDS prevention. According to Green (2001:1), the vast majority of government programmes and HIV and AIDS prevention resources have gone to the promotion of condoms and not on behaviour change.

3.7.2 Total abstinence from sex as a behavioural reduction approach.

The issue of abstinence and being faithful still remains complicated for most of the youth. There are many reasons for this which include the socio-economic lifestyle where youth are having sex with each other and with married men and woman. Abstinence, according to Dyk (2005:130) refers to a lifestyle of not having sexual intercourse with another person at all. This abstinence model has been mainly promoted by Christians as the best primary health choice in HIV prevention. Abstinence and fidelity in marriage or in any relationship are real answers in overcoming HIV and AIDS. However, Duffy (200:61) reminds us that abstaining from sex is a skill

that one will need to be taught and learn how to practice consistently. Dyk (2005:104) concludes that religion plays a large part in the lives of the youth who want to abstain from sex before marriage.

However, Santelli, Leslie, Kantor, Stephanie, Grilo, Speizer, Lindberg, Heitel, Schalet, Lyon, Mason-Jones, McGovern, Heck, Rogers and Ott (2017:400) argue that programmes that focus on abstinence as a behavioural intervention can be risky. Among adults, abstinence needs both parties to get involved, but this is not easy among adolescents where most of the girls depend and on their boyfriends for their needs. Moore et al. (1993:68) further point out that it is not easy for the young girls to always be faithful to their regular or steady partners. Both parties need to be faithful in abstaining from sex if it is going to work in the reduction of HIV and AIDS, requiring a lot of effort from both individuals and groups; otherwise, such interventions will fail (Santelli et al. (2017:400). Consequently, it is theoretically effective but not easy in practice.

Fleiscuer (2015:69) describes how it becomes very difficult for the youth to live according to the church teaching on matters of sexuality. The teachings of the RCC in the letter of the SACBC (2013:116) expresses that the two people need to make a very strong commitment to abstain rather than to take a risk in having sex and infecting each other. Therefore, abstaining from sex before marriage is one of the Christian ways of overcoming HIV and AIDS.

This supports the question asked by the researcher, is lack of behaviour change towards HIV and AIDS the problem in HIV prevention? The major challenge with this kind of teaching is that, even though the church promotes abstinence, it is not easy for the youth. Santelli et al. (2017:276) argue that there are several advantages of abstinence from sexual intercourse. For example, there are no out-of-wedlock pregnancies and no sexually transmitted diseases or infections (STDs or STIs). However, there are problems with this behavioural intervention for the youth today. Santelli et al. (2017:277) point out that this approach bases itself on the formation of one's conscious choice. However, from the researcher's experience, this is not easy for the youth since they do not have total control over their bodies and it is not easy for them to make wellinformed choices to remain abstinent due to the violence of their peers, sexual abuse, rape in their families and many other negative issues.

According to Santelli et al. (2017:278), we should not offer abstinence as a single option for the youth and, if we do, this is scientifically and ethically flawed as these programmes have shown less effectiveness in helping the youth to delay sex. It has been argued that such programmes are supported by the churches and social conservative groups, but Santelli et al. (2017:278) point out that abstinence programmes offer misleading information about contraception, leave sexual minority youths vulnerable and are not scientifically justified and should be abandoned. This intervention of abstinence calls for those youth who have not yet had their sexual debut to be encouraged to practice abstinence until marriage.

3.7.3 Fornication as a behavioural reduction approach

According to the CCC # No 2337, fornication is sex between unmarried persons. According to the teachings of the Roman Catholic Church, this is sinful because it lacks any sort of commitment and violates the dignity of both people. It is a union that is forbidden in the Bible, both in the Old and New Testaments and also in the CCC# No 2353 (1994:543). For example, in Acts (15:29), the apostles and the elders gave a teaching to the people of Antioch, Syria and Cilicia to keep away from fornication and from all types of sexually immoral behaviour. Bodily unions which are outside of marriage are not accepted in the Catholic Church. Dyk (2004:23) noted that HIV and AIDS is mainly a sexually transmitted disease and stated furthermore that this is due to unprotected sex, or for those who have got other STIs.

However, Moore et al. (1993:67) argue that sex can make people feel loved and it is one of the ways among people to express love. Young people want and wish to express love and to be close to each other so that they can experience intimacy. The challenge, according to Moore et al. (1993:67), is that most of the youth are not ready for this and a number of them are forced and exploited both emotionally and physically in their sexual lives. There are always unwanted outcomes, for example, unplanned or early pregnancies and contracting HIV and AIDS.

There is a need to focus on the social, behavioural patterns and lifestyles of the people by encouraging them to have sex only within marriage in a stable and closed relationship to stop the spread of HIV and AIDS resulting from fornication. According to Saayman and Kriel (1991: 154), the church has got a role to play in offering proper information on HIV and AIDS to its faithful. For

example, not to use terms like promiscuous or immoral, it would be better to speak of open and closed sexual relations. When someone is in a closed relationship and is not sleeping around, it can limit the spread of the HI virus.

The teaching of the RCC (CCC# 2353 et al., 1994:543), opposes fornication which is sex among unmarried men and women and rather promotes sex within marriage. In this union, a man and a woman give themselves to one another, where they will be able to commit themselves totally to one another until death. They become one in flesh (Gen 1:27-28; 1 Peter 3:1-9; Ephesians 5:21:23 (CCC# 1627: et al, 1994: 399).

3.8 The Education for Life Programme (EFLP), as a suitable behavioural change intervention in HIV and AIDS prevention

The RCC according to Bate (2014:224), had to respond to these social ills including the HIV and AIDS epidemic from the very start of the outbreak with an educational programme called Education for Life Programme (EFLP), a realistic prevention, education and training approach to the youth within and outside the church. The church has got a role to play in the lives of the people and to take part in transformation with regard to social issues that people face, such as HIV and AIDS. Baron (2017:3) observed that there were about 100 - 200 churches in the City of Tshwane, South Africa, but not many of them are involved in the day to day lives of their people. The stated mission of the church is not being understood by some of these churches. Moore et al. (1993:68) rightly observed that ignorance and misconceptions about HIV and AIDS are one of the major challenges to HIV prevention within the different churches.

After ten years of running EFLP, we know that a similar programme was implemented in Uganda and Green (2006:335) observed that HIV and AIDS prevalence declined after the start of the programme. There were fewer youth engaging in casual sex, and the academic performance of the youth at school improved. There were positive behaviour values that were exhibited among the youth who participated in the programme. This shows that there were good results in Uganda, according to the literature review.

3.8.1 What is the Education for Life programme (EFLP)?

The EFLP is the RCC preventative sexual behaviour, values, attitudes and life skills change programme among the Catholic youth of Southern Africa. This programme aimed at “Behaviour Change” is based on the “Helping Skills Model” by Gerard Egan, which is a behavioural and problem-solving approach. According to Duffy (2007:13), Egan’s model is designed to facilitate a person’s movement through the three stages of behaviour change. It is a deep conversion process, which needs one to enter into a faith context. It is an introspection that leads one to face the reality of one’s present situation, to identify, name and own the new behaviours, attitudes and values that are compatible with Gospel values. Duffy (2007:5) suggests that the EFLP enables young people to engage with each other in hope, so it is a peer-to-peer programme. The SACBC (2013:118) sums it up as an initiative from the church to find the real answers to prevent and overcome the HIV and AIDS epidemic.

This programme has its origins in Uganda, where the youth and the church were confronted with the rapid spread of HIV and AIDS, and the church came up with this programme based on behaviour change, particularly with regard to people’s sexual activities. This programme was then adapted to the Southern African Catholic Church context to address the needs and concerns of our youth.

The EFLP, according to Duffy (2007:7), argues that, at the beginning of the AIDS and HIV epidemic, great efforts were made to ensure that all people had sufficient information about the disease. It was thought by different programmes that the youth got enough information through mass media messages such as posters and books and that this would prevent the spread of the virus. However, Moore et al. (1993:69) remind us that some researchers have shown that it is not having a higher level of knowledge that will result in safer sex practices. He further goes on to argue that, just because someone knows about condoms and their effectiveness, it does not result in a greater intention to use them. It should, therefore, be noted in all public health programmes that information about the HI virus is not enough to bring about behaviour change. This is what EFLP has tried to answer and add on something more to the programmes by focusing on the whole

person's life change of behaviour. The aims of EFLP support this growth of behaviour change, especially sexual behaviour.

Duffy (2007:7) presents a similar view that human beings have got an inherent capacity to change if given help and encouragement. This is supported by the TRA which says that a human being is reasonable. Thus, there is gap between knowledge and behaviour change and belief and action. Moore et al. (1993:69) offer a similar argument that knowledge should be the first step, and it is important; however, action is needed to expand on that knowledge. The EFLP offers three means to enable one to act on this knowledge: values, right attitudes and life skills.

The EFLP focuses on the role of values such as personal values, which depend on one's individuality, irrespective of their social relationships. In this set of values, the individual determines their own standards of achievement and attains these targets without explicit interaction with any other person. Another set of values that EFLP promotes is social values; these are values that are other-oriented. Such values are cherished and practised because of our association with others and are based and practised in relationship to our neighbours, community, society, nation and the world.

The third set of values is moral and spiritual values, and this is about one's principles and character as to what is right and virtuous. The moral and spiritual values are about one's self-control, self-purification and knowledge. Moral values depict a person's spiritual convictions since morality and spirituality go hand in hand.

Behavioural values: these are values that are about right living that make our lives successful and joyous. These are values that are exhibited by our conduct and behaviour in our daily lives. There is always a pattern that our values determine our attitudes and from our attitudes flow our behaviours, desirable or undesirable.

Right attitudes are about thinking and feeling belief in a person; that they are good and want to change. One will need warmth, confidentiality, and to be non-judgmental. According to Moore et al. (1993:69), attitude has a big role to play in behaviour change, for example, he argues that there

is a relationship between attitudes to contraceptives and the use of them. There is always an inconsistency with their moral values due to the fact that variables like attitudes and knowledge are not enough to influence behaviour change.

The importance of life skills. The EFLP will need life skills such as listening, and the programme calls for one to listen to what the other person thinks, feels and does. One has to understand the other person. Using the EFLP for behaviour change means there must be skilled questioning; one must know what questions to ask in a very clear and gentle way. One needs to understand the problem at hand. What information is needed? The EFLP is about giving the right information based on facts, and it's up to the individual to decide to act on that information or not.

3.8.2 The aims of EFLP in general

To encourage young people themselves to respond to the HIV and AIDS epidemic and to motivate them to promote a youth culture for African youth who face the challenges of the HIV and AIDS epidemic. To provide opportunities to young people to respond to the HIV and AIDS epidemic themselves, rather than older people discussing the problem of the youth at a distance. To promote an awareness programme around the issue of HIV and AIDS, that promotes a culture of "change of lifestyle". To provide a suitable programme of formation and education by workshopping youth and by implementing the behavioural change programme into parish catechism and existing youth structures. In understanding behaviour change, EFLP uses a process of three stages based on the model of Gerard Egan. This model is about behavioural and problem-solving approaches, and the process is designed to facilitate a person's movement through the three stages involved in the behaviour change as presented below:

The Diagram of the process of Education for Life (EFLP) in relation to behaviour change and HIV and AIDS prevention

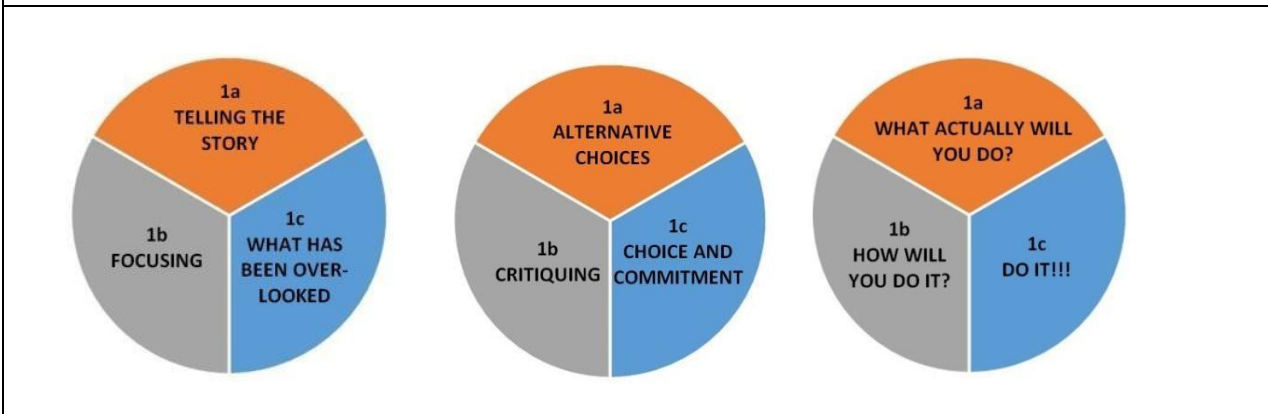


Figure 3.1: Overview of the process of EFLP diagram

3.8.2.1 Stage (I) Exploring life:

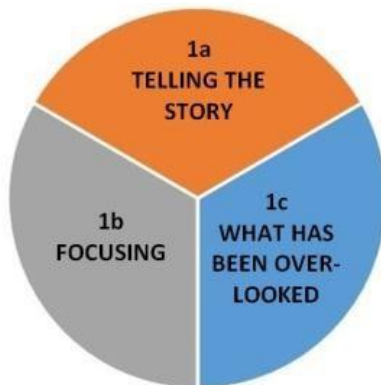


Figure 3.2: Stage 1 diagram Exploring Life

This stage is divided into three subsections, i.e. (1a) telling the story (1b) focusing and (1c) looking for what has been overlooked. According to Egan (2010:70), at this stage, one has to ask what is going on in my life. One must have a clear understanding of the current situation or picture of their life. According to Duffy (2007:15), behaviour change does not just take place in a vacuum. It is always the behaviour of a person with a unique background and environment. This first stage of EFLP aims at exploring the life experiences of the person in question. At this stage, the facilitators will assist the person to go through the hidden causes that need to be identified.

This stage is guided by letting them tell their own personal story with trust and feeling safe.

3.8.2.2 Stage (2) The new picture:

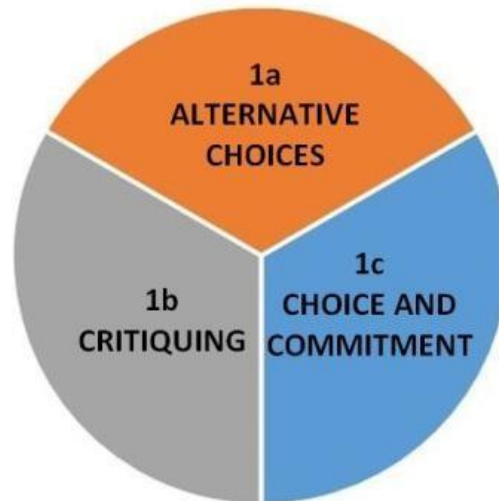


Figure 3.3: Stage 2 diagram the New Picture

This part is about choosing and committing oneself to possible new behaviour. This stage is further divided into three sub-sections, i.e. (2a) alternative behaviours (2b) critiquing and (2c) choice and commitment. With reference to this stage, Egan (2010:70) suggests that, for one to change his or her behaviour, one will need to know what life needs to look like and what changes are needed and how one gets there. This is what Egan calls a preferred picture. Many people fail to change behaviours because they do not consider alternatives. People get stuck during the process of behaviour change. Therefore, stage two of EFLP offers skills for coming up with a variety of alternatives, without making any judgements about whether or not they are possible.

3.8.2.3 Stage (3) Action:

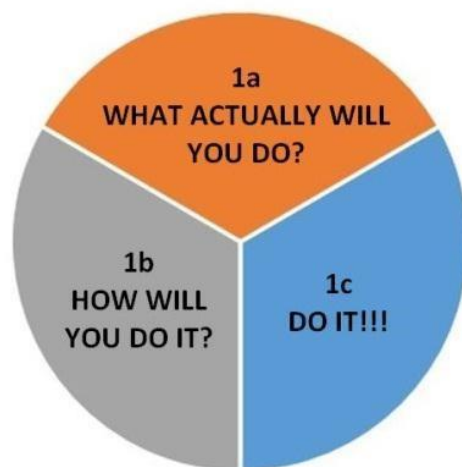


Figure 3.4: Stage 3 diagram Action

According to Duffy (2007:21) many people reach the stage of committing themselves to a new behaviour, but the decision is kept in a very idealistic or theoretical form, and a more concrete approach is required. This stage is also divided into three sub-sections, i.e. (3a) what can be done (3b) how to do it and (3c) do it. The nature of this stage is behavioural change, and the goal is HIV and AIDS prevention. It is a faith-based process calling for a deeper personal conversion in a faith-based context. The above three stages raise the question of how one gets there. Egan (2010:70) answers this by emphasising that one must have a plan of action which must be realistic and part of one's life. For better behaviour to happen, there must be some solutions and results that have an impact on one's life.

Egan (2019: 65) argues further that every person goes through certain problems in life. To help another person to change; one needs to move through the three stages below. This will require not only the belief that a person can change but also the willingness and the ability to accept and support that person every step of the way. This model, therefore, requires a person who needs to choose new behaviour to believe that change is possible, to want to change and that there is a reward in the new behaviour. If that conviction is missing, it is not easy for the change to occur. If the above directive is taken seriously, there is also a need for the helper to have a positive attitude and helping skills, and a facilitating relationship must be formed.

One will first need to accommodate the person's beliefs, attitudes and value system to be able to talk about behaviour change. The facilitators, therefore, design a programme based on the rational, emotional and social elements of the group or the individual. This theory of reasoned action aims at behaviour a change process based on a person having a basic belief and attitude that change is possible in human behaviour. This was supported by Duffy (2007:13), who stated that one needs to acknowledge that they want to change something in life and that they have the capacity and power to do it.

3.9 Evangelisation in the Church and Missio Dei: A Roman Catholic perspective

The evangelisation of the people has been a duty and an office of the Catholic Church, teaching holiness to its followers as a mother and a teacher CCC# 2030 (1994:479). This role of the Church has been at the forefront of offering education as its call to evangelise the youth. Paul VI (1975: 61) called upon the church to evangelise, and this evangelisation has to deal, not only with moral matters but also with social issues.

It has been the mission of the church to minister to the youth. The world has to be transformed by the use of the gospel. Evangelisation is about Christ who sent the church on a mission. The youth in Southern Africa, according to MacPhail and Campbell (2001:1614), have been given a lot of information from government departments, mass media campaigns and peer education; however, these approaches seem to have made a limited impact on them and on the HIV epidemic. Therefore, there seems to be a gap which the church may make use of to ensure that HIV and AIDS does not increase.

Like all churches, the RCC has a duty to preach the Good News to the poor. According to Bosh (2002:389), there are different ways of evangelisation which is a shift from the traditional ways to various activities that are done by the church. In the past, the church was seen and known for its soteriological, cultural, ecclesiastical and salvation themes. Pope Paul VI (1975:61) wrote "evangelisation is the grace and vocation proper to the church, her deepest identity. She exists in order to evangelise". The RCC from the outset grasped the new ways of understanding *Mission Dei* as talking about God himself, and it, therefore, preached abstinence and being faithful rather

than condom promotion. Overberg (2006:199) has a similar conviction in that it is the official position of the RCC for the prevention of HIV and AIDS. In its works of evangelisation, the RCC has a moral duty to teach the truth in matters of morality, which in this case should be the prevention of HIV and AIDS, abstinence, faithfulness and no condom use.

The RCC offers its teachings in catechesis and preaching, which it took from Christ Himself, and the Decalogue that offers us moral life (CCC et al., 1994:479). It is in its nature that the church exists to evangelise by preaching, witnessing, teaching its members within the church walls and beyond. This idea of the church's nature has been emphasised by Baron (2017:2) who argues that, by its nature, the church is missional in its way of witnessing to the world. This role is Christ's mandate in the gospel of Mathew 28:19 which states "Go, therefore, make disciples of all nations". Kritzinger (2011:33) points out that, through these different dimensions of mission, the church is sent by God to continue to be the witness of the Good News; each one taking on his or her role in many ways and forms (Mathews: 28: 19-20).

Bosch (2006:65) presents a similar view on this great mission which calls on the Catholic Church to also teach issues that deal with matters of morality and dogma. This transformation in evangelisation is done, not only by teaching but also by witnessing. For the Catholic and other churches, it is difficult to teach and live the reality of bringing the good news. Baron (2017:3) acknowledges this issue and notes that it is the role of every church to shape and transform its faithful. According to Fleischer (2015:68), the faithful seem not able to live to the moral expectations of the church's teaching. There is a gap in the issue of morality lived by the members of the RCC and what the church teaches that needs to be addressed through evangelisation.

Morgan (2013:318) reminds us that the Roman Catholic Church (RCC) teaches that HIV is spread mainly through sexual intercourse and that condoms are not the best means of preventing it. He points out that change of behaviour and observance of church teachings on the sanctity of sex before and after marriage may be the best way to reduce HIV infection.

One has to The church teaches that HIV and AIDS The use of condoms and abstaining from sex as a way of preventing the HIV transmission calls on the Catholic Church to teach its members not to have a moral conflict over one's conscience. How can people witness if their moral conscience is not in line with what the church teaches? It is the role of the church to try to bridge the gap

between what it teaches and what is being practised by its faithful (Fleischer 2015:69). With regard to church teaching, in the encyclical letter *Evangelii Nuntiandi*, Paul VI suggests that there is a need for a “collective consciences of the people” (1975:62). This is a call for a change of heart and a new outlook to deal with issues of poverty, diseases such as HIV and AIDS, illiteracy, injustice, economic, political and cultural challenges.

Through its role in evangelisation, the church has to take part in all the activities of the world by using its prophetic, priestly and royal baptism commission. Evangelisation is about being at the service of others as an obligation to humanity (Luke 10:37). John Paul II (1995:146) said that to evangelise means to be able to preach the gospel to others, in and out of season.

This means that all our church activities should be witnessing to the word of God. Bosch (1991:512) called this a transformation of mission and presented a similar argument based on the gospel about what we are and must be in the world (John 15:19). It is the mission of the church to promote life-based on the gospel values and to use all opportunities to reach out to others by healing them, especially in the areas of HIV and AIDS (Mathew 16:15).

This mission praxis of evangelisation according to Bosch (2002:511) has been implemented in four modes: *Kerygma*, which deals with the way the gospel is proclaimed, not focusing on the sacraments only but on the word of God. The second mode is *Leitourgia* which deals with Liturgy - the Ministry of the Word. In the RCC this has been implemented mainly by the on-going catechetical formation. The third is the mode called *Koinonia* which focuses on the building of a particular community. This is mostly done by our Small Christian Communities (SCC) which are small groups from the grassroots who meet regularly to share the Word of God and find out how they can respond to it. They can witness to the world by reflection of the gospels. Last is the *Dioakonia* or service which deals with the transformational element of evangelisation, addressing the issues of unfair, unjust structures within the society to serve the poor and needy. Issues such as HIV and AIDS have to be dealt with in the missions of the church in a given situation and context. How are these modes of witnessing relating to HIV and AIDS, *Kerygma*, *Koinonia*, *Dioakonia* and *Leitourgia*? They are all about the mission of the church, according to Bosch (2003:370); both mission and church belong together. There is a need for the church to be apostolate, to be able to

witness about what God (*Missio Dei*) has done. Bosch (2003:377) also points out that one cannot speak of a church without mission that is to say in the world in which it was sent.

The *Missio Dei* concept is about the mission of God in a Trinitarian manner which, according to Bosch (2003:390) is God the Father who has sent us His Son and the Holy Spirit to bring the church into the world. The people of the world are infected and affected by HIV and AIDS; they need healing, peace, justice, forgiveness, freedom and much more. The church has got a mission outreach towards these people and Bosch (2002:390) reminds us the church has to take part in the movement of God and his people. *Missio Dei* is known to be bigger than the mission of the church; therefore, mission is the main work of the triune God, to which God is love himself.

3.9.1 Evangelisation in the family (Mission ad gentes)

According to Bevans (2013:286), evangelisation means the mission of introducing the church to those people and areas where it has not yet taken root. Bevans goes on to remind us how the RCC has moved on from the inward-looking of Vatican I. Pope Paul VI (1975) presents a similar argument to us that evangelisation is about reaching out to the people with the gospel by putting them in touch with God, even those who have lost their way due to negative behaviours; this is the teaching of Vatican II. It is in partnership with Jesus in His mission; being with Him and doing the evangelisation for Him both in suffering and death. Phili (2010:454) concurs with Pope Paul VI that the family must be in the partnership, where the father, mother and the children all belong together in the mission of the church.

This evangelisation may take place in the family. This means the church and its identity may be found in a family. That is why the SACBC (2013:11) clearly shows that there is a relationship between mission and the family. The Bishops called the family the school of love and holiness. The family encompasses a number of elements such as morals, cultural, social and spiritual. Morality is about one's value system, how is it developed for an individual to know what is wrong and right in a given situation. This research is about behaviour change which bases itself on certain values, and the youth need to be educated in values so as not to confuse them. This element Duffy (2007:56) points out, calls upon the youth to know that sex has got a "price tag" meaning it is

precious and worthwhile. These sets of principles are taught in a family set up where children are taught to be morally sound in the context of the family and the society and are the ideals which the members have to try and live by in their daily lives.

Another element that results from the evangelisation cultural element in a family, there is a strong link between the churches as the culture of its people. The cultural background of any family has a lot to do with the prevention or prevalence of HIV. According to Fleischer (2015:18), in dealing with HIV and behaviour change, one's cultural background has to be addressed. The cultural elements in a family play a role in marriage, youth and puberty, for example, there are both negative and positive roles in the spread of HIV. Fleischer (2015:21) notes that, in Malawi, young girls have their first sexual intercourse with the village elder and there is, therefore, a need for the church to deepen its duty of evangelisation, especially in the areas of sexual education and awareness.

There are social and spiritual elements in evangelisation that need to be addressed. The social lifestyle, misbehaviour and risky behaviour of the youth have to be dealt with by the churches. The researcher indicated earlier that the unjust social and economic conditions and structures that affect the youth need to be taken into account. Fleischer (2015:30) suggests that lack of, and poor, education, especially among young women, and poverty within the families had led to a high HIV prevalence. These elements have to be addressed in more detail in the church and in society.

Kritzinger (2011:36) reminds us that the church is the first institution to have a mission within itself. The church is also a family of God, and before it evangelises others it must undergo a process of constant conversion and renewal. This is to say that it should be able to look at its own lifestyle, which will help it to be in touch with the faithful and other families. This witness can take many forms in all strata of human life, for example, in its pulpit (the word), in its worship and prayers, sacraments and apostolic work; these are the main and specific tasks of the church.

The implication is this type of witnessing can play a part in the behaviour change programmes. The church may use the above strategies to change the behaviour of the youth. Klinken (2008:320) acknowledges the roles that have been played by the Council of Churches and the RCC in responding to the HIV and AIDS epidemic. At the same time, the church has a role to evangelise by its actions and through its public statements. For example, on HIV and AIDS, the message of

Hope by the SACBC, that is, giving hope to those who are infected and affected by the HIV and AIDS epidemic, taking action and offering different services such as home-based care, running projects, schools and hospitals.

According to Dube (2004:53), the SACC has a prophetic role, basing it on the call of Jesus to have a positive attitude towards those who are HIV positive. Dube reminds us that the SACC has been a major role player in HIV and AIDS prevention by empowering woman and children not to undergo discrimination which makes them vulnerable. This empowerment of woman will allow them to make their own personal decisions (John 4:28-29). The SACC does not agree with the idea of condemning those who are infected; its role is rather to give them hope. There has been a caring, healing the stigma, what we call social exclusion.

Thus, the church is expected to bring hope, compassion and healing to all the people, irrespective of their faith, race, gender and social status, from its educational and other pastoral and prevention programmes such as responding to the needs of people living with HIV and AIDS (PLWA). The RCC has also responded by addressing the issues facing the OVC, home-based care (HBC) with its hospices, counselling and advocacy in different areas that affect people's lives in preventing HIV infections.

However, it has been through the educational life skills programmes, according to Munro (2002:401) that the church has been able to target the youth and adults to address HIV and AIDS prevention. This is the gospel value approach of offering knowledge and information about HIV and AIDS. These educational programmes, such as the EFLP, do not promote condom usage. According to Bate et al. (2014: 239), it is through these and many other actions that the RCC has, for the last 30 years, been one of the main players in HIV and AIDS prevention praxis and being in solidarity with those who have been infected and affected.

3.10 Conclusion

In conclusion, the different churches and other role players have played a very important part in HIV and AIDS prevention. However, there is a need to join up with the government in influencing behaviour change. These churches have contributed greatly to the HIV and AIDS epidemic. There

is still a great need to have various groups dealing with HIV and AIDS prevention together; none of the above bodies can be said to be the only one to bring down the infection rate.

The next chapter will discuss the methodology and research design and the procedures and tools that will be used in collecting data. The qualitative research design was used due to its advantages, and the tools of data collection will be presented, that is interview, observation and secondary sources.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

In the previous chapter, the researcher dealt with the literature review on the main issues of behaviour change in relation to EFLP and HIV and AIDS. In the literature review, the researcher offered oversight of a case study in Uganda which dealt successfully with the HIV and AIDS epidemic. The second part of the review offered an understanding of the EFLP as a preventative programme from the SACBC. EFLP focused on behaviour change, positive attitude, positive values and life skills. The researcher dealt with the teaching of the RCC on matters of sex and sexuality. This was presented in a message of hope to the youth. This chapter describes the methods and processes employed in this study. In particular, the chapter presents a theoretical framework for qualitative research, research design, population and research sampling, data collection methods, analysis and validation procedures.

4.2 Research paradigm

Kuhn (1970:43-51) first used the word paradigm to mean a philosophical way of thinking. In later years, Mackenzie and Knipe (2006:193-205) used the term paradigm to describe a researcher's 'worldview'. This worldview is the perspective, thinking, school of thought or set of shared beliefs that inform the meaning or interpretation of research data. It constitutes the abstract beliefs and principles that shape how a researcher sees the world and how they interpret and act within that world.

With reference to the researcher's worldview, Kivunja and Kuyini (2017:26-41) conclude a paradigm constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how they interpret and act within that world. It is the lens through which a researcher looks at the world. It is the conceptual lens through which the researcher examines the methodological aspects of their research project to determine the research methods that will be used and how the data will be analysed. Guba and Lincoln (2005:106-188) defined a paradigm as

a basic set of beliefs or worldview that guides research action or an investigation. Similarly, for qualitative research, Denzin and Lincoln (2000:1-29), defined paradigms as human constructions which deal with first principles or ultimately indicate where the researcher is coming from so as to extract meaning embedded in data.

Paradigms or patterns are thus important because they provide beliefs and dictates, which, for scholars in a particular discipline, influence what should be studied, how it should be studied, and how the results of the study should be interpreted. The paradigm defines a researcher's philosophical orientation, and this has significant implications for every decision made in the research process, including choice of methodology and methods. A paradigm tells us how meaning is constructed from the data gathered, based on individual experiences. According to Saunders et al. (2009:119) and Guba and Lincoln (2005:163-188), a paradigm comprises three main taxonomies namely, Positivist, Interpretivist and Critical paradigms. In relations to this study the research was conducted in the behaviour change paradigm. All people are beings who are sexual human beings and you cannot, therefore, separate behaviour change from sexuality.

4.2.1 Positivist Paradigm

First proposed by a French philosopher, Auguste Comte cited by Gane (2017: 1-3), the positivist paradigm defines a world view of research which is grounded in what is known in research methods as the scientific method of investigation. Thanh and Thanh (2015:24-27) postulated that experimentation, observation and reason based on experience ought to be the basis for understanding human behaviour and, therefore, the only legitimate means of extending knowledge and human understanding. In its pure form, the scientific method involves a process of experimentation that is used to explore observations and answer questions. It is used to search for cause and effect in relationships in nature. It is chosen as the preferred world view for research, which tries to interpret observations in terms of facts or measurable entities (Fadhel, 2002:21-28).

Positivist paradigm is located in quantitative research and relies on deductive logic, formulation of hypotheses, testing those hypotheses, offering operational definitions and mathematical equations, calculations, extrapolations and expressions to derive conclusions. It aims to provide

explanations and to make predictions based on measurable outcomes. These measurable outcomes are underpinned by four assumptions which De Vos Strydom et al. (2002:5) explain as determinism, empiricism, parsimony and generalisability. An examination of each of these assumptions helps researchers understand the meaning and expectations of research conducted within this paradigm better. Briefly, the assumption of determinism means that the events we observe are caused by other factors. Therefore, if one is to understand casual relationships among factors, he or she should be able to make predictions and to control the potential impacts of the explanatory factors on the dependent factors. The assumption of empiricism means that, for us to be able to investigate a research problem, we need to be able to collect verifiable empirical data which supports the theoretical framework chosen for the research and enables us to test the hypotheses formulated. In assuming parsimony, the positivist paradigm refers to the researcher's attempts to explain the phenomena they study in the most economical way possible. The researcher did not locate this research in the positivist paradigm since this paradigm relies on deductive hypotheses. Behaviour change cannot be measured easily, and therefore the positivism paradigm was not used.

4.2.2 The Critical/Transformative Paradigm

The Critical paradigm situates its research in social justice issues and seeks to address the political, social and economic issues which lead to social oppression, conflict, struggle and power structures at whatever levels these might occur. It is sometimes called the transformative paradigm because it seeks to change politics so as to confront social oppression and improve social justice in the situation, Kivunja, and Kuyini (2017: 26-41). This paradigm assumes a transactional epistemology (in which the researcher interacts with the participants), ontology of historical realism, especially as it relates to oppression; a methodology that is dialogic and an axiology that respects cultural norms.

Guba and Lincoln (2005:163-188) and Mertens (2015:75-85) attribute the following characteristics to research conducted within the critical paradigm: an examination of conditions and individuals in a situation based on social positioning; the treatment of research as an act of construction rather than discovery; a central focus of the research effort is on uncovering agency, which is

hidden by social practices, leading to liberation and emancipation; the use of ethnomethodology, situating knowledge socially and historically. An application of action research and the utilisation of participatory research can be used in this paradigm.

The critical paradigm can help in the transformation of the social factors that affect human lives. For example, when you look at the challenges facing the youth, one is the economic dependency on others. There must be activities that have to be changed to confront the socio-economic liberation of the youth dependency on others. Klaus (2015:75) calls for church cooperation; the church has to work hand in hand with the government institutions and other secular NGOs by networking and integrating to emancipate the oppressed youth and women.

4.2.3 The Interpretivist/Constructivist Paradigm

The central endeavour of the interpretivist paradigm is to understand the subjective world of human experience (Guba & Lincoln, 2005:163-188). This approach makes an effort to 'get into the head of the subjects being studied', in this case, the youth who participated in the EFLP. The researcher had to speak to, understand and interpret what the subject is thinking or the meaning they are making of the context. Every effort was made to try to understand the viewpoint of the subject being observed, rather than the viewpoint of the observer. Emphasis is placed on understanding the individual and their interpretation of the world around them. Hence, the key tenet of the interpretivist paradigm is that reality is socially constructed (Thanh & Thanh, 2015:24-27).

This is why this paradigm has sometimes been called the constructivist paradigm. In this paradigm, the theory does not precede research but follows it so that it is grounded on the data generated by the research. Hence, when following this paradigm, data are gathered and analysed in a manner consistent with grounded theory. This paradigm assumes a subjectivist epistemology, relativist ontology, a naturalist methodology and balanced axiology (Sarantakos 2005:37).

The assumption of a subjectivist epistemology means that the researcher makes meaning of their data through their own thinking and cognitive processing of data-informed by their interactions

with participants. There is the understanding that the researcher will construct knowledge socially as a result of his or her personal experiences of real-life within the natural settings investigated (Punch, 2005:160). The assumption here is that the researcher and the subjects are engaged in interactive processes in which they intermingle, dialogue, question, listen, read, write and record research data. The assumption of a relativist ontology means that you believe that the situation studied has multiple realities and that those realities can be explored and meaning made of them or reconstructed through human interactions between the researcher and the subjects of the research.

Guba (1981:75-91) suggests four criteria used to validate research trustworthiness and authenticity located within the interpretivist paradigm, namely: credibility, dependability, confirmability and transferability. The criterion of credibility is used in research located within the Interpretivist paradigm to refer to the extent to which data and data analysis are believable, trustworthy or authentic (Guba, 1981:75-91). Guba (1981:75-91) explains that this criterion relates to the researcher's ability to investigate the question of how the findings align with reality as constructed by the researcher and the research participants.

Guba (1981:75-91) suggests that the criterion of dependability should be used in interpretivist research in preference to the criterion of reliability of the positivist paradigm. Guba (1981:75-91) explains that this criterion refers to the ability to observe the same outcome or finding under similar circumstances. Whereas research located within the positivist paradigm can utilise research methods which can demonstrate that, if activities were repeated in the same context and with the same methods and research, participants would achieve similar findings. Guba argues that, because the interpretivist researcher deals with human behaviour which is by its very nature continuously variable, contextual and subject to multiple interpretations of reality, they are not able to reproduce exactly the same results. This is true within this study since behaviour change deals with real-life but has to be, interpreted in a multiple reality. In this study, the EFLP addressed the role of behaviour change in making major value decisions of solving real life problems.

The criterion of confirmability is used by the interpretivist researcher in preference to the criterion of objectivity, which is applied by the positivist researcher (Guba, 1981:75-91). It refers to the extent to which the findings of your research project can be confirmed by others in the field. The overriding goal of this criterion is to ensure that your biases are minimised and preferably eliminated, from contaminating the results of the data analysed. Shenton (2004:72) explains that, for the research to achieve this criterion, “steps must be taken to help ensure as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher”.

The criterion of transferability is used in interpretivist research in preference to the criterion of external validity used in the positivist paradigm (Guba, 1981:75-91). Lincoln and Guba (1985:124) explain that this criterion represents the researcher’s efforts to ensure they provide enough contextual data about their research so that readers of their findings can relate those findings to their own contexts. This interpretivist paradigm responds well to the church’s role in dealing with HIV and AIDS through the use of the EFLP. The EFLP was implemented in order to deal with behaviour change and confronting the youth with their cultural practices. The purpose of this study was to investigate the role of EFLP as it was experienced by the youth in their daily lives. Therefore, there was a need for the interpretivist paradigm to provide an insight into their personal experiences of how sexual behaviour led to HIV and AIDS.

The interpretivist or constructivist paradigm assumption was used by the researcher since it was the most suitable one for these studies. In the context of EFLP, there is no cure or vaccine for HIV and AIDS, and there is a need to look for other means. People who have been affected and infected by HIV and AIDS are mainly the youth. According to Kharany and Karim (2016: 34), HIV and AIDS are still on the increase in sub-Saharan Africa compared to other areas of Africa and are one of the major killers of young people. This study used the qualitative theoretical framework, which has led to the choice of interpretivist research paradigm. The following plan of action was implemented:

- The EFLP studied the HIV and AIDS phenomena
- The study offered the role of the church as a religious leader regarding HIV and AIDS in Sterkspruit to stop infection.

- These church-led programmes of prevention were based on the ideas of positive values, attitudes, and encouraging the youth to change their sexual behaviour.
- The researcher used qualitative research to collect data on the reality of the role of behaviour change on HIV and AIDS.
- The church calls for the youth to return to the “traditional” moral values which state that sex outside marriage is not for pleasure, but it is for procreation and commitment.
- The RCC encouraged the youth to change their behaviours to mitigate the impact of HIV and AIDS and to prevent it from spreading further.
- Semi-structured interviews were used in this study to offer a social context.

4.2.4 The methodological implications of the interpretive research paradigm choice

The interpretive paradigm is concerned with understanding the world as it is from the subjective experiences of individuals. They use meaning (versus measurement) oriented methodologies, such as interviewing or participant observation, that rely on a subjective relationship between the researcher and subjects.

This section addresses the question of what the methodological implications of interpretive research paradigm are as a choice in this study. According to Thanh and Thanh (2015: 24-27), a very important relationship exists between paradigm and methodology because the methodological implications of paradigm choice permeate the research question/s, participants' selection, data collection instruments and collection procedures, as well as data analysis. A relationship also exists between the interpretive paradigm and qualitative methods. Researchers believe that the interpretivist/constructivist paradigm uses predominantly qualitative methods (Bronfman, Cifuentes, Dekay & Willis, 2007:527-554; Nind & Todd, 2011:1-2). Willis (2007:90) asserts that “interpretivists tend to favour qualitative methods such as case studies and ethnography”. As explained by Willis, qualitative approaches often give rich reports that are necessary for interpretivists to understand contexts fully. Consistent with Willis's ideas, Thomas (2003:6) maintains that qualitative methods are usually supported by interpretivists, because the interpretive paradigm “portrays a world in which reality is socially constructed, complex and ever-

changing". The characteristic of interpretivism, in terms of adopting qualitative methods to approach reality, contrasts with the positivist paradigm.

The choice of the interpretivist research paradigm in this study is aligned with research methodologies and methods used to gather and analyse qualitative data. In many instances where the interpretivist research paradigm is chosen, data gathering methods follow a grounded theory approach, which is well suited to generating theory from real-life occurrences in which the social processes, and what they mean, are explained. It is based on symbolic interactionist theory and, in some studies, the symbols or symbolism within the data provides a basis for theorising about the participant experiences being investigated, their behaviours, responses, processes and the meanings embedded in these.

Taking account of aspects from various scholars such as Sarantakos (2005:30), it is theoretically understood that the interpretive research paradigm allows researchers to view the world through the perceptions and experiences of the participants. In seeking the answers for the research, the researcher followed the interpretive research paradigm by using experiences of participants to construct and interpret his understanding from gathered data. In this case, the 25 participants in the EFLP provided their experience and knowledge to the researcher. To explore understandings of participants, an interpretive methodology provides a context that allows the researcher to examine what the participants have to say about their experiences. Specifically, Willis (2007:4) points out that the researcher's belief and understanding of the context in which any form of research is conducted is critical to the interpretation of data gathered. According to Willis (2007:4), interpretivism usually seeks to understand a particular context and the core belief of the interpretive paradigm is that reality is socially constructed. This is what this study aimed to research.

There is a strong link between the interpretive research paradigm and the research methodology. The researcher applied phenomenology as a qualitative approach. A qualitative research methodology was also employed in this study. When it comes to the data collection, a population and sampling data method was used. In-depth semi-structured interviews were used for collecting data. The researcher used the document analysis to find answers in this study; these documents

have their origins and background in the Roman Catholic Church. All the documents and other data collected were used to understand the meaning of the participants in their behaviour change.

Data analysis, of both interviews and documents, were carried out in different stages, i.e. quotes, codes and categories and, in the end, a synthesis was made from the interviews. The existing TRA by Fishbein and Ajzen was applied to the study as a guide to behaviour change. This theory bases itself on the following determinants to try to explain the relationship between one's beliefs, attitudes, intentions and behaviour. Mookgo (2019:2) states that, as HIV and AIDS is a sexually transmitted disease, in this case risky sexual behaviour is the main point for this study and was integrated into the study because of its relevance.

4.3 The qualitative research approach

This study used the qualitative research approach. This approach was chosen because the research focuses on phenomena. According to Leedy and Ormrod, (2010:141), a phenomenological study is that which occurs in natural settings and involves studying those phenomena or people's perceptions in all their complexity. Sarantakos (2005:37) maintains that the qualitative research approach studies people interaction or systems by communicating with and observing the participants in their natural environment and focusing mainly on their meanings and interpretations of what is being observed.

Teijlingen (2014:18) also maintained that the qualitative research approach seeks to measure facts, attitudes, knowledge, behaviours and information that is accurate without any influence from the researcher. The qualitative approach deals with a given phenomenon systematically. Sarantakos (2005:345) reminds us that the qualitative approach makes an analysis of data in a narrative manner since this is research that focuses on human phenomena. There is a big socially intimate link between the researcher and the researched, in contrast with quantitative research which deals mainly with descriptive data. In this study, the researcher was one of the facilitators of the EFLP; the youth who participated were from the RCC parish in Sterkspruit.

The qualitative research approach focuses on empiricism, meaning that things have to be studied in reality to be verified as truth. Sarantakos (2005:354) offers a similar argument in that qualitative

design is suitable and relevant for this study since it is diverse in nature. One advantage of qualitative research, according to Creswell (1998:6), is that one can revise the methodology during the study, even if the research has already begun. As the study progresses, something may demand that the researcher change the methods. This method is a holistic one in that it can combine all the elements of ontology, which asks what a thing is and what can be known about human actions and how the issues can be interpreted.

The qualitative research approach was found to be suitable for this study because, according to Creswell (1998:9), it deals with words as opposed to numbers, an approach which is statistical by nature. The researcher identified the qualitative approach as the most appropriate since it is mainly interactive. The researcher was able to interact with those youths who were selected in their natural setting. The researcher viewed the objective of the research as grounded in the interpretive tradition, in the development of an understanding of social life and an understanding of how people construct meaning about HIV and AIDS and its prevention.

This study dealt with human behaviour and needed data to be collection, so a qualitative approach was best since it interprets the youth behaviour and opinions, and the researcher was able to have normal interactions with the 25 participants in their own social environment. Underlying the decision on research design and method of each research project are fundamental thoughts on ontology, epistemology and methodology. The link is described by Sarantakos (1998:345) that “a methodology translates the principles of a paradigm into a research language and shows how the world can be explained, handled, approached or studied”. This fits well with the intention of studying the missiological evaluation of the EFLP with the aim of unearthing new insights.

4.4 Research design

Burns and Grove (2003:195) defined research design as “a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings”. Parahoo (1997:142) describes a research design as “a plan that describes how, when and where data are to be collected and analysed”. Polit et al. (2001:167) go further to state that research design is “the researcher’s overall objective for answering the research question or testing the research hypothesis”.

According to Kerlinger (1986:279), “research in the plan, structure and strategy of study conceived to get answers to research questions and also to control variance.” It is a thorough outline of how a study is going to take place. It will generally consist of how data is to be collected, what tools will be used, how the tools will be used and the intended means for analysing collected data.

According to Creswell (1998:9), “research design is the specification of techniques and processes for obtaining the information required. It is the overall operational pattern or framework of the project which states what data is to be gathered from which source by what processes.” Yin (1989: 29) maintains that research design “deals with a logical problem and not a logistical problem”. It is a group of advance decisions which comprise the master plan revealing the methods and procedures for accumulating and analysing the necessary data. It guides the researcher in the process of collecting, analysing and interpreting observations. It is a logical model of proof that enables the investigator to draw inferences concerning causal relations among the variables being investigated.

Research design is also seen as an overall plan for connecting the conceptual research problems to the pertinent (and achievable) empirical research. In other words, according to Sarantakos (2006:105), the research design articulates what data is required, what methods are going to be used to collect and analyse this data and how all of this is going to answer your research question. According to Hofstee (2006:107), both data and methods and how these are configured in the research project need to be the most effective in producing the answers to how one gets to the research question and conclusions taking into account practical and other constraints of the study.

In short, research design is systematic planning, organising and executing a research project within specified time limits and resource allocation. Research design describes the type of data to be collected, the sources of data and the procedures to be followed in data collection. Research design provides a suitable framework that guides the collection and analysis of data. In the main, the research design which minimises bias and maximises the reliability of the data collected and analysed is considered a good design. The design which gives the smallest experimental error is

supposed to be the best design in many investigations. Similarly, a design which yields maximum information and provides an opportunity for considering many aspects of a problem is considered the most appropriate and efficient design in respect to many research problems. Therefore, the qualitative design was chosen, and a questionnaire was used in this study.

This research design is the most commonly used in a narrative and descriptive study. This qualitative design made it easy for the researcher to gather the data with the intention of finding out what the role and impact of the EFLP was.

The phenomenology focused on the experiences of the youth of Sterkspruit who took part in the EFLP between 2003-2013 and how they interpreted the input of this EFLP in order to deal with behaviour changes. The researcher used the phenomenological research method to understand youth perception on the teaching of the RCC in the situation of HIV and AIDS. This was based on their life experiences.

According to Leedy et al. (2010:137), qualitative research designs are divided into five common approaches, and one of them is the phenomenological research design, which the researcher chose as the most suitable for this study. This involves interviews and document analysis to gain insight into the typical experiences of the participants to arrive at sound conclusions. Leedy and Ormrod (2010:141) reveal that a phenomenological study is one that attempts to understand people's perceptions, perspectives and views of a particular situation. By looking at multiple perspectives on the same situation, the researcher can make some kind of generalisation on what something is like from an insider's perspective. The phenomenological approach aims to understand and interpret the meaning that participants give to their everyday life. Creswell (2007:57) regards a phenomenological study as one that describes the meanings that the lived experiences of a phenomenon, topic or concept have for various individuals.

In this study, the researcher employed a phenomenological research design. Phenomenology is a science, the purpose of which is to describe particular phenomena, or the appearance of things, as lived experiences (Streubert & Carpenter 2002:56). However, phenomenological research methodology is difficult to explain because it has no clearly defined steps. Phenomenologists are

of the opinion that the clear definition of methodology tends to limit researcher's creativity (Burns & Grove 2003:360).

4.5 Qualitative research design

Different types of qualitative research designs are discussed in this section. The researcher deliberately enumerated and explained each one of them to better locate his choice of research design. The researcher is also aware that research designs are overlapping each other. In order to obtain a clear description and to attain in-depth information, phenomenological design was used to better understand the behaviour change of the youth in Sterkspruit, Eastern Cape. Hofstee (2006: 107) reminds researchers to choose a design that is most appropriate to the study in question. That is to say that the researcher had a clear understanding of the participants and the topic which is to be studied. Therefore, the researcher aimed at the role of Mission and HIV and AIDS prevention in Sterkspruit Parish Eastern Cape, to find new insights from evaluation and critique of the EFLP. Thus, the researcher intends to find out how a faith-based preventative strategy programme contributed to social issues such as HIV and AIDS concerning behaviour change.

There are generally six common types of designs used in qualitative research; these are phenomenological, ethnographic, grounded theory, historical, case study and action research. A brief description of each will be given to explain the choice for this research.

4.5.1 Phenomenological research design

In this study, the researcher employed a phenomenological research design since it fits well with the qualitative method. Qualitative research studies phenomena in their natural settings and endeavours to uncover the meaning that people bring to them. Phenomenology is a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experiences (Streubert & Carpenter 2002:56). However, phenomenological research methodology is difficult to explain because it has no clearly defined steps. Phenomenologists are of the opinion that the clear definition of methodology tends to limit the researcher's creativity (Burns & Grove 2003:360). This is a study that tries to study and understand people's perceptions and perspectives

in a certain situation. It studies our everyday life events and experiences and how each individual or group finds meaning.

Creswell (2009:5) points out that the phenomenological research design is a study that tries to understand people's perceptions and perspectives in a certain situation by looking at their experience. It studies our everyday life events and experiences and how one each individual or group find meaning. Leedy et al. (2010:141) point out that in this study, one needs to focus on the people's experience. This is what De Vos Strydom et al. (2002:272) calls *sitz im leben* by letting the researcher put himself in the shoes of the subjects of the study. Likewise, Creswell (2009:5) says that the researcher must put aside their own personal experiences so that they can enter into another person's life.

Phenomenological research design involving interviews and document analysis to gain insight into the typical experiences of the participants to arrive at sound conclusions. Leedy and Ormrod (2010:141) reveal that a phenomenological study is one that attempts to understand people's perceptions, perspectives and views of a particular situation. By looking at multiple perspectives on the same situation, the researcher can then make some kind of generalisation on what something is like from an insider's perspective. The phenomenological approach aims to understand and interpret the meaning that participants give to their everyday life. Creswell (2007:57) regards a phenomenological study as one that describes the meanings that the lived experiences of a phenomenon, topic or concept have for various individuals. Leedy and Ormrod (2010:141) recommend that both the researcher and the participants have to work hand in hand to be able to work together to be able to arrive at the heart of the research question.

4.5.2 Ethnographic research design

For Creswell (2009:5) this is a study of a given culture of the people or an individual in that given culture by an ethnographer. De Vos Strydom et al. (2002:274) point out that, for one to study this given culture or an individual, the researcher will have to enter and spend a long time within that setting by observing their behaviours as a journey. By observing that group of people or that individual person the researcher will be in a better position to offer an objective account of that

culture. Therefore, ethnography studies the pattern and way of life and listens to the lived experiences with deep personal involvement. The researcher will be able, at the end of such a study, to offer a description and interpretation of that culture.

4.5.3 Grounded theory research design

This qualitative research design uses data to produce a theory (Creswell 2009:5). Three methods of data coding are used in grounded theory research to come up with a theory. The first one is open coding, which, according to De Vos Strydom et al. (2002:346), aims at breaking down the data into what is similar and what is different. Second is axial coding which is a process of putting the data back in a new form. This is done by connecting the main category to subcategories with selective coding. This means of coding is about finding out what is happening in the lives of the participants. The actions that are similar in nature or what is related to the data being grouped together. Then, lastly, is what De Vos and Strydom et al. (2002:349) call selective coding, which deals with relating the category to the other main core category and developing others. This research design is known as grounded theory since it emerges from the data collected and is not taken from any of the existing research literature.

4.5.4 Historical research design

This is a systematic collection and evaluation of data to describe, explain and understand actions or events that occurred sometime in the past. There is no manipulation or control of variables as in experimental research. In this case, an attempt is made to reconstruct what happened during a certain period as completely and accurately as possible (Porra, Hirschheim & Parks, 2014:536). There are several steps that someone has to go through to do historical research. First is to formulate an idea. This is the first step of any research, to find the idea and work out the research question. The second step is to formulate a plan. This step involves finding sources and working out how to approach them. Thirdly, data is gathered from written documents, and historical records and, lastly, the process involves analysing data to ensure veracity (Buckley, 2016:1189).

4.5.5 Case study research design

This is a research model that deals with studying a real-life situation within a given context and time. Leedy and Ormrod (2010:137) emphasise that this can be an event, a programme or an individual and it uses several sources to gather evidence over time. According to Sarantakos (2005:210), there are three types of case studies, the intrinsic, an instrumental type and a collective case study

4.5.6 Action research studies

Educational action research is principally a strategy for the development of teachers as researchers so that they can use their research to improve their teaching and thus their students' learning but, even within educational action research, distinct varieties have emerged (Tripp, 2005:443-466). According to Walmsley, Strnadová and Johnson (2018:751-759), action research is a process of studying a real school or classroom situation to understand and improve the quality of actions or instruction. It is a systematic and orderly way for teachers to observe their practice or to explore a problem and a possible course of action. Action research is also a type of enquiry that is pre-planned, organised and can be shared with others (Walmsley, Strnadová and Johnson, 2018:751-759). These researchers go on to say that action research is often considered as a kind of enquiry that follows a spiral process which includes identifying a problem or defining an area of exploration, deciding what data is required and how and how often it should be collected, collecting and analysing data, describing how the findings can be used and applied, creating action plans based on what is found and reporting or sharing the findings and plan for action.

4.6 Population and research sample

The target population for Leedy and Ormrod (2010:141) refers to all the members who meet the particular criteria specified for a research investigation. The population for this study consisted of young Catholics, 17 females and eight males, in the Sterkspruit parish, both in rural and semiurban areas. The study population targeted those who were in school and those who had already left between 2003 and 2013. The population was chosen because that is where the EFLP project was implemented. This is supported by Leedy and Ormrod (2010:276) who maintained that one needs to study a sample to study the larger population from which the researcher draws the participants.

4.6.1 Sample and sampling techniques

Sampling, according to Leedy and Ormrod (2010:146), involves the selection of a group of people, events, behaviours or elements with which to conduct the study. In other words, sampling is a process of selecting samples from a group or population to be the foundation for estimating and predicting the outcome of the population, as well as to detect the unknown piece of information. A sample is the sub-unit of the population involved in your research work. Generally, there are two types of sampling techniques that are widely employed, probability and non-probability sampling. In probability sampling, the sample selection is based on random methods. Leedy and Ormrod (2010:147) remind us that the techniques in this category are random, stratified, systematic and cluster sampling. On the other hand, the non-probability sampling technique is based on random selection which include quota, purposive and convenience sampling

This study used non-probability sampling and focused mainly on purposeful sampling. Purposeful sampling was selected because the target sample participated in the EFLP at Sterkspruit parish. From the large population, 25 participants of EFLP were chosen to take part in the study. The reason for selecting a small number for such a large parish was that it was not easy to look for those youth who took part in the workshops since most of them had moved away to bigger cities for further education. The number of participants was decided based on gender, age, location, level of education, year of participation in the programme and willingness to participate in the study (see the table 4.1 below). The researcher sought their consent and had them sign the consent form for record purposes.

The researcher explained to the participants that they were volunteering, that there was no remuneration, and he guaranteed confidentiality and honesty in capturing their information. It was explained to them that each interview would last about 45 minutes and the results would be kept for five years. The researcher chose the venue for the interviews to be his office, as it is a quiet place and would have no interruptions.

Leedy and Ormrod (2010:148) remind us to be aware of, and to take into account, the people's culture. This was noted by the researcher who picked the participants from different cultures,

mainly Xhosa, Sotho and coloured (mixed race). The participants were chosen on the basis that they could give the researcher typical perceptions after attending the EFLP. The participants were asked if they wished to be given the results of the study once it is completed.

Table 4.1: The list of 25 participants who took part in the interview.

Code for Youth	Year of first Participation in EFLP	Gender M/F	Age	Location	Date of Interview	Education level	Status
Y1	2015	F	25	Sterkspruit	6/11/2017	G12	Married
Y2	2007	F	25	uMlamuli	22/12/17	G12	Single with a baby
Y3	2006	F	21	Herschel	6/12/2017	G12	Single with a baby
Y4	2004	F	25	Lekau	6/11/2017	G12	Single with a baby
Y5	2004	F	19	Herschel	6/11.2017	G 12	Single
Y6	2010	F	18	Herschel	6/11/2017	College	Single
Y7	2003	M	25	Sterkspruit	22 /12/2017	G 12	Married
Y8	2007	M	25	Sterkspruit	30/12/2017	G12	Single with a baby
Y9	2005	F	20	Sterkspruit	13/01/2017	G 12	Single
Y10	2010	F	25	Sterkspruit	12/01/2017	College	Single with a baby
Y11	2007	F	20	Sterkspruit	05/04/2017	G 12	Single
Y12	2004	M	25	Sterkspruit	19/09/2017	College	Single
Y13	2003	M	25	Sterkspruit	22/12/2017	University	Married
Y14	2004	M	25	Sterkspruit	22/12/2017	University	Single with a baby
Y 15	2007	F	20	Sterkspruit	13/12/2017	G 12	Single
Y16	2009	F	20	Sterkspruit	12/12/2017	G 12	Single
Y17	2004	F	20	Sterkspruit	14/04/2017	University	Single with a baby
Y18	2007	F	19	Tapoleng	14/04/2017	College	Single
Y19	2008	F	25	Barkly East	28/08/2017	College	Single
Y20	2007	F	20	Lady Grey	30/12/2017	College	Single
Y21	2008	F	19	uMlamuli	11 /09/2017	College	Single
Y22	2008	M	20	Sterkspruit	11/09/2017	College	Single
Y23	2001	F	21	uMlamuli	04/04/2017	College	Single with a baby
Y24	2005	M	20	Sterkspruit	14/9/2017	College	Single

Y25	2002	M	17	Sterkspruit	14/09/2017	G12	Single
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4.7 Data collection method

Two methods of data collection were used in this study: semi-structured interviews and document analysis. Qualitative research interviews seek to describe the meanings of central themes in the life and world of the subjects. The main task in interviewing, according Kvale (1996: 480-500), is to understand the meaning of what the interviewees say. This is why the researcher wanted to hear the views about the EFLP from the selected youth of Sterkspruit in person.

4.7.1 Interviews

For this study, the use of the interview method was the most logical technique that the researcher chose to use. Leedy and Ormrod (2010:148) argue that the use of interviews can yield very useful information. This technique is in line with the three objectives of the study, which are values, attitudes about the contribution of RCC and the impact of EFLP. From the researcher’s point of view, the youth who participated in the EFLP enjoyed talking about their experience and memories of the workshops more than just filling in questionnaires. The 25 participants were selected because of their experience in the EFLP and other youth activities in their parish of Sterkspruit. They had been with the programme of EFLP working with other youths for a long time; therefore, their insights and information on EFLP was needed in this research.

There are three fundamental types of in-depth interviews: structured, semi-structured and unstructured. According to Leedy and Ormrod (2010:148), structured interviews are essentially, verbally administered questionnaires in which a list of predetermined questions is asked, with little or no variation and with no scope for follow-up questions to responses that warrant further elaboration. Consequently, they are relatively quick and easy to administer and may be of particular use to clarify certain questions. However, by their very nature, they only allow for limited participant responses and are, therefore, of little use if ‘depth’ is required.

According to De Vos, Strydom et al. (2002:302) semi-structured interviews generally consist of several key questions that help to define the areas to be explored, but also allow the interviewer or interviewee to diverge to pursue an idea or response in more detail. This interview format is

used most frequently in social sciences as it provides participants with some guidance on what to talk about, which many find helpful. de Vos, Strydom et al. (2002:302) maintain that, in a semi structured interview, there is more flexibility particularly compared to structured interviews, and also allows for the discovery or elaboration of information that is important to participants but may not have been thought as pertinent previously by the research team.

Semi-structured interviews were used in this study because they are well suited for exploring attitudes, values, beliefs and motives. It is also suitable for dealing with sensitive issues such as the spread of HIV and AIDS among the youth. Non-verbal indicators in semi-structured interviews assist in evaluating truthfulness, validity and urgency. One was able to see the hidden meaning of what they could not share verbally. Furthermore, semi-structured interviews, according to De Vos, Strydom et al. (2002:298), can get every question answered and can potentially increase the response rate since they are organised around particular areas and are flexible. The researcher used open-ended questions, which gave the participants ample opportunity to express their views on the impact of EFLP (see Annexure A on the Interview Questionnaires, 2016).

On the other hand, unstructured interviews resemble a conversation more than an interview and are always thought to be a “controlled conversation” which is skewed towards the interests of the interviewer (Gray, 2009:373). They do not reflect any preconceived theories or ideas and are performed with little or no organisation. Prior to the interview the researcher undertook an interview schedule.

4.7.2 Interview Schedule:

- Identified the interviewees
- Contacted them telephonically to secure an appointment
- The purpose of the study was explained to them
- They were requested to sign the consent form
- Designed interview questions in line with the purpose and objectives of the study
- Made a time and date for each interviewee to attend the interview
- Organised a venue for the interviews (the researcher’s office)
- Break the ice

- Interviewed the participants as agreed by only focusing on the EFLP
- Recorded the interview responses verbatim
- Asked them if there were any questions or anything that they felt important to say or ask
- Thanked them at the end of the interview

The researcher interviewed 25 people who had participated in the EFLP between 2003 and 2013 (see Chapter 5, which deals with the results and findings). The researcher was very familiar with these youths, and this gave him insight into their lifestyle and thinking patterns. They were from Sterkspruit townships and the surrounding rural areas (see Annexure A). The interviews were conducted in English, and a bit of isiXhosa since the researcher is competent in both languages. During the interviews, the participants preferred to remain anonymous and were referred to as Y with a number.

4.7.3 Conducting the interview

In qualitative research, according to Leedy and Ormrod (2010:149), the following steps should be followed once you are conducting a one-to-one interview.

- Identify open questions in advance
- The researcher took into account the youth culture and background
- This was done by using the local language to those who did not want to use English
- The 25 youth participants were chosen to represent the bigger group
- The researcher used his office since it was a quiet and safe place.
- The researcher welcomed each participant in a very friendly manner by breaking the ice
- The researcher kept to the questions and the topic
- The researcher was a facilitator throughout the interview

4.7.4 Data display/presentation

The researcher presented the data in a thematic manner, and the answers that were given by the participants were analysed. The recorded interviews were transcribed from the recorder to the researcher's computer. This was to select the information that was relevant to the research

problem and the objectives and what was not, was left out. All the material was then reduced to six categories which were appropriate for the study.

4.8 Document analysis

The use of church documents offered the researcher a very deep insight into RCC official responsibility and teaching on behaviour change concerning HIV and AIDS. Information collection by document study according to as de Vos, Strydom et al. (2002: 291), is an artefact which has as its central feature an inscribed text. A document is a written text, and it is one of the scientific, qualitative methods of data collection. Documents are produced by individuals and groups in the course of their everyday practices and are geared exclusively for their own immediate practical needs. de Vos, Strydom et al. (2002: 291) point out that documents are written with a purpose and are based on particular assumptions and presented in a certain way or style and, to this extent, the researcher must be fully aware of the origins, purpose and the original audience of the documents. For this study, all these points were taken into account, for example the documents are written by the RCC as their response to AIDS in Southern Africa. The religious leaders can do something about the phenomenon of HIV and AIDS epidemic among the young people.

There are two types of documents that are used in documentary studies, namely primary and secondary documents. According to Bailey (1994:194), primary documents refer to eye-witness accounts produced by people who experienced a particular event or the behaviour we want to study. Secondary documents are documents produced by people who were not present at the scene but who received or have read eye-witness accounts to compile the documents. With reference to the current research, the researcher is a Roman Catholic priest who has been one of the contributors to some of these documents. These documents were written by men and women within the church with a view to addressing HIV and AIDS and other issues by offering information for human dignity.

As stated by de Vos, Strydom et al. (2002: 322), data from documents must be handled scientifically, though each source requires a different approach. Scott (1990: 1-2) has identified four quality control criteria for handling documentary sources. These are authenticity (whether

the evidence is genuine and from impeccable sources), credibility (whether the evidence is typical of its kind), representativeness (whether the documents consulted are representative of the totality of the relevant documents) and meaning (whether the evidence is clear and comprehensible).

According to Bowen (2009:27), documents that may be used for systematic evaluation as part of a study take a variety of forms. They include advertisements, agendas, attendance registers and minutes of meetings, manuals, background papers, books and brochures, diaries and journals, event programmes (i.e. printed outlines), letters and memoranda, maps and charts, newspapers (clippings/articles), press releases, programme proposals, application forms and summaries, radio and television programme scripts, organisational or institutional reports, survey data and various public records.

Bowen (2009:29) states that document analysis is, therefore, a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic. There are many reasons why researchers choose to use document analysis. First, document analysis is an efficient and effective way of gathering data because documents are manageable and practical resources. Documents are commonplace and come in a variety of forms, making them a very accessible and reliable source of data. Obtaining and analysing documents is often far more cost- and time-efficient than conducting your own research or experiments (Bowen, 2009:28). Also, documents are stable, “non-reactive” data sources, meaning that they can be read and reviewed multiple times and remain unchanged by the researcher’s influence or research process (Bowen, 2009:31). The purpose of document analysis in this study is to provide a confluence of evidence that leads to credibility. (Bowen, 2009: 28) argues that corroborating findings across data sets can reduce the impact of potential bias by examining information collected through different methods. Combined qualitative and quantitative methods can sometimes be included in document analysis and are called mixed methods studies.

In this study, the researcher reviewed five organisational documents of the RCC, which are related to the SACBC, mainly from the primary source. These documents discuss, guide and teach a lot about the church’s response to AIDS, human sexuality and the church’s pastoral work. The

documents that the researcher used were both primary and secondary official source documents from the Bishops of the RCC in Southern Africa. These documents were available to me and to the youth of the RCC. The documents were made to be used in the teaching of the RCC in areas of HIV and AIDS, pastoral work and ministering to the youth. As Mason (2001:75) points out, documents used in qualitative research must be authentic, genuine, accurate and reliable. Mason (2001:77) argues that one needs to read these church documents with a critical eye and not just in a simple and literal sense. These documents are authentic, valid and reliable since they come from a reliable source.

Secondary documents from the RCC institution:

1. ***“Serving Humanity”: A Sabbath Reflection Pastoral Plan of the Catholic Church in Southern Africa after seven years. Edited by Stuart C. Bate omi.***
2. ***“A message of Hope” from the Catholic Bishops to the people of God in South Africa, Botswana and Swaziland, 2003.***
3. ***“Catholic Responses to AIDS in Southern Africa”, 2014. The Metropolitan Archbishops on behalf of SACBC.***
4. ***“God, Love, Life and Sex”: Guide and Resource for Christian Living Marriage and Family, 2013***
5. ***Guide and Resource for Christian Living Marriage and Family 2013.***

4.9 Data analysis

According to de Vos et al. (2002:339), qualitative data analysis is the range of processes and procedures whereby we move from the qualitative data that have been collected. Thus, the central aim of data analysis, according to is to reduce data into an understanding and punctuate meanings of that which has not yet been understood. Brannen (2017:3-37) points out that data analysis consists of several stages, examining, categorising and tabulating or otherwise recombining the evidence, to address the initial goal of a study. Krueger and Casey (2000) build on this concept and suggest that the purpose should drive the analysis to make sense of the behaviour, processes and realities which have been informed by context

4.9.1 Interviews data analysis

Braun and Clarke (2006:77-101) recommended that the five stages of thematic analysis be used in this study. Thematic analysis is a form of pattern recognition within the data, with emerging themes becoming the categories for analysis (Fereday & Muir-Cochrane, 2006:80-92). The process involves a careful, more focused re-reading and review of the data. The researcher took a closer look at the selected data and performed coding and category construction based on the data's characteristics, to uncover themes pertinent to a phenomenon. This type of analysis consists of a systematic coding (breaking down) of data according to a code list (or code system) in such a way as to identify (practically and theoretically) relevant patterns.

- In stage one, the researcher followed the process of thematic analysis, as described above. This began during the data collection by skilfully facilitating the discussion and generating rich data from the interview, complementing them with observational notes and typing the recorded information. The aims were to immerse in the details and get a sense of the interview as a whole before breaking it into parts.
- In the second stage, the researcher familiarised himself with the data by listening to the audio recordings that were taken during the interviews many times, transcribing data and by reading and re-reading of the transcripts to get a comprehensive understanding of the content.
- The third stage involved the identification of a thematic framework by writing memos in the margin of the text in the form of short phrases, ideas or concepts arising from the texts and beginning to develop categories at this stage, descriptive statements were formed, and an analysis carried out on the data under the questioning route. Indexing, sifting the data, highlighting and sorting out quotes and making comparisons both within and between cases then followed.

- In stage four, codes were generated from the answers provided by the respondents. The coded segments were then grouped under higher-order headings (Burnard 1991:461466) and synthesised into more general categories which, in turn, were linked to more general themes and theoretical concepts. The purpose of creating categories was to provide a means of describing the phenomena, to increase understanding and generate knowledge Cavanagh (1997: 5-16).
- Stage five involved generating a thematic 'map' by merging minor into major themes. One reason for using concept maps during thematic analysis is that it allows the researcher to reduce the data in a meaningful way. By using thematic maps, it was possible to display several pages of interview transcript on a single page. Using concept thematic maps in the data reduction process allowed for the visual identification of themes and patterns. It also allowed the researcher to capture the meaning of the participant interviews because the maps display concepts in both a horizontal and vertical manner (Daley, 2004:3). It is these linkages that facilitated the process of understanding interconnections and meanings in the data. Lastly, themes were 'refined and defined' to name the themes that emerged (see Annexure C) and, finally, the researcher recorded the links which supported the research questions and the issues in the study. Thus, thematic data analysis steps afford the researcher a deep understanding of the research question.

4.10 Document/content analysis

The study of documents in qualitative research, according to de Vos, Strydom et al. (2002:321), is one of the means of information used to collect data. In this study, document analysis was divided into two tasks, studying internal documents of the RCC, which were given to the researcher by the office of the Bishops on the church's activities, and studying external documents which are relevant for the background analysis. Table 4.2 and Table 4.3 present the list of internal and external documents, respectively.

The internal documents were accessed with the permission of the RCC coordinator and were made available to the researcher. These documents are official resources of the Southern African

Catholic Bishops' Conference. They provided the RCC with their moral teachings and the church's response to HIV and AIDS. These official documents affirm the faithful in their fidelity in moments of crisis and doubt. They have offered clarity on many issues and topics on the gospel of life. Finally, the documents offer leadership guidance to the people and the church ministers on topics that are controversial. These church documents are based on the vision of church being "Community Serving Humanity" the teaching of the Scripture, Vatican Council II, the Catechism of the Catholic Church and other recent documents of Popes and the Holy See. These documents offer a good understanding of human sexuality which is one of the controversial topics among the youth. These documents have been written by theologians, doctors, laypeople and Bishops. They share their faith in the eyes of the gospel to understand human sexuality. In these documents, the authors educate the people and share the mind of Jesus Christ.

Table 4.2: Internal documents

Name of Document	Date of publication	Author(s)	Type of document	Source
Serving Humanity, a Sabbath Reflection Pastoral Plan of the Catholic Church in Southern Africa after seven years.	1996	Stuart C. Bateomi.	Organisational documents of the RCC	Southern African Catholic Bishops Conference
A message of Hope from the Catholic Bishops to the people of God in South Africa, Botswana and Swaziland.	2003	SACBC	Organisational documents of the RCC	Southern African Catholic Bishops Conference
Catholic Responses to ADIS in Southern Africa	2014	Metropolitan Archbishops	Organisational documents of the RCC	Southern African Catholic Bishops Conference
God, Love, Life and Sex Guide and Resource for Christian Living Marriage and Family	2013	Napier, W. Buti Tlhagale, S. Brislin, W. Slattery and J. Nxumalo	Organisational documents of the RCC	Southern African Catholic Bishops Conference

The internal documents allow reconstruction of the evolution of the initiative. The church, in its mission, must be an agent of change by offering information in the form of documents. These

documents give a preliminary overview of key issues of concern in the role of the RCC and other faith-based organisations that are involved in HIV and AIDS prevention. These documents address several topics related to HIV and AIDS awareness, human rights, social and economic issues, human sexuality and fidelity, sexual activity, messages of salvation and morality and education, particularly for the youth to change their lifestyle based on EFLP teaching on HIV and AIDS, and sacredness of life. The RCC promotes behaviour change as a strategy to prevent HIV and AIDS. The researcher performed an in-depth analysis of this process in the next research steps.

Table 4.3: External documents (the most consulted)

Name of Document	Date	Author(s)	Type of document	Source
HIV and AIDS Care and Counselling A Multidisciplinary Approach	2005	Alta van Dyk	Educational Academic	Pearson Education South Africa

In this study, document analysis was performed in five stages (Bowen, 2009:29).

- The first stage involved identification of materials which are suitable and relevant for analysis.
- In the second stage, the researcher reviewed both internal and external documents by reading each document closely, from start to finish and taking note of the information relevant to the research. As Bowen (2009:30) points out, documents should be assessed for their completeness; in other words, how selective or comprehensive their data is.
- In stage three, the researcher took a closer look at the selected data (information) extracted from the documents and performed coding and category construction, based on the characteristics of the data, to uncover themes pertinent to a phenomenon (Bowen, 2009:30).
- Stage four involved corroborating and legitimising the coded themes. At this stage, the previous stages were closely scrutinised to ensure that the clustered themes were representative of the initial data analysis and assigned codes. The interaction of text, codes and themes in this study involved several iterations before the analysis proceeded to an

interpretive phase in which the units were connected into an explanatory framework consistent with the text. Themes were then further clustered, as suggested by Fereday and Muir-Cochrane (2006:80-92) and were assigned succinct phrases to describe the meaning that underpinned the theme.

- The final stage five of document analysis involved interpreting data, which is identifying assumptions, recognising bias and discerning audience. This means putting data into perspective by comparing the results with what was expected and with the original research objectives. As observed by de Vos, Strydom et al. (2002:328), interpreting document data is important at this stage because the researcher can assign significance or a coherent meaning to something. Meaning is achieved by rearranging, examining, translating the originally gathered data and discussing textual data in such a way that remains true to the original understandings of the documents studied.

From the above steps, it is evident that HIV and AIDS is a multifaceted phenomenon; it has permeated all the aspects of our human lives and society. From these documents, it was made clear to the researcher that the church has, in its mission praxis, been able to witness to the world about HIV and AIDS. The documents displayed elements of morals and ethics of the RCC's teachings. The documents have got an evangelistic orientation of the mission praxis, to reach out and it is from this mission praxis that EFLP was founded. These documents have got a very significant role in healing of the human person in physical, emotional, mental, moral and spiritual ways. The EFLP was built upon these elements to be the action plan of the church in Sterkspruit parish to addresses the issue of HIV and AIDS.

Furthermore, these documents offered the prophetic voice of the church in society, becoming relevant to the youth by influencing their moral behaviour change. The documents are theological; thus, they provide educational information which is holistic in nature. They are addressing concepts such as spiritual, social, political and economic concerns. These documents are all-encompassing the behaviour change of the youth. The documents related to the research, and they were relevant to the study, addressing the issue raised by the participants.

4.11 Ensuring the quality of the findings of qualitative research

In qualitative research, the rigour and trustworthiness of research findings are measured by their dependability, credibility, transferability and confirmability (Schwandt, Lincoln, & Guba, 2007:1125).

4.11.1 Credibility

As de Vos (2002:351) says, credibility is defined as the confidence that can be placed in the truth of the research findings. The researcher spent an extended period with the participants over a period of more than ten years while conducting workshops. Credibility establishes whether or not the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views (Graneheim & Lundman, 2004:105-112). The researcher had to practice introspection, that is not to be biased but objective while working with the data. This was done by reading the transcripts of the interviews to confirm and verify whether the transcripts were a true account and reflection of what the youth who participated said. The data on both the recorded and the written transcripts has been stored.

4.11.2 Transferability

Merriam (1995:38) suggests this refers to the extent to which the finding can be applied to another similar setting or group. Since the findings of a qualitative project are specific to a small number of particular environments and individuals, it is impossible to demonstrate that the findings and conclusions are applicable to other situations and populations. Transferability is, therefore, the degree to which the results of qualitative research can be transferred to other contexts with other respondents – it is the interpretive equivalent of generalisability (Tobin & Begley, 2004:392).

According to Bitsch (2005: 85), the “researcher facilitates the transferability judgment by a potential user through ‘thick description’ and purposeful sampling”. This means that, when the researcher provided a detailed description of the enquiry and the fact that participants were selected purposively, it implied the external transferability of the enquiry. Hence, if the same study

can be conducted in another similar setting and context, there is a possibility the study would produce similar results on behaviour change in HIV and AIDS prevention. For example, the EFLP was originally from Uganda but is now being used in a new context in Sterkspruit, South Africa. The results from Sterkspruit Parish can, to a certain degree, be similar to findings from Uganda and this is transferability of the study. The participants who were selected in Sterkspruit were mainly black youth in a rural and semi-rural area, and the majority were Roman Catholics. This context can be applied easily in Uganda.

4.11.3 Dependability

According to Bitsch, (2005:86), dependability refers to “the stability of findings over time”. Dependability involves participants evaluating the findings and the interpretation and recommendations of the study to ensure they are all supported by the data received from the informants of the study (Cohen et al., 2011; Tobin & Begley, 2004:392). To address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, although not necessarily to gain the same results. Thus, the research design may be viewed as a “prototype model”. Such in-depth coverage also allows the reader to assess the extent to which proper research practices have been followed.

Hence, in this study, the researcher found out that there was consistency and stability of the data supplied by the participants. The participants used real-life stories of their workshops on behaviour change in areas of sexuality. The participants trusted the researcher, and they were open to the interview since the researcher understood them and they could identify with him. The researcher was well known to the participants after working with them for more than ten years; both parties were comfortable with each other. This dependability made it easy for discussion on their experience of EFLP and their sexuality to take place. They could understand my position as a church minister and a youth worker, and I was able to know and identify with their issues.

4.11.4 Confirmability

As de Vos (2002:351) puts it, confirmability refers to the degree to which the results of an enquiry could be confirmed or corroborated by other researchers. According to Tobin and Begley (2004:392), confirmability is “concerned with establishing that data and interpretations of the findings are not figments of the inquirer’s imagination, but are derived from the data”. Studies suggest that confirmability of qualitative enquiry is achieved through an audit trail, reflexive journal and triangulation (Bowen, 2009: 27-40; Koch, 2006:93).

In this study, confirmability was achieved by the use of triangulation. The researcher used both the participants and the literature documents as a means of substantiating the work. The data from the participants confirmed the findings that behaviour change is a key in the prevention programme and the documents and participant’s responses matched.

4.12 Ethical considerations

Strydom (2002:62) remarks that ethical issues are important in all types of research. There is a need for the researcher to protect the participants. Regardless of the type of research, the researcher should take into consideration both general research principles and those that are more specific to the type of research. A list of core ethical principles that the researcher addressed before, during and after the research project follows. The researcher took into account the principles of ethics such as honesty, respect, human dignity and justice.

4.12.1 Ethical clearance

Ethics in qualitative research has principles of autonomy and respect for the dignity of those who participated in the study. Strydom (2002:62) reminds us that no research should be done at the expense of human beings. The researcher ensured that no harm should come to the participants as a result of this study. Ethics in this study, according to Polit and Beck (2012:727), means a system of moral values that the researcher will undertake to adhere to the professional legal and social obligation to a given study. The researcher obtained ethical clearance from the College of Human Sciences Research Ethics Review Committee. This is proof that the researcher had met all

the ethical requirements laid down by UNISA (see Annexure D). Permission was sought from the participants. A short overview of the study and its purpose was provided to the participants with an explanation of what was required of them.

4.12.2 Informed consent

Best and Kahn 2006:54 state that consent involves the procedure by which an individual may freely choose whether or not to participate in a study. A consent template was obtained from UNISA requesting the consent of the selected youth in Sterkspruit parish to participate in the EFLP research project (see Annexure B). The letter informed the youth about the objectives of the study, the nature of the research project, why they were candidates for the research, what risks, benefits and alternatives are associated with the research and what rights they have as research subjects. It also stated that participation in the study was voluntary and explained to them that they may withdraw from the interview at any time. They were also informed of the fact that they did not have to answer all the questions if they felt uncomfortable. Permission was sought from them to tape-record the interview. As de Vos (2002:63) calls for the respondents to be made aware of the research goals. In this case, they were as follows:

- The researcher aimed to study the programme, in particular, the ‘actual change of lifestyle’ among the youth.
- To ascertain what this means, but also to identify and evaluate the implicit theories of behaviour change.
- An evaluation is an essential part of the process, and it is the key that will keep the process on-going and appropriate.
- The youth who participated in the programme were in the process of changing. It is therefore important to study how the programme touched the youth materially in their present reality.
- To challenge the pastoral response of the RCC, its theological teaching and practice.
- The impact of the influence of EFLP, on the youth of Sterkspruit, can be best described by changes in observable behaviours.

These aims above offered the participants enough information on why they were chosen. The aims of the study met the criteria of the ethics policy of the UNISA. This made sure the researcher was accurate and honest in the reporting and research.

4.12.3 Discontinuance

As de Vos (2002:65) points out, participants have the right to withdraw from the research study without penalty. This is because data cannot be obtained at the expense of human beings. The researcher, therefore, informed the participants that they were allowed to withdraw from the study at any time if they were no longer interested in continuing. Their participation was voluntary, there was no payment, and they were free to ask questions about the research at any time.

4.12.4 Anonymity and confidentiality

de Vos, Strydom (2002:67) point out that confidentiality is commonly viewed as akin to the principle of privacy. To assure someone's confidentiality means that what has been discussed will not be revealed to another person or, at least, not without permission. To ensure anonymity and secure privacy, the researcher assigned each of the participants with a letter (Y) to mean Youth representing Y1 to Y25. Before the commencement of the interview, the participants were informed that all the information would be handled confidentially.

The setting in which research was being conducted was an important factor in considering a potential invasion of privacy. The interview was conducted in a quiet and exclusive office. The researcher guarded against asking sensitive questions about participants sexual behaviour and HIV status. The participants were assured that whatever information they provided would be confidential and only used for the study. Each participant was interviewed privately to ensure confidentiality. This gave them an opportunity to air their views freely. Below is the summary list of the ethical principles according to de Vos, Strydom and colleagues (2002:62 & 69) that the research had to take into account.

1. Avoid harm (physical and emotional) to the participants.

2. The informed consent was given out and explained and was signed by all the participants; the researcher has stored these forms in a safe place.
3. The goal and objectives were known to the participants
4. The participant's privacy and confidentiality were respected, and codes such as Y1 or Y2 were used instead of names
5. The participants were informed of the availability of the final work if they wished to have a look at it.
6. The researcher was ready to offer counselling to those who needed it

4.13 Conclusion

In this chapter, the researcher examined the various concepts underpinning qualitative research. Different research designs were discussed with the view of aligning the study to the most suitable one. Issues of selecting the location and participants for this study were also discussed. Also discussed in this chapter were data collection methods such as sampling, techniques, data analysis, ethical considerations and quality criteria. The study used the qualitative approach to study the phenomena of how the RCC has contributed to the prevention of HIV and AIDS. This qualitative approach deals with human behaviour.

From the main objective, the researcher can argue that the main benefit of using the qualitative approach is that it provides a detailed investigation. This methodology supports the objective too by stating that the qualitative approach deals with different disciplines. The qualitative approach used the interview to find out the impact of EFLP on the behaviour of the youth. This interview approach used purposeful sampling by selecting a sample of 25 representatives of the youth. Semi-structured questions answered the second objective to assist the researcher to understand the youth beliefs and opinions on HIV and AIDS behaviour change.

The use of the interview was a good research method to find out to what extent the EFLP contributed. The second objective aimed at discovering how the EFLP led to risk reduction. The researcher obtained the opinion and experience of those who were the best able to answer the research questions. Since this approach can be used at any time of the research process, the

researcher was able to find out the aims of the objective. It has been argued that interviews can be used in combination with other approaches in a multi-method design. The limitation, however, was that the researcher was not able to interview all the youth who were involved in the study.

The methodology applied in this study assisted the researcher in understanding the teaching and the spiritually based intervention programmes that are EFLP. That was used to contribute towards the prevention of HIV and AIDS by basing on the behaviour change. This chapter led to the formulation of the next chapter which deals with research findings and the procedures.

CHAPTER 5: PRESENTATION OF FINDINGS

5.1 Introduction

Twenty-five participants (aged between 15 and 35 and representing both male and female) who took part in the (EFLP) were interviewed for this study. All the interviews took place in the rural and semi-urban areas of Sterkspruit Parish, Aliwal North, Eastern Cape, South Africa. The responses were summarised into seven main themes. The interviewees were provided with 15 semi-structured interview questions two weeks before the interviews (see Chapter 4 section 4.7.1). These questions were based on the main themes and were relevant to this study because they relate to the modules of the programme.

As highlighted in Chapter 4 (section 4.7.2), these interviews were conducted mainly in English and isiXhosa. The face-to-face interviews took approximately 60 minutes for each participant. The researcher was given permission by the respondents to record the interviews. The researcher had to transcribe the data into transcriptions. Each participant was assigned a code (Y1-Y25).

In the previous Chapter 4, (section 4.8) the researcher also described step-by-step how the organisational documents related to the Southern African Catholic Bishops Conference were analysed. These documents guide and teach about the church's response to AIDS, human sexuality and the church's pastoral work. Interview data were obtained from the six major themes. Both interview and document analysis data were coded and categorised and, at the end, a synthesis on each question was given. **Although the research used qualitative research design, the researcher found it appropriate to present the responses of the participants using both qualitative and quantitative data in order to better understand the participants' responses.**

The relevant questions were recorded as direct quotes and presented in an italic's font. The second part was to study the government, church documents and other scholarly material, to investigate the EFLP in that context.

5.2 Interview: Data and findings and results

This section presents the interview findings such as the participants' opinions, suggestions, perceptions, recommendations on EFLP. The responses were captured under six themes,

Theme 1: Behavioural transformation due to the EFLP

Theme 2: Catholic teaching on sexuality

Theme 3: Impact assessment of EFLP on HIV and AIDS

Theme 4: Growth, maturity and new responsibilities

Theme 5: Impact on spirituality

Theme 6: The culture of life and culture of death

5.2.1 Theme 1: Behavioural transformation after attending the EFLP

Interview Question 1: What transformation in terms of positive behaviours, change, self-control, emotional and social change, of being faithful and trustworthy did you experience after attending EFLP?

This question is about taking action; a change must happen, a transformation in one's life. According to the findings, most of the youth acknowledged that the programme assisted them to transform their lives positively. One has to shine by prayer life, have an outreach to those who are HIV/AIDS positive, and to have a positive health and not to die from AIDS. Therefore, this question tries to seek evidence for an inner transformation to follow Christ in his ministry of healing, love and mercy.

The first interview question of this theme explored participants' views regarding their behavioural change and transformation after attending the EFLP.

Presented in Table 5.1 are the responses from the participants regarding the transformation due to EFLP.

Table

Table 5.1. Interview data from Question 1

Quotes verbatim	Codes	Category
<i>"Learnt to be independent, faithful and trustworthy" (Y2)</i> <i>"Learnt good morals" (Y6)</i> <i>"Learnt to respect people with different cultural backgrounds" (Y11)</i> <i>"Acquired knowledge about sexual abstinence" (Y12)</i> <i>"Learnt to become a role model" (Y13)</i> <i>"Accepted living without a father" (Y15)</i> <i>"I improved my academic performance" (Y16)</i>	<i>Reliable</i> <i>Good behaviour</i> <i>Sensitive</i> <i>Awareness</i> <i>A symbol</i>	<i>Behaviour change</i>

Synthesis (brief discussion of findings)

An examination of the responses indicated that EFLP transformed the participants in different ways. In response to this question, out of the 25-youth interviewed, 15 (60%) admitted that they used to have wayward behaviour and had changed, for example, they became reliable to their parents and lived more positively. They testified that the programme impacted positively on their lives and they felt empowered. Others admitted that they used to have peer pressure and problems at home, which led to promiscuous behaviour on their part. However, after the EFLP and its Catholic teaching, they were able to live a positive life. There were some who noted that they were already implementing positive behaviour and the programme reaffirmed this. Some participants indicated that the programme assisted them in becoming more independent, faithful and trustworthy. Others reported that EFLP contributed to their openness to different cultures.

From the interview results, it was noted that the responses from the male and female participants were not the same. The male participants focused mainly on being independent, and the female participants focused on good morals. However, both gender groups were in agreement that, although using condoms is one way of preventing the transmission of HIV, it is not 100% safe. Of the 25 participants interviewed 7 (28%) indicated that EFLP enabled them to become role models among their peers and one participant felt EFLP enabled him to cope with living without a father. Another participant reported that attending EFLP improved his academic performance at school.

Table

In addition, four of the 25 youth interviewed (16%) felt EFLP taught them how to respect different cultural backgrounds. Two participants (8%) reported that EFLP made them role models among their peers while another 8 (32%) respondents reported that they learned to cope by talking about their stress to mentors. In particular, they found it useful to read widely on the topic as a way of attempting to understand what was happening to them.

Interview Question 2. How did the role of your parents/guardians play a part in your behaviour change during and after EFLP?

This question is taken from pages 11 and 60 in the EFLP facilitator's manual (2007, 2nd edition) on factors that influence one's behavioural change and is intended to obtain participants' views on the role of their parents or guardians in educating and modelling their behaviour. It can be noted from the participants' responses that their parents/guardians did influence them greatly both during and after the EFLP, illustrating that one learns behaviours from those around them. Therefore, the role of the parents and guardians is to help one grow and change by offering support. Since there is a certain way that our parents expect us to behave, but as time goes on at times young adults have to undo the parents' tapes within them and begin to respond to situation, people and events accordingly.

The majority of the youth responded positively that having a parent at home made them more responsible and attributed this to the role of their parents or guardians. Most of the youth acknowledged that their parents or guardians play a very positive role in shaping their behaviours

Presented in Table 5.2 are the responses from the participants regarding the role of parents/guardians in educating and modelling their children's behaviour.

Table 5.2. Interview data from Question 2

Quotes	Codes	Category
<i>".... sex before marriage is not good" (Y8) "My parents are talking about sex" (Y14) matters" (Y8) "..... encouraged me to stay trustworthy" (Y7)</i>	<i>Self-control Trustworthiness</i>	<i>Words of encouragement</i>

<p><i>".....raised me on principles, values and positive culture" (Y2)</i> <i>".....taught me how to control myself and not to do what your friends do"(Y6)</i> <i>".....do first things first, love God, "They kept me busy with duty of work and my books" (Y8)</i> <i>"sat down with me to advise me to set a good example to others, how to deal with sex in the society"(Y12)</i> <i>"They remind me of my personal choices" (Y14)</i></p>	<p><i>Positive culture</i> <i>Discipline</i> <i>Love of God</i> <i>Good examples</i> <i>Career</i></p>	<p><i>Parental guidance</i></p>
<p><i>".....taught me on how to share with other people" (Y3)</i></p>	<p><i>Sharing</i></p>	<p><i>Acting as a role model</i></p>

Synthesis (brief discussion of findings)

It can be noted from 25 participants interviewed 8 (i.e.,32%) of the youth confirmed that their parents were helpful and the parents played a positive role in the participants' behaviour change processes. One learns behaviours from those around him or her. Therefore, the role of the parents and guardians helps one to grow and to change by offering them support. Since there is a certain way that our parents expect us to behave, but as time goes on at times young adults have to undo the parents' tapes within them and begin to respond to a situation, people and events accordingly.

Furthermore, of the 25 youth interviewed, 15 (60%) of the youth did respond positively that having a parent at home made them more responsible, and this was attributed to their parents and guardian role. Most of the youth acknowledged that their parents or guardian did play a very positive role in shaping their behaviours. There is a need to draw from the role of the parents play in how they have assisted in the transformation of their children. This is very common when it comes to the African culture where the boys are prepared for their manhood and the girls to the womanhood.

5.2.2 Theme 2: Catholic teaching on sexuality

The Church teaching on sexuality was one of the major parts of the basic facts for the EFLP on sexuality, for example, male and female reproductive organs, contraceptives and sexually transmitted infections. The Catholic youth need to know and be aware of these facts and whether the teaching was helpful to them in dealing with risky sexual behaviour (EFLP manual, 2007: 63).

Table

This major theme attempted to assess how the Catholic teachings, which were the hallmark of the programme, impacted the youth. The sub-theme sought to answer the following questions:

- How did the Catholic teachings on sexuality help you to understand your own sexuality?
- The EFLP opposes the use of condoms among the youth as a preventative measure. What are your opinions?
- Behaviour change and delaying sex among the youth is the Catholic Church’s main strategy in HIV/AIDS prevention among the youth. Do you think abstinence from sex and being faithful is the best method of preventing HIV/AIDS rather than the use of condoms?

Interview Question 3: How did the Catholic teachings on sexuality help you to understand your own sexuality?

The purpose of this question is to assess the importance of, and the role played by, EFLP on sexuality, for example, male and female reproductive organs, contraceptives, sexually transmitted infection. The Catholic youth need to know and be aware of these facts. Did this teaching help them to deal with risky sexual behaviour? (see Education for Life Programme, Manual 2007: 63).

Presented in Table 5.3 are the responses from the participants regarding the impact of the Catholic teachings on the youth’s sexual life.

Table 5.3 Interview data from Question 3

Quotes	Codes	Category
<p><i>“How I must abstain from sex, talk about condoms and how to be faithful to my partner” (Y1)</i></p> <p><i>“How to control myself not to have many sexual partners” (Y3)</i></p>	<p>Abstain</p> <p>Be faithful</p> <p>Use condom</p>	<p>Avoiding HIV and AIDS infection</p>
<p><i>“...stay away from sex, until marriage” (Y9)</i></p> <p><i>“Not to get involved in sexual activities before marriage” (17).</i></p>	<p>Marriage</p> <p>Sexual activity</p>	<p>Sex after marriage</p>
<p><i>“to have self-confidence and self-esteem and behave well” (Y10)</i></p> <p><i>“helped me to understand myself as a sexual being and respect myself and respect others”(Y18)</i></p>	<p>Self-confidence</p> <p>Self-esteem</p> <p>self-values</p>	<p>Living a positive life</p>

Synthesis (brief discussion of findings)

Of the 25-youth interviewed, 15 (60%) were of the view that to avoid HIV infection, one must, among other things, abstain, be faithful to their sexual partners and use condoms. The majority of the youth acknowledged the importance of sexual education in their own personal and sexual growth and appreciated their sexuality. They spoke of the EFLP as one of the programmes that shaped their behaviours.

The findings from this theme indicate that, even if Catholic teaching on sexuality was given to the youth, some of them had difficulty in implementing the teachings for the simple reason that it was not easy to apply them in their daily lives, especially for those who did not have a strong faith background. The biggest problem was that of condom use, with some participants believing that they cannot be done away with. They said that condoms play a vital role in preventing pregnancy and STIs. However, the findings above showed the results were not all positive as there were some youth who indicated that the Catholic Church teaching on sexuality, especially waiting for marriage was not easy and was beyond their youthful control. The feeling was that the church should be more realistic in its teaching.

Three main findings came from the interview, question. One of the issues which came up was the importance of avoiding HIV infections. Specifically, the respondents mentioned the importance of abstinence, faithfulness and the use of condoms. The second issue was the importance of sex after marriage, as the respondents mentioned the importance of marriage and engaging in sexual activity after marriage. Lastly, the respondents emphasised the importance of living a positive life. Specifically, they stressed the importance of self-confidence, self-esteem and self-values. There were two youths out of the 25 (12%) who were interviewed who did not understand the teaching of the church on sexuality, so this is still a dilemma for the youth of today. The church really needs to explain their stand and teachings on sex before marriage and other related issues thoroughly to young people. The teachings of the church are fine in theory, but they are not understood, or accepted, by the youth.

Table

Interview Question 4: EFLP opposes the use of condoms among the youth as a preventative measure. What are your opinions?

This question sought to ascertain the perception of the youth on whether they think the strategies being offered by the EFLP are more effective than the use of condoms.

Presented in Table 5.4 are the opinions of the participants on the use of condoms in the fight against HIV/AIDS.

Table 5.4. Interview data from Question 9

Quotes	Codes	Category
<p><i>“Condoms are bad things however it must be used at the right time” (Y1)</i> <i>“Someone who has been sexually active, he should use the condoms”.(Y21)</i></p>	<p>Condom Church teaching Sexually active</p>	<p>Advocates condom use for preventing HIV/AIDS</p>
<p><i>“Goes against the teaching of my church” (Y9)</i> <i>“I disagree with the EFLP on the use of condoms; most of the young people are sexually active, even before they attended the programme” (Y14)</i> <i>“...condoms does not work all the time as people fail to use them” (Y3).</i> <i>“It does encourage young people to engage in sex” (Y7)</i> <i>“condoms are not 100%. Even if they were 100% safe, we still have to promote abstinence and delaying sex for the sake of our moral teaching in the church” (Y13)</i> <i>“Encouraging young people to use condoms is like encouraging them to have sex loosely” (Y18)</i></p>	<p>Church teaching Sexually active High condom failure rate</p>	<p>Does not advocate condom use in HIV/AIDS prevention</p>
<p><i>“Yet? I personally believe that sex is sacred and it belongs to people who have committed themselves to love each other before God that is (Matrimony)” (Y8 and Y19)</i> <i>“But if you are not sexually active then one should abstain”(Y21)</i></p>	<p>Sex is sacred Committing to each other Abstain</p>	<p>Advocates for abstinence in HIV/AIDS prevention</p>

Synthesis (brief discussion of findings)

The question above sought the perception of the respondents on condom use. The responses were varied, with arguments for and against condom use. For those who argued against condom use, they cited that condom usage goes against Christian teachings, condoms do not work all the time as people fail to use them, it encourages young people to use condoms and they are not 100% safe and, even if they were, there is still a need for abstinence. On the other hand, those who argued in favour of condom usage pointed out that it is important in the fight against HIV/AIDS, as well as in preventing STIs and unwanted pregnancies. They also pointed out that some of the youths were already sexually active before the programme, which means there was a need for prevention even though it was still important to use condoms.

Of the 25 youth who were interviewed, 6 (24%) agreed with the church teachings on abstinence, and 15 (60%) did not agree with the church teaching on condom usage. Even with the teachings of the EFLP, they are still vulnerable to HIV/AIDS as a large number of them are unmarried and sexually active. So the 60% believed the condoms should remain to prevent pregnancies and STIs and play a complementary role to the Christian teachings. The researcher believes that young people should be trained well not to give up if they are well trained, they can abstain, and this is important.

From the above evidence from the respondents, there is a consensus that the best option is to abstain and live by the Christian teachings. However, the respondents also emphasised the importance of condom usage and suggested that the two strategies of abstinence and behaviour change should co-exist with condom usage to ensure they get maximum protection. As a result, they feel that, while abstinence and Christian teaching should be the priority in preventing HIV and AIDS, condoms should also be used because they play a vital role in preventing pregnancies and STIs.

Interview Question 5: Behavioural change is the Catholic Church's main strategy in HIV/AIDS prevention and delaying sex among the youth. Do you think abstaining from sex and being faithful is the best way of preventing HIV/AIDS rather than the use of condoms?

The EFLP aims at dealing with sexuality in a confidential manner. The researcher wanted to know if sex education through workshops and programmes, can help young people abstain from sex as

Table

it seems to be difficult to abstain. The topics like human sexuality as a gift, relationship and intimacy, affection, touch, genital relations, homosexuality, abstinence, safer sex and condoms. (This question was based on the EFLP facilitators manual Pages 51 and 27). One needs to understand that, for one to change his or her sexual behaviour; certain conditions have to be fulfilled first. For example, one has to have self-control over one's sexual urges. According to the UNAIDS global HIV and AIDS statistics fact sheet (2018:1), 95% of most HIV/AIDS infections in Africa are through sex. Therefore, one has to make a critical choice to be able to make a change. The following question was asked in this regard on the issue of sex education, for someone to be able to change his or her sexual behaviours.

The purpose of this question was to compare the benefits of abstaining from sex and being faithful to the use of condoms in preventing HIV/AIDS.

Presented in Table 5.5 are the responses from the participants.

Table 5.5. Interview data from Question 5

Quotes	Codes	Category
<i>to turn to their moral conscience to reduce or to stop HIV/AIDS (Y9) “this strategies is much better than the use of condoms” (Y18)</i>	Being Faithful Abstinence	Benefits of abstaining and being faithful
<i>Condom can help to reduce HIV/AIDS (Y14) Church also should promotes condoms like government (Y3) abstaining does not work(Y4) Both of these two strategies are highly important, they can co-exist (Y23)</i>	Reduce HIV/AIDS Offer information Limitation of abstinence.	Benefits of using condom

Synthesis (brief discussion of findings)

While a few youths supported the behaviour change preventative strategy proposed by the Catholic Church as opposed to condom use, 15 of the 25 youth interviewed (60%) acknowledged the role and the importance of condom use as a preventative strategy.

Some of the youth said that they although they know that their church teaching does not accept the use of condoms, they opt to go against their church teachings and use condoms due to the difficulties that they face. The majority of the youth are involved in premarital sexual activity, and it is important to point out that a significant number of them (40%) disagreed with condom use.

Then there was another set of the participants (5 out of 25; 20%) who suggested to the researcher that a double strategy, promoting both behaviour change and condom promotion and use be utilised. They made the argument that both of these preventative means are good and they should be used side by side since the youth have been made to believe that condoms are 100% safe and that they can be very effective in preventing HIV/AIDS.

Interview Question 6: Do you think sex education is the key to reducing HIV/AIDS? If so, what do you think should be included in sex education?

The purpose of this question was to show how workshops and programmes on sex education can help young people to abstain from sex. This question is drawn as-is from the Education for Life Programme manual (see 2007:63). One needs to understand that, for one to change their sexual behaviour, certain conditions have to be fulfilled first. For example, one has to have self-control over one’s sexual urges since 95% of HIV/AIDS infection is through sexual intercourse according to the global HIV and AIDS statistics fact sheet (UNAIDS, 2018:1). One, therefore, has to make a critical choice to make a change.

Presented in Table 5.6 are the responses from the participants regarding the impact of the Catholic teachings on the youth’s sexual lives.

Table 5.6: Interview data from Question 6

Quotes	Codes	Category
<p><i>“Yes sex education is needed” (Y1)</i> <i>“Yes sex education is important” (Y2) “Yes, the more people know about sex, the better and have more pictures and visual aids, short videos that teach about sex and behaviour change” (Y12)</i> <i>“Yes to sex education, over-drinking alcohol and abusing. (Y17)</i></p>	<p><i>Sex education</i> <i>Behaviour change</i> <i>Alcohol abuse</i></p>	<p>Sex education is key to reducing HIV/AIDS</p>
<p><i>“key to reduce HIV/AIDS, Topics on homosexuality should be included in the programme” (Y3)</i> <i>“Topics on teenage pregnancy. Drug and substance abuse like alcohol should be included in the programme”</i> <i>“...tell them also about rape and the risks of substance abuse in sex education” (Y5)</i> <i>“Yes, lifestyle of the youth should be included” (Y6)</i> <i>“Yes, topics on the circumcision of men” (Y8)</i> <i>“Yes, abstinence should be the main and major topic” (Y21)</i> <i>“Yes, explain the importance of abstaining” (Y23)</i></p>	<p><i>Homosexuality</i> <i>Abstinence</i> <i>Positive lifestyle</i> <i>Circumcision</i></p>	<p>Other Topics to be included in sex education</p>

Synthesis (brief discussion of findings)

According to the findings above, all 25 of the participants (100%) spoke positively of the importance of sex education as a key issue to reduce HIV infection. Sex education would have a big impact on behaviour change. Sexuality is about the whole person; what one knows, thinks and believes in a particular culture. Therefore, programmes should include sex education as a dominant theme. In most traditional church programmes, sex education has not been put into the school subjects. Some of the topics that the youth feel should be included in sex education include homosexuality, abstinence, positive lifestyles, teenage pregnancies and the contribution of substance abuse. Other topics which were suggested for inclusion were male circumcision, self-mastering, sex relations, homosexuality, causes of rape and peer pressure.

From the above information, it was confirmed that sex education is one of the key answers to HIV and AIDS, but the role of behaviour change and its contribution should not be forgotten. A number of the youth did see the importance of the teaching of the Catholic Church since it exposed them to their faith and the church's stand on condom usage as a preventative measure.

5.2.3 Theme 3: Impact assessment of EFLP on HIV and AIDS

Abstinence from sex before marriage

Interview Question 7: EFLP promotes abstinence and the delaying of sex before marriage. Did this programme help you in this regard?

This question is based on the EFLP topic of "abstinence, a realistic approach" on page 61 of the participants' manual of EFLP and is intended to help the youth to learn how to practice abstinence. It is argued that abstinence can be learned and practised, just like any other skill. Therefore, the purpose of this question was to show how "abstinence, can be a realistic goal" and whether it helped the youth to learn how to practice abstinence.

Presented in Table 5.7 are the responses from the participants regarding the impact of the Catholic teachings on the youth's sexual life regarding abstinence and delay of sex before marriage.

Table 5.7. Interview data from Question 7

Quotes	Codes	Category
<p><i>"I know my status that I am HIV positive and it is better for me to have this baby" (Y4)</i> <i>"I can talk about HIV and AIDS now, focused on getting married" (Y8)</i> <i>".....to keep myself safe without having a child"(Y19)</i></p>	<p>Prevent pregnancy Prevent HIV/AIDS</p>	<p>EFLP helped me to abstain</p>
<p><i>"EFLP did not really help me" Y17)</i> <i>"It is very difficult for the youth, to abstain from sex. Delaying sex is not easy for the youth" Y3)</i> <i>"Not for me, I cannot abstain from sex so I use condoms" Y16)</i></p>	<p>Abstain Sex Delaying sex Use condoms</p>	<p>EFLP did not help me to abstain</p>

Synthesis (brief discussion of findings)

Of the 25 participants, (60%) provided and expressed positive views about the EFLP in promoting abstinence. These stories suggest that the programme helped to prevent them from having unwanted pregnancies. The participants were assisted in learning about and practising how to abstain.

While most of the youth responded positively about the EFLP helping them to abstain, 10 of them (40%) did not find it easy to abstain or delay sex. Risky sexual practices were considered unavoidable by others. They found it very difficult to find alternatives to sex such as hugging, body to body rubbing, kissing, masturbating, sexual fantasies, non-penetrative sex (Dyk 2005:137) and abstaining to avoid the dangers of sex-related consequences; it is better for them to think of condom usage as an alternative. These youths attest that it is not easy for them to live positively according to the values and the norms of the EFLP due to the fact that sex in their area is a broader challenge. According to Dyk (2005:142), it is not easy for the youth to talk about sex which is often not an easy topic to discuss. Sex is a deep part of human life and is the best way to express intimacy or to experience pleasure in a recreational way. According to the SACBC (2013:60), the youth need to be reminded that sex is not for fun, entertainment or recreation and it is not a commodity.

From the findings in this study, there was a strong argument that abstinence is not easy due to physical sexual urges and no one could, therefore, impose abstinence on the youth. To practice abstinence, you need to make a commitment to yourself. The EFLP did try to offer all the information about abstinence from sex before marriage for the youth to make well-informed, intelligent, healthy lifestyle choices

Interview Question 8: If you are now living without HIV/AIDS, did EFLP help you in this regard?

The purpose of this question was to determine the extent to which the programme helped them to maintain their negative HIV status. Specifically, the question sought to establish if the teachings of abstinence, being faithful and delaying sexual activity helped the respondents in maintaining a healthy lifestyle.

Presented in Table 5.8 are the responses from the participants regarding the impact of the Catholic teachings on the youth's sexual life as far as maintaining a healthy lifestyle and a negative HIV status.

Table 5.8. Interview data from Question 8

Quotes	Codes	Category
<p>Yes, it did help me <i>"Yes it did change my attitude" (Y2)</i> <i>"I can know what to avoid, I can also know what I have to use or not use" (Y4)</i> <i>"Yes the EFLP helped me to accept my status of being HIV positive and being able to disclose my status to my family and to support people who are living with HIV/AIDS" (Y5)</i> <i>"It helped me to stay HIV negative(Y7)</i> <i>"was able to go to have myself tested" (Y8)</i> <i>"offered me information on how HIV/AIDS spreads" (Y9)</i> <i>"helped me to recognize that there is life after HIV/AIDS. I am able to live a good healthy sustainable life" (Y10)</i> <i>"helped me to abstain and be positive in changing my lifestyle" (Y11)</i> <i>"changed my behaviours, knowing a lot of information and I know now that "HIV/AIDS can be transmitted through blood" (Y12)</i> <i>"I did start to practice abstinence, waiting for the right time and go for a test once a year to know my status (Y17)</i></p>	<p>Attitude Being positive Self-confidence Awareness about HIV Behaviour change</p>	<p>Impact of EFLP on their status</p>

Synthesis (brief discussion of findings)

According to the findings of this study, the participants acknowledged that disclosing ones' HIV status is often a difficult decision. There have been moments in South Africa where people have lost their lives due to the fact that they did disclose their HIV/AIDS status. With regard to the EFLP assisting them to remain free from HIV, 10 (40%) testified that they were able to go for an HIV test without fear. The youth admitted how they were able to go for an HIV test willingly and without fear after the programme.

Interview Question 9: Was EFLP and its principles worthwhile attending?

This question is based on stage one of EFLP, which is exploring life. Since it is a peer-to-peer led, driven and supported programme, the youth were able to invite other youth to join them. The question sought to establish if the youth saw any value or purpose in attending the programme and if it made an impact on them. The youth have been facing the reality of the HIV/AIDS epidemic,

and it has been a question of life and death. In exploring life, the EFLP by its nature attempts to address the lives of the youth with the conviction of saving our future by building Christian morals and human values.

Presented in Table 5.9 are the responses from the participants regarding the impact of the Catholic teachings on the youth’s sexual life. This question seeks to highlight the worthiness of the EFLP and its importance in the areas of sexuality and human development.

Table 5.9. Interview data from Question 9

Quotes	Codes	Category
<p><i>“Yes it did change my attitude (Y2) I can know what to avoid, I can also know what I have to use or not use” (Y4)</i></p> <p><i>“Yes the EFLP helped me to accept my status of being HIV positive and be able to disclose my status to my family and to support people who are living with HIV/AIDS” (Y4)</i></p> <p><i>“.....helped me to overcome the stigma of being HIV positive” (Y6)</i></p> <p><i>“It helped me to stay HIV negative(Y7) “..... was able to go to have myself tested” “offered me information on our HIV/AIDS and how it spreads” (Y8)</i></p> <p><i>“.....helped me to recognize that there is life after HIV/AIDS. I am able to live a good healthy sustainable life” (Y10)</i></p> <p><i>“.....helped me to abstain and be positive in changing my lifestyle” (Y11)</i></p> <p><i>“changed my behaviours, knowing a lot of information and I know now that HIV/AIDS can be transmitted through blood” (Y12)</i></p> <p><i>“wait and to abstain from sex until marriage” (Y14)</i></p> <p><i>“I did not sleep around and I am able to make sound decisions with a sound mind” (Y15)</i></p> <p><i>“I did start to practice abstinence, waiting for the right time and go for a test once a year to know my status” (Y17)</i></p> <p><i>“I know how to deal with my own sexual life, I know if I have to use condom or to abstain” (Y19, Y18, Y20 and Y21,)</i></p> <p><i>“I am sexually active, I must protect myself and how to stand and reach my goals”(Y23)</i></p>	<p>Changed attitude Accepted status Overcome stigma HIV negative Information about HIV and AIDS Live a healthy life Sexual life Aware of HIV and AIDS</p>	<p>EFLP is worthwhile attending</p>

"No. It did not help me" (Y3)	Not helpful	Not worthwhile
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Synthesis (brief discussion of findings)

This theme was an attempt to assess how the EFLP was helpful to the respondents in their lives in terms of their sexuality, gender power, knowledge, condom use as a prevention method, peer education and in their social and cultural environments. The areas that changed were life skills and their empowerment. They narrated how they can reflect on their lives in a better and more mature way. From the 25 youth interviewed, 24 (96%) stated that they can exercise self-control in matters of sex before marriage and have a positively changed attitude. Personal decision-making was another issue that they learned and applied in their lives. They believed that their faith grew and changed. For those who were HIV and AIDS positive, they accepted their status and the others overcame stigma. This enabled them to live a positive, healthy lifestyle since they were fully aware of what was going on. This 96% of the participants were pro-church teaching, and they appreciated the church’s programme of EFLP. In addition, 5 (20%) said the fear of change was not easy to deal with. During the EFLP, they had made a commitment to change to positive behaviours; thus, there was always that reminder that they had made a commitment of the “things” that they needed to change. While 96% of youth were positive, 4% of the respondents did not find the EFLP very helpful.

Interview Question 10: How did the information provided in the Education for Life Programme impact on your behavioural change towards HIV/AIDS?

The aim of EFLP was to offer sufficient information about the epidemic of HIV/AIDS so that the youth may be protected in their lives and to prevent the spread of the virus. However, the information has not been enough to bring about behaviour change, and more is needed.

Presented in Table 5.10 are the responses from the participants regarding the impact of the Catholic teachings on the youth’s sexual life as far as information provided in EFLP to behavioural change to HIV/AIDS prevention is concerned.

Table 5.10. Interview data from Question 10

Quotes	Codes	Category
<p><i>“Self-control, information on abstinence and being positive by being faithful” (Y2&Y11)</i> <i>“Telling your stories of life and listening to others” (Y4&Y10)</i> <i>“information on stage two which is the New Picture, alternative choice to live a better positive life”(Y8)</i></p>	<p>Self-control Being positive Tell your stories Listen to others</p>	<p>Information through group discussion</p>
<p><i>“A seed planted, nurtured and rooted in love has the potential to grow to full maturity, and the motto alone was enough for me. I have come that you may have life to the full” (John 10:10)” (Y9 & 18)</i> <i>“I must become a proactive person” (Y12) “I can now take responsibility of my life and information on the values was very helpful to my life” (Y14&Y15)</i> <i>“..... teaching on the values, being faithful, information on the means of combating both HIV/AIDS was helpful” (Y16)</i> <i>“Everyone can change but does not change overnight” (Y17)</i> <i>“Information on the personal attitudes about peer pressure, life skills” (Y 19, Y21 & Y23)</i> <i>“The information about God being my creator” (Y20)</i> <i>“I cannot take myself for granted” (Y22)</i> <i>“Be yourself, do not fear yourself to be original do not compromise about your lifestyle” (Y24)</i> <i>“The four basic beliefs and attitude I have the capacity to change and I can call on the spiritual powers to change, therefore I believe that I can do it” (Y25)</i></p>	<p>Alternative choice to better life Being proactive Attitude towards peer pressure</p>	<p>Bible as a source of information</p>

Of the 25 youth who were interviewed, 19 (75%) acknowledged that they acquired more information through the EFLP. They cited significant improvement in their knowledge, acquisition of information and skills, for example, how to act in a drama and other activities. The new and additional information contributed to their behaviour change, and the following responses attempt to show how the information that was acquired changed their behaviour.

Synthesis (brief discussion of findings)

The findings from responses to this question indicate that 75% of the respondents were able to change their behaviour. There were skills that were gained in self-control, abstinence and positive values and attitudes. New skills in counselling were acquired, and have been put to use.

According to the responses, the main part of the information was gained through the first stage of EFLP, which is “telling your story”. Telling their life stories and finding alternative choices to a better life was a very powerful tool. Their concern in the second step of Stage 1 of EFLP was to come up with a variety of alternatives without making any judgment about whether they would be possible or not. In most cases, people fail to change their behaviour because they do not see any alternative available to them. For them to change their behaviour, they must be open to as many options as they can. The information from EFLP assisted them in dealing with peer pressure in learning to say “No” to sex before marriage. Peer pressure was a common problem for the respondents, as 75% of them noted how abstinence was difficult due to peer pressure since it is human nature to want to be part of the crowd.

Another area of information was the stories about each participant’s life. Storytelling was one of the key elements in the EFLP. To tell your story well to others is a skill and it offers healing. The respondents were able to share their own, both positive and negative, stories with each other, especially on behaviour change.

5.2.4 Theme 4: Growth, maturity and new responsibilities

Interview Question 11: How did the EFLP help you to grow to maturity and take on a new responsibility?

The purpose of this question was to see if those who participated experienced growth, maturity and more responsibility after attending EFLP. The question sought to establish if the respondents became more responsible in what they were doing. They claimed that they are in a better position to help and advice others. Others noted that, after the EFLP, they became mature enough to look after their children well. For example, those who have children can now put food on the table, which they were not doing before. They became role models to others on how not to live a

negative life and to have a legacy. Unknowing mistakes committed before by the respondents were also acknowledged. The theme sought to answer the following sub-questions to analyse Question 11 further:

- How did EFLP help you grow to maturity and take on a new responsibility?
- Did the EFLP improve your lifestyle in terms of your values, attitudes and life skills?

Presented in Table 5.11 are the respondents' views on how EFLP helped them to grow to maturity and take on new responsibility.

Table 5.11. Interview data from Question 11

Quotes	Codes	Category
<p><i>“The Education for Life programme helped me to understand friendship and understand working in relationships” (Y1)</i> <i>“I am able to rise and make good judgments” (Y2)</i> <i>“I can advise other people about HIV/AIDS. Listen to people, sympathise with them and be able to educate my siblings” (Y6)</i></p>	<p>Friendship Sympathy Advice</p>	<p>Human relationship</p>
<p><i>“I am a public person; I do know what is wrong and what is right, a good listener now and make choices that are human” (Y8)</i> <i>“I know when to say no and I can take on the challenges I face through prayers” (Y10)</i></p>	<p>Public person Good listener Ability to make choices Problem-solving</p>	<p>Interpersonal skills</p>
<p><i>“able now to think about issues of life before I do them, I can take care of my parents and my babies well” (Y11)</i> <i>. “I used to have a lot of peer pressure” (Y12)</i></p>	<p>Good judgement</p>	
<p><i>“It helped me to change my life mentally, spiritually, emotionally and physically and to take responsibility in whatever I am doing, able to help other people in the community and children at school” (Y4)</i></p>	<p>Self-development Role model Self-motivation</p>	<p>New responsibilities</p>
<p><i>“I am a responsible father. I am educating my children and I put food on the table” (Y14)</i> <i>“a very good solid foundation given to me by the EFLP workshops and I am able to pick myself up (Y15)</i> <i>“I have become a role model. I am not doing things that may disappoint the youth; I do not want to leave a negative legacy in life” (Y16)</i> <i>“I can stand on my own, without basing on the others people’s opinions” Y17</i> <i>“I did learn to listen to my parents, grow to face any consequences for my action” (Y17)</i> <i>“I am able to make my own choices, gain confidence in my life” (Y23)</i> <i>“After the EFLP I started to get into church parish work” (Y25)</i></p>	<p>Self-actualisation Becoming a true Christian</p>	

Synthesis (brief discussion of findings)

This question was about the growth of a person to maturity by taking certain actions and responsibilities. One has to shine by his or her actions, in public and individual life. Therefore, the question tried to determine the impact of EFLP on the individual's inner transformation.

Some of the issues that kept coming up in the theme of growth to maturity and new responsibility is that the participants did become more responsible. The youth who participated in the EFLP also became more responsible in friendship and in this perspective, they could make positive choices of friends. This calls for one to have good judgement. Therefore, there was a paradigm shift after the EFLP. The youth said that they were in a better position to help others by being sympathetic, having skills to problem solve and give advice to each other.

Of the 25 youth interviewed, 25 (100%) showed how the programme assisted them to have a different, more positive mentality. They noted how they became more confident and could interact more effectively with members of the public, as well as becoming better listeners. They admitted that they had a positive mind set change after the programme. The programme allowed them to make better judgments in matters of sexuality and positive living. They also noted that they developed a positive attitude to self-development by becoming role models for others and committed themselves to perform actions that do not disappoint others but rather leave a positive image.

The youth furthermore maintained that self-actualisation was achieved in their growth in faith. Before the EFLP, their church attendance was not good, but afterwards they became active Christians in their own faith and not basing it on the opinions of others. The programme did not only change them spiritually but emotionally as well. The youth stressed how they had matured mentally and how the programme helped them to attain growth in self-actualisation.

Interview Question 12: Did the EFLP improve your lifestyle, in terms of your values, attitudes and life skills?

The purpose of this question was to find out if the participants in the EFLP changed their values, attitudes and life skills. Once someone has got the right values, attitude and life skills, then behaviour change can happen. Therefore, this question sought to establish the extent to which the EFLP helped the youth to improve their values, attitudes and life skills.

Presented in Table 5.12 are the responses from the participants.

Table 5.12. Interview data from Question 12

Quotes	Codes	Category
<p><i>"I can control my attitudes and what are my aims in life" (Y1& Y2)</i> <i>"I have much respect for my single mother, I must accept things I cannot change" (Y6) "I know how to value myself and to value others" (Y10)</i> <i>"I do value God, before it was all about myself" (Y14)</i> <i>"I did learn to establish new norms; I have got values and beliefs that I can find something meaningful" (Y15)</i> <i>"I am proud of myself, and I am able to value and appreciate my body" (Y19 &Y21) "I know how to respect other people; I know how to administer treatment on people who are HIV/AIDS positive" (Y12)</i></p>	<p>Attitude control Respect for others Being proactive Established norms Self-love</p>	<p>Positive attitudes and values</p>
<p><i>"I am much more honest, I become more outspoken about the issues that affect me community" (Y8)</i> <i>"I am a proactive person now" (Y13)</i> <i>"It helped me to get out of peer pressure and helped to see things differently" (Y16 & Y17)</i> <i>"I make well-informed choices and I keep away from the Taverns" (Y23 & Y24)</i> <i>"I can make now informed decision, to accept the current reality" (Y25).</i></p>	<p>Honesty Activist Self-actualisation Awareness</p>	<p>Life skills</p>

Synthesis (brief discussion of findings)

The EFLP assisted the participants to change their mentality on values, attitude and life skills and to become more positive. The respondents noted how their mind set changed after the EFLP, allowing them to make good judgments and be honest.

Of the 25 youth interviewed, 16 (64%) testified that the EFLP instilled positive values and attitudes towards behaviour change. They also noted how the self-actualisation brought by the EFLP deepened their awareness of HIV/AIDS prevalence. There was belief and awareness that behaviour change is possible if one is to help others and oneself to prevent the spread of HIV and AIDS. One has to put values, positive attitudes and life skills into concrete action.

5.2.5 Theme 5: Impact on spirituality

This theme aims at describing those attitudes, beliefs and practices which determine a person’s life, passion and energy, especially concerning one’s life goals. This spirituality looks for quality of life and is based on John 10:10. “I have come that you may have life and have it to its fullest”. This spirituality aims for total freedom from negative peer pressure, media influences and opinions of others, as well as extramarital sex, substance abuse, HIV/AIDS and STIs. One needs to take control of oneself. The spirituality aims at assisting the youth to make healthy, wellinformed choices by understanding and growing in knowledge, as well as exploring their own deep personal love and relationship with God through prayers and Sacraments. This theme sought to answer the question on the importance of the EFLP on spirituality, and the participants noted how it changed them spiritually and emotionally, as well as improving their values and faith.

Interview Question 13: The spirituality of EFLP programme is John 10:10. How did this impact on your spirituality?

The purpose of this question was to describe those attitudes, beliefs and practices which determine a person’s life, passion and energy, particularly about their life goals. This spirituality looks for quality of life and is based on John 10:10. “I have come that you may have life and have it to its fullest”.

Presented in Table 5.13 are the responses from the participants regarding the impact of the Catholic teachings on their spirituality.

Table 5.13. Interview data from Question 13

Quotes	Codes	Category
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Openness to a new spiritual way of life, such as total freedom to take care of their lives and reaching out to others, was a life fulfilment for them.

The study shows that, of the 25 youth who were interviewed, 17 (68%) of them were positive in their personal spiritual growth and love of Jesus through prayer. They developed sound values, beliefs, attitudes and behaviours compatible with the gospel. For example, they became more faithful, kind, loving and able to pray for others, but this is paradoxical because some of them found the teaching of the church very difficult.

Interview Question 14: How did your faith grow after the Education for Life programme or what changed in you in relation to your faith?

The purpose of this double question was to see how EFLP calls for a conversion of the whole person as a sexual and spiritual being. Prayer does help people in their struggle with dealing with the pain of HIV/AIDS infection. According to the primary data, 17 of the participants (48%) acknowledged that there was great personal growth and in their faith and they, thus, appreciated the EFLP.

Presented in Table 5.14 are the responses from the participants regarding the impact of the EFLP on their faith influencing their sexual lives.

Table 5.14. Interview data from Question 14

Quotes	Codes	Category
<p><i>“to pray with my family and I am able talk about HIV AIDS with my family” (Y1)</i> <i>“I used to go to work without prayers, at the moment I am putting God first” (Y14)</i> <i>“I have got the capacity to change. I based it on God to bring about a new life” (Y13)</i> <i>“by attending church services and to live a positive life thus my faith grows” (Y16) (SEC)</i> <i>“it was not easy on delaying sex, in the EFLP there was the use of the Bible study. We were able to share the word of God and this made me a better person” (Y23)</i> <i>“I can be in church at my own free will” (Y24)</i> <i>be interested a lot in the Catholic faith and by observation of the things in the church “ (Y25)</i></p>	<p>Prayer Respect and trust Spiritual growth Love for God</p>	<p>Faith through prayer</p>

<p><i>"I became more involved in my church as a young person and I become more active in my faith" (Y7 & Y8)</i></p> <p><i>"I now understand better the human suffering, especially those who are having HIV/AIDS. I am now praying for those who are sick" (Y10)</i></p> <p><i>"to keep myself in the church life. I am able to focus on my and do practice my faith" (Y19)</i></p> <p><i>"my faith has improved and I am able to live and implement the church teachings" (Y22)</i></p> <p><i>"have a positive life to have faith in the Bible. I am able to respect my parents and I do understand what sin is and how to avoid it"(Y21) (SEC)</i></p>	<p>Active participant</p> <p>Self-fulfilment</p> <p>Compassionate</p> <p>Living according to church teaching</p> <p>Freedom to worship</p>	<p>Faith through lay ministry work</p>
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Synthesis (brief discussion of findings)

From the narratives above, it is clear that there was a change in behaviour due to the growth in personal faith. Of the participants, 8 (32%) expressed how they are still struggling with their faith and the teaching of the church. Another 12 participants (48%) noted how the programme changed them spiritually in terms of the call to personal prayers. The EFLP offered space for the respondents to trust in God by turning to prayer. The EFLP allowed them to approach God to help them in their struggles for freedom. This spirituality made them grow and able to uphold human dignity so that they can deal with HIV and AIDS. This spirituality calls for one to refer to the values related to an individual's character and personality, showing the need for self-control, self-purification and knowledge.

5.2.6 Theme 6: The culture of life and culture of death

Interview Question 15: What do you know about the culture of life as opposed to the culture of death and what does it mean to you to embrace life?

The purpose of this question was to ascertain if the participants understood that there is a significant struggle between the "culture of life" and the "culture of death". The story of death is known as the culture of death and is fuelled by the use of contraceptives, drugs and abortion; the story of life is known as the culture of life, such as no sex before marriage and no condom use.

This question required the youth to offer their opinion and understanding of the two cultures and how they can embrace the culture of life. The stories about the culture of life are all the positive acts done by the youth which promote life such as being faithful, abstaining, delaying sex. The culture of death is those actions that are morally evil such as abortion, condom use, sex before marriage and other acts that are done for selfish reasons.

Presented in Table 5.15 are the responses from the participants regarding their understanding of the culture of life and culture of death.

Table 5.15. Interview data from Question 15

Quotes	Codes	Category
<p><i>“respect life even if I am raped I will keep the pregnancy. God is there to see to the consequences to this situation” (Y1)</i></p> <p><i>“is to support each other” (Y2)</i></p> <p><i>“to have a healthy child with medication” (Y3)</i></p> <p><i>“take care for yourself and for your children as well” (Y4)</i></p> <p><i>“is having self-love and self-respect and taking good care of my child. And respect my body and to protect my child and take responsibility, being a role model to them.” (Y 5, Y6, & Y10)</i></p> <p><i>“wait for something everything has got its time” (Y11)</i></p> <p><i>“Abstinence and delaying sex and being faithful to yourself” (Y12)</i></p> <p><i>“accept the pregnancy and support them in raising that child” (Y18)</i></p> <p><i>“respect your parents, promotes life from the bible and the church teaching” (Y19 & Y20)</i></p> <p><i>“living your life positively, to have positive dreams and to live by them” (Y21)</i></p>	<p>Respect for life</p> <p>Support for others</p> <p>Parental care</p> <p>Abstinence</p> <p>Accept church teaching</p>	<p>Accept the culture of life</p>

<p><i>"when I don't accept the problem or the challenge due to lack of knowledge" (Y1)</i></p> <p><i>"when you are pregnant and want to commit abortion, do drugs, use of condoms all led to death only sex that makes the youth happy" (Y2, Y6, Y12, Y17 & Y24)</i></p> <p><i>"Giving up in life. When you say that you are going to die anyway" (Y21)</i></p> <p><i>"Being unfaithful in marriage is part of the culture of death" (Y22)</i></p>	<p>Lack of knowledge Commit abortion Drug abuse Hopelessness Unfaithfulness in marriage Use of condoms</p>	<p>Accept the culture of death</p>
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Synthesis (brief discussion of findings)

This synthesis from the question above has been broken down into three parts, namely the culture of life, the culture of death, and what this programme meant to them to embrace life. **(a) The culture of life:**

As can be seen from the narrative above, it seems the youth prefer the culture of life compared to the culture of death and see it as a tool for taking care of their lives. When it comes to the culture of life, it appears that, of the 25 people interviewed, 22 (88%) saw the need to embrace positive normal practices. There were some positive elements such as respect, support of others, parental care, abstinence and accepting church teachings and trust. They see it as a tool for taking care of their lives by delaying sex before marriage and abstaining, not using condoms or other types of contraception such as abortion. The culture of life also means having respect for one's life and others and being faithful to oneself.

The culture of life was welcomed by most of the youth, and they were against the use of contraceptives, abortion, rape, drugs, crime, violent behaviour and unfaithfulness in marriage. While the youth were against those factors above which constitute the culture of death, they were exposed to them daily, and three (12%) of them justified these as their rights and freedoms.

Some youth admitted that, while they see the value of the culture of life and appreciated it, they turned a blind eye to it because some of them were already victims of the culture of death and it was difficult for them to change due to their individual circumstances. These participants did not see value in the culture of life even though they admitted that abstaining and living life is good for the future, their health, family and community. Therefore, the culture of life is about practising healthy life choices that will support one's decisions.

(b) Culture of death:

While the culture of death among the young girls was mostly represented by the use of contraceptives especially condoms and abortion; among the boys, it was mostly drugs, alcohol and violent crimes which come about as a result of hopelessness. The EFLP does not support the culture of death, even if the respondents were aware of it. The church teaching based on the principles of EFLP does not support the use of condoms but opt for abstinence instead. The youth who were interviewed found it difficult to get the use of condoms out of their sexual lives. The role of media and other social networks are promoters of this culture of death and the youth are attracted and caught up in it so, from their narratives, the youth struggle to find value in the culture of life.

(c) What did this programme mean to them to embrace life?

To embrace life entails living life to the fullest, as shown in the scriptures. For this study, the purpose of embracing life is to have a culture that sees sex as taking place in the context of marriage. Further, the culture promotes abstinence and staying away from contraceptives and having a clean lifestyle free of drugs and alcohol. The youth had the perception that the culture of death was a normal practice. This may be due to the popular culture around government programmes which promote condom use and other methods of contraception such as abortion. It appears that the culture of death has become part of daily life. Drug abuse was prevalent among the respondents. It should be noted that, while it was mostly males who partook in alcohol and drugs, the problem was also common among females.

In conclusion, the researcher noted that the respondents struggled with this question. It is the researcher's opinion that the respondents have been exposed to the seemingly popular culture of death for too long and now struggle to articulate some philosophical issues such as the cultures of life and death. The culture of life is perceived as a dream that can only be imagined but not lived in reality.

5.3 Document analysis

In this study, the researcher reviewed four organisational documents of the RCC, which are related to the Southern African Catholic Bishops Conference. These documents talk, guide and teach a lot about the church's response to AIDS, human sexuality and the church's pastoral work. The documents that the researcher used were all secondary official source documents from the Bishops of the RCC in Southern Africa (de Vos, Strydom, 2002:324). These documents were available to me and to the youth of the RCC. Table 5.16 presents the findings from the internal documents analysis.

Table 5.16: Internal Documents

Document	Theme	Responses (Codes)
Serving Humanity: A Sabbath Reflection. Pastoral Plan of the Catholic Church in Southern Africa after seven years.	<i>The Youth's experience of being a Community: The youth's descriptions of their experience of being a community Serving Humanity initiative in the RCC to response to the pastoral like issues if HIV and AIDS The church being dedicated to the Youth moral behaviours</i>	Youth self-project Job seekers Support and training the youth Male to female violence abuse financially, physically, emotionally and sexually. Education in HIV and AIDS with other related issues, Life Skills training, listening, communication and emotional
A message of hope from the Catholic Bishops to the people of God in South Africa, Botswana and Swaziland.	<i>Youth and their personal growth: Youth description of their own experiences in becoming and living a responsible Christian lifestyle.</i>	Human dignity and condom use Abstain and be faithful Searching for real love Speak openly on HIV Respect of girls and woman Listen to your consciences
Catholic Responses to AIDS in Southern Africa	<i>Challenges of being a church in the times of HIV and AIDS: The contribution of the RCC to the true meaning of human sexuality epically among the youth. Descriptions of their challenges by interacting with those people who are infected and affected by the AIDS and HIV epidemic.</i>	Education for Life Openness to HIV and AIDS. Interfaith groups. Prevention services Non-governmental organisation Poverty, abuse, unemployment Church and condom ban

<p>God, Love, Life and Sex Guide and Resource for Christian Living Marriage and Family</p>	<p><i>The church meeting young people with their challenges: Challenges of being a youth despite the many anxieties and ills of their times, the youth must remain hopeful and with optimism, the challenge of the human spirit in searching for truth.</i></p>	<p>Non-sexual friendship Sexuality and responsibility Church's teaching on marriage and sexuality you and on human life. To live by transformation Youth culture Youth chosen vocation</p>
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All in all, the church documents raised a number of questions and challenges to the phenomena of EFLP and the HIV challenge. In summary, the researcher and youth perceptions about the EFLP based on the documents of the church is that, despite the many workshops by both religious leaders and the government, the epidemic is still on the rise. Still, more prevention and transmission workshops are needed. The respondents have knowledge about HIV and AIDS, and they know the modes of transmission, and they would like to talk more about HIV/AIDS among their peers and parents. The role of the church in HIV prevention has been well-coordinated in different programmes such as spiritual healing, knowledge on HIV and AIDS and how one can prevent it. However, there were some misconceptions on the issue of condom use; some said that they are a sign of mistrust and others said they reduce sexual pleasures. The church was and still is, a source of information on HIV and AIDS.

5.4 Conclusion

In this chapter the researcher presented the data and the findings of the study under six themes, which are behavioural transformation due to the EFLP, Catholic teaching on sexuality, impact assessment of EFLP on HIV and AIDS, growth, maturity and new responsibilities, impact on spirituality and the culture of life and culture of death. The findings were generated from 25 respondents who were purposefully selected because of their knowledge about EFLP. These 25 respondents had participated in the EFLP. The aim of the study was to investigate what the role of EFLP was in HIV prevention among its youth.

From the evidence of the respondents, it appeared that transformation did take place, mainly based on their life experiences and the role of their parents who played a great role in their behaviour change. The findings show that the youth who participated in the EFLP were

knowledgeable, but did not change much in their negative attitudes and lifestyle. Church teaching on the issues of sexuality had a significant impact, but the biggest issue was its teaching on the condom. The respondents did not take the church teaching on condoms as a solution to HIV and AIDS. Yet there were others who did buy into the teaching of the church that condoms are contraceptives and thus they reject life. However, the church needs to understand the difficult situation of the youth of modern South Africa.

In general, the EFLP and other programmes did have a positive impact, and the EFLP was welcomed as having a positive role and contribution of the church in its preventative programme. However, there are certain gaps that still need to be filled to answer the current issues facing the youth of today. On the culture of death and the culture of life, it was accepted by the majority that life is sacred even if it is abused at times. Therefore, life has to be promoted, respected and protected at all times.

The spirituality of EFLP was based on John 10:10, "I have come that you may have life to the full". This spirituality was well received, and it identified well with the study, which is missiological. Some recommendations were given in terms of what the gaps are and what needs to be added to the programme.

The next chapter will cover the data analysis discussion to find out the impact of EFLP and to what extent the teaching of the Catholic Church influenced the HIV and AIDS prevalence rate and behaviour change. This chapter will analyse data, and the discussion will take the form of four voices. The researcher's voice as a narrator, leading the reader by telling the storyline. Then the second voice will be that of the evidence from the qualitative data by quoting from the data. The third voice will be integrated with the voice of the literature review, confirming or contradicting the existing theory of reasoned action. Finally, the researcher will offer his expert insights and interpretation of the data.

CHAPTER 6: DATA ANALYSIS AND DISCUSSION IN RELATION TO THEMES AND CATEGORIES USED IN THE INTERVIEWS

6.1 Introduction

In the previous chapter, the researcher presented the findings collected from interviews with the 25 respondents who took part in the EFLP. The respondents were quoted verbatim. The findings were then presented in six themes

- Behavioural transformation and virtue due to the EFLP,
- Catholic teaching on sexuality,
- Impact assessment of EFLP on HIV and AIDS,
- Growth, maturity and new responsibilities,
- Impact on spirituality, and
- The culture of life and the culture of death.

This chapter contains analysis and discussion of the findings and the main objectives of the study in relation to the findings from the theory of Ajzen and Fishbein of the theory of reasoned action (TRA) which was used to sample and build data. These themes were compared to existing literature to see how they match with findings elsewhere. The researcher showed whether the primary data supported the tenet or rejected it, and this was compared with the existing literature. The researcher integrated what other researchers have said on the subject so this chapter interwoven with the previous chapter. Below is Table 6.1 which summaries the themes to be discussed as well as their corresponding categories.

Table 6.1. Themes and Categories

Themes	Categories
Theme 1: Behavioural transformation due to the EFLP	Behaviour change
	Words of encouragement
	Parental guidance
	Acting as a role model

Theme 2: Catholic teaching on sexuality	Avoiding HIV infection/living a positive life
	Sex after marriage
	Advocates condom use for preventing HIV/AIDS /benefits of condom use/does not advocate condom use in HIV/AIDS prevention
	Advocates abstinence in HIV/AIDS prevention/ benefits of abstaining and being faithful
	Sex education is key to reducing HIV/AIDS/ topics to be included in sex education
Theme 3: Impact assessment of EFLP on HIV and AIDS	EFLP helped me to abstain/EFLP did not help me to abstain
	Impact of EFLP on their status
	EFLP is worthwhile attending
	Information through group discussion/Bible as a source of information
Theme 4: Growth, maturity and new responsibilities	Human relationships
	Interpersonal skills/life skills
	New responsibilities
	Positive attitudes and values
Theme 5 : Impact on spiritual growth	Personal spiritual growth
	Respect of my body and sympathetic to others
	Faith through prayer.
Theme 6: The culture of life and the culture of death	Accept the culture of life
	Accept the culture of death

6.2 Overview of the study and its three objectives

The purpose of this study was to evaluate the effectiveness of the EFLP in terms of its objectives. Holtgrave, Qualls, Curran, Valdiserri, Guinan and Parra (1995:135) remind us that any HIV programme must have a clear objective, goal and strategy to be effective. For this reason, there is a need to evaluate, as well as critique the EFLP, which focuses on behaviour change as an HIV preventative intervention.

The need to design educational programmes to help the youth with behaviour change has been pursued all over the world, and the EFLP is the South African version. The success of these programmes has been varied worldwide. Similar education-based programmes focused on

abstinence, sexuality and sexual behaviour include the Sexuality Education Initiative, which involved teenagers, sexual health organisations and practitioners, parents and schools.

Marques and Ressa (2013) who reviewed the 'Sexuality Education Initiative Programmes' observed that they focused on critical thinking, human rights, gender equality and access to health care that is founded on a theory of change that recognises the complex relationship between the individual and broader environment of cultural norms, socio-economic inequalities, health disparities, legal and institutional factors. The EFLP differs from these programmes as it was initiated by the church to help the youth and those who are vulnerable to the HIV and AIDS epidemic. The EFLP was based on the psychological and spiritual human experience, human attitude, values, behaviour and life skills. The EFLP is based on Christian virtues such as abstinence from sex before marriage and fidelity in marriage. This programme is a Christian approach to HIV and AIDS prevention strategy. The EFLP is based on the statement of beliefs that each person has an inherent capacity to change attitudes and behaviours and calls for the youth to be responsible and HIV and AIDS-free. The EFLP, as a Roman Catholic Church (RCC) programme, teaches that condoms are not the real or 'moral solution' to the HIV and AIDS epidemic.

How can the church play a role in prevention, care and treatment and give support to the youth who are infected and affected by the HIV and AIDS epidemic and renew their lives? The study was further to find out how favourable or unfavourable was the EFLP on basing itself on the behaviour change.

This was an initiative by the evangelisation mission of the Southern African Catholic Bishops Conference (SACBC) which recognised the impending crisis of HIV and AIDS. The church's mission is to have a moral renewal of all sectors of society, but the EFLP was mainly for the youth to abstain, be faithful to themselves and not to use condoms. This has not been easy for the youth to live by. Kgatle (2019:1) reminds the churches that they should not totally condemn the use of condoms. The EFLP was the tool used by the Bishops to respond to the HIV epidemic in the local community of Sterkspruit. The RCC hoped to empower them with a local initiative programme, the EFLP, that addressed the issue of HIV and AIDS in their local area and context. The aim of this programme was to enable the youth to take responsibility for the care of their

bodies and others to prevent HIV infection. The programme was used to promote positive values, attitudes and positive health lifestyle behaviours, by living in unconditional love, imitating Christ.

6.3 Discussion of the major findings of this study in relation to themes/categories used in the interviews

A discussion of the findings of the study considers the six constructs of EFLP

- Behavioural transformation and virtue due to the EFLP,
- Catholic teaching on sexuality,
- Impact assessment of EFLP on HIV and AIDS,
- Growth, maturity and new responsibilities,
- Impact on spirituality,
- Culture of life and culture of death.

The discussion will centre on the categories used in the interviews. The study focused on the views of the youth on the successes, limitations and challenges they face in adopting the church's teaching on sexuality. From the findings, it was clear that prevention of HIV infection is a major factor in the EFLP and, for it to happen, certain elements have to be in place. The church had to locate HIV and AIDS in the gospel context, and that is the approach that the EFLP took.

6.4 Categories under transformation and virtue in relation to the findings (Theme 1), behaviour change from Table 1:

Behaviour in this study means the outcome of a behaviour change intervention such as the EFLP. The findings of this study reveal that the commitment to the EFLP changed participants' attitudes and lifestyles by developing sound values, beliefs, attitudes and behaviour compatible with the gospel, especially in the areas of sexuality and family life. This was evidenced by the interview testimonies, which showed that the programme allowed them to change their behaviour and lifestyle. This is demonstrated by the following quotes:

Learnt to be independent, faithful and trustworthy (Y2).

Learnt good morals (Y6).

Learnt to respect people with different cultural background (Y11).

Acquired knowledge about sexual abstinence (Y12).

From these findings, it was evident that transformation took place in the behaviour of the youth after the EFLP. The major transformation was abstinence from negative behaviour, especially sex, delaying sex and going for HIV testing. Wathuta (2018: 1) suggests that behaviour change was a contributing factor in the prevention of HIV. The EFLP, however, went beyond that since the programme encourages abstinence from negative peer pressure, media influences and opinions of others. It also teaches individualism and abstinence from extra-marital sex, substance abuse, alcohol, drugs leading to STIs and HIV infection.

This was very difficult for the youth as they found it hard to abandon their sexual practices and start abstaining from sex. This is a problem for the RCC with its teaching on sexuality. Klaus (2015: 12) presents a similar view, that church doctrine or teaching is not easy to live by its members. He offers cases where people follow their conscience rather than the rules of the church, even if they know them. This tests the youth in the lived practical morality, and that taught by the EFLP.

The EFLP is challenged by the practicality of the programme, and there is a need to be more sensitive to the requirements of the youth. Wathuta (2018:2) suggests, for example, that the EFLP did not take into account the social and cultural approach to sex of African youth, which is peer influence. One needs to acknowledge the cultural context of the people. Mboya (2010:122) confirms that the church must engage holistically on the issues of HIV and AIDS with the African cultural leaders. The people's viewpoint in their African culture regarding HIV and AIDS healing must be taken into account. Kgatele (2019:2) suggests that, since many African

cultures do not support talking openly about sex and consider it a taboo, they should be approached and be able to deal with this topic openly and not as a private matter.

As seen from the responses, many youths now see life differently after being exposed to a Christian awareness programme. According to Whitehead (2014:146), in the context of faith formation, he argues that young people need to belong to something, especially when they are still in their early teens. Therefore, the EFLP responded to their group needing a feel of belonging. The EFLP based its programme of behaviour change on the principles and factors that bring about change and one of these was the importance of the group. The youth mentioned how they learnt a lot of their behaviour from their peer groups, those who were around them, family, friends, educators and in their churches. This belonging immersed them in both positive and negative behaviours. What took a prominent role were their peers, families and the church. This was supported by Kgatle (2019:3) who says that belonging is of great importance in behaviour change. People should not feel alone

This study was in line with (Objective 3) of the study, which calls for faith-based programmes to be promoted. The results are in the argument by Kgatle (2019:1) that the churches should offer information and teaching on different sexual topics. Most of the youth narrated their daily life experiences, positive stories and the information from EFLP and the majority said they benefitted a lot from EFLP, however, a minority saw no value in the programme because they thought they knew better and, to them, having many girlfriends was seen as a status symbol. One participant admitted that the programme did not transform him in any significant way. It is true that not everyone would find the EFLP beneficial to their sexual lives; however, awareness was raised, which empowered the young people.

Although some participants acknowledged the impact of the EFLP, they confessed that they had difficulty in transforming their behaviour, even after attending the programme. Some of the issues they raised, which make it difficult for them to change are peer pressure, abstinence from sex, lack of role models and the influence of others who did not participate in the EFLP. In

addition, some of the girls are from poor families, and when they receive gifts from men, sex is demanded in return. Although they know it is wrong, their economic circumstances make it difficult to refuse these men. This is why, as stated in Objective 2 of this study, there are other variables driving the rate of HIV and AIDS up among the youth. Fleischer et al (2015:78) suggest that churches have to respond to the livelihood of their church members. This could be in the form of setting up small income-generating projects so as to enable the youth, especially the young girls, to earn some income.

Most of the youth admitted that they used to have bad habits and suffered from peer pressure and challenges at home that led to promiscuous behaviour. However, after the programme and its strong Catholic teaching, they were able to live a positive life and were positively influenced by their peers who also participated in the programme.

At the end of the workshop, the youth realised they needed to adopt a new set of values. For example, those who were interviewed said that the EFLP influenced their discipline in schools and at home. A number of the responses by the youth were that the best decision they ever made was to decide to wait for the right person to come into their lives. There was also awareness of the need to grow and take up new responsibilities. The participants became very proud and could understand the meaning of a good friendship with the opposite sex. There were good intentions to have good, responsible relationships among the different sexes, which the EFLP had promoted. Holtgrave et al (1995: 134) point out that the individual must express the need to change. The respondents believed in a positive mind set, good spirituality and positive emotions. Other respondents needed assistance from their parents and peers to sustain the change. The interview confirms this support from their parents:

...do first things first, love God, they kept me busy with duty of work and my books (Y8).

They remind me of my personal choices (Y14)

The results of this study highlighted the importance of the theory of reasoned action, which calls for the determinants of subjective norms. The subjective norms principle plays a large part in changing behaviour. This theory takes into account the role played by others, for example, the parents and friends. Nucifora and Cynthia (1993:47) suggest that motivation to comply or not depends on those around the person who wishes to change their behaviour.

The theme of transformation is consistent with the reasoned action theory. The variable which explained a transformation was the attitude. Fishbein and Ajzen, according to Terry et al (1993:1), support the finding that one's feeling of preferring certain behaviour will depend on one's attitude. The EFLP fits well into the reasoned action theory. Therefore, the researcher applied this theory to explain the behaviour of the youth who participated in the programme to see how sexual behaviours and the prevalence of HIV and AIDS among the youth can change.

The theory of reasoned action argues that certain elements must be in place to have a sound moral behaviour change. The theory takes into account one's intention to know the behaviour of a person beforehand, which will offer one the motivation to change. The stronger the intention to change, the more effort will be applied and committed, and the stronger the result that emerges from that action will be. The theory, therefore, calls for one to reinforce the intention. Participants were able to apply the principles of the EFLP by living a positive life and having a good relationship with the opposite sex without actually having sex. A number of participants shared how they can manage their lives and the lives of others with respect as Christians. In most cases, the youth had positive, realistic intentions to change their behaviour.

When it comes to behaviour change of the study participants, it can be argued that, while there was some behaviour change among them, it was hampered by the cultural context and space in which the intervention initiative took place. Considering the strong cultural beliefs among the male respondents, as well as the image of the quintessential man, made it difficult for them

to change their behaviour permanently. In other words, the message from the EFLP programme was competing with existing cultural norms as well as popular media which glorified sex and made heroes out of popular characters and personalities whose behaviour went against the values that the church promoted.

6.4.1 Words of encouragement from the parent's role from Table 2

To a certain extent, there was a transformation and empowerment as described by the participants. There was a transformation also in their families; for example, Y13 shared how she used the skills from the EFLP to offer hope and knowledge to those around her and become a role model. *"Learnt to become a role model (Y13)"*. There was a mention that the role of the family had a special part in the upbringing of the respondent above and specifically contributed to her change of behaviour. John Paul (1995:164) presents a similar argument based on the role of the family from birth to death. He points out that the family is the sanctuary of life. We are all welcomed in a certain family as a gift. The following respondents offer a summary of this role of a family in the transformation.

My parents raised me on principles, values and positive culture (Y2).

My parents taught me how to control myself and not to do what your friends do (Y6).

Andre de la Porte (2006:52) concurs with the youth that their families are a source of values and ethical behaviour. There was the voice of the parent to help the youth in their skills formation. Based on the above findings, Wathuta (2018:3) offers a similar view that parents have to be aware of the challenges that their children face. This will put them in a better position to help them with the necessary skills into their adolescence and adulthood.

Role definitions of the parents of the youths who participated in the EFLP played a very crucial role, in the sense that they were able to adhere to their potential achievements. This participation of the parents in supporting their children in the EFLP Kgatle (2019:4) rightly observes that parents and youth should be together when they are talking about sex education. However, the EFLP workshop did not mix the parents and the youth, and most of the parents

did not help the youth to change their behaviours, instead of imposing their own ideas and being over-protective. Some parents did play a role in supporting their children by listening to them and taking them seriously. This allowed them to have an open approach attitude to supporting their children in their choices. Furthermore, Kgatle (2019:4) emphasises that parents should be in a comfortable mood and position to be able to talk openly about sex issues with their children.

The role of parents in promoting behaviour change in their children was of great importance. Parents have a lot of influence over their children as they are the first teachers at home. According to Van Dyk (2005:97), a family is a support system that prepares children for behaviour change. The participants expressed the importance and the role of parents in behaviour change. Van Dyk (2005:278) presents a similar argument, based on the theory of reasoned action, about the principles of subjective norms on the role of the families. The parents, and especially the GoGos or Grannies, play a great role in assisting and encouraging their children to change behaviours. GoGos, in particular, provide psychosocial, financial, emotional, spiritual and material support to their grandchildren. The quote below by respondent Y12 attests to the importance of family systems:

*...they sit down with me to advise me to set a good example to others,
and on how to deal with sex in the society (Y12).*

Based on the collected primary evidence, two scenarios can be proposed, which can help parents talk to their children about issues of sexuality. First, the parents need to be comfortable talking to their children about other issues so that, when it comes to sexuality, it becomes an extension of the conversations that the children already have with their parents. Second, it also helps if the family is in a religious environment, as issues of abstinence and self-control are already touched in that environment and context making it easier for the parents and the children as these are not first-time issues but, once again, an extension of conversations already happening elsewhere. So the parents play a role in creating an environment that allowed their children to have a space to tell their stories about sex. This should also happen in the churches to provide a platform where young people can freely talk without fear of being judged (Kgatle, 2019:4).

One lesson which can be drawn from this category is that when there are parents at home, it is likely to help in the effort to change behaviour. As seen from the evidence above, a family environment with active and supportive parents always encourages children to be better versions of themselves. According to Wathuta (2018:3), it can even be suggested that the high incidence of HIV/AIDS, not only in Sterkspruit but the whole of South Africa, is due to the gradual breakdown of the family structure. With no families to provide much-needed guidance and support, the children are left without a moral anchor which might lead to behaviour, eventually leading to HIV infection.

6.4.2 Parental guidance acting as a role model from Table 2

The church insists on the family set up, where parents play a role in protecting and supporting their children in behaviour change. However, according to Pope Francis (2016:32), families face the danger of absent fathers. If children are not taken care of, it may cause many negative emotional, psychological and physical issues which further deprive the child of the parent's care and support. The role of responsible parents was a very problematic factor in the teaching of the Catholic Church and in behaviour change processes. The role and attitude of the parents is an important factor that can influence behaviour change in their children, especially in open discussion on matters of sexuality between parents and their children. This open talk will equip them for the struggle against HIV and AIDS. In Africa, Andre de la Porte (2006:52) acknowledges that the family is the key pillar for any community and respect for each other is a hallmark of African family values.

The study revealed that there is no clear conclusion when it comes to parents talking to their children about sexual issues. Some of the respondents indicated that their parents talk to them about sex, as mentioned in the quotes.

I have grown up in the Roman Catholic Church. My parents do sit down with me to talk and advise me to set a good example to others. They warned me on how to deal with sex in the society in order to have a good behaviour.

Then there were some respondents who indicated that their parents find it difficult to talk to them about sex:

The role of the parent on sexuality is not easy; it is even difficult to talk about sex with an open heart (Y11).

My parents are old type, and they do not talk about sex matters; therefore, they did not play any part in my behaviour change (Y8).

From the two responses, it appears that some parents talk to their children about sex, and some do not. Furthermore, it appears that those who do not talk to their children find it difficult to broach the subject. The other reason is that some of the parents are traditional and conservative and do not feel comfortable talking to their children about sex. It is important to note that this uneven picture, parents who talk to their children about sex and those who do not is also reflected in literature. Marques and Ressa (2013) observe that it is equally difficult for children and their parents to talk about sex.

One possible solution to this is in the EFLP, where teachers assume the role of the parents and give the children all the sex education they need. The idea of teachers taking the lead in providing sex education to children is supported by Knowles et al (2012:2) who argue that teachers may act as parents to the youth. However, Knowles et al (2012:2) also caution that teachers need to be well-trained to assume that responsibility since they could fail or give up if they are not adequately prepared and parents and teachers need to work together. This study realised that there is a need to include and improve parental monitoring and communicating life skills to their children. There is a call, therefore, to include parents into the programmes, to help in the monitoring of parent-child communication.

According to Van Dyk (2005:152), the role of providing sex education to children should not be left only to teachers; parents also need to play a part since no programme was undertaken by teachers alone (or any other stakeholder) without parental support and involvement is unlikely to succeed. Van Dyk (2005:152) adds that parents have a role to play in sexual education and in influencing the life skills of their children, especially in how to deal with sex. In his research Van Dyk (2005:152) suggests that programmes dealing with HIV/AIDS that do not involve parents will fail, because

parents influence a child's sexual development. However, this is a problem for the youth in Sterkspruit as the majority of the respondents said parents are not present in their lives, and the answer to this is to turn to their teachers.

Knowles et al (2012:2) present a similar view that teachers have to be well-trained in the behaviour change programmes so that they may act as parents to the youth. If they are not well trained, they may give up or resist. In this study, many youths confirmed that their parents were helpful and played a positive role in their behaviour change processes. Van Dyk (2005:278) points out the role played by the parents or the family in raising their children is to encourage and support them to be sound emotionally, physically and psychosocially, financially and materially. The positive attitudes of some of the parents did influence the behaviour of their children, especially those who believed in the EFLP. They supported and encouraged their children to attend the workshops. This was a sure reflection of support for their children to change.

While the previous section showed the challenges that parents faced when it came to communicating with their children on issues of sexuality, it is also important to note that this extends to the support that the parents give their child so that they can get the education they require. The interview findings reveal these narratives from the respondents on how their parents supported them:

My parents did help me a lot, as a black young man, your father must guide you on how to grow as a man. All the time my father he made me to understand Christian life. My parent (father) pushed me to go and participate in the church activities (sic) (Y25).

My parents were very supportive. It was easy for me to talk with them on issues of sexuality. At times my parents would come to attend some workshops with me. It became easy for me to enjoy the EFLP with the support of my parents (Y24).

My parents were very helpful; they would remind me of the dates for the EFLP workshop even when I was forgetting, and they were very helpful (Y19).

The narratives above show that transformation and the pursuit of behaviour change are not only limited to talking to the children and providing information but extends to providing some actual support for them. The need for extended support is reinforced by the message from John Paul (1995:164) reminding us that children need parental support to show them the right way in making their informed choices. Further, to protect them from their peers, since they are not there for their children in some cases. Church teachings on the role of parents became problematic in the family set up where there is no leadership or responsibility taken for the sexual abstinence of their children. In Sterkspruit, for example, a number of parents are away working in the cities and, once they come home, they want to marry their daughters off even though some are still at school. According to Klaus (2015:31), the position of young woman when it comes to marriage needs to be addressed in more detail.

While the respondents above mentioned the importance of a single parent's sacrifice, some of the respondents mentioned their contribution in different ways than those specified in the document. As mentioned above, 95% of the parents supported and highlighted the importance of the EFLP in different ways. Some parents supported it by discouraging the respondent from using contraceptives, others by their personal sacrifices as single parents raising their children on their own and others by insisting that their children participated in the EFLP. It is important to note that, while most of the respondents mentioned that their parents supported them, there were some who indicated that, while the parents were still supportive, they avoided talking about sex issues. This suggests that, while the parents understand and acknowledge the importance of sex education, they might have difficulty talking about it. These parents were particularly happy with the EFLP because they could see an alternative method for their children to obtain information on HIV/AIDS.

A number of literature reviews support the views of the youth on how they experienced delaying sex and abstaining, to have total control of their lives. Health behaviour has been cited in similar studies by other writers such as Kaufman et al (2014:250). They argue that HIV and

AIDS have to be eliminated on multiple levels of approaches such as those above. The behaviour change brought about a new set of ways of how to take control of life. It is evident that the EFLP helped to make healthy, well-informed choices, understanding and growing in the knowledge of others. Fisher et al (1994:239) have consistently made the argument that one will need to be highly motivated to understand the transformation and put the intention to change one's behaviour into action. Even those who have sex should know the consequences of sex before marriage and not be ignorant of the dangers.

The responses from the youth are consistent with the reasoned action theory. Nash (2002:26) argues that, for any youth to be committed, he or she will need to ensure they have a support structure in place. Respondents developed their own personal mottos in trying to witness to the gospel values in their daily lives and were supported by the group around them. Some of them were doing well at school due to the support from groups around them, such as their parents. Respondents who abstained from sex and did not get pregnant before leaving school due to peer support explained this.

In summary, the category identified some pre-conditions that need to be fulfilled before real transformation can take place. First, there is a need for real communication with children, and this can be with teachers, parents or both. Second, there is need for parents to go beyond communicating and also to provide real support in terms of time and resources. Lastly, the youth themselves need to be committed, and the need for change must come from within, with teachers and parents only playing a complimentary role. Additionally, the tenets making up the reasoned action theory were found to be consistent with the theme, especially regarding the need for real change to come from the youths themselves.

Two assumptions can be made when it comes to parents acting as role models. First, as discussed in the previous category, it is very important to have parents who act as role models. This is especially important as children's behaviour tends to mirror that of their parents Knowles (2012:13). As a result, if the parent is a drunkard or drug user, it becomes difficult to convince the child not to follow in the same footsteps as the environment at home leads them to that behaviour. On the other hand, if the parents hold strong values and impart them to the child, the child will lean towards the kinds of behaviour and values that are projected and

promoted in the house. Second, the broken families and the absence of adult and family figures who can be considered as role models has created a vacuum which has been filled by characters and personalities whose conduct can potentially lead to negative behaviour from the youth. This has been pointed out by Bennett (2014:210) who reports how his family home felt like a war zone and was full of violent arguments. For example, with the rising prominence of social media, as well as popular media such as television shows and films, the larger-than-life characters from these shows have come to be role models who the youth aspire to be. Considering the extent to which bad behaviour is glorified in popular media, it can be argued that these characters hardly provide real and preferable role models for the children. In some instances, youths, because of the lack of role models at home, find role models in street gangs where negative behaviour is glorified and only serves to compound the situation (Bennett 2014:214).

6.5 Catholic teaching on sexuality in relation to the findings (Theme 2)

The first objective of the study was to investigate the impact of Catholic teaching on HIV and AIDS. Ideally, the chapter wanted to answer the following question: where these teachings and responses to the epidemic leading to the renewal of the youth in their HIV and AIDS prevention? The data revealed that there was a common understanding among the youth about the holiness and dignity of human sexuality. The official teaching of the church on AIDS and HIV has been mainly in the form of pastoral letters from the Bishops and the different Bishop's Conferences. The church has offered the theological implications and ethical challenges of HIV and AIDS, both within the church and the wider world.

6.5.1 Avoiding HIV infection from Table 3

It was not easy to measure the impact of the church teachings on avoiding HIV infection by using EFLP in the Sterkspruit parish. However, findings were that the EFLP offered positive church teaching on HIV and AIDS. From Chapter 5 Section 4.2.4 in Table 3, it was shown that the church did contribute to behaviour change:

How I must abstain from sex, talk about condoms, and how to be faithful to my partner (Y1).

How to control myself not to have many sexual partners (Y3).

How to stay away from sex until marriage (Y9).

Helped me to understand myself as a sexual being and respect myself and respect others (18).

From the above, it was assumed that religious teachings (in this case, Catholic teachings) have an impact on the youth and might make them change their behaviour.

This points to the fact that religion-based teachings have worked in some contexts but should not be taken as confirmation that they will work elsewhere and this could also apply to the EFLP. However, this should not discourage other such programmes that promote human values. It is the pastoral task of the church to encourage its youth to change their sexual behaviours and get led away from other causes that may be HIV and AIDS-related.

This has been the call for the EFLP to advocate for a positive lifestyle and to break the silence around HIV and AIDS. Kgatle (2019:2) seeks to illustrate that the churches should preach openly about HIV and AIDS; they should give the facts about HIV and AIDS but not demonise it. This will lead to breaking the silence and allow them to talk about sex and condoms within the church.

There was also a call to support those who are living with HIV and AIDS and to realise that it is not a punishment from God. Kgatle (2019:2) maintains that one can get HIV in many ways, for example, mother-to-child transmission, contaminated blood, blood transfusions and others. The church should therefore not pass judgement on those who have been affected by the HIV virus. Kgatle (2019:8) argues that at times the churches call people sinners because they are HIV positive. God wants us to live a healthy life and not die from AIDS. The findings from the study confirmed that there was an inner transformation and a positive lifestyle among the youth:

The EFLP was very helpful towards our lives since most of us are in the adolescent stage of growth (Y1-Y25).

This is how the EFLP helped the youth to respond to their lifestyle since most of them are sexually active.

The interview finding revealed that 75% of the youth changed their lifestyle, and this is what the participant had to say about how the EFLP changed them:

How I must abstain from sex, talk about condoms, and how to be faithful to my partner (Y1).

Others also indicated that the EFLP contributed to a change in their lifestyle. This is what they had to say:

How to control myself not to have many sexual partners (Y3).

To have self-confidence and self-esteem and behave well (Y10).

According to Terry (1993:23), this positive living is supported by the theory of reasoned action (TRA) in the sense that a positive lifestyle encompasses good sexual behaviours.

According to the theory of reasoned action, one needs to assess one's attitude, subjective norm and intentions. Living a positive lifestyle offered the participants the opportunity to reflect and share what the EFLP had done in their lives. This was due to the fact that they were fully engaged in the process of running the programme in Sterkspruit. It made it easy for them to live a positive lifestyle and deepen their knowledge of behaviour change. Their positive lifestyle influenced them to be open and objectively positive by learning from their experience. The youth became more creative, effective and committed to their daily lives.

Taken strictly in the context of the programme and the Catholic/religious environment in which it was implemented, there is a chance that it is possible to change the behaviour of youths and, in the process, help them to avoid becoming infected with HIV/AIDS. This is more so for those of them who have been in church for a long time and have been subjected to church teachings for most of their young lives. In this case, they become willing recipients of the church messages promoting abstinence and a positive lifestyle. Bennett (2014:218) suggests that youth must be taught to stand for what they think is right, even if it is unpopular. Considering some of the responses that were given by the youths, it's possible that a concerted effort focusing on a larger area and preferably targeting youths from a wider demographic group can help with behaviour change in a wider area.

One of the consistent themes of the programme is that there were areas where it recorded some successes and others where it did not. While there are no statistical figures to back either of the assertions, there is a chance that there were problems in the area of avoiding HIV/AIDS due to the environment in which the programme operated. As mentioned earlier, the operations of the programme were challenged by the cultural context where there were some longstanding cultural values which went against the abstinence motive of the programme. Additionally, the programme was implemented in an environment where there are limited role models in community, and there is a gradual breakdown of the family structure. It is therefore recommended that future programmes take cognisance of these variables when they are being conceptualised so that there are at least some role models within the community who can foster abstinence among the teenagers.

6.5.2 Sex after marriage from Table 3.

It is the teaching of the church that married couples, husbands and wives, remain faithful to one another as they promised on their wedding day. The findings in Chapter 5 showed that, as a result of the EFLP, the youth were offered the capacity to change. The following quote reveals this knowledge and support:

Not to get involved in sexual activities before marriage (Y17).

According to Van Dyk (2005:23), 92% of HIV transmission is through sexual contact. The transformation that took place among the youth was a strong intention to avoid sex outside of marriage. The theory of reasoned action is true; it supports the youth who stated in their interviews that they were able to stand among other youth and change their behaviours to wait for marriage before having sex. However, Fisher et al (1994:239) argue that one would have to have the intentions, attitude and norms together to be sufficient for someone to change his or her behaviour. They had the true intention to plan their future. This was supported by other writers such as Holtgrave et al (1995: 136) who call for a strong intention for an individual to lower his or her risk of HIV infection. Some of the respondents had clear intentions to decide to get married so that they could live a better life.

However, this teaching is not easy to live by, their promises of marriage. Kgatle (2019:4) argues that in every situation in or outside marriage, there will be people with very weak morals. In such cases, Kgatle suggests that couples should be taught how to use condoms. The church should open up and talk with the government to work together in talking about safer sex. The church should first talk or preach about abstinence, faithfulness and then condom use. For the RCC in its message from the Bishops of Southern Africa to married couples, says that where one partner is HIV positive, one has a right to defend one's life against the danger of infection (Duffy, 2007:51). Kgatle (2019:6) comments that in some marriages there will be some unfaithful spouses and, in such cases, there is a need to have a balanced view and to use all strategies, so use condoms but also encourage the youth to abstain and remain faithful. Therefore, for those in a loving relationship but who at times engage in extramarital affairs, condoms are the answer to such weakness. For those in marriages that are in danger of HIV infection should use appropriate means and take action. However, according to Kgatle (2019:5), the churches fear being seen as compromising their position if they have to talk about and distribute condoms in their churches. This needs to be in line with the Catechism of the Catholic Church teaching, which states that sexuality affects all aspects of the human person in the unity of his body and soul. The issue in marriage, or in any sexual activity, is to love and procreate but, in most cases, the point of procreation is left out. The RCC calls for its members to live a chaste life according to their state of being married or single. The EFLP supported both

those who are positive and to encourage those who were negative to remain so, by its positive talks on the realities of HIV and AIDS.

6.5.2.1 Benefits of abstaining and being faithful

Abstaining, according to Kgatle (2019:5), is the only 100% effective method to prevent HIV and AIDS. This is in line with the teaching of the RCC that abstinence and fidelity are the moral solutions to the HIV and AIDS challenges (1 Corinthians 6:13-20). Our bodies are temples of the Holy Spirit. Andre de la Porte (2006:61) calls for one to take personal responsibility when it comes to the issue of abstinence. He advocates what he calls the golden rule. This is about one's moral responsibility. To abstain from sex, one must also take into account other people's needs. The church is trying to open up space and understanding for those who may find it difficult to abstain from sex.

Fleischer (2015:68) argues that church teachings and arguments cannot be accepted fully by the youth. This is because there is a gap between the 'taught' and the 'lived' morality. The church supports the idea that individuals use their conscience, especially married couples, where one of the parties is living with HIV/AIDS. However, the behaviour model way of change is the most important strategy in the EFLP. This should not be moralistic or preaching; people must be assisted to clarify their own position.

The church did not base its teachings on condom use as its main strategy in HIV and AIDS prevention, but on behaviour change and information. The church's message was clear that the most important tool that one can have to change behaviour is abstinence, being faithful and delaying sex, and this assisted the participants to clarify their positions. Kgatle (2019:5) argues that what the church is teaching is not realistic. There should be another message from the churches that comes to terms with the promotion of safer sex. The researcher asks what this will change since it has been the main message of the NGOs and the government for years in Sterkspruit and the number of HIV infections has kept growing.

Therefore, the preventative measures the youth offered were their positive values and attitudes. This sub-theme on the preventative measures of sexual abstinence and faithfulness outside

marriage has been the main approach of the RCC. However, it has not been supported by the government and, at times, has been misunderstood by other churches and the public who say that this approach is unrealistic (Bate & Munro, 2014:224). One may ask why it is unrealistic, but, as reported in Chapter 5 Section 4.2.4 in Table 3, 75% of the youth highlighted a positive attitude towards sex. Those who were interviewed were sexually active becomes ironic. Below are some of the testimonies from the youth when it came to their commitment to change their behaviour:

How I must abstain from sex, talk about condoms, and how to be faithful to my partner (Y1).

Not to get involved in sexual activities before marriage (Y17).

To have self-confidence and self-esteem and behave well (Y10).

Helped me to understand myself as a sexual being and respect myself and respect others (Y18).

Both of these strategies of abstaining from sex before marriage and being faithful show a way to a better lifestyle for the youth, so there is a need to address their benefits. According to UNAIDS (2018:1), South Africa still remains one of the countries with the highest HIV and AIDS burden in the world. This calls for the theory of reasoned action for the intention of an individual to wish to abstain and be faithful.

The participants who were interviewed reported that, for one to abstain from sex before marriage, a number of factors had to be looked at and addressed, for example, their social and economic needs. In the Sterkspruit Parish there is a lot of poverty, especially among young women, the rate of unemployment is high, and there is the issue of gender inequality. These ills in society make it difficult to promote abstinence as a strategy for HIV and AIDS prevention.

The theme of the EFLP revolved around abstinence with the central message that the youths need to abstain so that they can enjoy sex after marriage. Singh (2004:1) observed that abstinence contributed to the reduction of HIV infection in women in Uganda. However, considering the social and demographic structure in South Africa where there are a significant number of broken homes, this does not augur well for the message the girls can see that a large

number of them are not married and there will be no sex after marriage as it is difficult to get married in the first place. As a result, they come to the conclusion that they might as well do it now instead of waiting for a marriage that might never happen. The issue of abstinence and sex after marriage also raises the issue of role models. This is because most of the youths struggle to find happily married young people they can emulate. This makes it difficult to spread the message of abstinence or encourage the youths to wait for marriage. Singh (2004:2) seeks to illustrate a similar argument based in Uganda that abstinence did not increase among those who were engaging sexually activates.

6.6 Condom Use

6.6.1 Advocates the benefits of condom use for preventing HIV and AIDS from Table 4.

The results show that some of the youth would go on to use condoms, even knowing the church's teaching position. The respondents would like to feel that they are free to decide to use their own conscience. The use of their individual consciences is what Fleischer (2015:97) calls the correct behaviour change.

According to Mboya (2010:138), HIV and AIDS is also a social problem and the church needs to empower young girls and woman who are vulnerable most of the time due to their lack of power over men. In most cases, girls cannot negotiate with their boyfriends or 'sugar daddies' to use condoms. Some youth revealed how they have sex for money for their needs and spoke about their challenges regarding the presence of 'sugar daddies' who buy them food and clothing.

This vulnerability forces girls to go against the church teaching on cultural norms and religious beliefs. The church has its own position, understanding and teaching on the use of condoms. Kgatle (2019:5) notes that the churches should not call those youths who are using condoms immoral. Sin is seen to be an unacceptable way of life, but those who cannot live up to the

teachings of the churches should be supported to live positive and holy lives. Kgatle (2019:5) calls for a balanced view, or a middle way, that calls for both abstinence and condom use.

Since a number of girls are victims of rape and abuse, one would argue that a condom would be the only option in their power even if they are not reliable. One would use his or her informed decision said Bishop Dowling of Resterberg Bate and Munro (2014:259), this is Catholic teaching which can lead to a positive behaviour change for one to use his or her decision about their lives. Klaus (2015:31) reminds us that the use of condoms within the RCC depends on the ultimate moral rule that is one's personal conscience. This means that it is up to each and every one of us to train our conscience and assume responsibility according to the situation in which we find ourselves. In matters of HIV and AIDS and the use of condoms, each one of us must be responsible according to the situation that we find ourselves in. It is the teaching of the RCC that "*No one is bound to do the impossible*". For those who are married and in a permanent and loving relationship, the church cannot ask them to abstain from sexual intercourse if one of them is HIV positive.

The churches cannot be happy to see children being orphaned due to the fact that their parents did not take care of themselves. What the RCC teaches is that the condom is not the answer, and it is not going to offer 100% protection. The use of the condom, according to the RCC, is ultimately not going to solve the real challenge of the AIDS and HIV epidemic. However, Mboya argues that the churches must talk about the premature death of the parents due to HIV and AIDS. Furthermore, she suggests that churches such as the RCC should abolish doctrines and teachings that stop people using condoms. The Bishops of the SACBC in their message of Hope did suggest that married couples listen to their consciences.

The use of condoms has been a very controversial topic and a limitation to the EFLP. On one side, there was a larger group of those who participated in the EFLP that rejected the teaching of the church on sexual activities and the use of condoms. On the other side, another group

was indifferent on the question of condom usage. Some of the respondents acknowledged the teaching of the church on condoms but failed to act on it in reality. This failure to act on the church teachings was due to what Holtgrave et al (1995: 134) call the perceptions of their peers, who encourage them to behave in a similar way to them.

There is a lack of consent with most of the girls when it comes to issues of sex and condom use. This is because they are immature emotionally and lack freedom to act and take decisions. In such situations, condoms cannot be part of the solution or HIV and AIDS prevention strategy. There is a need, according to Mboya (2010:138), to have more advocacies for the woman and the young girls who are very vulnerable to HIV and AIDS. There is still to change those structures that subject young girls to the risk of infection.

A message from the Southern African Catholic Bishop's Conference (SACBC) to married couples was that living with HIV/AIDS poses a real danger for both of them and it would be better for them to protect themselves, meaning they would be free to use any means available and appropriate, including the use of condoms. This is when one has to listen to one's personal conscience when it comes to moral issues. The issue to decide to use condoms or not in a marriage should be done in an equal and loving environment. This is supported by Bryan et al (2002:71) who believe that, for one to use condoms it must be in an equal relationship between partners, meaning that both should be free to buy condoms, have them available and talk about their usage. One should have a positive attitude about condom use, and all this is based on the theory of planned behaviour.

6.6.2 The church does not advocate condom use in HIV and AIDS prevention from Table 4

The respondents expressed the feeling of having been empowered by the EFLP so that they can express their understanding of condoms, for example. The results from the primary data show that, on average, the youth explained how their behaviour change was not about impressing

their parents or peers but about their own conviction to change. The findings in Chapter 5 Table 4 confirm that a number of the youth who were interviewed underwent a positive attitude change not to advocate condom use. This is what they had to say:

Encouraging young people to use condoms is like encouraging them to have sex loosely (Y18).

Friends and family supported them in their new behaviour, thus helping to reduce the HIV epidemic. There were testimonies from the participants that the EFLP prepared them to be better people and to live a good life by having the ability to relate to other people with different beliefs and being able to withstand them.

Fleischer et al (2015:35) admit that, while the findings make some good points, there are serious problems and gaps between what the church teaches in its doctrine and what is practised in reality. There is some belief that condoms cannot be done away with totally because they play a vital role in preventing pregnancy and STIs. This is confirmed by the quote below where the respondent contradicts the church message:

I disagree with the EFLP on the use of condoms; most of the young people are sexually active, even before they attended the programme (Y14).

The youth did cite the benefits of using condoms, arguing that they can help to reduce HIV and AIDS. They suggest that the church should promote condoms as the government does. However, by embracing this view, the church will lose its mission on earth, which is to guide, teach and care for the people of God.

The issue of condom use will remain a point of controversy among the church and its members; there will always remain a gap between what the church teaches in theory and what is practised by its members. According to the writers of the Uganda Youth Development Link, (2011:51), it is evident that there is always a relationship between substance abuse and poor condom use. Once people are drunk or they are on drugs, there is a high rate of failure in condom use, so it has been argued that the transmission of HIV will increase due to the use of alcohol. Karl Rahner calls this the:

...difference between theoretical and practical morality (Klaus 2008:35).

The respondents acknowledged that condoms were not used correctly and consistently, and there is always a gap in following one's conscience influenced by one's faith. There is, therefore, a moral conflict between the church doctrine and the conscience.

The findings from this study are consistent with the findings from other researchers. For example, Bryan, Fisher and Fisher (2002:71) state that, even if condoms are used as a means of prevention for those who decide to get involved in sexual activities, their usage is still low. This means that this is not the answer to HIV prevention, and we need to have multiple methods for prevention for the youth. No one size fits all mentality. Yankah and Aggleton (2008:467) argue that there are a number of challenges that people may face with condom use as a means of prevention.

From the study, it emerged that, while the teachings are good, it is not easy to apply them, especially when it comes to the young girls who have no control over their bodies particularly when it comes to condom use. It was evident from the data collected that these young girls depend on the boys for their needs.

It became very clear that girls find it difficult to ask the boys to use condoms during sex. This is a big problem for young girls who need to be first empowered and protected from all forms of discrimination. For example, the researcher observed that young men expected girls to respect them and submit to all their sexual needs without discussion. In most of the local Sterkspruit clinics, there are no female condoms (Femidom), and the girls, therefore, have no internal control over their bodies. These respondents asked the young men to use condoms, thus playing a very important role in HIV/AIDS prevention.

Fleischer (2015:84) argues that church people, especially priests and nuns, do not like to talk about HIV and AIDS and the use of condoms. Kgatle (2019:5) presents a similar argument based on his experience that, even though the church and the government have been pushing for abstaining, being faithful and condom use, more is needed than just promoting condoms. He further notes that there still exists a gap between the church's members and its teachings. This observation by Fleischer (2015) is shared by some of the respondents who noted that talking about sex and condoms:

...goes against the teaching of my church (Y9).

...condoms does not work all the time as people fail to use them (Y3).

Mboya (2010:126) suggests that church leaders need to offer open education opportunities to their members so that they can make well-informed decisions about their sexual lives. This will offer a solution for HIV and AIDS prevention. Kgatle (2019:4) argues that more is needed in the fight against HIV and AIDS than simply giving condoms, which is a misguided weapon. This is why the RCC and the EFLP do not advocate condom use as their main prevention tool. Condom use and promotion can come to a deadlock as there is always a conflict between what the church teaches and what the youth live in reality (Kgatle, 2019:3).

The RCC and other churches such as the Pentecostals Churches do not advocate the use of condoms but rather abstinence from pre- or extramarital sex. There are some issues with only promoting abstinence and fidelity, and Kgatle (2019:3) reminds us that we should not dismiss the use of condoms as the youth are vulnerable to the HIV virus. There are a number of youths in Sterkspruit and in South Africa who do not have self-control and the only option left for them to stay HIV negative is to use condoms.

One of the issues that drive up the incidence of HIV/AIDS is that of poverty. Due to the high incidence of poverty in the Sterkspruit area, it is conceivable that condom use might not be the most effective solution when it comes to HIV/AIDS prevention. It might be more effective to address issues that drive HIV/AIDS such as poverty and the breakdown of family structures where there are no longer parents who can give guidance to the youth. Consequently, it is possible that such projects need to have an all-inclusive focus encompassing the economic wellbeing of the beneficiaries. Additionally, there is also a need to look beyond condoms when it comes to ameliorating the incidence of HIV/AIDS. While condoms might have been helpful in reducing the incidence of HIV/ AIDS, there is still a need to impress values on the youths. For example, there is an increased incidence of HIV/AIDS and pre-marital sex because virginity is no longer as valued as it used to be in earlier times. With such breakdown in values, it becomes difficult to inculcate abstinence in the youth.

6.7 Sex education

6.7.1 Sex education is vital to reduce HIV and AIDS from Table 6.

Sex education could help in the reduction of HIV/AIDS and delay sex, thus meaning people have fewer sexual partners. This need for sexual education led to success in the EFLP which promoted the culture of life. The topics were all in line with the church teaching on morality and the dignity of the people. Results from the interviews of the respondents support the theory of reasoned action, which states that there must be a need to change one's sexual behaviours. There was a need to have education on sexuality. This is affirmed by some of the select quotes below:

Yes, sex education is needed (Y1).

Yes, sex education is important (Y2)

Yes, the more people know about sex, the better, and has more pictures and visual aids, short videos that teach about sex and behaviour change (Y12).

Yes, to sex education, over-drinking alcohol, and abusing (Y17).

Proposition four of the theory of reasoned action suggests that one's attitude towards a specific behaviour that one needs to change is of great importance. For example, the youth who are sexually active must have a positive attitude and think about abstaining or being faithful. One should not have a negative attitude towards behaviour change in matters of sex and HIV/AIDS. One should not view behaviour change as a negative action. One has to think positively about some actions; a negative attitude to a certain action cannot help to change behaviour. One should not harbour negative beliefs such as *"I cannot change"*; such beliefs or attitudes are often linked to feelings of inferiority. A positive attitude can be used to predict the outcome.

MacPhail and Campbell (2001:1614) support the idea that most of the youth in South Africa have received their knowledge about sex from government mass media and there is, therefore, a gap where parents need to play a role in sexual education. This is supported by MacPhail and Campbell (2001:1627) who state that there is a conflict between sexual feelings and social

norms. According to Duffy (2007:12), the model of Egan the skilled helper behaviour change is a complex process that happens in different stages.

The churches have a role to play in the reduction of the HIV and AIDS epidemic. Kimaryo, Oppaku, Githuku and Feeney (2004:196) described how the churches could use their networks of churches, schools and health services which are at the local grassroots of the people. Kgatle (2019:2) suggests that churches should be open and offer a good education on sex. There is an attitude that churches do not think that it's not good for a Christian to talk about sex within the church and this puts it in a better position to teach about sexual morality and activities. Kaufman et al (2014:250) argue that for programme that deals with HIV and AIDS interventions to be successful, it must take into account a number of factors such as self-efficacy and behavioural life skills. The Catholic Church has based its moral teaching about sexuality on scriptures and natural law in which one can see and reach moral conclusions. Bate and Munro (2014:257) emphasise that, in South Africa, 80% of young people who are at the age of 18 and are unmarried are sexually active so there still many life skills needed to reduce the risk of HIV and AIDS.

For behaviour change to happen, one's dependence on the group or on other individuals who are important in their lives do helps one to change their negative behaviours. The theory of reasoned action, according to Terry (1993:21), supports the church's role in teaching about the importance of behaviour change as the main strategy even if it takes time.

Kimaryo et al (2004:196) note that the teaching of the church can be instrumental in promoting an ethic of care and altering the behaviour change of a person takes the subjective norm as the significance of the others. In this context, it is the church in this study and, therefore, the youth who participated in the EFLP who learnt behaviour from those around them, mainly their peers and parents. The people surrounding them were influencing them to change their behaviour. Family, friends, school and faith groups all gave them positive group support to change their behaviour. It was easy for some of them to change and maintain behaviour when there was the support of a group.

However, at the same time, it can be argued that an individual has personal autonomy and may not be pushed from outside to change their sexual lifestyle. The independence of each person is very important in matters of morality. The principles of the EFLP helped some of the youth to stay pure by abstaining from sex and deciding to wait for the right time to have a baby without any peer pressures from others. The teaching of the Catholic Church testifies that the EFLP was an eye-opener and a number of the participants pointed out that they were free to talk about sex and understand its importance. This coincides with the literature review by Green (2001:1) who argues that, in the ABC approach to the HIV and AIDS prevention, most of the emphasis was on condom use rather than on abstinence and being faithful.

Kgatle (2019:4) points out that some churches such as the Pentecostals have associated sex with sin or something that is evil, while we know that God created sex as being holy and good. According to the CCC (1994:539), sex is a way of imitating the Creator's generosity and fecundity in the flesh and, from the beginning, God created sex to be good. However, the WCC (2001:60) comments that, in some cultures, sex is not something to be discussed openly and argue that such talk will lead to an increase in promiscuous behaviour. It is, therefore, of great importance to find out which strategy for sex education should be used.

In the context of the study, the church teaching contributed to behaviour change to a certain extent. This was based on the support of the theory of reasoned action in the context of the church as a subjective norm which supports, approves or disapproves of an individual in changing their sexual behaviour. Fleischer (2015:68) notes that there is still a gap between what the church teaches and what the youth live in reality.

6.7.2 Topics to be included in sex education from Table 6

As mentioned earlier, all the different stakeholders should be able to offer sex education in all their different platforms. Kgatle (2019:6) suggests that HIV and AIDS topics should be discussed openly to break the silence since sex is taking place before marriage among the youth. The churches should accept the reality that the youth sexually active and these sex education workshops should not have boundaries. Sex education should be open to all ages as early as

possible. Moore (1993:77) rightly observes that in the theory of reasoned action agrees with similar calls to offer sex education as a method of eliminating HIV and AIDS.

The topics should allow the youth to speak about sex openly with their peers and parents. The EFLP gave the youth a platform to talk openly. The TRA recommends training the youth in different methods and not to over train them on only one common preventive technique such as condom use. The TRA emphasises that young men should be encouraged to do sex education 'homework' such as practising in their rooms how to open a condom and put it on by using an object such as a cucumber. This will help them to develop a habit.

The youth who participated in the EFLP testified to the importance of certain topics in sex education:

Key to reduce HIV and AIDS, topics like the gift of human sexuality, drugs, rape, teenage pregnancy, communication with a partner male circumcision, human relationships, STIs, intimacy, fidelity among the married, abstinence, circumcision of men, abstinence, sex reduction tips, and homosexuality.

Such topics offered them the skill to abstain. Sex education is needed and is important and should be offered to the youth at an early age so that they will grow to maturity in the culture of life.

From the findings above, it can be ascertained that, while the church position is clear when it comes to sex and sexuality, the responses from the youth reflect their own understanding and the variables applying in the local environment. For example, some of the respondents noted that, while they know that they are not supposed to have sex outside marriage, their local circumstances, especially the need for money which only boyfriends or 'sugar daddies' can provide, lead them to engage in sex before marriage. These are some of the topics that youth who were would like to see hoping.

As mentioned above, there is a gap between what the church preaches and perceives as best practice when it comes to sex education and what happens on the ground and what the youths think. For example, the general consensus among the youth is that, while the church is against the idea of condoms, it is against prevailing reality as the youth are having sex and it, therefore,

would be proper for them to be protected. This can be done in the form of more workshops and retreats on the church's response to HIV and AIDS. There is a need also for ongoing formation for the facilitators of the EFLP. According to Bate and Munro (2014:44), what people would like to hear the RCC say that is people are free to use condoms without the church's views (TRA).

6.7.3 Categories under the impact assessment of the EFLP (Theme 3)

6.7.4 EFLP helped me to abstain from sex, from Table 7

One of the findings from the study is that the most effective way of reducing HIV and AIDS is to change behaviour by having a proper understanding of sex education. Terry et al (1993:21) note that belief-based measures of attitude and subjective norms will require one to have detailed information on the behaviour in question.

It was noted from the findings that the EFLP had an impact on the youth by providing sex education. The role of peer-to-peer education and the role of parents were cited as a contributing factor in reducing HIV and AIDS prevalence. EFLP was run by the peers who supported each other; the community should also have supported the youth but, unfortunately, this was not so. If the community had been supportive, things would have been better. Van Dyk (2005:151) illustrates that peer groups play an important role by giving the youth a sense of friendship. They can talk openly about sex and challenge each other about their negative behaviour. The church used the EFLP to not be passive but active in promoting positive attitudes. Kgatle (2019:6) presents a similar view that the church should not be silent or mute, but should take part in the campaign against HIV and AIDS.

The boys did not support their female peers due to the negative attitude among the boys to them. There were also few alternatives to sex; the youth and their peers were not able to come up with good alternatives, so many of them failed to change their sexual behaviour because they did not see any alternatives and did not have enough information on sex. They got stuck in their old negative behaviour without new suggestions. However, after the EFLP they were

able to see a positive change in the areas of alcohol use, sex and taking drugs all of which reduced. This is confirmed by some of the quotes below:

I know my status that I am HIV positive, and it is better for me to have this baby (Y4).

I can talk about HIV and AIDS now focused on getting married (Y8).

...to keep myself safe without having a child (Y19).

Not for me, I cannot abstain from sex (Y16).

It is very difficult for the youth, to abstain from sex. Delaying sex is not easy for the youth (Y3).

From the above quotes, one can see the impact of EFLP among the youth of Sterkspruit. The topics that were offered in sex education were all specific to human sexuality; they were not general, but integral topics on the word of God and the church teachings on risk avoidance rather than risk reduction. The primary data support the reasoned action theory since those behaviours were specific. For example, a respondent says that I can witness to “*pray*” this is being specific, and I am able to concentrate on my “*studies*” after the EFLP.

6.7.5 EFLP did not help me to abstain from sex from Table 7

Abstaining from sex before marriage is a sure way for the HIV and AIDS epidemic to be dealt with. The RCC has emphasised this for the wellbeing of the youth and their future in its teaching. Abstain from sex before marriage is one's responsible care. However, one needs to ask how the EFLP assisted the youth in sustaining this behaviour of abstinence. The EFLP advocated abstaining from sex for real men and woman; however, this needs one to be committed to the transformation of sexual behaviour leading to a new lifestyle. This new attitude to abstaining is supported by the TRA; however, the challenge is that it is not easy to collect data about sexual behaviour since the behaviour in question, in this case abstinence, cannot be directly observed. One must not be able to reveal to us if he/she is abstaining from sex. Moore (1993:70) suggests

that, for people to abstain, attitude and knowledge are very important preconditions. The TRA offers a very good comprehensive framework.

At times the youth were not open to the teaching of the church. The EFLP was abstinence-only preventative programme, and this was difficult for them, as seen from the interviews and the data gathered which shows that many of them were already sexually active. Below is a quote from a youth on the subject:

Not for me, I cannot abstain from sex (Y16).

This EFLP should, therefore, have been targeted at a younger age group as it has been argued by Chitando (2007:116) that young people must be involved in abstinence programmes while they are still young: 'Catch them young'. There was also a challenge on how to sustain that change in the real world of the youth. Even if the youth had attended the EFLP, the infections, especially among the youth, continued, meaning that there was a behaviour change and a transformation, among the youth being able to witness to the gospel and understanding the teaching of the Catholic Church on sexuality. This led the respondents to understand their own sexuality. The youth facilitators first have to make sure that the youth have got the right values to assist them in abstaining.

One of the primary objectives of the EFLP was to promote abstinence and for the youth to only engage in sex after marriage. However, looking at the social structure in South Africa where single mothers constitute 65% of all mothers, this means there are not many married women to promote the narrative that there are benefits to having sex after marriage. This again confirms the argument that the environment in which the programme was implemented presented a set of challenges. However, the paradox is that the conducive environments for such a programme are the ones that least require it, meaning that the breakdown of the family structure needs to be taken cognisance of in the areas where the programme is implemented.

6.7.6 Impact of EFLP on their status from Tables 8 and 9

The EFLP has been promoting behaviour change, and this has been at its centre as a church programme. The EFLP has been advocating that behaviour change will guarantee a long life and well-being of the youth in dealing with HIV and AIDS. The researcher is in agreement with the youth who were interviewed and the church teaching shared in this study offers a similar view.

Below are the quotes.

From the above quotes, a number of the youth think that the EFLP was effective and the RCC has therefore advocated for behaviour change to support its youth programme.

The theory of reasoned action (TRA) by Fishbein and Ajzen shows how people can change their behaviour by focusing on their attitude. Terry et al (1993) suggest that HIV and AIDS programmes should emphasise attitude-changing interventions. The youth should be supported to attend programmes that promote abstinence and delaying sex until after marriage. The researcher can say with certainty that the primary data supported the theory of reasoned action, which can ask questions such as 'what do you see as an advantage of abstinence or delaying sex?' One should be in a position to see the benefits of abstinence and delaying sex.

However, there were many of the youths who found it very difficult to replace their risky behaviour without any new positive attractive behaviour. From Chapter 5 Section 4.2.8 Table 9, one of the participants pointed out that there was no impact from the EFLP on his status. This meant that not all church- or faith-based programmes have a positive impact on those who participate in them. There was a lack of activities such as reading books, going to the cinema, playing sport and having real truthful relationships which involve respecting their and other people's bodies. These activities are not dangerous at all to youth sexuality:

It is very difficult for the youth, to abstain from sex. Delaying sex is not easy for the youth (Y3).

This means that the youth should be free to seek knowledge elsewhere if they see that their churches are not providing them with what they need.

6.7.7 Was EFLP worthwhile attending or not? From Table 9

From the quotes below the researcher argues that the EFLP was worthwhile attending:

Yes, the EFLP did change my attitude (Y2).

I can know what to avoid. I can also know what I have to use or not to use a condom (Y4)

Yes, the EFLP helped me to accept my status of being HIV positive and be able to disclose my status to my family and to support people who are living with HIV and AIDS (Y6).

I did start to practice abstinence waiting for the right time and go for a test once a year to know my status (17).

I am sexually active. I must protect myself and how to stand and reach my goals (Y23).

This shows that the EFLP was worthwhile in that it did not leave sex education only to the government and other NGOs. Kgatle (2019:2) calls for collaboration; the government needs to work with the church in promoting abstinence outside marriage and being faithful within marriage.

There was a positive impact on the youth as the data shows that the EFLP has all the tenets of the theory such as one has to see the need to change, have an intention to do so, have a positive attitude, base oneself on the subjective norms, believe in self-efficacy and one must have the life skills and knowledge. So it can be argued that the theory of reasoned action can be used to explain the approach to behaviour change, especially in the area of sexual behaviour. It is often assumed that people cannot change their behaviour; however, the theory explains that people are naturally reasonable human beings and can use all the knowledge and information they have to plan their behaviour.

The role of the teachers, who act as parents for children at school, also seems to be of great importance in the HIV and AIDS programme, especially in the schools. Van Dyk (2005:1148) sheds light on the role of educators who talk about sex to children at the age of 12 so that they can be informed about the epidemic at an early age. On the other hand, there were other religions that were not keen on this, arguing that a number of factors have to be taken into account, such as the cognitive-emotional, social, moral and sexual development of a child (Van Dyk, 2005:147). One has to make sure that teachers do not perform this task for their own interests, but are sensitive to a number of things that may affect the rights of the child. However, according to Duffy (2007:7), more than simple information is required for behaviour change, people need more information about HIV and AIDS and, above all, there must be a next step that needs to be taken. Kgatle (2019:4) suggests that programmes such as EFLP should not offer a moralistic view but need to be realistic about HIV and AIDS by offering a holistic approach.

One of the conclusions coming from the programme is that the youth who attended expected different things from the programme. This is because they were not a homogenous group but came from different backgrounds with varying levels of faith, and some of them already had children. In this context, it can be argued that the programme was worthwhile because, aside from its main objective of reducing the incidence of HIV and AIDS, it also managed to achieve other objectives and positive unintended consequences such as fostering hope among the youth. This is aptly captured by the quotation from Youth 15 when asked if they thought the programme was worthwhile to attend.

6.7.8 EFLP offered information through group discussion from Table 10

6.8 Information access

For an individual to change behaviour, it is necessary to be specific about the behaviour to be changed. Van Dyk (2005:93) agrees with this line of thought with the theory of reasoned action. The challenge of this theory is what about those who cannot be specific about what they want to change. He emphasises that, if one wants to change he/she has to take account of what

action, target, context and time of the behaviour that needs to change. HIV and AIDS can be prevented among the youth by behaviour change, specifically. No one can change all the negative behaviour of the youth; one cannot change everything. One should not deal with behaviour change in general. One should not be vague, for example one has to say abstain from sex, be faithful, or I must always use a condom. Being specific means that one has control over his or her behaviour and they must have the will and the capacity to change and not depend on external factors.

One respondent reported that, after the EFLP, sex issues became very clear to him. The theory of being specific gave an understanding of putting first things first. The youth revealed that they were able to understand the specific behaviour to be changed. For example, what is sin and how to avoid it, how to deal with contraceptives, condoms, drugs and abortion are all part of the culture of death. People try to turn a blind eye to other general behaviour, but the theory of reasoned action requires one to be specific about behaviour, for example to control oneself. Behaviour change in matters of sex was the main point that was to be promoted by the church as a strategy to prevent HIV and AIDS.

I know my status that I am HIV positive, and it is better for me to have this baby (Y4).

I can talk about HIV and AIDS now focused on getting married (Y8).

...to keep myself safe without having a child (Y19).

The youth had to turn to their moral conscience to reduce or to stop HIV infections; however, the formation of a moral conscience was not easy for some of them. The best method or strategy should be behaviour change, and the youth need to be specific on what they have to change. For example, a number of them pointed out that¹ they were involved in smoking, sex, and use of drugs without knowing the consequences, due to poor formation of their personal morals and conscience. Nash (2002:45) presents a similar argument based on the role of the church in developing critical consciousness among its youth. Critical consciousness formation offers skills to the youth to question themselves and society.

6.8.1 The use of the Bible as a source of information from Table 10

According to Andre de la Porte (2006:23), to address human values and ethics, one has to take into account the relationship between an individual and God. Behavioural patterns are not easy to change, and the use of the Bible helps the church to focus on the whole person. The Bible is a good book for good news; it speaks to us about all our concerns in life. The Bible has been one of the tools used to influence youth behaviour in many ways; it is full of text that offers

¹ encouragement to live according to the law. Andre de la Porte (2006:104) acknowledges that the Bible offers positive contributions to the youth to live in a relationship with the living God (Proverbs 9.10). Below are some of the quotes from the findings:

The Bible helped me in the self-control, information on abstinence and being positive by being faithful (Y2 and Y11).

Telling your stories of life and listening to others (Y4).

From the above, it can be seen that the use of the Bible is a tool for the church to answer some of the sexual issues. According to Kgatle (2019:4), there is a need to use the Bible to offer information. No one in the EFLP experienced God in the same way; however, the Bible was used to motivate them in their search for answers. Some expressed their faith emotionally, others were quiet and contemplative, and some preferred to listen to the Bible as a source of information during the workshops. There were a number of questions about HIV and AIDS, and the EFLP did not use the Bible to just preach for or against them, it was used as a point of giving a theological perspective to the challenges of HIV and AIDS. The Bible was a source of information used to confirm dignity and affirm the presence of God in their lives.

The use of the Bible in the EFLP was an important element, and some of the responses from the categories are listed below:

The information about God being my creator (Y20), from Table 10.

It helped me to change my life mentally, spiritually, emotionally, spiritually, whatever I am doing, able to help others in their community and children at school (Y4).

Be able to talk about my fears (Y4).

To pray a lot for other people to get the cure for HIV and AIDS and has helped me in my personal prayers (Y12).

I was able to love and read my Bible and understand it, and I come to know the results of sin (Y19).

I was able to get my life to the fullest to have life to the fullest, no more sex, or alcohol and able to support my community and my church (Y7)

from Table 13 in Chapter 5.

All the above respondents demonstrated the impact of the Bible in the EFLP. The youth described how the Bible influenced their behaviour and helped them live a good spiritual life. The use of the Bible developed positive beliefs, attitudes and behaviour. Togarasei (2011:120) maintains that the church should a positive importance in re-reading of the Bible in line of the HIV and AIDS. This is supported by the EFLP which used the Bible in its workshops. The Bible played a major role in influencing and shaping attitudes, values and behaviour to the phenomenon of HIV and AIDS. Furthermore, Togarasei suggests that the Bible will remain a helpful tool. However, it is necessary to be critical in reading and using the Bible in HIV talks, in the past churches have abused it by using it to condemn those who are HIV positive.

The use of the Bible opened up a dialogue on different topics. For example, some church leaders, according to Kgatle (2019:3), think that HIV and AIDS is a result of immoral acts of human beings so the Bible should help them not to be judgemental to those who have fallen victim to HIV and AIDS. The Bible helped the facilitators to be compassionate and caring. The issue of stigma was addressed by the use of the Bible; God loves all of us, including those who are HIV positive. The Bible has been a source of teaching that HIV and AIDS is not a sin for the immoral acts of the youth and people are not HIV positive because of their sexual transgressions or because they are sinners.

During the EFLP workshops, the Bible was used as a source of information for the theological concepts about HIV and AIDS. This assisted the facilitators in bringing about a social transformation of faith to those who were both infected and affected. According to Walls and Ross (Eds), (2008:335), the use of the Bible acts as a means to bring healing and dignity to the youth. Andre de la Porte (2006:23) emphasises that AIDS is a sexually transmitted disease and that people at times feel guilty and ashamed. The use of the scripture motivated those youths who were living in denial to feel that they are loved by God which led to the good feeling of God's presence as one who does not punish people for their behaviour but forgives them.

The Bible was also used during the ritual, for example, in the sacrament of reconciliation confession. There are three stages in the EFLP, and during the second stage one has to make a choice and commitment to the new behaviour, and this was to call upon God to change the behaviour. This is evidenced by the above interviews. The youth were able to make a choice to be what they wanted which is in line with the theory of reasoned action. The researcher has been in agreement that 65% of the interview findings reported in Chapter 5 Section 6.2.5 said that the Bible assisted them to let go of the old habits, behaviours, and attitudes.

The spirituality helped me to abstain from sex (Y5).

As a result, the youth stated that it was time to turn to the Bible once they were discouraged. This led to the power of change of bad habits such as violence against women and young girls.

The use of the Bible in the workshops offered hope and peace with God and looking at Jesus's birth, teaching, death, resurrection and mission as compared to their own mission. This is evidenced by the participants who said that the Bible offered them the opportunity to become redeemed sinners:

To pray a lot for other people to get the cure for HIV and AIDS and has helped me in my personal prayers (Y12).

Telling their stories was part of Stage One in exploring life which the participants used to give testimony to their new behaviours.

Using the Bible in witnessing to each other made a powerful impact on them; the Bible was the main source of knowledge during meditation, prayers and liturgy. During the role-play and

drama in the workshops, the participants based their plays on the Bible texts, which made it easy to bring out the true reality and feeling of the Bible message. The biblical story characters were related to the behaviour that the youth wanted to change. When it came to Stage Three of the EFLP, which calls for action by asking what will you actually do, how will you do it and do it, by using the Bible participants were given hope that their actions will lead to a transformation. The use of the Bible in the programme led to healing for the participants, since most of them were used to the use of the Bible texts in their churches. Choosing their own texts that spoke to them, offered them a lived spirituality and theology.

However, there have been other participants who criticise the use of the Bible or the faith dimension of the EFLP. The facilitators of the EFLP did not impose faith on the participants; their affiliation was respected at all times and was incorporated into the programme. Another criticism was that the EFLP did not offer participants a Bible reading methodology. There were some who questioned whether HIV and AIDS is a punishment from God which led to some participants having a negative image of God and believing He does not love them. Such beliefs are still widespread, but what about the story of the man who was born blind (John 9:1-3). Jesus said that the man was not born blind due to any sin by him or his parents; such texts are very helpful in the story of HIV and AIDS. The church teaching is that God does not reject His own people, and those who are HIV positive are not punished by God.

During the interview discussions, there was a call for the church to be more sensitive in her teaching (Klaus, 2025:69). For those who are HIV positive the church teaches that they are wounded, yet God heals the wounded. Jesus makes it clear that He did not come to call the virtuous but to call the sinners. The RCC has always given a positive image of God to those who are HIV positive. Nobody can be or should be discriminated against due to their status, God is on the side of the sick and the poor and they should take courage and not be afraid.

There is a need for the church and the facilitators to have a correct interpretation of the Bible texts. Kgatle (2019:6) maintains that the churches should interpret the Bible in a way that answers people's needs. The Bible should be used to focus on current issues such as HIV and AIDS; this is done by reading the Bible in positive ways. The preachers should be fair and not use the Bible to abuse or manipulate those who are sick. Pope Benedict emphasised in his letter, *Africae Munus*, that AIDS is an ethical problem which needs behaviour change needing an

integral development by calling on the global approach and global response from the church. In conclusion, the Bible should deal with current topics that are relevant to the youth, for example, gender, sexual abuse and all injustices. From this category, one can sum up that the Bible can be the answer to many human sufferings, for example those who are infected and affected by the HIV virus. All those topics should be answering needs of the people in their own context. If this is done, the Bible will remain relevant in the current context of HIV and AIDS.

Many young people from the EFLP found it very difficult to uphold the church's moral expectations, and some of them were unable to implement its teachings, even using the Bible.

From the answers given by the youth, it is evident that there is a need for a conducive platform for the youths to talk about sex issues with their peers. The fact that the youths can openly discuss sex among themselves is important. The discussion will be moderated by an older person knowledgeable about the subject which means it brings good information. This became evident after the realisation that the youth were giving each other wrong information and using the Bible for their own interests in their discussion of sex issues. Even though the youth may be getting some information from the Life Sciences subject at school, this is just one topic among multiple other subjects and the youth might not be getting enough information, therefore, the need for another platform aside from the school environment. Bible study has been removed from the school curriculum as a prescribed course of study by the government.

6.8.2 Categories under the theme 4: growth to maturity and new responsibilities

Andre de la Porte (2006:64) states that we should know that growth does not mean the same thing to all people. Thus, growth to maturity is always 'normative notion'. In this study, the term 'growth' refers to the second objective of the study which was to investigate the extent to which the effects of the EFLP contributed to the HIV/AIDS prevalence rate, privation and behaviour change. It was suggested by this objective that after the EFLP experiences, there would be a growth of maturity and responsibilities among the respondents. According to the researcher, one of the issues that kept coming up in the data was the theme of growth to maturity and new responsibilities after the EFLP.

6.8.3 Human relationships from Table 11

One of the recurring responses coming from the youth was their desire and intention to become responsible young adults in line with Objective 2. This becomes very clear from the interviews regarding the church teaching on sexuality and how they were observed. They were able to think about their own personal risky behaviour by deciding not to expose themselves to such actions. Below are some of the quotes from the youths where they indicated their desire to be more responsible people:

The EFLP helped me to understand friendship and understand working in relationships (Y1).

I can advise other people about HIV/AIDS, listen to people, sympathise with them and able to educate my siblings (Y6).

I can choose what helps me and what does not help me. I can talk about my problems and my fears. I do not judge other people stories, and I try and give solutions to them (Y7).

My life is a sign of a transformed person. I have been struggling with life. Now, after the EFLP, a number of the youth take me as a role model because of my motivation talks to them (Y9).

From the above responses, it can be seen that the participants formed positive human relationships leading to positive behaviours. These findings in Chapter 5 Section 4.2.12 Table 11, concur with Ross and McLaws (1993:83) on the theory of reasoned action which acknowledges one's attitude to a certain behaviour. There is a strong view that, if an individual has a positive attitude to other people, it will result in positive behaviour to them. For example, Rose noted that those who use condoms regularly are characterised by a stronger affirmation between the two partners. One is likely to use a condom when there is a dialogue, meaning a good, healthy human relationship.

6.8.4 Interpersonal skills from Tables 11 and 12

The EFLP empowered the participants to talk openly and without fear about issues of sexuality. Some of them disclosed their HIV status to their peers due to their ability to control their behaviour. Some indicated that they were empowered with skills to abstain from and delay sex before marriage. Therefore, self-efficacy was important to the youth to change and maintain their new behaviour.

The theory of reasoned action calls for an individual to have an awareness of the specific skills that help one to change. In Chapter 1, the researcher raised the following human interpersonal skills that are needed for behaviour change:

- Communication,
- Negotiation,
- Decision making,
- Listening skills,
- Refusal skills,
- Problem-solving,
- Coping skills and Self-esteem.

There was an inner power to those who participated in the EFLP since it promoted a spirit of open discussions among the youth, they concentrated on their studies, and this kept them in school longer:

A lot has changed in my life. I am doing very well at school. I am in college now doing level (Y4).

I am keeping myself only to get pregnant after school (Y19).

Interpersonal skills, according to Bandura (1990:9), make a contribution to personal concerns as one needs to have the right skills to do something about one's behaviour. This is influenced by saying that people need to be well motivated to exercise influence over their own behaviour. Furthermore, Bandura seeks to illustrate that to change behaviours, one must be given the necessary skills in self-motivation and self-guidance.

However, not everyone has got the power to use those skills in an effective and consistent way. One needs to have strong interpersonal skills and self-belief. This belief in oneself is based on the EFLP where the programme calls for a relationship between the helper and the person being helped. Two people must have the right attitudes and helping skills; otherwise, the relationship will not last. The EFLP supported the youth to develop positive attitudes on how they think and feel about their new behaviour if they believe that they want to change, they can change.

The research findings show that the life skills acquired from the EFLP helped the youth to abandon bad behaviour such as drugs and sex for money. There was an adoption of good practices, especially those created by peer pressure. Many of them reported that they now know who they are. They acquired new skills on how to improve their lives to make well-informed choices as well as new skills and knowledge in approaching life, and some indicated they became more professional in their jobs. The participants revealed that telling their stories was very important since they were able to listen to stories from the other youths on how they were abstaining and dealing with peer pressure from the media and this changed their attitudes and empowered them to act positively with new values. There was a great challenge on how to get life skills especially on the use of condoms among the Catholic youth.

Before the EFLP, many of the youth did have enough information to live positively. Some of them do use condoms, even if they are not 100% safe; however, they claim that condoms will help them to stop STIs. Skills are needed to use condoms. If we cannot inform the youth about condoms, one of the facilitators emphasised that we have failed them. Therefore, there is a need to develop other new skills which may help in the preventative strategies to avoid HIV infections.

The youth got involved in passing on information which they had acquired which was positive proof that they had mastered skills about HIV/AIDS prevalence. One cited the skills gained about HIV and AIDS and feels she is well informed and has knowledge which has brought about a transformation in her own life. There was a negative attitude from the EFLP on condom use. A significant number of the respondents show condom use as a positive strategy of preventing HIV and AIDS, and the EFLP did not offer those life skills to the youth.

6.8.5 New responsibilities from Table 11

Some of the respondents reported that they became more responsible in whatever they were doing and are in a better position to help and advice others. Others noted changes in their lives, for example, becoming friendlier towards other people of different cultures and statuses. Below are some of the quotes supporting this:

The Education for Life programme helped me to understand friendship and understand working in relationships (Y1).

I am able to rise and make good judgments (Y2).

I can advise other people about HIV/AIDS (Y4).

Listen people, sympathise with them and able to educate my siblings (Y6).

I am a public person; I do know what is wrong and what is right, a good listener now and make choices that are human (Y8).

Other narratives from the respondents are how the programme assisted them to have a different mentality to their own bodies, and they can say 'no' which is positive growth to maturity. The new mind set change was evident in a number of different daily events, taking care of their parents by putting food on the table and being responsible in the school events and community. Below are some of the responses that came from new responsibility:

I know when to say 'No' and I can take on the challenges I face through prayers (Y10).

I used to have a lot of peer pressure (Y12).

After the EFLP, I started to get into church parish work (Y25).

I have become a role model; I am not doing things that may disappoint the youth; I do not want to leave a negative legacy in life (Y16).

From the above responses, it is evident that the participants did grow to new responsibilities. The researcher noted how the programme not only changed them spiritually but emotionally as well. Mind-set change did happen; MacPhail and Campbell (2001:1614) shows that knowledge is not sufficient to affect behaviour change; human relationships also play a part. Furthermore, the youth developed a better understanding of their own ability to change by becoming "*role models to others*". This self-efficacy theory of Bandura was cited by a number of the youth and one emphasised how his "*mentality changed*" about the way he was seeing the HIV and AIDS epidemic, he explained how he did not want to be influenced by others. Gallant (2004:1344) presents a similar argument based on attitudes, beliefs and intentions, as very important elements in behaviour change. There were testimonies from the verbatim accounts that the EFLP gave strong inspiration and "*confidence in the self*" that they were able to make up their minds to make decisions on issues of peer pressure based on their attitudes, beliefs and intentions.

The tenet supports the growth to maturity and new responsibilities of the behaviour change programmes. Proposition seven of the theory of reasoned action supports the tenet of growth to maturity and new responsibilities. The theory of reasoned action, according to Terry et al (1993:24), points out that for behaviour to happen it must be under personal control. One must have appropriate life skills to perform a given behaviour. One has to have basic information and knowledge to help one act on behaviour, and the best means was through the EFLP. Those with a need to change their behaviour have to have the skills to deal with issues. Life skills, positive values and attitudes based on education can be very effective in equipping youth with the information and skills necessary to make responsible sexual behaviour choices. The EFLP established the fact that sex is good and it has to be enjoyed within marriage and outside that it's only lust.

It is possible that, while there might have been a focus on abstinence, one of the unintended consequences of the programme is that the youth picked up other skills such as communication and life skills. So, while the programme might have been short-lived, the skills which might be different from the abstinence focus can remain. This can also be said about the positive attitudes of the youth. Even in toxic homes, the programme served as an oasis of calm for the

youth. In the context of the unintended consequences, while the overall programme might have been unsustainable, the programme's unintended benefits might be more lasting.

6.9 Categories under the theme 5: impact on spiritual growth from Table 13

The third objective of the study was to establish if the EFLP as a spiritual based programme had a more significant contribution than non-spiritual ones. Most of the respondents in this study perceived spirituality as a contributor to behaviour change and thus a low HIV and AIDS prevalence. The data indicated that the majority of the respondents were active and practising their faith in their Small Christian Communities (SCC) before the EFLP. The results show that there was no significant difference in the respondents themselves. However, the respondents cited the role of the spirituality of EFLP as a contributing factor in HIV prevention and leading one to spiritual growth. From the findings, it was evident that the youth showed a deep and personal relationship with God through prayers and the sacraments. The findings suggest that programmes that have a certain spirituality in their intervention help the youth to appreciate their bodies in relation to their spirituality.

To address the importance of spiritual programmes and how they play a role in behaviour change compared to non-spiritual programmes was one of the objectives of this study. This was a call on the role of baptism in the lives of the respondents, found in this text:

I have come that you may have life to the fullest (John 10:10).

They had to respond to their vocation in life and follow in the footsteps of Jesus in their Small Christian Communities (SCCs).

One of the positive outcomes from the programmes is that besides the skills the youth learnt is that of spiritual growth. Growth is important because it helps to counter some of the negative societal norms that drive up HIV infection and militate against the programme. The issue of growth is also important because this was one of the intended objectives of the programme. This is what might set the programme apart from other programmes as it allows the intended

beneficiaries to benefit as well. This is one of the areas where the programme might have succeeded.

6.9.1 Personal spiritual growth from Table 13

According to Virginia, Lewis and Kashima (1993:29), HIV is predominately a sexual matter by its nature and transmission. Whitehead (2002:145) suggests that spiritual development should not be limited only to the Christian understanding. For him, spirituality should be related to one's inner life, such as one's morality, eternity, purpose, mystery and God and what encompasses the whole life of a person. Below are the quotes that support personal spiritual growth:

Helped me to abstain from sex (Y5).

I was thinking and living negative. I now look at things positively (7).

I was able to live my life to the fullest, no more sex or alcohol and able to support my community and my church (7).

Given the importance of spirituality, according to quotes above, this study used the cycle of mission praxis which seeks to find the importance of spirituality in behaviour change. Karecki (2003:14) noted that spirituality must be at the heart of any educational behaviour programme. She argues that spirituality gives meaning to every step of the process. Therefore, the question to be asked is in what way are the spiritual-based interventions programmes different from the non-spiritual ones. The use of a faith-based programme is to offer a holistic approach so that there is no isolation of people who are HIV positive. Kgatle (2019:2) observed that it is very common in some Pentecostal churches to pray for people who are HIV positive with a view that it is the demon in them. Such spiritual prayers are very dangerous. They do not want to accept the present reality and look at the medical and human factors that are the primary modes of infection and not the evil spirit that causes HIV to spread.

There is a need for all the church ministers to have a spiritual commitment to be open to knowledge about HIV and AIDS. Church ministers should be in a position to preach a gospel of

the spirituality of forgiveness, human tolerance, and not to demonise HIV and AIDS. The churches need to engage more in education on the topic of HIV and AIDS. This will stop the negative spirituality of condemning those youths who turn to the use of condoms and saying it is a sin. There is a need to have a new spirituality about HIV and AIDS that does not judge but looks at human values, dignity and weakness. A spirituality that reaches out, especially to those who are HIV positive and welcomes them and not to think that it is the evil spirit in them that needs to be exorcised (Kgatle, 2019:2).

Spiritual programmes deal with both the body and soul. Kgatle (2019:7) argues that the government has been focusing too much on the body and neglecting the soul. There is a need for collaboration between the churches and other stakeholders to address the psychological and socio-economic issues, poverty and housing. There is a need for a hermeneutic approach, based on the work of the Holy Spirit.

The findings from this study were supported by writers such as Rukundo, Muwonge, Mugisha, Aturwanaho, Kasangaki and Bbosa (2010:140) who also hold the view that spirituality can be used in the preventative programmes with good results rather than non-spiritual programmes. Nash (2002:16) offers a similar argument that, if youth programmes do not promote spirituality, it will compromise both the facilitators and the youth who participate in them. Even if there are some similarities between these programmes, there may be gaps in those that exclude spirituality. It should, therefore, be encouraged to integrate spirituality in all behaviour change programmes. Van Dyk (2005:217) pointed out that participants ask many questions about their spirituality, and such people will seek religious people to support them in their fears, anxiety, depression and anger.

The theory of reasoned action is a psychology theory; however, there is a link between psychology and spirituality when it comes to HIV and AIDS. For behaviour change to happen, spirituality has to be taken into account. The EFLP spirituality is an attempt to describe one's attitudes, beliefs and practices. The theory of reasoned action Virginia, et al (1993:30) suggests that one should take into account the social, political and moral context, in which HIV & AIDS is based. When an HIV and AIDS preventative programme is designed, Virginia et al (1993:30) argue that spirituality elements must be considered. In Uganda, for example, Virginia et al

(1993:30) state that the government included abstinence, fewer sexual partners and monogamy in its public health campaigns and educational programmes which should all link to spirituality. Spirituality is a matter of one's attitude, just like behaviour change.

This spirituality should be based on people's personal experience of who Jesus is for them. Kgatle (2019:3) points out that all the youth, both in our churches and those who are not attending church engage in risky sexual behaviour. We need to reach out and have a spirituality that speaks to all youth who have challenges of sex before marriage and not to only focus on those within our churches. This is one of the limitations of the EFLP as it is limited mainly to the RCC.

Kgatle (2019:3) calls this a move out of denominationalism and sectarianism.

6.9.2 Respect for my body and being sympathetic to others from Table 13

The Catechism of the RCC teaching on sexuality illustrates that:

Everyone is responsible for his/her life before God (SACBC, 2013:129).

There were also reports that a number of the youth improved the way they loved themselves, especially in taking care of their bodies and being sympathetic to others.

For example, after the programme, there were fewer teenage pregnancies among the youth. They were now first focusing on positive things such as education, skills, jobs and sexual development. Positive attitudes towards engaging in early sex came to an end in some of those who had matured in their sexuality, and it was one of the explanations from those who participated in the EFLP. It was revealed in the interviews that the youth come to respect the boundaries given by their parents:

I am able to keep my body as the temple of God, pure and clean (Y15).

Respecting my body and that of theirs and the need to enjoy life to the full (Y18).

After the EFLP, youth learnt not to compromise their values on matters of sexuality, for example not to have multiple sexual partners, to practice abstinence and delay sex. Some respondents

had a positive attitude and commitment not to get pregnant before marriage and those who grew spiritually accepted that having sex before marriage is a sin. New values were developed after they were exposed to the EFLP and abstinence and delaying sex was reported. All these were attributed to the positive attitudes acquired for behaviour change against HIV infection.

In general, it was found from the interviews that some young girls did not fall pregnant because they became more focused and empowered in matters of morality and behaviour. However, it was not easy for some of the participants to change their negative behaviour; at times, it was painful to change and avoid the destructive groups and relationships, especially sexual ones. Those who were HIV positive were able to accept their status and learnt there is life after HIV/AIDS if one takes care of one's body. The teachings about respecting one's body brought about peace of mind so that they were able to concentrate on their studies.

Among the participants, the attitude to abstaining from sex was that it was not easy as they were not married and was revealed from their responses that the church strategy of abstaining from sex does not work. There was a positive attitude to sex education; those who participated in the EFLP testified how they had changed due to sex education in the EFLP. This education assisted with the preventative measures in the schools, and the youth were able to *"talk openly about their sex lives"* and now wait until marriage before having in sex.

The sex education was welcomed by the youth as they do not discuss sex topics with their parents who are scared to discuss sexual matters with their children and even among themselves. This education should include the parents of the youths who participated in the programme so they can support them in their new behaviour at home.

The theory of reasoned action in Proposition six suggests that to change behaviour, there should be a belief in self-efficacy, which is one's ability to say *"I have the inner power to change"*. This supports the EFLP and the respondents who stated that they acquired the power to change

The EFLP intervention led to a growth in faith as some of the youth reported that the church encouraged them to live a positive life. According to interviews, the EFLP created a sense of responsibility to one's faith. There was an 'inner transformation of attitude' in many of the

participants, and there was evidence that attitudes towards sex changed during the course of the workshop and afterwards.

This was one of the objectives of the programme, as having respect for one's body translates to behaviour change which, in turn, leads to abstinence. This is one area of the programme which registered some success. Together with spiritual growth, it can be argued that some of these changes might have led to a reduction in the incidence of HIV and AIDS. There was also evidence that, from a strictly HIV and AIDS perspective, there was change. However, there might be a need for more research or follow-up studies to determine to what extent the positive change that was engendered by the programme was maintained.

6.9.3 Faith through prayer from Table 14

The spiritual growth of the youth who participated in the research indicated that their faith improved and they were able to follow Christ, just as in the Gospel of John 13:23: *"We have found the Messiah which means Christ"*. It became better to deal with and pray over issues of sexuality, marriage, abstinence and contraceptives in relationship with their spirituality. Below are some of the responses saying that spirituality had more of an influence on their behaviour than those programmes without spirituality:

Helped me to be very open to my children and become very active in my church (Y1).

To respect others, support other groups (Y3).

Be able to talk about my fears (Y4).

Helped me to abstain from sex (Y5).

To pray a lot for other people to get the cure for HIV/AIDS and has helped me in my personal prayers (Y12).

Freely away from drugs and be responsible, to be able to take the right path and be positive about life (Y9).

From the above responses, it was clear that the participants received most of their knowledge from their personal faith. The church has a role in the spiritual transformation of the youth through prayer. Baron (2017:3) reminds us that there are between 100 and 200 churches in the city of Tshwane in South Africa and these churches should play a role in HIV and AIDS prevention. The church should promote responsible behaviour that respects the dignity of all people and defends their sanctity through prayer. The theory of reasoned action is a psychological theory, but there is a link between psychology and spirituality when it comes to HIV and AIDS.

For behaviour change to happen, spirituality has to be taken into account. The EFLP spirituality is an attempt to describe one's attitudes, beliefs and practices. The theory of reasoned action says Virginia et al (1993:30), takes into account the social, political and moral context of HIV and AIDS. When an HIV and AIDS prevention programme is designed, it should contain a spiritual element.

In Uganda, the government included abstinence, fewer sexual partners and monogamy in its public health campaigns and educational programmes (Virginia et al, 1993:30). Spirituality is a matter of attitude, just like behaviour change, and attitude is also related to behavioural change and spirituality.

Churches should use prayer and the scripture to emphasise compassion, healing, forgiveness and support in HIV and AIDS prevention programmes. According to UNICEF (2003:11), HIV and AIDS have been an opportunity for spiritual growth, to care for one another, to support the living and the dying and to appreciate the gift of life. Duffy (2007:13) offers a similar view that one has to believe that they have the capacity to change. Bata and Munro (2014:225) believe that the RCC has made a unique impact. However, this tenet is according to JD Fisher, WA Fisher, Williams, Mallay (1994) argue that this proposition which calls for a need to change is so psychological in nature and it does not take into account the other factors. The EFLP promoted this saying, and it opened up respect among individuals. The need to change behaviour became apparent to some of the youth.

This is what this theory advocates the capacity to change. Unless an individual says 'I can control myself, I can do it, I can carry it on, I can face that new behaviour, I can make my own choices

and finally mobilise my own energy' change becomes difficult. One should not be a problem in his or her own life, so it is good to ask how I am hindering myself spiritually with this perceived behaviour change or am I self-wounding. If one has got high self-efficacy and good spiritual life (faith) then it becomes easy to change behaviour; however, low self-efficacy can result in a poor change of behaviour due to personal obstacles. Self-efficacy and a good spiritual life will assist with the newly acquired behaviours.

Van Dyk (2005:249) reminds those conducting workshops or programmes on HIV and AIDS to look at the person's spiritual need to change sexual behaviours. The theory of reasoned action emphasises the need to change, and without that belief one will not be in a position to begin trying to change or to help others to change their behaviours.

It is also possible that one of the unintended benefits of the programme was the development and growth of the youth through prayer. This might also be one of the successes of the programme. In cases where the youths were already Christians, it can be argued that their growth came in the form of the deepening of faith, which can be taken as another form of growth. It is possible that the combination of respect for one's body, spiritual growth and a deepening of faith are conducive to abstinence which is the primary focus of the programme.

6.9.4 Faith through lay ministry work from Table 14

The spirituality of the EFLP motivated the youth to become messengers of the gospel and accept the role as in Sam (3:1-21) and Jeremiah (1:4-10). In this spirituality, the youth were able to discern the signs of time, so this element in the EFLP and other programmes can lead to spiritual growth, contributing to making well-informed choices and consciously forming new behaviours.

There is also a need to train religious leaders adequately in different areas of human support and transformation. Van Dyk (2005:256) supports the idea that religious organisations have a role to play and should not just sit back and remain unmoved; there should be a relationship between the church and the social issues and challenges of the people they serve. Bate and Munro (2014:275) stated that HIV and AIDS have brought about a new perspective of

spirituality in the *Mission Dei*. They argue that people who are HIV positive can be motivated by their common condition and can be bound by a sense of spiritual community. They can live in the sense of fraternal life and a spiritual relationship where they can share the Bible, prayers, songs (Ezekiel 34:16; Matthew 25:35-40). Nash (2002:16) calls for the spirituality of self-awareness, especially in those who are facilitating the workshops. This type of spirituality offers tools for an individual to know more about God and how to respond to other issues of life.

This is a search for meaning on their inner journey by participating in proclaiming the Good News. The growth in the spirituality of the youth helped them to discover their God-given gifts and talents in exercising leadership. This led them to self-examination by making a positive contribution to society, and they have become aware of God's call and plans for them:

I was able to get my life to the fullest to have life to the fullest, no more sex or alcohol and able to support my community and my church (Y7).

Helped me to have answers to my life questions. I do not seek answers in people, but in God, and it has planted seeds in my heart (Y13).

Respecting my life and that of others and the need to enjoy life to the full (Y18).

This spirituality is also an outgoing to evangelists as a mission to others, *Mission Dei* they become agents of change and witnessing and become mature adults in faith. To listen to the other youth's stories, the joys, sorrows, sadness, anxieties and hopes. The spirituality called for personal conversion and to find out what blocks or slows their spiritual growth. It is evident from the above quotes that the respondents wanted to engage in a new behaviour that would lead to positive responsibilities.

Kgatle (2019:7) rightly observes that there is a need for the call to the youth to turn on a mission which should be to reach out to other youths and tell the Good News that abstinence is possible and that lust is not love. The EFLP in Stage three is about making the youth aware of the resources available to them. The EFLP has to be acted on, unless the youth act on their new behaviour by going out to preach safer sex, nothing will change. There is no need for the church ministers to sit inside their churches and wait for the youth to come to them. Mission is about

facing the reality of HIV and AIDS among the youth. If there is not reaching out on a mission by the youth themselves, HIV will increase despite all the church teaching and government intervention. More is needed than simply condoms and information. Dube (2008:540) argues that the churches must proclaim the gospel of life for their mission is to wipe away tears from the faces of those who are HIV positive. The church has a mission to care for those who are affected by HIV with compassion. The HIV epidemic, according to Dube, has given the churches an opportunity to truly become mission churches 'Baptised and Sent' to become a good, warm, hospitable and loving space for everybody who is vulnerable.

6.10 Categories under theme 6: the culture of life and culture of death

In his encyclical letter, *Evangelium Vitae* Gospel of Life, Pope John Paul II acknowledges that there are two cultures, the one is of life, and the other is of death (John Paul, 1995: 22). From the literature review it appears that the culture of death is all over the environment that the youth live in as it is sexually toxic (Bate & Munro, 2014:259). The participants expressed the importance of the culture of life. The culture of death was cited as a huge problem in behaviour change in the area of HIV and AIDS prevention. The church is always a mother in her teaching on matters of the sex.

6.10.1 Accepted the culture of life from Table 15

While the RCC opposes the culture of death, John Paul (1995:103) rightly observes that the church still respects the people's conscience and perception. The respondents, for example, had the following to say:

Respect life even if I am raped, I will keep the pregnancy. God is there to see to the consequences to this situation (Y1).

Is having self-love and self-respect and taking good care of my child. And respect my body and to protect my child and take responsibility, being a role model to them (Y5, 6 and 10).

Abstinence and delaying sex and being faithful to yourself (Y12).

The tenet that the youth need to see the culture of life by being people of life (Acts, 3:15) is supported. One should not underestimate the power of the youth culture, which embraces the culture of death more easily than the culture of life. The youth were finding it difficult to abstain from sex due to peer pressures and the 'contraceptive mentality'; there was a feeling that the Catholic teachings are not understood and are rejected making them ineffective in changing behaviour. This was evidenced in the interviews where the respondents said it was not easy for them to live according to the teaching of the Catholic Church. The culture of life was well understood since they were not making many references to it. This was evident from the facilitators of both the education and health officials. Therefore, it only remains the responsibility of the parents and the pastor to impact certain values on the culture of life.

John Paul (1995:103) argues that we must have the courage to look the truth in the eye by calling things by their proper names. This becomes a challenge and a limitation to the EFLP in that it could not hold the youth accountable for their actions in the culture of death. It is the challenge of the church to make its members, especially the youth, aware of the culture of life. The church should not compromise to the culture of death. There were a minority of respondents who showed the importance of the culture of life as in the following quotes:

Accept the pregnancy and support them in raising that child (Y18).

Respect your parents, promotes life from the Bible and the church teaching (Y19 and 20).

The church is associated with the culture of life and aims at stopping the culture of death. The church, therefore, cannot fail to create a decent lifestyle.

Knowles et al (2012:1341) state that, in a certain school in Tanzania, teachers and the community resisted the distribution of condoms among learners. This shows that the teachers had strong beliefs about the culture of life and demonstrates that focusing on values, attitudes to behaviour change and life skills promotes the culture of life by developing values and beliefs such as abstinence, delaying sex, being faithful, having a positive lifestyle, self-control, making well-informed choices, self-knowledge and having a deep relationship with God and the seven sacraments of the church.

John Paul (1995:143) reminds us that it is the duty of the church to carry out this mission and service, to take the gospel of life and to celebrate it. Proposition one of the theory of reasoned action recognises the need to change. This was in line with the EFLP, which is promoting prevention in education and training, where a great contribution. After attending the EFLP, there was a general need by the youth to change their sexual behaviour due to the influence of the culture of life. Many of them mentioned that it was worthwhile to attend the workshops as it taught them how they need to change their negative behaviour, abstinence and to be faithful is the culture of life. This was in line with the teaching of the Catholic Church which promotes positive attitudes and behaviour that focus on abstinence and self-control. This was promoted in the EFLP and helped them to find the wonder and the beauty of their human sexuality.

The culture of life included a number of actions. There was a general need by the youth to change their sexual behaviour and be in control, and this was done by going for HIV testing so as to know their status. Knowing their status was effective in ensuring that HIV prevalence among the youth declined. The youth who were interviewed revealed that it was normal and routine for them to go for HIV testing without fear which is a cornerstone of prevention. It was noted by the researcher that there was a belief in self-responsibility since change starts with oneself and then you may go out and change others. To grow is to change and to change is to grow. Similar opinions about a need to change were recognised in the maturity of most of the participants in their lives.

6.10.2 Influenced by the culture of death from Table 15

However, the majority of the respondents were driven by secular world views and values. The culture of death is whatever is opposed to human life such as murder, abuse of alcohol, drugs, contraceptives, abortion, euthanasia, suicide and violent crimes and activities that violate the rights and integrity of a person. These interview findings are from Chapter 5 Section 4.6:

When I don't accept the problem or the challenge due to lack of knowledge (Y1).

When you are pregnant and want to commit abortion, do drugs, use of condoms all led to death only sex that makes the youth happy (Y2, 6, 12, 17 and 24).

Giving up in life. When you say that you are going to die anyway (Y21).

Being unfaithful in marriage is part of the culture of death (Y22).

The culture of death seemed to be in control over the culture of life since, as stated before; it appeared that most of the youth did not see the culture of death as a problem or their conscience. This is due to the popular culture among the youth that the use of contraceptives such as pills, condoms and abortion are all part of their sexual right over their bodies. One respondent said:

I am only realising it now that there was a change in my life after attending the EFLP. There was a very good solid foundation given to us during the workshops. I am able to abstain from sex by delaying it. Before the EFLP, I used to move my sexual life by the peer pressure. The EFLP influenced me to stop having many sexual friends by embracing the culture of life.

There was a profound effect as a result of the need to change sexual behaviours from within; it influenced the youth to stand on their own without basing their actions on other attitudes and opinions.

The need to change improved discipline and changed their lifestyles by them turning away from bad friends. The youth reported that their lives improved with the intervention of EFLP, for example, the love of the Lord and they learned to listen to their parents for instance by being home on time. Several examples were cited on how the need to change theory improved their lives; by making their own choices they gained confidence, and some of them became leaders. For those who could not agree with the teaching of their church on the matter of condom use did see the need to use condoms as they could not abstain. For them both strategies could coexist in dealing with HIV and AIDS. It is better to protect oneself, even if the condoms are not 100% safe. The church could not oppose personal views if they are trying to avoid HIV and AIDS but could ask about the morality of their sexual behaviour and what their real-life needs are.

The EFLP, based on the Catholic Church teachings, promoted a need to change attitudes towards the behaviour. This attitude to change is determined by one's beliefs. The respondents were able to develop a positive attitude of respect and tolerance with those who have different views. The EFLP improved their attitude, and they were able to cope effectively with life by valuing themselves and behaving in a positive way. The EFLP also improved their exposure to other people's attitude towards life. Before the EFLP some of them were living a very low lifestyle but, after the programme, they could understand why their parents were strict. The challenge that still remains for the EFLP is how to talk about behaviour change without integrating condom use. How can the youth engage in relationships without having sexual intercourse? The church argues that offering condoms to the youth is like opening the floodgates to unrestricted sexual activity SACBC (2013:114). Promoting condoms is just like promoting sex.

One of the findings from the programme is that the terms of the cultures of life and death are problematic as they define life in binary terms with no compromise and also without acknowledging that there are grey areas between the two. When it comes to the culture of death, there are limited instances where condom use might be advisable, for example, for those who are already infected so that they don't infect or re-infect others. The second finding from the study is when designing future programmes, the church needs to take cognisance of the trends and issues driving youth behaviour and address these. This is because if the church remains in the same position which is not consistent with the issues.

6.11 What new insights have emerged from the findings?

The church, and especially the RCC, has been one of the major stakeholders with the government in the care of people with HIV and AIDS. In many communities in South Africa, the different churches have played a direct or indirect role in HIV and AIDS prevalence. However, the findings of this research have gained new insights which go beyond care and prevention of HIV and AIDS in relation to the EFLP. A number of strategies for the prevention programmes have been implemented by both the churches, NGOs and the government. For example, the ABC model, life skills, virginity testing, family planning services, postponing sex, avoiding risky sexual behaviour and counselling. Despite all these programmes, the number of people infected and affected by the HIV and AIDS epidemic is still growing (Kgatle, 2018:1). The findings have shown a very challenging and interesting result. There is a call to change the way we minister to the youth in their own context in areas of sex education. New ways or new insights are needed for future research praxis, especially within the RCC. Some of these new insights are given below.

PASTROL PLAN FOR THE YOUTH

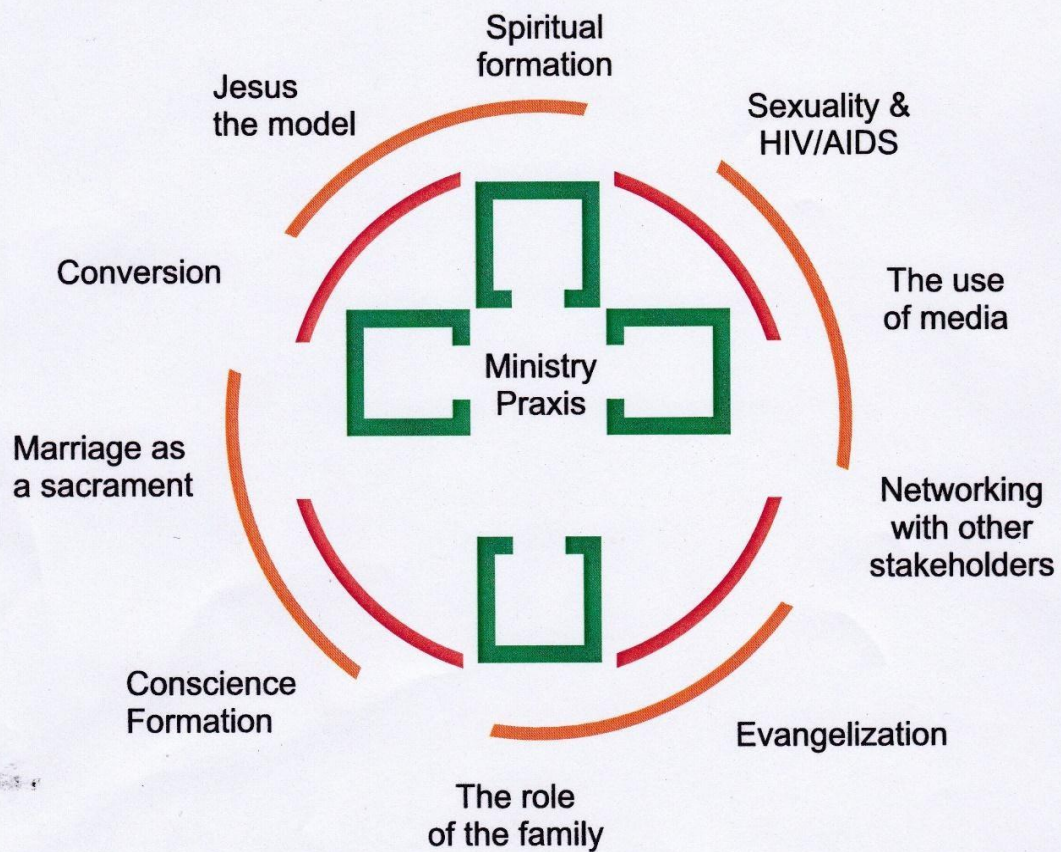


Figure 6.1: Pastoral plan for the youth

6.11.1 Formation of conscience in the context of HIV and AIDS prevention

There is no vaccine against HIV, so other means to deal with sexual behaviour need to be found. Despite the programmes such as the ABC and the EFLP that have been around, the HIV and AIDS epidemic is still a burden and a threat to the world. The only way and means of protection lies with individuals having a well-informed conscience that goes beyond the ABC and other programmes. Every one of us has got that inner voice that is the moral law we are all called to live according to it. The actions performed by an individual must be done with full knowledge and consent. On the other hand, there is what we call the subjective morality. Bate and Munro (2014:253) point out that, for any action done, it is up to that individual to feel guilty or not. One will feel guilty if he or she is aware of transgressing moral law. There is no false hope in one's conscience. One does not have to depend on factors outside oneself. This would be like the use of condoms which are aggressively promoted by the government. One is free to make radical choices with one's conscience. An individual does not need to seek outside powers to do the right thing such as using condoms. The churches and the government should only offer correct and not erroneous information to the people, so it is the responsibility of each individual to follow their conscience. The inner voice or conscience must be obeyed even if it goes against what the church or the government teaches. Let us go back to the root of the human at creation; we are all created in God's image and freedom which does not call the dogmatic position or morality of a certain church.

Condoms have created an attitude of complacency among the youth. This trust in the use of condoms has allowed youths as young as 15 to engage in sexual activities. Bate and Munro (2014:257) present a similar argument based on this attitude of self-complacency. A medical doctor asked a young man how many girlfriends he had, and he replied that he had six girlfriends and that he had sex with all of them using condoms. This young man was a youth leader in his church and used to receive Holy Communion every Sunday. Therefore, we need to empower the youth with inner power.

A new intervention in the form of personal integrity needs to be developed. De la Porte (2006:69) shows that integrity is very important and has a lot of value because it defines who a person is. This is what the future mission praxis needs to empower the youth and rather than

with the use of condoms. The youth should not constantly be negotiating condom use with their peers. The programmes should assist the youth with the formation of their personal consciences, where each one has negotiating power and the ability to use their will. The new insight in the researcher draws from this study is that, even if the RCC is advocating for abstinence and fidelity. However, the use of condoms is a reality in South African and, in the Sterkspruit context, the church must come to terms with this fact that the youth in the church are sexually active and use condoms. The researcher has also analysed the themes and categories in Chapter 5 and 6, which are all contemporary in the Sterkspruit context. The church feels it is not logical to talk about condoms and accept them as a form of prevention for the sexually active youth in the church.

6.11.2 Spiritual and socio-economic aspects

In Karecki's (2003:14) cycle of mission praxis, she put spirituality at the heart. It is necessary for programmes such as the EFLP to make new contributions to the spiritual aspects of behaviour change. It is the role of the RCC to engage with the social issues that affect the youth. Like other churches, the RCC must have a holistic approach to HIV and AIDS which can be done spiritually. The researcher challenges the RCC to change the way it ministers to its youth by starting its programmes at the mother's breast. For the RCC to offer a long-lasting solution to the HIV and AIDS epidemic, it must look at where the basic human values are given which is by the mother at home. She is the first one to have close contact with the baby at her breast while feeding. A very strong fundamental strategy is to minister to the child while it is still at the breastfeeding stage. The mother wants to have a healthy child, both in mind and in body. As the child develops from infancy to childhood, youth and adulthood, so should that child be offered catechesis. The role of the parents, especially the mother, is the sharing of knowledge about faith and secular life. There is a deep relationship between mother and child while breastfeeding and this type of relationship should be used to tell stories about HIV and AIDS. Knowledge can be passed on from the moment the child starts to say 'Mama' and can become systematic teaching about HIV and AIDS in an African Christian context. The family is the first school and community.

Once a child has had a safe and loving background at the mother's breast, it will pave the way into adulthood. Many children are HIV positive due to the transmission of the virus at birth or by breastfeeding (Van Dyk, 2005:31). Mothers have the responsibility of explaining to these children how they were infected, and the RCC has a role to play by finding new ways of ministering to such families. Mothers should become the first HIV and AIDS facilitators for their own children while still young. This can be the new Christian approach and methodology.

6.11.3 The vulnerability of the household due to poverty caused by HIV and AIDS.

According to Nash and Whitehead (2014:2), children and the youth are the most vulnerable groups of people when it comes to poverty in South Africa. Missiologist should focus on the micro-level theology of the family role. One has to ask and know that economic structure of which the gospel is being preached. The HIV and AIDS epidemic calls for a multi-sectorial approach to address the issues of poverty, oppression and exploitation. This approach should also focus on the motivation of the youth to do something about their household income and economic development. Baron (2017:2) reminds us that the church is missional, and it has to be a community servicing humanity. The youth have to witness by looking forward and not back on their past negative lives or conditions of poverty. The EFLP offered the opportunity for them to express their views without subjecting them to any social, cultural or religious practices or teaching against their will. Mission is about witnessing to the entire world; therefore, many families have been affected by poverty due to the death of the breadwinner in the household.

Van Dyk (2005: 27) points out that children, especially young girls, drop out of school due to lack of income. This is the time for the family and the church to offer witness to the world since that household's economy has changed negatively. The church and the family may come up with a new income-generating model to sustain the family income. Klaus (2015:78) argues that women should overcome their dependence on men and should have all their basic human needs. In the long run, such dependence can lead to HIV transmission. However, once the family has got enough food there will be no need for the young girls to look for money outside the family household. HIV is transmitted sexually. According to Klaus (2015:23), three million children are HIV positive, and 17 million below the age of 17 have lost one or both parents

resulting in poverty. The RCC needs to look at food security and to have a self-support system. The researcher joins such voices by arguing that in each household there should be a vegetable garden to offer vitamins, a balanced diet and sale of surplus supply to bring in an income. All these can be used as strategies to deal with HIV and AIDS prevention within a household. A poverty-stricken family will not be able to accept the gospel in the same way as those who are economically rich.

6.11.4 The youth to be the one to design HIV programmes.

Missiology aims at developing local churches or families from grassroots. This empowerment of the youth calls on them to be part of the group who design programmes such as the EFLP and other future behavioural change programmes. This may lead to the development of ethical leaders within the community and their churches and responsible citizenship in the context of their own community and needs.

6.12 Conclusions:

After this study, there is enough evidence that the broader literature has been in line with the primary data. However, there are some inconsistencies in the outcomes especially when it comes to condom use and sexual behaviour. For example, youth were taking sex delay as a value. There were also fewer sexual activities and sexual partners, and they became more responsible in their sexual relationships. This change of behaviour led the youth to be active in school activities such as sports, seminars and drama. All those activities create a positive self-image, their school performance improves, and they do better in their subjects and school duties. The results from the interviews show that the EFLP helped the youth to become much more open about discussing the issues of HIV and AIDS and sex. They came to understand the consequences of sex before marriage and the risk involved.

The youth became very strong in their attitudes, and their conduct improved. The EFLP transformed them into better people, from being hooligans to becoming very positive young

people. Even the parents attributed the EFLP to the decline in the teenage pregnancies. One of the youth indicated to the researcher how she used to drink a lot, but now she is a very sober person after the EFLP demonstrating a change in undesirable behaviours such as alcohol and sexual abuse.

Some of the young people started good practices such as attending Sunday worship, participating more in church activities, and some became facilitators in their youth clubs. New leadership skills have been used by the youth to empower the young girls as some of the young men still have the traditional belief of being the head of the house.

Despite the challenge and limitations faced by the EFLP, it did lead to a change of behaviour and thus led to a low HIV and AIDS prevalence. The EFLP helped the youth to abstain from sex and to delay sex until after marriage, but this might not be sustainable in the long term. There were not many follow-up workshops, but there was evidence that the youth had increased their knowledge about HIV and AIDS. Correct condom use still remains a challenge among them which this may be due to a number of factors such as cultural practices, church teaching and gender balance. Stigma within the youth was a great challenge, but after the EFLP there was less stigmatisation of those who are HIV positive. The EFLP did not touch the majority of the community as it did not engage the young people who do not attend the RCC.

Lastly, the theory of reasoned action confirmed the data from other literature overviews that behaviour change programme interventions among the youth can lead to a low HIV prevalence. Behaviour change if one has to apply all the propositions of the theory of reasoned action can delay the onset of HIV. However, this study did not offer any statistics on the intervention of EFLP and behaviour change was not easily measured. Yankah et al (2008:481) argue that, even if life skills play a great part in behaviour change. However, they did challenge the theory of Fishbein and Ajzen that one will need to know and apply the other proposition. No one approach can be said to be the answer to behaviour change; there is a need for an overall approach. Another observation was how the EFLP sustained its responses to behaviour change and HIV prevention.

It is evident to say that the EFLP offered information on HIV and AIDS, reduced social stigma and offered life skills but overall one can say that HIV prevention is a process and not a short

and quick fix. In conclusion, the EFLP appeared to have a positive effect on the behaviour of the youth of Sterkspruit. The use of condoms among the youth and the church position still remains a challenge. A moral solution still needs to be found.

The next chapters will cover the theological reflection on the findings, offering a very clear understanding between the church and its youth to know and support them on the issues that challenge them and what transformation is needed. This chapter will offer faith, spiritual experience and reflection on the primary data and the data analysis.

CHAPTER 7: THEOLOGICAL REFLECTIONS

7.1 Introduction

This chapter has been developed based on the data analysis, which explained the position of the RCC on its teachings on matters of morality and HIV and AIDS prevention. Karecki (2003:63) argues that, in this stage of the cycle of mission, one should focus on contextual theology and move into the theological reflection. For the researcher to understand these realities it is better to have theological themes and reflect on them. HIV and AIDS are not only a theoretical reflection but a real-life situation in the church. A theological reflection is an indispensable requirement in studying and analysing the lived experience of the youth. Baron (2017:1) argues that youth are the most vulnerable group in the church. The youth are the most involved group in the RCC in the Sterkspruit Parish. They need to be empowered and prepared for leadership in the current and future church. Youth are very dynamic, and they can be a tool for transformation to impact on the church's role in HIV and AIDS. So far, there has been a discursive transition from identification and context analysis in Chapters 2, 3 and 4 to theological views in this study of mission.

This leads to new insights on the issues of HIV and AIDS prevention from the perspective of faith and action in the context of the Catholic faith and its teaching in which this study has been embedded. Wyngaard (2015:411) argues that, for us to know God, we must be in a relationship with Him as those who are actively involved in *Mission Dei*. Hence, in this chapter, the researcher will deliver his reflections on the understanding of God's stance on the present situation of HIV and AIDS among the youth of Sterkspruit and how the Catholic Church responds to it in an active way. This chapter will thus focus on the third stage in the praxis cycle, namely, theological discussion and reflection as a theology of active experience of the people.

Wyngaard (2015:411) suggests that the church regards issues of HIV and AIDS not as a charitable act but part of its overall mission of God. Therefore, the researcher will draw on the gospel and the teachings as well as the traditions of the Catholic Church to examine issues relating to HIV and AIDS prevention. Maluleke (2001:125), observes that in regard to the training of church ministers, it is evident that less has been done in our theological preparation on issues pertaining to HIV and AIDS in our churches. This chapter will consequently lay emphasis on the church's beliefs, convictions and spirituality with a view to developing mission strategies to questions raised by HIV and AIDS.

The researcher took a particular interest in finding out what the role and vision of the RCC has been with regard to the prevention of HIV and AIDS, particularly among the youth. There will be a reflection on the various themes in the light of the gospel and in the pastoral plan of the SACBC, as well as other fundamental traditions and moral teachings of the RCC. In this chapter, the researcher will also deal with the role of moral teaching, scriptures, evangelisation and other issues such as stigma and discrimination with a view to proffering positive values and outlooks to both affected and infected persons. In this chapter, the term churches will be used to denote other churches in the context of dealing with the various theological and ethical facts of HIV and AIDS.

7.2 The process of theological reflection

The researcher's aim in this chapter is to ascertain whether the EFLP was consistent with both the teachings and care ethos of the Roman Catholic Church. Therefore, in this chapter, the researcher will offer a summary of the key themes that emerged from the study in relation to theology. The views and understanding of the youth from this study shows the impact of HIV and AIDS on the church and its mission. This theological reflection will indicate how sensitive or insensitive the church has been with its teaching on HIV and AIDS (Klaus: 2015:69). The church is about human beings and their livelihood and mission praxis. The church stands with the people as they face the HIV and AIDS crisis in their daily faith. Her mission comes into play

to the extent that the church must get actively involved in the search for solutions to human problems and developments by calling on new models of mission. In that regard, Mashau and Kritzinger (2014:73) suggest that the church has had to move out of its comfort zone to find the kind of good news that speaks to contemporary situations by focusing on justice and healing.

In relation to the message of hope by the Bishops of the Catholic Church in Southern Africa, Duffy (2007:49) sums up that the Bishops gave a teaching on basic preventative methods, which entail being faithful to oneself and others, abstaining from sexual intercourse, being faithful in marriage and delaying initial sexual activity. For married couples where one partner is infected, it is recommended that the parties involved must listen to and follow their consciences by deciding with their partner whether or not to use condoms. This means that people can go against the teaching and become responsible for themselves in areas of HIV and AIDS and take steps to protect themselves and their partners.

According to Bate and Munro (2014:43), the Catholic Church took the HIV and AIDS epidemic seriously from the outset; it provided a theological response and discussion on different topics dealing with HIV and AIDS such as poverty, economic evils, sex education, condoms, leadership, treatment, prevention and sacredness of life. Thus, it was in the context of the call of liberating the youth within the church and outside that the church supported the Education for Life Programme (EFLP) as an action plan to prevent, care for and improve the lives of the youth. This has made a great impact on behaviour change, as reported in the previous chapter. The church has to reflect critically on its mission praxis, values and virtues. Wyngaard (2015:411) points out that any practice or programme about the youth must find its rationale in the God who calls us to participate in his *Mission Dei*. The researcher therefore reflected on the Catholic Church teachings and documents in relation to missions such as the *Humanae Vitae*, *Mission ad Gentes*, the Pastoral Plan of the Southern Catholic Bishops Conference (SACBC), the Message of Hope and the Catechism of the Catholic Church (CCC) in relation to HIV and AIDS prevention and training. A number of challenges facing the Catholic Church were noted, some of which are mentioned below.

- (a) Human sexuality, chastity, abstinence from sex, faithful, delaying sex among the youth.
- (b) Different views on condom use and contraception. The moral law focusing on the psychosocial dimension of our youth in today's fast-changing environment.
- (c) Human behaviour, which deals with personal morality.

These challenges are borne in mind as the researcher carries out theological reflection in this chapter. It is worth noting that these aspects will be discussed under the themes of teachings, service and pastoral care. At the end of each section, the researcher will offer a summary in relation to HIV and AIDS.

7.3 The social and moral teachings and HIV and AIDS prevention

Every local church is called to reflect on its mission and response to the issues that affect it. The church has been focusing on moral and social teachings as a way of dealing with HIV and AIDS within a broader framework. This holistic approach to HIV and AIDS has made the church a unique structure. Mashau and Kritzinger (2014:70) call on churches to look at the deeper level of human suffering theologically. The Catholic Church, in its mission, is called on to look deeper in a holistic way in its approach to HIV and AIDS. The church responds to these issues in its pastoral actions and spiritual reflections. It has produced a number of documents and teachings on the subject with a view to challenging the status quo. Thus, Catholic moral theology seems to have narrowed to the behaviour change in the EFLP. The researcher reflected on Catholic theology with regard to its understanding of behaviour patterns and attitudes that foster a low prevalence of HIV and AIDS.

The social teaching of the Catholic Church does not consist of a single document that provides us with a clear model for responding to the world around HIV and AIDS but consists of a compendium of documents written by Popes, Vatican Councils, Bishops' Episcopal Conferences

and Special Commissions. These documents challenge us to change the way we view the reality of HIV and AIDS, look at our society and the world in a different way and question the things we take for granted and accept because 'that is the way things are'. Instead of just accepting the world as we find it, we need to analyse it and our community using the teachings of the RCC and theological studies from other denominations and government input. Kgatle (2018:5) suggests that this will offer a holistic view which is open and tolerant of all approaches to prevention of infection and we will then be able to act appropriately and responsibly as Christians, to critically assess the HIV and AIDS situation.

The church's social teachings provide us with values and guidelines for establishing the underlying causes of HIV and AIDS and how we can find new ways of HIV and AIDS prevention by determining what action we should be taking as Christians in response to the needs and problems in our community and our world coherently and consistently. A person is both body and spirit, according to Kgatle (2018:5). It is necessary to reflect on other perspectives; thus, as established Chapter 5, studies that deal with the body and the spirit of a person need to be undertaken. This is called a cross-cultural approach and promotes healthy sexual behaviour holistically. Schools, government departments and community groups should all play a role in HIV prevention.

Drawing on the teaching of the gospel, the church's social precepts have called it to respond to the HIV and AIDS situation to become the proverbial 'salt of the earth' and 'light of the world' (Matthew 5:13-14). The purpose of these social teachings is to support and liberate people both spiritually and, in every day, matters as they go about their daily lives. In short, the teachings of the church help people to question and find answers to events that interrupt life. The social teachings deal with all areas of our lives, economics, politics, social and cultural. As things change in the world, it becomes necessary to adopt different and better-adapted social teachings that can help us respond appropriately to these changes. The social teachings are written in response to what is going on in the world. The teachings deal with themes such as human rights, marriage and the family, peace, disarmament, relationships between nations,

and private property. However, this thesis focuses mainly on the current issue of HIV and AIDS prevention among the youth.

In summary, the local RCC in Sterkspruit has responded to the social teaching of the church and to the needs of the people by addressing the HIV and AIDS epidemic. It has called to each local church to get involved in addressing long term responses to those who are living with AIDS and HIV in their communities. At the same time there is a call to develop a written social theology of healing that focuses on HIV and AIDS (Mashau & Kritzing, 2014:71).

7.4 A call for conversion (metanoia) and HIV/AIDS prevention

Mangayi (2017:82) suggests that conversion may be both psychological, which is a new way of looking at things with an open mind, and theological. Theological conversion deals with both *metamelonai* (which is a state of being anxious or regretful) and *metanoia* (turning to God). This is done in faith and prayer that will lead one to repentance (Romans 8:1-3). In this context, God speaks of the HIV and AIDS epidemic among young people as a calling for conversion '*metanoia*' or a change of heart or mind. Mangayi (2017:81) emphasises that conversion also deals with the attitude of a person who is undergoing a change. It is through the love of Him that God gives us that new heart. In his post-synodal apostolic exhortation, *Africae Munus* (2011:14), Pope Benedict XVI presents a similar argument, that human beings must discard all things that undermine their lives.

The gospel of Mark (1:15) beckons us to embark on this journey of conversion. In the context of this study, conversion means to turn away from all negative peer pressure, media influences and opinions. The act of conversion also entails refraining from individual attitudes and tendencies such as extramarital sex, substance abuse (alcohol, drugs), and actively avoiding sexually transmitted infections (STIs) and HIV/AIDS. From the theological point of view, behavioural change is a process of turning away from sin. Transformation to believing in the

Good News was evident in Chapter 5 Section 5.2.1, where the respondents learnt to be independent, faithful and trustworthy (Y2).

Duffy (2007:17) argues that the conversion process is constantly impacted by one's family, friends, education, faith and environment and everything that surrounds an individual. Mangayi (2017: 82) presents a similar view to illustrate that all human beings have the potential and capacity to undergo transformation. This conversion or a transformation depends on a number of factors. The TRA mentions the principle of subjective norms which is a strong strategy for motivating people to change. The desire to belong or to please those around one may be a reason for a change of heart or mind set. There are other variables that can lead to a change in behaviour. For this study, it was mainly the role of parents, rewards from the EFLP and peers that brought about a change in behaviour. In Chapter 5 Section 5.2.4, on the theme of Growth, Maturity and New Responsibilities, the respondents maintained that they become role models to others. For example, one respondent said:

The EFLP helped me to understand friendship and understand working in relationship, Question 11 (Y2).

People infected and affected by the HIV and AIDS epidemic have particular spiritual needs. One needs to reflect on the meaning of life and death. Jesus' ministry, according to Karecki (2003:30), begins with a call to repent and believe the Good News (Mark 1:15). For Jesus, it was, and still is, a time for the fulfilment of what God promised. He tells us that he is the Messiah we have been waiting for and has come to take away our sins; hence, there is no fear for AIDS and HIV sufferers. They should not feel guilty for having contracted HIV. No one should be condemned, judged or stigmatised merely because of their HIV status. If they sinned, simply accepting and following Jesus' ways and teachings will pardon them. They have to turn to Jesus, not simply out of terror and desperation, but in faith and love. This process is what is generally referred to in Catholic theology and doctrine as 'ongoing conversion'. This was seen in Chapter

5, looking at the findings and the evidence from the participants. They developed the ability to make positive choices about their lives.

This conversion calls for positive transformation and change in people's attitudes and values, especially in the area of human sexuality. To begin to change, one has to make a deliberate move in that direction. Such a move initially requires that one realise the need to change. One has to believe that they can change by invoking the power of the Holy Spirit to help them overcome any internal resistance to the desired change of the EFLP. This is what Karecki (2003:30) calls the 'knowledge of ourselves'. The researcher agrees with this argument to the extent that spiritual conversion of the self-starts from the point of knowing what is lacking within us and how Christ comes and calls us to consolidate and participate in God's reign on earth.

The church teaches that there are times when our lives are full of pain and suffering. The Catechism of the Catholic Church (CCC 1992:377, No 1521) teaches us that people suffering from illnesses, such as HIV and AIDS, can be anointed; they may even receive the sacrament of Penance with the Eucharist. The sick person thus gains strength through becoming closer to Christ, and this is what is sometimes referred to as unity in the Passion of Christ.

The letter of Saint James (5:14-15) gives particular meaning to the suffering of the people with HIV and AIDS. Christ abides by us in our suffering; He is never absent, but constantly present. Therefore, there is no need for fear or feeling unworthy in the presence of God. What is important is to make that journey of conversion in every situation of one's life. There is a call for conversion in and through the various people whose paths and destinies cross ours. This journey of conversion also requires one to be a person of prayer, as prayer is the spiritual tool that helps overcome whatever struggles or temptations may arise in the process. The story of the prodigal son in the gospel of Luke (15:11:32) gives a perfect illustration of a young adult going through the process of conversion.

Bosch (2002:113) presents a similar argument based on the Luke's missionary paradigm. The story of the prodigal son consists of repentance, forgiveness and salvation of the younger and elder son. Houwen (2013: 39) argues that the younger son heard the voice of conversion and experienced that unconditional love of the father on his return. Those who have been infected by HIV due to their negative lifestyle need to change, and this means only having sex within the marriage and abstaining from sex beforehand. The younger son had to choose to return to his father's house or to remain in a painful situation; he looked at his inner life which is the conversion of the whole person. This was in Chapter 5 Section 5.2.5 Theme 5, on the impact of spirituality.

The youth who participated in the EFLP had their eyes opened, just like Paul on the Damascus Road (Bosch: 2002:117). The participants were called to conversion through the community, supported by the theory of reasoned action with the elements of subjective influence by the parents and peers. Parents and peers are great motivators of behaviour (Moore: 1993:65). Duffy (2007:49) stated that the youth have to turn away from their sins and believe in the Good News (Mark 1:5; Philippians 2:15-16). There is a call to action to break the silence around HIV and AIDS and bring Christ's healing ministry to the neglected and the forgotten by reaching out to them. They called upon all the lay organisations, priests, religious, and pastoral workers to join hands in dealing with HIV and AIDS. This call to action aimed at the inner transformation of the whole person and expressed mercy and love to people with HIV and AIDS. The last call is related to prayer. In that regard, God must be called upon to perform a miracle by bringing about inner freedom to all people so that they can choose the right way to uphold human dignity.

Karecki (2003:70) points out that Jesus is with us in our struggle of conversion in the face of the battle against HIV and AIDS, as he was in the garden of agony. The Catholic Bishops of Southern Africa have used biblical texts, gospel, values and beliefs to share with married people and the youth

in the *Mission Dei* as well as those living with HIV/AIDS. In their message of hope, the RCC Bishops argue that the following results were significant; there was hope, among those who were HIV positive.

The researcher concluded this reflection on conversion and transformation with the following suggestions. Those who are HIV positive should know that they are loved and forgiven by God. The Lord does not abandon them, they have to accept their status, and the RCC has welcomed those who are infected by reaching out to them. At the same time, the leadership in the church and the youth should be called to the conversion of attitudes and spirit to those who are HIV positive (Mashau & Kritzinger, 2014:77). Those who feel marginalised by the stigma of their HIV and AIDS status should feel welcome in the church.

7.5 The role of scriptures in education for behaviour change programmes and HIV/AIDS prevention

West (2003:335) in his article on the use of the Bible quotes a woman who said:

I would rather come to the Bible study than go to church.

The church has recognised the use of scriptures as the fundamental basis for theology in general and moral theology, in particular. There is indeed a biblical approach to moral issues such as human sexuality, including HIV and AIDS. Lombaard (2009:112) suggests that the Bible offers a number of texts to teach about human sexuality, for example, Genesis 3, which is seen as the history of sexuality and Exodus 20:14 "*Thou shalt not commit adultery*". The Holy Scriptures played a vital role in shaping youth behaviour in the EFLP and ensuring that individuals experienced sustained change. Saint Jerome once said:

Ignorance of the Scriptures is ignorance of Christ.

Therefore, in the EFLP, the Bible was used in the workshops so that the youth could share the word of God in relation to their behaviour. Pope Benedict (2011:34) offers a similar suggestion that using and studying scriptures is a positive way of putting Jesus at the centre of life. Chitando and Togarasei (2008:4) acknowledge that biblical texts must be used to address issues of today such as HIV and AIDS. By using the scriptures in this way, the word of God becomes relevant to those who read it. This helps in dealing with negative influences such as drug abuse and sexual practices such as extramarital sex, homosexuality and prostitution that can destroy people's lives.

The EFLP has a scriptural base. Right from the outset, the programme was founded on the Scriptures and entailed reading, listening to and meditating on the word of God. The EFLP largely draws on the gospel, according to John (10:10). This scripture attempts to describe how the power of God can change and influence the attitudes, values, behaviours and beliefs of the youth. The Bible, as the embodiment of the word of God, is used in the programme to find out in what ways and respects the scripture speaks to youth affairs in the context of actual contemporary human experience and behaviour. Using the Bible helps one to reflect on the living word of God. The word of God becomes active and alive by allowing the youth to view their present behaviour through the moral lens of the Holy Scriptures. Mboya (2010:126) presents a similar view that we in the church have to use our resources and traditions, such as the Bible, to educate the community that Christ comes to them and that this encounter enriches them in terms of their attitudes and behaviour.

Scriptures, as a dimension of faith, serve as the core of the EFLP, which has helped sustain the process of behavioural change. The human spiritual aspect of the programme is very important, and the faith, values and religious affiliation of programme participants are encouraged and respected. In the context of the EFLP, Scriptures were used as input aimed at nourishing the lives of the youth, both spiritually and morally. There were scriptures from both the Old and New

Testaments that addressed topical themes and issues such as self-esteem (Psalm 139), repentance (Isaiah 1:18-20), hope in Yahweh (or God) (Isaiah 40:29-31; Jeremiah 3:3:12-13; Matthew 5:23:25; Romans 7:14-25; 1 Corinthians 6:1-20) and immorality.

Wyngaard (2015:419) acknowledges that the church has a role to play by using the scriptures to enter the lives of its youth. The EFLP is also a vehicle for promoting the image of God who enters into the pain and joy of the youth. The Catechism of the Catholic Church (1992:29) teaches us

that:

In many ways, men have been given expression to their quest for God in their religious beliefs and behaviour, in their prayers, sacrifices, rituals, meditations and so forth.

This is why the EFLP promotes the image of a caring God, which is both noble and beautiful. It can be surmised that the nobility and beauty of the image of God must be reflected in the physical, emotional and spiritual appearance of the youth, especially those who are suffering from HIV and AIDS. The EFLP fosters this image of God, by caring for its youth, educating them and giving them life skills. Kgatle (2018:5) presents a similar argument that there is a need for all the stakeholders to offer the youth a holistic education on HIV and AIDS as they need information that is scientific, spiritual and theological.

Behavioural change does not occur in a vacuum; it is driven and underpinned by faith. Thus, faith is a critical underlying component evident throughout this Scripture-based programme. For example, if one has sinned, one can be redeemed by the power of Christ. This faith brings one to see the help of Jesus' healing power and being part of the sinner. In the Gospel according to John (9:1-3), when the people asked Jesus about the sin man who was born blind had committed, Jesus replied to them saying he did not commit any sin; neither did his parents. On

that basis, people with HIV and AIDS should not be judged. The moment one comes to trust in the healing power of Christ, one becomes open to a better life and becomes recognised in Jesus as well as other human beings.

Nash and Whitehead (2014:200) remind us that young people need to be helped to know the Scriptures, and we should not fail to help them come to this understanding. If we fail, we will only leave them without tools to manage their lives.

To withhold head knowledge is to deprive young people of a vital resource (Nash & Whitehead, 2014:200).

Thus, the youth in the EFLP needed to acquaint themselves with the Scriptures to adopt new healthier, holier and more wholesome behaviour patterns. It is, therefore, crucially important that Scriptures are available to the youth in the context of programmes aimed at inducing behavioural change. Pope John Paul II (1995: 44) suggested that the Bible should be made available and accessible to all people, and there should be a good working relationship with other Christian denominations with particular regard to the Bible.

Scripture has a role to play in any HIV programmes. Lombaard (2009:118) reminds us that there should not be opposition between the use of Scripture and HIV/AIDS and ministers should use the scripture to heal and teach. Kgatle (2018:2) suggests that church ministers should use the scriptures to discuss sexual and HIV topics with their youth. Scriptures should not be abused by using them to judge those who are HIV positive. West (2003:341) emphasises that all people should use Bible texts that are meaningful, powerful and true to the answer of HIV and AIDS. This is why the EFLP needs to apply the Scripture in its workshops by reading the text with the new eyes of those who are affected and infected by HIV.

7.6 Pastoral care and mainstreaming HIV and AIDS prevention in the mission of the church

The church has a duty to provide programmes such as EFLP to its people to address issues affecting their lives (Flannery, 1987:813). According to the Vatican Council II on the decree of the church as a missionary agent in its activity, *ad Gentes Divinitus*, the gospel has to be preached to all people. The aim of the pastoral care of the mission of the church is to gather its people (John 11:52) and to make sure that there is a new life in the lives of its members. In the context of this study, the aim of the mission of church activity is to bring about a low prevalence of HIV and AIDS among people of goodwill. Therefore, Wyngaard (2015:419) maintains that every church must be ready to meet and minister to the youth by offering them 'tangible hope'.

In her article, *The Body of Christ has AIDS*, Van Klindt (2008: L320) calls upon the churches to take part in HIV and AIDS prevention as part of its mission since it is the body of Christ on earth. The mission of the church, which was entrusted to it by Christ, is to bring about the light of Christ who embraced human nature take away the darkness of evil (Colossians 1:13; Acts 10:38). Based on the data gathered, pastoral care of people infected or affected by HIV and AIDS is usually a long process in the sense that it requires time and patience to develop a crucial initial rapport with people. Our role in the mission of the church is to be side by side with the youth and offer support by being present to them. The EFLP was born out of the mission of praxis of the Catholic Church. In the context of this study, the researcher reflects on it from a Catholic theological point of view, with particular reference to the context of behavioural change. The theological reflection in question is not aimed at providing answers or solutions to every human problem. It is intended to help the church appreciate the extent to which every pastoral care situation can be used by God to get people where He wants them to be. For example, even HIV-positive people could experience a considerable amount of love and growth in their personal lives.

In his Post-Synodal Apostolic Exhortation *Africae Munus* epistle, Pope Benedict XVI (2011:66) expresses the church's role in the field of health care by pointing out that the church has always

been concerned about the health conditions of people. Thus, the church today must follow the example of Christ, who was involved in the healing ministry (Mark 1:32, 34; 6:13, 55). Care for the sick has been at the core of the church's pastoral care activities. Mashau and Kritzing (2014:78) present a similar view that, in the story of the man born blind (John 9:16), Jesus was so caring that, even on Sabbath, he healed this man. The church has provided counselling, spiritual support, prayers, liturgies, anointing services, memorial services, rituals, home-based care (HBC), care for orphans and vulnerable children (OVC). Kgatle (2018:5) presents a similar argument based on the mission of the churches that they should speak about spiritual, psychosocial and physical needs. This can be done by offering food parcels, helping to secure identity documents and social grants, dealing with poverty and unemployment and focusing on the youth and HIV/AIDS prevention programmes such as EFLP.

Bate and Munro (2014:45) argue that, in its bid to respond to the HIV/AIDS pandemic and to reach out to those who are marginalised and vulnerable in their community, the church must be moved, informed and driven by the very mission of Jesus Christ. The writers further contend that the Catholic Church has offered a lot of pastoral care in terms of time, talents and resources to people in South Africa, far more than any other organisations, apart from the government (Bate & Munro, 2014:38). This has been the case in the Sterkspruit Parish. However, the challenge is still to work with the government and other denomination rather than work alone. This could be attributed to the fact that, according to UNAIDS 2018, South Africa is one of the countries with most people living with HIV, as evidenced by a high adult HIV prevalence of 17.9%. The church has established partnerships with government and non-government groups and other stakeholders with a view to reducing HIV and AIDS morbidity rates.¹

¹ Morbidity rates: This terms refers to the how many people have got a particular disease in a given population. In this case it is used to know how many HIV people are infected. This helps one to know how to reduce the epidemic. Morbidity also deals with the state of mind focusing on attitude and quality of mind.

Mboyo (2010:121) suggests that the church should respond to the HIV and AIDS epidemic by drawing on its norms, beliefs and doctrines on the use of condoms, the demonisation of HIV and AIDS, judgemental views of those who are HIV positive, views on prostitution and homosexual people. Bate et al (2014:43) point out that the Catholic Church has been at the forefront of HIV and AIDS-related prevention and care initiatives. Through its own diverse HIV and AIDS programmes, the church has been able to reach out to HIV-positive people, both within and outside its ecclesiastical jurisdiction. In its ministry, the church is increasingly called upon to respond to HIV and AIDS by acting as the voice for local communities. Bate et al (2014:304) also point out that to find real-life answers, the church has to turn to the people to engage them on their current challenges. It thus calls on the youth to focus on Christ's way, which promotes temperance, coupled with a sense of responsibility for oneself and others.

Therefore, all the churches should become open to the issues of sex education. Such pastoral care, as dispensed by the church, is aimed at bringing Christ to those who are infected and affected by the epidemic. In its teaching, the church should emphasise the beauty of human sexuality in all its pastoral care ministries and not look at sex as something that is evil and bad.

7.7 The role of spirituality and faith in behavioural change for HIV/AIDS prevention

Lombaard (2009:107) defines spirituality as an orientation that helps an individual to have meaning or purpose of responding to the questions of life. Spirituality is not only about conversion and faith, but also matters of sexuality, so the role of spirituality is a critical element of change in the EFLP. It has to be a way of life that fosters refraining from anything and everything that is detrimental to health. According to Mboyo (2010: 132), the church calls upon the youth to be enthusiastic about religion and clearly see faith as central to their lives and their commitment to change. Flannery (1982:478) contends the Vatican II recognised and stressed the role of faith and the use of Scripture in the daily lives of its members. This will offer a belief that there are life and dignity even after being diagnosed HIV positive.

What is needed in the Sterkspruit Parish and for those who work with the youth, are opportunities to help young people develop and grow in their faith. The findings in Chapter 5 Section 5.2.5, show that 68% of the respondents were very positive about the outcome of the EFLP on their personal spiritual growth. On that score, according to the EFLP study, groups such as SCC, praise and worship groups, vocation workshops and other religious activities are needed as part of faith formation. In the same vein, Healey (2004:30) suggests that SCCs add great benefit to faith and it can be derived from such prayer groups in the sense that they are places for restoration of life in a community way. In other words, they are a lifeline communion ecclesiology. The youth in Sterkspruit parish can share their faith and be in fellowship and intimacy with each in the SCCs. The SCCs assist them in dealing and coping with the challenges of HIV and AIDS and other social ills such as poverty. Therefore, in the EFLP, sharing faith in the SCCs is a critical element for bringing about a sustainable change in the lives of those who participated in the programme.

During the EFLP workshops, young people used music as well as praise and worship sessions with prayer and song to deal with issues of faith seeking. Prayer groups were often very effective in the sense that they could help consolidate the young peoples' resolve to change their behaviour. These suggestions made it clear in Sterkspruit Parish that there was a discernible positive impact on their faith. Faith-seeking poses particular challenges in rural areas because there is a lot of boredom among young people. It can thus be surmised that EFLP helped young people use their energy and talents to make a unique contribution to growing in their faith.

Faith plays an important role in the EFLP; there seems to be a link between faith and behaviour change. The use of the Bible and positive theological teachings can offer the dignity of hope. The use of the SCC as a prayer form always asks what shall I, or we, do to respond to the Bible text. The youth need to know that Jesus died for them and rose for all sinners. West (2002:335) points out that Jesus always stood on the side of the poor and he was their friend, so friendship with Jesus is, therefore, an essential catalyst in behaviour

change. Nash and Whitehead (2014:2) states that Jesus was a friend to those who were marginalised, poor and vulnerable and he always reached out to them. Jesus is acutely aware of the challenges and weaknesses the youth face in their daily lives. Nash and Whitehead (2014:107) comment that many youths in these modern times are uprooted, insecure and vulnerable. However, Jesus does not give up on them in such a desperate situation; He emptied himself for us. Thus, we can, in return, also let go of our negative behaviour and attitudes and acquire new behaviour. In the spirituality of the beatitudes, the Gospel of Matthew (5: 3-10) talks about the poor as people who need to be cared for. In this instance, our poor would be young people with HIV and AIDS.²

There must be a link between faith and the lived experience among the youth. Latch on the notion of preferential option for the poor and its implications for mission of the church. Bosch (2002:117) offers the spirituality of the poor and the marginalised; he suggests that Jesus preaching at Nazareth (Luke 4:16-30). Luke's gospel, in our context, takes into account those who are affected and infected by the HIV/AIDS epidemic and they are the poor of Luke, in need of both spiritual and physical healing.

The theological reflection fits well in the evaluation of the EFLP by assessing its role in the light of the spirituality of John 10:10. This is a spirituality that calls upon the youth to be empowered to be responsible for dealing with their bodies in matters of sexuality, in line with Christian values, attitudes and behaviour. Pope Benedict XVI, addressing the church in Africa (2011:37), encouraged the youth not to be afraid to stand up against those who oppose the teachings of the church when it comes to the culture of death as opposed to the culture of life. These concepts of the culture of life are rooted in the Scriptures, which brings about a change in the lives of the youth (Romans 12:2). Thus, this spirituality calls upon one to be faithful to oneself, to show willingness to abstain from sexual intercourse until marriage and to exercise self-

² According to the teaching of the RCC, there are seven sacraments in the church. One of these seven is the anointing of a sick person with the blessed oils of the sick. The sick person is prayed over by the priest and anointed with oil

restraint. Lombaard (2009:109) presents a similar view that in some cases, sex acts are just mechanical, pleasure less and inhuman.

This spirituality aims to bring about a kind of transformation and behavioural change rooted in Christ. The spirituality of that was promoted by the EFLP, which calls for the healing of soul and body. This view is also supported by Lombaard (2009:110) who argues that the human body should not be seen as a negative thing with the soul being seen as the only important thing. By continuous conversion and personally carrying one's cross every day, both the body and soul are what makes us human beings (Matthew 10:38). Taking one's cross is a means of spiritual transformation. This was one of the main themes in Chapter 5 Section 5.2.1. According to Nash

(Mark 6:12-13; James 5 :14-16). This sacrament is for healing and saving the sick person. The Lord offers life and if that person has committed any sins, they are forgiven (CCC 1994:373).

and Whiehead (2014:66), transformation is more than just material; it can be both spiritual and physical. In this thesis, transformation by the EFLP was mainly by a spirituality that fosters forgiveness, abandoning negative behaviour and adopting new positive values and attitudes with the help of prayer. The prodigal son on his long way home was an example of transformation (Luke, 15:11-32). He travelled in the right direction which led to a change of behaviour, and he was able to undergo a spiritual transformation with the help of God (Nouwen, 2013:52).

However, the researcher has also recognised the limitation of the use of the Scriptures as the facilitators are not necessarily Scriptural scholars. It can thus be argued that we cannot use Scripture to deal with each and every moral issue without paying due attention to and making use of, other factors such as prayer and cultural elements. For example, there is no mention of the HIV virus in the Bible and no traditional African cultures; however, we can give it a theological perspective by the use of other diseases in the Bible such as leprosy. The Bible must be read in context to be meaningful.

Lombaard (2009:110) argues that, in our programmes, we should emphasise the importance of both spirituality and sexuality so that sex and faith may meet. The spirituality in the EFLP helped the youth to love their bodies and to respect the bodies of others. In Chapter 5 Section 5.2.2 on the impact of the RCC teaching on sexuality, the participants pointed out that the EFLP led them to have self-confidence, self-esteem and self-value of their bodies and those of others. There is, therefore a need to look at the spirituality that supports both the body and the soul as it is said in our Apostle's Creed

I believe in the resurrection of the body and the soul.

Wyngaard (2015:421) seeks to illustrate that the church can become relevant to the youth spiritually if it touches their needs. In Chapter 5 Section 5.2.5, the theme on the impact of the EFLP demonstrated that there was more inner power to pray as the youth reported that they became more prayerful after the EFLP. There were also reports on the increased presence of God in their lives. For example, one the respondent had this to say about prayer:

...to pray with my family, and I am able talk about HIV AIDS with my family (Y1).

I used to go to work without prayers.

One participant expressed how she no longer seeks power from others but from within herself with the power of God:

(The EFLP) has planted seeds in my heart.

All church HIV and AIDS programmes should have a spirituality that talks about the body as being a temple of God and should be in position to call for behaviour change among the youth. This spirituality should teach them and offer a high level of empowerment on how they can handle their bodies and not misuse or abuse them. This spirituality should help them to act on life giving behaviours and not on the life-killing actions. This is what Kgatle (2018:6) calls the spirituality of commitment.

7.8 Evangelisation as a vehicle for prevention in HIV programmes

In this study, the term 'evangelisation' does not mean *Mission ad Gentes* or going out to those people who do not know Christ. The term is used in relation to the daily pastoral work and overall process of spreading the gospel (Muller, Sundermeier, Bevans and Bliese, 1998:151). The term 'new evangelisation' on the other hand, means that the church has a duty to reach out to those who no longer practice their faith. In his post-synodal letter on the church in Africa (1995:41), Pope John Paul II lays particular emphasis on the mission of the church. He contends that the church exists to evangelise, meaning that, by its very nature, it is on a mission. Bosch (2002:120) has the same comment on this notion of the mission; he reminds us that the church has got a two-fold orientation, the inward and the outward vocation. It is the outward view where the church has to have an expansion. It was with this in mind that the EFLP engaged the youth by influencing their sexual behaviour. Pope John Paul II in his Post-Synodal Apostolic exhortation to the church in Africa goes on to suggest that evangelisation is for everyone who has been baptised, all are called to be the agents of evangelisation, and this is noble and an honour call to be able to proclaim the Gospel (John Paul II 1993:39).

For any evangelisation to happen within the church, there must be agents to be sent out (Romans, 10:14-15). Thus, the EFLP was started by the Catholic Church as a response to the pastoral concerns and needs of its youth, to be the voice of proclamation for bringing about change in sexual behaviour, especially among Catholic youth. The EFLP was aimed at combating the HIV and AIDS epidemic by using young people themselves as evangelists to their peers. This programme dealt with the evangelisation of the youth as an agent of mission praxis and a means to win souls by instilling new attitudes and behaviour to deal with the scourge of HIV/AIDS.

HIV and AIDS have been a serious social concern for the whole church but especially its youth, as they are the majority within the church (Pope John 1995:71). Bate et al (2014:114) observe that, since the onset of the epidemic of HIV/AIDS in South Africa, the Catholic Church, has

played a manifest role in addressing pastoral and theological challenges in the context of various prevention programmes, including the EFLP. The Bishops entrusted the EFLP to the Youth Desk which was tasked to drive the programme for the benefit of other youths so that the latter could become witnesses to the faith. It was realised from the outset that to make any headway with young people, especially with regard to bringing change in irresponsible sexual behaviour, the church had to use the youth themselves.

The programme adopted a participatory approach, in the sense that information about HIV and real-life experiences of programme participants were used to promote prevention through behavioural change. It is therefore fitting that a participatory evaluation has been conducted to reflect critically on the theological underpinnings of EFLP. Such an analysis could help enhance the theological awareness that has shaped this programme, considering that it is a Catholic programme which has been implemented by the Catholic Church. Vatican Council II presents a similar argument with regard to the missionary activity of the church, whose role is to evangelise in a manner that ensures that church-sponsored activities contribute to the overall good and well-being of people (Flannery, 1987:818).

The EFLP is a youth missionary activity that had its roots in the Pastoral Plan of 1989 (SACBC Pastoral Plan 1989:14). This Pastoral Plan took up different new tasks of evangelising using a whole range of ways and activities. One of those activities focused on the Christian education of children and the youth. It can thus be argued, against that backdrop, that the EFLP has been one of the new ways of spreading the Gospel (Ephesians 4:11-16) to ensure that the youth are saved from the scourge of HIV/AIDS and that they become aware of the truth in the process. The church is essential to:

...bringing the Good News to all the strata of humanity. Healey (2004:2).

Through the church's pastoral care ministry, the Good News of Christ is brought to people who are infected and affected by HIV/AIDS and is as a form of witness to them. Mashau and Kritzinger (2014:79) call this type of people the 'invisible people'. It is the role of the churches to reach out to these people, the orphans, widows and women and men who have been abused.

The church is a place of hope and healing where one needs to find answers to their faith, during which process transformation happens. Wyngaard (2015:421) presents a similar view that the church has to help the youth to participate fully in the mission of God. It is within the remit of the mission of the church to respond to the contemporary challenges and needs of the youth by offering people the joy of Jesus in the broader context of the reign of God. Bate et al (2014:115) emphasise that it is incumbent on the Mother Church to reach out to those who feel alienated and afraid by offering them new possibilities for transformation by mainstreaming HIV and AIDS in its entire mission. This role of words, teaching and actions have been carried out by cohorts of committed priests, religious people, NGOs and trained community-based volunteers, as is the case with EFLP.

The church has responded appropriately to this mission of the new evangelisation in a variety of ways by caring for those who are living with, dying from or affected by HIV and AIDS. Healey (2004:2) argues that there must be a relationship between what the church teaches and the lives of the people. Thus, through its teachings and day-to-day dealings, the Catholic Church has to deliver and witness the Good News to all God's people, including those with HIV/AIDS. The church understands that HIV/AIDS is part of its mission to reach out and minister to all people, including those outside its membership. This is God working in and through the spirit of the church to reach out to those who are suffering (Bosch, 2002:121).

The Catholic Church takes on the role of the prophetic voice, and it takes this very seriously. This enjoins us to listen attentively to the voice of God as it is expressed through the travails and experiences of people suffering as a result of HIV and AIDS. To evangelise as a witness, according to John Paul II (1995:60), the church also needs to undergo a certain deep

evangelisation. This means that the church needs to listen to those that it is preaching to. This is done by what Wyngaard (2015:421) calls outreach by going out to meet the youth where they are. In this case, people infected and affected by HIV and AIDS should feel welcome in the church; they should drink from the same communion chalice as other worshipers. It is written in the gospel according to John (3:16), that God so loved the world that he sent His only son and that he loves all people.

Therefore, God is a God of all human needs. Nash and Whitehead (2014:84) show that the church must reach out to all people by embracing, a non-judgemental and non-discriminatory manner. The church has reached out, by deepening relationships with the youth and Wyngaard (2015:21) states that this will bring even those who are not in the church but are suffering from HIV and AIDS into the church mission. The spirituality of EFLP is based on the words of St John 10:10:

I have come that you may have life and have it to its fullest.

This invitation from Jesus is a call to reach out and share the Good News with others. Nash and Whitehead (2014:88) sum it up by calling it inclusive theology

The church is called not to look differently at people with HIV and AIDS than others who may be suffering from other types of illnesses. This is done through the witness activities of proclamation, both in word and deed. We are all created in God's image as both male and female (Catechism of the Catholic Church, 1994:539, CCC No 2331). That image is in each one of us. Smith points out that many young people may experience feelings of guilt and low self-esteem and that such people should be helped and reminded that they embody the image of God, that God abides in and with them (Nash & Whitehead, 2014:100).

Therefore, the church is called upon to bear effective witness to evangelise those who are infected and affected by the HIV/AIDS epidemic by showing them love and care. The youth should be the main agents to be sent out to those who are HIV positive. This would be a good model of mission, and in every local parish there should be a group of younger evangelists to minister to their peers.

7.9 Behavioural change by conscience formation and HIV/AIDS prevention

The formation of one's conscience is an ethical challenge to the church in its teaching since Pope Benedict XVI (2011:37) called HIV/AIDS an ethical problem. This call is guided by the use of one's conscience which is the subjective norm of each human being (Gratsch, John, Civile, Ralph, Lawrence, Donald and McCarthy, 1981:244). In the teaching on the human conscience, the Second Vatican Council clearly posits that it is in the depth of oneself that one detects a law that is not imposed on them still calls each individual to obedience (Gratsch et al, 1981:244). The youths who participated in the EFLP were on a journey of ongoing conversion by conscience driven behavioural change. These young people were indeed called by their own inner voice, which is the human conscience, to love and foster what is good and avoid all things evil.

Using the EFLP, the researcher explored the role of the church's teachings on HIV/AIDS in relation to individual conscience. EFLP facilitators helped participants make their own informed choices and decisions on matters of self-conduct. How does the church understand the challenges that face its members, especially the youth? Is there a role for the Holy Spirit in action within the HIV and AIDS ministry? The HIV and AIDS pandemic has challenged the teaching of the church on sexuality, especially for those who are HIV positive and those who feel that they have to use condoms as a means of privation since there is a law written in each one of our hearts.

The EFLP programme has been used by the church as a process of deep conversion that gradually leads people to start listening to and obeying, their inner voice with dignity. It promoted Christians values, attitudes, life skills and conduct. Gratsch et al (1981:244) acknowledge that each person has a conscience that is at the most secret core and sanctuary of our being. It is a space within the inner recesses of the human soul where each one of us stands alone in the abiding presence of God to grapple with the truth about what is morally right or wrong.

Being able to make one's daily choices free from outside influences and pressures is equally critical. Therefore, the church's philosophy and praxis, in terms of pastoral care, lays emphasis on giving people a full, holistic education. This education goes beyond imparting preventative methods and learning to avert dangerous or harmful situations in life. We need to offer young people a broad range of codes of culture, values, morality and, of course, religious faith. One needs to be informed in mind, heart and soul, and it is very important to teach the formation of conscience since sexuality in human beings has its base and origin in the mind.

It is against the background of this that we call for the formation of the conscience among the youth in areas of sex and condom use. Ryan (*in* Bate et al, 2014:256) maintains that between the ages of 12 and 17, most of the youth will follow advice from their peers on whom they depend emotionally, especially in matters of morals. Many of the youth influence each other as far as moral values are concerned and programmes on HIV and AIDS, therefore, need to take the role of peer pressure seriously. According to Bate (2003:6), the youth have to be helped to understand what sin is; for example, do they have full knowledge or consent in matters of sex. It is also necessary for parents to try to develop an emotional relationship with their children so as to influence their moral values regardless of the fact that, in most cases, young people do not pay heed to their parents' advice.

The Catholic Bishops of Southern Africa, in their message of hope to married couples, said that, if one partner is living with HIV and AIDS, they should defer to their conscience and act responsibly in a manner that ensures they do not inflict unnecessary further suffering on their partner (Duffy, 2007:51). The church calls upon people to use any means available to protect others from contracting or transmitting HIV during sexual relations (Galatians, 5:19-21; CCC No: 2353) so one, therefore, has to use appropriate means and courses of action, which calls for them to turn to their conscience.

Human beings have the capacity to make well-informed decisions but always have dilemmas when trying to follow their conscience. Klaus (2015:12) pointed out how people found it difficult to obey their church teaching or doctrines and their own consciences. Behavioural change can happen if one listens to one's conscience. Topics such as sexual abstinence, rejecting negative sexual promiscuity and fidelity within marriage can all be guided by the moral use of conscience.

The use of one's conscience can be one of an integrated approach to HIV and AIDS prevention and management. The church calls for a holistic approach, calling on people to use their moral rule of conscience formation. The church should empower its members by holding workshops and training them to use their conscience. Those who are HIV positive are always in a very difficult situation about whether to abstain or not. The youth also need to be trained in the decision to use condoms or not and the gap that exists between what the church teaches and the lived reality of the youth needs to be addressed.

7.10 The role of the RCC as an educator on HIV and AIDS prevention in the context of its pastoral plan

In 1989 The Catholic Church's Bishops Conference developed a pastoral plan for all Catholic Churches in Southern Africa, code-named Community Serving Humanity. This pastoral plan was

the vision of faith to be followed in the years to come. In its role as an educator, the Catholic Church has to lead and educate its people by example as well as by word.

From the year 2000, the SACBC introduced the EFLP which was their way of healing and coming to terms with what was going on in the lives of the youth who were, by then, starting to become ill. Beyond safe sex and condom issues, the EFLP consists of prevention programmes and delivering the Good News to the youth. We have a moral obligation to teach and save lives, and this is underscored by the pastoral plan which emphasises the awareness of human needs and trains all lay leaders to make life more human where HIV and AIDS have made it inhuman. In the past, not much was done about education on sexuality in schools, and where it was done it was done by the teachers. With the EFLP, on the other hand, sex education is conducted by peer educators.

There is a close theological relationship between HIV and AIDS, and behavioural change and this relationship can lead to a low HIV and AIDS prevalence rate. Through this entire study it has been proved that there is a link between theology and HIV and AIDS prevalence rates. It is worthwhile to consider the terms behavioural change, values, attitudes, conversion, identity in different definitions and expressions of behavioural change as explored by different theological scholars and how these terms or concepts intersect with the gospel. Different schools of theology have come up with varying definitions and interpretations. Behavioural change is a very wide term; from a Christian point of view, it is essentially about conversion and, therefore, the RCC in its role as an educator must offer an education that is more practical in its theology and not only intellectual. Mashau and Kritzing (2014:80) argue that those in education must educate and inform people of what is going on in the HIV and AIDS field. From the findings in Chapter 5 Section 5.2.2, the respondents were not all of one mind when it came to the teaching of the churches on sexuality. Therefore, it calls upon the churches to offer a better understanding of its teachings.

7.11 The role of the Small Christian Communities (SCCs) in the pastoral plan and HIV/AIDS prevention

The SACBC's pastoral plan (1989:19) reminds us that the church should build a community serving humanity, one which can support behaviour change. That is why the Catholic Church created the Small Christian Communities (SCCs) made up of a sizeable number of the faithful from a homogeneous background. The aim of these SCCs is to bring about active transformation and participation in the process of evangelising the church and especially the youth (SACBC Pastoral Plan 1989:20). This partnership in the *Mission Dei* calls for community involvement which, in the Catholic Church, is achieved through SCCs (faith-sharing with the Bible and action) which are prayer groups in each parish.

These SCC groups meet weekly, open with a prayer, browse through and reflect on Scripture readings for the following Sunday to find out what action the Lord is calling them to take regarding the evangelisation and development of people. Pope Benedict XVI (2011:63) reminds us that SCCs are very important structures that offer the faithful a platform for their baptismal calling. It is in these SCCs that Christians find their true vocation and competence.

According to Slattery (2003:78), the SCCs are part of evangelisation efforts at grassroots level. They are also a source of support and direction to youth in dealing with HIV/AIDS. SCCs help in the youth AIDS ministry as prayer groups where young people can meet each other to pray and to listen to each other in their daily struggle to live chaste lives (Bate et al, 2014:304). In the Bible story of the man born blind, one can see the role of the neighbours (SCC) at work (John 9:8). The neighbours did not recognise him after the healing and asked him about his story of his eyes being opened and went further by taking him to the Pharisees. From this story, one can see the role of SCCs in the pastoral care of the neighbours. As a small prayer group, they look at the situation in the light of the Scriptures and act on the needs of the community and each person, since they are called to be priests, prophets, and royal. The SCCs reflect and meditate on the Scriptures so that they can be inspired to reach out to those who are HIV-positive in love and compassion. How can the message of Jesus Christ be delivered to people

who are affected or infected by HIV and AIDS? Members of the SCC share the Gospel and, together, determine what the needs in the community are. This is the theology that is outward- rather than inward-looking (SACBC Pastoral Plan, 1989:22).

In the SACBC's Pastoral Plan (1989:22), they came up with a rallying theme Community Serving Humanity, in which they called on SCCs to take action in their communities and deliver the Good News to the people by creating various lay ministries. Such community outreach has been the hallmark of the EFLP. The SCCs have made the church, as the body of Christ, a community of compassion and healing. The mission of the church has to be complemented by a solid, well-structured outreach healing ministry. The Diocese of Aliwal North in the Eastern Cape has established SCCs which are neighbourhood communities intended to carry on with the mission of Christ. SCC groups meet weekly on a rotational basis in one of the member's homes. They share the gospel and subsequently ask themselves what action they can or should take to improve lives in their respective communities.

The SCCs are there to help Parish Pastoral Councils (PPC) and various other groups, such as youth groups, that may exist in a parish. The SCC groups participate and get involved in actions concerning the daily HIV and AIDS life situations of people. Such actions are guided by the Bible and the Holy Spirit. The SCCs have also adopted the pastoral cycle method, and their approach consists of six steps. They look at events or occurrences such as HIV/AIDS then, drawing on their own experience in the Bible, they make a social analysis of what is going on in their respective communities. They then engage in Christian reflection and prayer over the issue (HIV/AIDS, in this case) and, in the end, develop a plan of action followed by implementation of that plan. Lastly, they conduct an evaluation. This illustrates how every community can become a healing community for all people living within or outside the community in question. The SCC groups conduct an analysis of community needs based on what is happening in the community and, on the basis of this analysis, devise a programme that responds to particular needs such as poverty, gender inequality, local economics and unemployment.

Van Klippen (2008:323) sums up that the church has been, and still is, a community of love and compassion and calls for every church community to take the example of Christ as its model. This is what the church's mission of becoming a serving community entails. There are parallels between Jesus Christ's mission and the mission of the church today. Bate et al (2014:305) suggest that the mission of the church entails accepting people living with HIV and AIDS by calling on SCCs to care and pray with those who are infected and affected.

From a theological point of view, the Good News can be a sign of Christian identity. The SACBC (1989:18) teaches in its pastoral plan that the role of the SCCs is to create an identity among the faithful. Thus, SCC groups assist in areas such as HIV/AIDS prevention and transforming the lives of young people by sharing the Gospel. SCCs are essentially prayer groups within the church and constitute basic grassroots support group systems. SCC groups meet weekly for prayers and discussions around all issues pertaining to people who are suffering and what can be done about those issues. In most cases, the Scriptures will call upon them to respond to the plight of HIV/AIDS people living in their communities.

SCCs use their skills to reflect on the disease and deal with unfounded concerns and perceptions, such as the fear that HIV/AIDS might be a form of punishment by God. SCCs are thus called to reflect on wrong perceptions and opinions by spreading the Good News and being a witness of Christ to people. SCC groups also reflect on the HIV/AIDS pandemic through prayer. They also collect money to support and partake in educational programmes. This attitude is consistent with the call to be Disciples of Christ, by loving, serving and living gospel values (Mark, 8:34-35). In the teaching of the Catholic Church, especially in its social teachings, it tries to empower people to change their own situations. This reflects the missiological thinking according to which Karecki (2003:25) we, as the church or entire body of Christ, are all called missionaries.

The church teaches that when a person is baptised, they become anointed by the Holy Spirit and take on the role of Christ as prophet, priest and king (Catechism of the Catholic Church, 1992: 321). This helps the youth assume their true divine identity. Today there is a lot of confusion among young people. Nash and Whitehead (2014:100) point out that, as we go about helping the youth to find their true identity, God is often neglected in this process and hence the need for faith. Through identity formation, members of SCC groups and the church partake in the mission of Christ when they meet to share their faith.

SCCs influence the values, behaviour and beliefs of everyone, including HIV-positive people (Nash & Whitehead, 2014:101). People reaching out in this way are the very nature of the church. Once people meet in the SCCs, they become a small community of followers of Christ with one faith and share the Good News with love and forgiveness. In his letter to the Galatians (3:23), Paul enjoins us to have an identity in Christ. SCC members live their spirituality through love (John 13: 1-15) and form their individual identities in the process. We are thus called upon to serve others and to bring about the kingdom of God wherever we are. The Catholic Church plays a role in the faith formation of one's identity by its teachings especially targeting people living with HIV/AIDS (Nash & Whitehead, 2014:105). The church does not ask people who are HIV positive how they contracted the disease but confines itself to God's mission of healing and restoring people to life (Karecki, 2003:26).

It can thus be surmised that the SCC play a leading role for those who participate in SCC prayer groups, and the members can offer compassion by focusing on restoring life and sharing information about HIV and AIDS. The SCCs have become the role model for everything to be taken up grassroots. Samuel (2002:122) says that Jesus opened up his life to his disciples by telling them that:

Everything I have learned from the Father; I have made it known to you.

He calls upon the SCC to become a friend to those who are HIV positive. The SCCs are the first places one gets to know and experience those who are suffering from HIV and AIDS. The church

calls upon its members to be missionaries meaning in their own local areas and surroundings and not in faraway places (Karecki, 2003:26). One simply has to witness by entering into the brokenness and suffering of others, and this brings about deeper solidarity, where praxis and theology meet. The positive attitudes about the SCC and its values from the members can be the best sign of our faith and can bring about a conversion of heart and behaviour.

7.12 The role of the church as family in the prevention of HIV and AIDS.

Mboyo (2010:127) emphasises that the church should have a role in the world of initiating training and actions that serve humanity. Furthermore, he says that the church has a role in providing and advocating leadership, counselling, education, reflecting positively on biblical terms, offering spiritual fulfilment and dealing with poverty. The church as a family of God, therefore, teaches values in its preaching at church centres, schools, universities and healthcare facilities. It also runs orphanages that offer shelter to those without homes, including people with HIV and AIDS.

There are four main core functions of the church in ecumenical movements, according to De Gruchy (2008:214). One has to know the nature and purpose of the churches mission. The first one is identity which relates to the cultural lives of people. The second one is the integration of social life. For example, in Sterkspruit, the church played a significant role in supporting behavioural change through the SCCs. Thirdly, the church makes policy to give direction to its people to make sure that all the faithful are conversant with the mission of the church. The last core function of the church is management, which entails caring for young people participating in this study. The aim of the management component was to ensure that the youth have the means to live life to the fullest, both socially and economically. This, in a way, added value to the lives of those young people.

Van Klippen (2008:323) supports the view that, by its nature, the church is the body of Christ, and it has a role to play in healing its members. The church in its mission has a body of people

generally known as the body of Christ who come together to worship and to praise the Lord. When they gather in their church, they are taught about their God, His commandments and laws learning values such as love, respect, caring and discipline. The church also sends its members, in this case the youth, to minister to others. It thus has a voice in the community that helps ensure that its values are passed onto others.

In relation to behavioural change, Pope Francis (2016:47) contends, in his apostolic exhortation letter, the Joy of Love, *Amoris Laetitia*, that the church must look at families who are the examples of those who abide by and remain faithful to the Gospel. The church, which is made of families, is also a family of God, so there is an interaction between the church and families. Bate et al (2014:309) seek to illustrate that, by its very nature, the church is a community which has to open its doors and be part of the family of people living with HIV and AIDS. Churches have always provided resources in support of government and NGO sponsored HIV/AIDS prevention programmes and activities.

Flannery (1975:945) says the church is a teacher and a mother in the sense that it promotes values by teaching and witnessing both to its members and non-members. In the Vatican I, *Gaudium et spes*, the church calls upon its ministers and the people of God to keep to good behaviour for others to see. Some of the ways of doing this are for the church to promote good families, marriage and fidelity, change of attitudes and positive behaviours and values. This research suggests that the church has a role to play in the prevention of HIV and AIDS since it is based on the families and the families are based on the church.

The church as a family at grassroots should be the first to care and be the voice for the sick by treating them as family members. Buti Tlhagale, the Archbishop of the RCC, called upon all churches to be our brother's and sister's keeper (Bate et al, 2014:312). He suggests that we are all accountable to each other's lives. It is the role of the church as a family to address the issue of stigma and impart fundamental values. The church has to be faithful in its mission so that it

does not fail to be a symbol of God's love (Flannery, 1975:945). At the same time, it calls upon its members to be pure and to renew themselves in their daily lives. Each local church can be a nuclear family. It is the centre, mode and channel of conversion where people can turn to God as a mark of contrition and repentance. Where the local church as a family is a good model of fidelity and mutual self-giving, HIV and AIDS can be overcome. Archbishop Thagale goes on to remind us that churches can help the youth who are not yet sexually active by supporting them in terms of positive values, attitudes, life skills and behavioural change so the church, as a family, can be a tool to overcome ills in society. The church as a bigger family supports the institution of marriage and the family within it as, without them, not much will change. In supporting the family, the role of women in it and the church should be afforded special attention and resources. Women should be empowered with skills and income-generating projects to foster financial independence so that women can start regarding themselves as equal partners.

To sum up this section, the following should be emphasised. The church as a family of God in relationship to HIV prevention must support those who have been affected and are infected by the HIV and AIDS epidemic. The church has a duty to offer support, bear witness and impart positive values to members from dislocated and dysfunctional families. According to Mboya (2010:125), the church community should play a role of positive leadership by providing its members with correct information about HIV and AIDS, for example how to use the Bible to address issues of stigma. The church, as a family, should make sure that its members feel welcome in the church and are not driven away by negative attitudes to those who are HIV positive.

7.13 The role of the family in influencing values to the youth for HIV/AIDS prevention

The family is the first school for all human beings and is known as the domestic church, *Lumen Gentium*. To deal with positive values, the SACBC sought to use the pastoral plan to illustrate that the various teachings and documents of the church show that family is the first school where individuals acquire and develop the most values. The family is the first school of

everyone, and it is in the family that we acquire our first values from our parents and guardians. Such is the teaching of the Roman Catholic Church (1994:405, #1655). Family is the place where we learn about faith and prayer. Of the participants in the findings of Chapter 5 Section 5.2, 35% confirmed that their parents played a significant role in their behaviour change.

Magezi and Louw (2006:85) call upon families and those who are involved in HIV and AIDS home-based care to apply the Ubuntu philosophy of being a person through other people. The family is a body or a group of people living together in harmony with a common understanding, and common values and cultures so all parents should make sure that they teach their children good values that will help them in their lives holistically. Pope Francis in his pastoral letter, *Evangelii Gaudium* (2013:14), reminds us that the family is the first school that influences values and shapes its members and every parent has a role to play in transmitting the faith. When families fail to offer these values and love as the fundamentals to their members, whole societies are affected.

The family also sends its children to good schools where good values are taught. Parents have a very special task as far as their children's religious education is concerned. They should see to it that their children are educated in accordance with the Scriptures. The researcher agrees with Pope John Paul II, who pointed out that family is the basic cell of any society since all values are built on the family. It is in the family that we are first loved and taught how to love. It is in the family that a father, a mother and the children find meaning. It is in the family that we are offered a space to be who we are meant to be. Each one of us finds their worth and meaning of life in the family. It is, therefore, the teaching and tradition of the church to support families so that they can impart morals and values to their children. The church is a family of God which was emphasised by Pope John Paul II (1995:47) reflecting on the mission of the church about its duty to evangelise. HIV and AIDS can thus be overcome through the support of the family since the latter understands and knows human weakness, especially those of the youth. It is the space where primary care is given and is the basic human community.

This study concurs with the pastoral guide given by Pope John Paul II (1989:42) that presents a similar argument in that family is the first vital cell of every society and that it is the domestic safe place. The family thus becomes the first place where issues such as HIV and AIDS are dealt with. Families play a primary role in transmitting values and knowledge to children. In this context, parents have to offer values about human sexuality and guidelines about behavioural change. In return, it is the duty of the children and young people to accept and embrace their parents' advice and lessons.

This study concurs with Nash and Whitehead (2014:210) who comment that, in all our lives and history, the family is the best place for any human being to experience love and care. For one to be fully human and fully alive, the family plays a great part in influencing morals, behaviour, attitudes, values and life skills. For the EFLP to serve as a change catalyst among the youth, facilitators had to work hand-in-hand with parents of the youth to enable them to play their role of parenting effectively.

From time to time, parents were invited to give input during the workshops, and some parents lent a hand by cooking and taking care of the facilitation hall and other places. During this interaction, parents were able to reflect on their role in shaping the behaviour of their children. Parents were given space to share their life stories and the scriptures, as well as the challenges they face as parents trying to raise their children as best they can. This is a very positive approach in the sense that parents encouraged their young charges to be fully human by acknowledging that life has both negative and positive influences and that they, as parents, can play a positive role in strengthening those positive values in them once the workshop is over and they are back at their homes.

This study has established research that most of the youth and the children who were infected and affected by HIV and AIDS were taken care of by their families. Mostly, it is grandmothers who are the caretakers of these children. Most black families do not support the concept of orphanages and prefer that an aunt or uncle be the ones to assume custody of an orphaned child. Phillippe (2001:258) presents a similar argument based on the importance of families in the management of HIV/AIDS. He maintains that families that care for the youth or children with HIV and AIDS need to be supported emotionally and materially. This kind of help and outreach will impact on behavioural change to the extent that children will feel that there is a family that cares.

In their pastoral plan, the Bishops of Southern Africa (1989:31) remind us that we should develop people's values in areas of marriage and family life. The family plays a positive role in behavioural change; however, Nash and Whitehead (2014:215) point out that the problem is that the youth or young people do not want to listen to what their parents tell them. This lack of respect for what their parents teach and say to them causes both theological and sociological problems. The lack of respect for adults and what they stand for is caused by a number of factors.

A good number of parents have not been to school, like their children and many youths stay away from home in hostels or rental accommodation. Others live with grandparents who have no idea about the dynamics of modern youth. Then there is the case of youths who come from broken families where there is no communication or parental role model to look up to. Deficient parenting presents a particular challenge to youths, especially with regard to ethical matters. Role-modelling is based on the saying that 'what you are is what your children get'. Hence, parents and families have a role to play in the EFLP in terms of shaping the behaviour, attitudes and values of their children. Parents, too, will need to be empowered and supported in their roles as the church teaches them. In his Post-Synodal Apostolic Exhortation, Pope Benedict reminded the youth that it is only through the Gospel that the youth can find answers to their questions (2011:33).

Within the family, the parent-youth attitudes must be addressed as there are chasms between parents and their children. Much abuse is committed against children within their own family setup, which may lead to rejection of home and family. When feeling rejected and unloved some children, especially girls, may be manipulated and morally corrupted by older people or anyone else that comes their way. Thus, positive parenting is needed in the family as a strategy and approach to fighting HIV and AIDS. The ecclesiology of the family will certainly help in combating the problem.

In their own HIV, AIDS and the family programme, the Bishops of India, on World Aids Day in 2003, rightly observed that, as Saint Teresa of Calcutta used to say:

*A person affected by HIV and AIDS is Jesus among us. How can we say
no to Him?*

This is a call for family members to take care of the sick. The Bishops emphasised the role of family members as home-based caregivers. Families and caregivers at home need to be trained in the day-to-day care of family members living with HIV and AIDS. The Bishops point out those families should not discriminate against or stigmatise the infected.

All families should, therefore, be helped to play their roles and foster and build a support system for members of their families who are HIV positive and to assist those who are still in denial or anger and those who are bereaved with practical home-based care. According to the SACBC (2013:11), the Vatican II council meeting called the family the domestic church. This is the first church where a missionary outreach is realised. Parents are invited to fulfil their parental role of teaching their children about HIV and AIDS while they are still young. The parents must be the first ones to make their children understand the dangers and prevention of HIV.

7.14 The Catechism of the Catholic Church on human sexuality and HIV/AIDS prevention

Human sexuality in the teachings of Vatican Council II Flannery (1982: 506) expressed a broader meaning of human sexuality beyond the common usage of the term, which limits to its genital and generative aspects. In this study, the researcher uses the term human sexuality to denote all human experience that makes us relate to each other as male and female so the term will not be limited to genital sexuality which has its true meaning in marriage. In his *Evangelium Vitae*, the gospel according to life, Pope John Paul reminds us that human sexuality is a sign of love between human beings and their God (1995:41:1). It is a gift one person gives to another. However, in this study, it was found that such meaning has been distorted and falsified by contemporary trends in human sexuality.

The Catholic Church has to give meaning to the youth and their sexual practices before marriage. Ethical teachings of the Catholic Church according to Peschke (1993: 389) remind us that it is regrettable that, in the past, the Catholic Church represented sex to its faithful as something rather undesirable and sexual transgressions were regarded as sins of the worst order. Thus, many of the church teachings were warnings and prohibitions, and the joy and positive aspects of sexual love were deliberately underemphasised. Currently, however, the church has many teachings that appreciate the gift of sexuality to humankind. It is stated in the book of Genesis (1:26-27) that God created mankind (men and women) in His own image so we, in that sense, share God's image.

Slattery (2003:65). Observers, as a community of men and women, bring the joy of our sexuality to the front. Unfortunately, most of our youth are not aware of the fact that we can make choices and that we are in control of our choices and our sexual behaviour. The weakness in the church is that it has restricted sexual activity to marriage and procreation. Sex is not like a drug and only for recreation; sexuality should transcend that (Peschke, 1993:398). The teaching of the church on sexuality is that the only way to completely prevent the spread of HIV/AIDS is

to restrict all sexual activity to married relationships (Vitillo, 2014:3). Unmarried and single people are called to live a life of chastity and be responsible for their sexuality.

The Catechism of the Catholic Church teaches one to be chaste in a number of ways; one may take a vow of chastity as a virgin, others live as a single person, and others live as married couples (1994:542 No 2348; Matthew 19: 10 - 12). The teaching of the EFLP is an abstinence programme. Duffy (2007:61) suggests that when we are not actually having sex we are abstaining. Abstinence can be learnt and practised in the same way we learn other skills, so the church teaches that one has to make a choice and a commitment to abstinence from sexual activity (Vitillo, 2014). This is the teaching of the church, and that is why there are always disagreements on the use of condoms between the government and NGO policies on HIV and AIDS and the church.

The researcher has witnessed this contradiction and conflict among contemporary generations of youth. For them, sex is about recreation and using condoms before marriage. Brennan (2001:28) also shares the story of Sean, a young Irish Catholic youth, who says that she would agree with most of the teaching of the church but she contends that at the same time, the church is not adapting very well to the new situation in Ireland. She argues that, even if she herself agrees with the church's teachings on premarital sex, she understands other young people's ideas and views on not following the teachings of the church on sexual matters such as the use of contraception. Sean suggests that the church needs to listen to the views of the youth and be more open and understanding of their needs and ideas. Pope John Paul II, in his *Evangelium Vitae*, or the gospel according to life, underscores the importance of human bodies. He argues that our bodies are meant to create a relationship between God and us. Yet, among the youth that the moment, human bodies have generally been reduced to material things for pleasure and exploitation (1995:41).

To sum up, there is a big role that catechism can play in the prevention of HIV and AIDS among the church members. The catechism is the total teaching of faith. However, it can be used now to educate its members about the dangers of HIV and AIDS, especially in the catechism programmes of the youth. This can be the mission of the church to draw lessons from other areas of human discipline since missiology is an interdisciplinary field of study. The current modern youth need a catechism that speaks to them.

7.15 HIV and AIDS is not a punishment from God

Some of the youth of Sterkspruit considered HIV and AIDS as a punishment from God for wrong and irresponsible lifestyles. This is similar to the people in the story of the man born blind at the time of Jesus. Mashau and Kritzinger (2014:76) remind us that the people were focused more on the sinfulness of the man than his need for discipleship. These types of beliefs and views were also common among some of the church leaders; Van Klillen presents a similar view that some religious communities believed that HIV and AIDS was a punishment from God for people's immoral lifestyles. This is the culture of death and not the culture of life, which was in the findings reported in Chapter 5 Section 5.2.6. Of the 25 youths who participated in the EFLP, 88% of them embraced the positive culture of life after the programme. However, they do turn a blind eye to it. They are like the Pharisees in the Gospel of John (9:16)

To avoid beliefs and views about God as an angry, spiteful God, the facilitators always make sure that participants experience God's love during the introductory phase of the EFLP. This is a very important stage for them to know that they are children of God (Hosea, 11:1). This love of God is unconditional, and they should have a correct image of God before the EFLP. One has to be sure if their representation of the image of God is true or false. Lastly, in the preliminary stage of the EFLP, they learn to discern the signs of God's grace. This means that they can accept themselves as they are with the confidence that they are loved by God.

The youths may find it difficult to appreciate the EFLP simply because they may perceive God as a judge who condemns and punishes. They may ask what God thinks of me as an HIV positive person since, according to Chitando and Togarasei (2008:4), HIV is mainly transmitted through unprotected sexual intercourse. In their pastoral statement letter on AIDS dated January 1990, the Bishops of the SACBC remind us that AIDS and HIV should never be viewed as a punishment from God. God offers us health, not death and, therefore, it is necessary to transform our understanding of God's love, sin, human freedom and responsibility. God is a healing God, and he is merciful to those in pain and agony. God should not be blamed for the HIV and AIDS pandemic. According to Bate et al (2014:304), the church calls each and every one of us to take our freedom and responsibility for all our sexual activities seriously, for no one should be careless in matters of sex.

In many of the workshops conducted by the researcher for youth and adults throughout Southern African, the issue of the association of HIV/AIDS with punishment from God was commonplace. A number of youths indicated that they considered HIV and AIDS to be a punishment from God for immoral behaviour. This theory among the youth that I interviewed is buttressed by denial and stigma against those who are HIV positive.

One has to accept oneself unconditionally first. Mashau and Kritzing (2014:78) comment on the man born blind trying to find out the source of the disease. Once one has accepted their current status, it becomes easy to accept others and to talk about HIV/AIDS, without pointing fingers (Mangayi, 2017:78). One is called to listen to others, their experiences and stories without making a judgement about their stories. This calls for understanding Christ, who He is and what His mission on earth was. It is important to recall that God does not punish people who are HIV positive but loves them even more. Christ is concerned with the poor and the sick. He associated himself with those who were sick and suffering throughout most of his ministry on earth (Bosch, 2003:86). Hence, it cannot be true that HIV and AIDS is a punishment from God, notwithstanding the fact that this seems to be a very popular belief among evangelical as well as Pentecostal Churches and movements.

Bate and Munro (2014:301) say that a paradigm shift is needed to enable people to see the love and mercy of God. In the Gospel of Luke (17:11-19), we are given very good teaching about the healing ministry of Jesus. The Bishops of the Catholic Church are aware that those who are infected are at times rejected by their families and even their churches, to the point of (sometimes) committing suicide. Bosch (2003:91) seeks to illustrate that healing is given to everyone in need; Christ cannot abandon or punish people. Christ remains close to those who are HIV positive. The church loves, welcomes and reaches out to them in many ways. The Bishops, in their message of hope to the people of Southern Africa, maintain that AIDS must never be considered as punishment from God (Bate & Munro, 2014:305).

The Catholic Church teaches that HIV and AIDS result from sexual misconduct that is incongruent with God's law of love. In matters of AIDS prevention and other matters, every individual must take responsibility for their actions. God should, therefore, not be blamed for one's personal lack of self-control; rather it is our misuse of our own human freedom (1 John: 4:8). Our God is a God of love, full of compassion, we may fail to love Him, but He will not abandon us. In the Gospel according to Matthew (25:40), this is what is referred to as mutual love and self-giving.

It is no one's fault to have HIV and AIDS; nobody deserves to have AIDS; nobody can be accused of having gone looking for AIDS. The church teaches about evil and Jesus gives a teaching on that in John 9:3. To the question "*who sinned, his parents or himself?*", Jesus answered, "*Neither this man nor his parents sinned*". We cannot contradict the love of God. Quite clearly, AIDS is not a punishment from God. God is love, and he loves us unconditionally; we are only called to repentance to be saved. Luke knows the saving power and works of Christ (Luke 2:11), and he calls for *metanoia* or repentance.

Nonetheless, the church cannot allow the youth to be misled, for sexual licentiousness and promiscuity are sins against the self, others and God. The church is a teacher and a mother and would lose its moral authority if it were to compromise on its moral teachings on sexuality. The church is there to guide, lead and teach positive values. Modern values of sexual libertarianism, in most cases, offer what is termed the culture of death.

Modern African theologians such as Kanyandago in the teaching of the church today are using the metaphor of the 'Body of Christ has AIDS' to refer to people who are infected. The church walks and lives with those who are sick, and looks at them as the body of Christ. Van Klillen (2008: 319) rightly observes that this metaphor has two dimensions. In one sense, it is used to denote the mission of the church in its response to HIV/AIDS. The second dimension is the Eucharist or Holy Communion in the context of HIV/AIDS. These are our bodies that have AIDS, and we need to care for them, and we should do so without judgement (Luke, 6:37; 13:1 - 5). Many Christians in our churches have contracted HIV and AIDS. At times they are discriminated against within the church and even killed. We are called to reach out to this body with compassion (Kgosikwena, 2001:213). People with HIV/AIDS should not be condemned; they need compassion, support, care and sympathy. We should take from the example of Jesus and reach out to them, as he did to Lazarus (Matthew 8:2) and 'the unclean people' (John 11:39). In their Message of Hope, the Catholic Bishops of Southern Africa maintain that people living with HIV and AIDS should not fear and feel alone. They argue that Christ cannot punish or abandon them so their families, too, should not abandon them (Bate et al., 2014:302). It is the role of each individual to care for and reach out to those who are HIV/AIDS positive.

The God who the researcher knows is a God of the poor, weak, despised and the sick, all of whom need to be healed by Jesus. The church should not label anyone a sinner due to their HIV and AIDS status. There must be a new way or approach by the churches to reach out to those who are HIV positive. Kgatle (2018:1) emphasises that HIV is mainly a sexually transmitted disease and not a punishment from God. Kgatle concludes that churches should

not demonise sex; there are many other people infected with HIV who have not sinned against God or ever engaged in sex.

7.16 'The body of Christ has AIDS': theological reflection

In her work, Van Klinten (2008:319) quotes the metaphorical words of Peter Kanyandago 'The Body of Christ has AIDS'. This was the theme of an international AIDS conference held in 2000 in the Vatican, and these words were spoken by Kanyandago to describe the HIV and AIDS crisis in

Africa. This was shocking, but the truth is that the heart of this message goes back to Paul (1) and Corinthians (12:12) with the analogy that we all form the body of Christ. If one member of the body suffers, then the whole body suffers. Yet, this message says something more. It is not the body that has AIDS, but rather the body of Christ. Thus, any effort targeted at AIDS prevention must recognise AIDS as more than just a bodily disease, but rather as a disease of the entire person. We must, therefore, look at the person holistically and at AIDS in isolation. Let us try to give back to our youth a sense of the positive values about their own bodies that they have lost. Once each young person has their own dignity and the respect of others, not to love them only for their bodies but to love them for what they are, then HIV and AIDS have no way.

What would our missiological view of this modern metaphor that the 'Body of Christ has AIDS' be? According to Van Klinten (2008:321), it means that the church has to be involved in the mission of those who are infected with HIV and AIDS. The church has been accompanying the sick by committing itself to open up its resources and taking action by understanding that HIV and AIDS is everyone's problem within the church. The church has opened its doors to listen to people as they speak about their feelings, thoughts, fears, concerns, hopes and aspirations.

This is exactly what Christ did, sit down and listen to peoples' stories. In the gospel of Luke (4:18-19) gives us an idea of the mind of Christ to reach out to others: "*He has sent me to*

proclaim liberty to captives” this sending out is about restoring life, love and joy to the infected people. The church has to change the way it treats and talks about people living with or affected by HIV and AIDS. The language that the church uses in its mission has to be part of the solution and not part of the problem. Van Klippen (2008: 323) emphasises that, during the healing ministry of Jesus, He did not condemn the sinner but hated the sin; He never asked for the cause of the sickness.

The body of Christ is the church in which we find salvation, and Christ offers this salvation to all even those who are HIV-positive. The Body of Christ is a community of people. A similar view is presented by the Bishops in their Pastoral plan (1989:11) when they observe that our God is a community, a community of Father, Son and Spirit. We are made in God’s image (Gen 1:26) and are, thus, a community of human beings. The two communities, both the divine and the human, are one. Jesus is part of our body, especially those who suffer from HIV/AIDS (Matthew 25:31-46). We see Christ in those who are suffering, and He is there to free us as a community from the oppression of all types of sickness.

In the same pastoral plan SACBC (1989:31), the Bishops emphasised the call to deliver the Good News to all strata of humanity to make the world a better place. This implies that, as the Body of Christ, we are to conduct the mission of healing as an instrument of salvation. Christ is found among the poor, the hungry, the sick and the suffering (Matthew 25:31-46). Every church must be a community, a body of people who have to respond to the needs of each member. The Bishops suggest that, for a church to discover the needs of each person, is not simply the task of a few members. In their pastoral plan, the SACBC (1989:32) point out that we need to act together to care and share the different talents and resources so that in freedom we can meet the needs of each other generously. For example, people living with HIV and AIDS are found within our churches, and they have to be cared for.

In his Post-Synodal Exhortation of November 2011, *Pope Benedict XVI* had this to say on the role of the church and AIDS:

In the name of life- which it is the church's duty to defend and protect- and in union with the Synod Fathers, I offer an expression of renewed encouragement and support to all the church's institutions and movements that are working in the field of healthcare, especially with regard to AIDS. You are doing wonderful and important work. I ask international agencies to acknowledge you and to offer you assistance, respecting your specific character and acting in a spirit of collaboration (2011:38).

Pope Benedict Emeritus shows and supports the metaphor of Kanyandago that 'the Body of Christ has AIDS'. The church, which is the body of Christ, needs support, care, healing, breaking down of stigma, love, compassion and forgiveness.

We are the Body of Christ, the church that is infected with HIV/AIDS. To sum up this section, the churches should know that we are the Body of Christ that has been infected. Therefore, if one member of us in the church is infected, it is Christ who is infected with HIV.

7.17 The church, stigma and HIV/AIDS prevention

As a living community of believers, the church has, at times, been accused of stigmatising and discriminating against people with HIV and AIDS. Van Klillen (2008:320) argues that the church, in its mission, has a moral duty to be compassionate and be in solidarity with those who are suffering, especially with HIV and AIDS. The pastoral plan of the Bishops appeals to the faithful to work for justice and to overcome any unjust way of treating people. Injustice is the greatest denial of love; some churches, according to Bate (2014:239), have been in denial and kept silent regarding HIV and AIDS. We must love those who have been infected and affected

by the epidemic and not stigmatise people who are positive. Mashau and Kritzinger (2014:75) in the text of John (9:1-41) remind us that those who are sick should not be judged as sinners, but this should rather be a moment or an opportunity to know the healing power of Jesus

To fully accept and live the Gospel, the church must overcome discrimination and inequality. Van Klillen (2008:322) remarks that the church should not be concerned with how its members acquire the HIV virus; it is immaterial. It must be non-judgmental but offer space in the church for people living with or affected by HIV and AIDS. Chitando and Togarasei (2008:37) argue that it might be that those who stigmatise and discriminate against those with HIV and AIDS seem to think that they are not sinners themselves.

The church has been in solidarity with people living with HIV and AIDS even if, according to Van Klillen (2008:320), some theologians and churches associated HIV and AIDS with sexual behaviour such as homosexuality and promiscuity. Pope John Paul II, during his visit to Tanzania in September 1990, pointed out that HIV and AIDS threaten not just some nations or societies but the whole of humanity. It knows no frontiers of geography, race, age or social condition. Vitillo (2014:23) calls for a change of heart and to open our hearts to be touched by the faces, the smiles, the worried looks, the held-back tears and the empty eyes of the children and adults. The RCC and other churches have changed their attitude to people with HIV and AIDS, and there is now a lot of training and raising awareness within the church on the issues of HIV and AIDS.

Christ is our model for being the suffering 'Body that has AIDS'. van Klinkem argues that Christ is to be encountered among the poor, *ubi Christus, ibi Ecclesia*, the church is wherever Christ is. In his mission on earth, Christ was moved by those who were suffering and, thus, the church, as the Body of Christ, has to respond with actions such as healing and dealing with poverty. Caring for

HIV and AIDS sufferers is rooted in the 'Great Commission' envisaged in Matthew (22:37-40). This call is for the church to be involved in social issues; not only to be a place of worship, but also a place and refuge for healing and friendship. Bosch (2002:80) reminds us that, when we respond to this call, a transformation happens in both our lives and in the world. That is why the church considers its involvement in HIV and AIDS as its mission and commandment. Bate (2014:239) reminds us that we are called to become each other's keeper, by challenging those who are discriminating against and stigmatising those who are HIV positive.

The church has to be both pastoral and prophetic in its mission. Bosch (2002:83) points out that all Christians have to find their true calling and belonging, being in solidarity with the poor and the suffering. This is our mission, calling us to transform the lives of others to a new level. In his talk on World AIDS Day 2013, Pope Francis presented a similar message by suggesting that:

We express our solidarity with the people affected by HIV and AIDS, especially children, and we express our closeness to the many missionaries and health workers who work in silence.

We are Christians who have been baptised to become prophets, kings and priests. These three vocations call on us to look more deeply into ourselves, to do some introspection so that we may feel that we are one family in solidarity with the people living with the HIV virus. The church and its members are both infected and affected, and there should be no rejection or blaming of those with HIV and AIDS. Feeling and knowing that we have been sent by Christ on a healing mission will also instil a sense of trust and confidence among those to whom we minister.

The church should deal with the issue of stigma by correcting ways of human illness. The workshops and training by the churches should address false teachings. Bate and Munro

(2014:199) calls this false stigmatisation; churches should advocate for churches to withhold their personal perceptions.

7.18 Sex education and HIV/AIDS prevention in schools

Kgatle (2018:4) emphasises the importance of education. He argues that youth need more information as they are the most affected and infected by HIV and AIDS. In a similar view, Bate (2014:312) argues that teachers in the schools should do more teaching on the topics of HIV and AIDS than they do at the moment. Over and above giving general advice and teaching to all students, teachers have to direct more focus on those who are not yet sexually active. The Catholic Schools have a role in the ethos of the church for the youth to cultivate positive attitudes towards themselves. These schools should be used to accompany the youth in making their personal moral decisions. If this does not happen, the church will lose these young people from its evangelisation. The church has a mission to teach the gospel of marriage, as it is embedded in real life, by guiding the youth and all its members to the true meaning of human sexuality. This position is echoed by Pope Benedict XVI I (2011:38) where he seeks to illustrate that the church has a role in eliminating ignorance among its members by the use of education. This can be done in a variety of ways, the main one being literacy and awareness-raising programmes. To addresses HIV-related issues among the youth, Pope Benedict (2011:38) emphasises that the church recognise the centrality of sexual education in reducing HIV prevalence rates and it needs to devise school programmes that foster faith and reason.

Sexuality is part of humanity; human bodies are not objects but a means of communication. The church teachings are against any form of abuse or misuse of one's own body or that of others. For the church, sexuality is an expression of love between male and female and is expressed in the sacrament of marriage. This is a permanent loving relationship where one gives oneself totally to another person, and it is a mutual gift of two people in one union. Such is the teaching of the church and a way in which HIV and AIDS can be dealt with to stop the infections.

According to Pope Benedict (2011:64), young people in places of academic and non-academic learning have to be informed and educated about human sexuality and values based on the African systems. It has been the role of the church to teach youth enrolled in its schools about sexuality as part of the curriculum. Young people have a right to be informed about the importance of sex. According to the global report on HIV and AIDS, Vitillo (2014:8) acknowledges that a review of 113 studies from five continents found that teaching about AIDS in schools was effective in reducing early sexual activity and high-risk behaviour. Teaching life skills which are necessary to the school-going youths is and has always been, one of the strategies for preventing HIV infection. As far education about the dangers of sex before marriage is concerned, the church seeks to instil into the youth a sense of integrity, mutual fidelity and responsibility towards their bodies.

The church's role is to accompany and support its youth as they strive to form their consciences, discover God's plan for each of them and find the truth. According to Vitillo (2014:29), the church has a role to play in affirming the values of young people; it must stand with them during their moments of weakness. The main role of the church is to teach morality in matters of sexuality. The church teaches and promotes change of behaviour as well as positive attitudes, such as respect for others, with a view to promoting abstinence and self-control before and fidelity within marriage. The church does not permit the youth early sexual intercourse and multiple partners. This is the effective sex education which offers them responsibility for their sexual actions.

In the message of hope from the SACBC, the church teaches young girls and boys to respect themselves and each other so as to relate to each other without making sexual demands (Duffy, 2007:49). In the first letter of Saint Paul to the Thessalonians (4:3-4), he calls upon us all to desist from immorality, to exercise self-control over our bodies and not to succumb to lust. Saint Paul says that "*God wills you all to be holy*". In our Christian life, we are called to change the world by our individual lifestyles. Therefore, the youth inside and outside the school system

need to know that they are expected to act responsibly in their individual lifestyles and know the negative consequences of not doing so.

The youth have to create a new environment of respecting one another. They must not regard the opposite sex as objects but as human beings. Saint Paul calls on the faithful to engage in some kind of introspection to foster inner transformation and the proclamation of God's mission. The church has offered awareness programmes on care and treatment, advocacy, self-help, income-generating projects as well as psychosocial support to combat stigma and discrimination against HIV positive people. In addition to awareness-raising programmes, the church needs to foster youth empowerment. So far, the church has offered training, food and nutrition to its learners. It has also focused on propagating and promoting moral values among the youth so that they can grow in total freedom and make well-informed choices.

In conclusion, schools and churches should not be silent on the topic of sex. Brennan (2001:) argues that the churches should not only focus on the teaching of the church such as Confession, First Holy Communion and Confirmation. Church leaders and youth workers should take a liberal approach to HIV and AIDS education and other mid-adolescence peer topics. This will make a real difference in healing and prevention. Sex and sexuality education in school will potentially lead to the renewal of society in the fight against HIV and AIDS.

7.19 The church's teachings on the role of marriage in the context of HIV and AIDS prevalence

There is a link between marriage and HIV prevention. According to Bate (2014:201), married people must have sacredness and fidelity towards their sexual activities within the marriage. Marriage is an institution that calls upon those who are married to show mutual love as a couple and witness to the society. The researcher acknowledges this view since all of us come from families where marriage shapes our societal values. Pope Francis (2016:39) reminds us that the church teaches that marriage is rooted in the image of God. That is to say that, by its nature, marriage is a communion of persons just as in the trinity of God the Father, God the Son and

God the Holy Spirit. The church teaches that marriage is a union of love between two people joined in a whole-life partnership (Catechism of the Catholic Church, 1994:394). This partnership was consecrated by God in His plan for creation (Genesis, 2-22). In the gospel, according to Matthew (19:5-6), Jesus teaches us that:

This is why a man leaves his father and mother and becomes attached to his wife and the two become one flesh. They are no longer two, therefore but one flesh, so then what God has united, human beings must not divide.

This truth of no longer being two in a marriage calls upon the family to reach out to the community, go beyond individual conduct and transform society in the process (Pope John, 1995: 66).

Through reading the Scriptures, we can glean a clear understanding of the role of marriage in HIV and AIDS prevalence as couples are called to be responsible in their procreation. There is firstly a union of two people in a mutual loving relationship. It is a vocation, according to Pope Francis (2016:42) where men and women decide to give to each other in a permanent sexual covenant. Marriage is a sign of how Christ loved His church. Yet the HIV and AIDS epidemic has destroyed marriages and families because, although sexual intercourse between married couples was intended to be a blessing and a joy, it is also a moment in which HIV can be transmitted.

Some of the youth have dismissed the teaching of the church on abstaining and being faithful, arguing that abstaining and being faithful are almost impossible these days. The answer to this is first and foremost, to create a group of youths who can support each other to uphold abstinence from sexual activity before marriage. However, from the findings in Chapter 5 Section 5.2.3, 40% of the youth found it very difficult to abstain from sex until marriage. The church teaches that we need to teach and empower youth structures of our communities to promote responsible sexual behaviour. Since there is no vaccine or confirmed cure for HIV/AIDS, it is fitting for the church to focus on inculcating a sense of self-control and

faithfulness through deliberate behavioural change. Embedded in matrimonial vows is a call for more education, true love and faithfulness. Mark (1:15) urges us to take responsibility for our actions and listen to the teachings of the church, which call for self-restraint and fidelity.

Duffy (2017:51) argues that married couples are called on to remain faithful to each other. However, marriage is not very popular in these modern times. The married couples must be ready to stand up against any abuse in their vocation or calling. Marriage, according to the CCC (1994:406), is a sacrament in the RCC which means it is a covenant for unity and fidelity and may not be dissolved. With this pillar above, the church encourages its youth to get married to enjoy the fruits of marriage, which are sex and children. The youth should look at their parents as role models and should be supported to discover the beauty of marriage. In this way they will be free of the dangers of HIV and AIDS if they live a godly lifestyle as married couples (Nash & Whitehead, 2014:218)

7.20 The use of condoms and HIV/AIDS prevention: a theological reflection

According to Devenish (1992:223), most of our youth are sexually active and use contraceptives as a means of protection, but the issue of condoms can be one of morality. There are two ways of looking at the use of condoms. These two approaches, according to Bate and Munro (2014:252), are firstly a rigid way supported mainly by Christians and known as objective morality. Then there is a second approach which is a more tolerant, called subjective morality based on one's conscience. For the church, condoms are part of contraception, and they are unlawful in objective teaching. Bate and Munro (2014:248) point out that even the scientific community are not unanimous about the efficacy of condoms in preventing infection. There are some weaknesses in condom usage such as them not being used properly, slippage, breakage, leakage, storage, expired condoms, defective condoms, poor quality control, no money to buy condoms and negative attitudes so they, therefore, do not guarantee safety.

The use of condoms compromises God's plan (Jeremiah 1:5) which states:

*Before I formed you in the womb, I knew you, and before you were born
I consecrated you (Jeremiah, 1:5).*

Thus, life has value from the beginning. Bate et al (2014:79) remind us that the role of the church is to give people correct information, provide service in the home and community care for those who are infected and affected and provide treatment and support. There was an accusatory statement to the effect that, by not distributing condoms “*the Catholic Church was killing people*”. The church’s message in its teachings and information to the faithful about HIV and AIDS and the use of condoms is that we cannot solve the problem by distributing condoms to everyone. This is a matter of great concern.

The church says that it is immoral for people in a permanent loving relationship to use condoms. From the findings in Chapter 5 Section 5.2.2, 24% of the respondents agreed that the church teachings should be obeyed. John Paul (1995:41) in the *Humanae Vitae* teaches that:

*Each and every marital act must, of necessity retain its intrinsic
relationship to the procreation.*

However, this is a challenging view since a number of people, according to Bate and Munro (2014:250), argue that sex can be for selfish reasons. This document precedes our knowledge about HIV and could not have thus specifically addressed this issue. Pope Paul VI considered an act of sex to be “*intrinsically wrong*” when condoms and other artificial contraceptive are used as means of avoiding the transmission of new life.

Condoms have, on the other hand, been publicised among the youth by government as a form of prevention almost equated to a cure. This is subjective morality when one has to use their conscience. It is an illusion to equate the effectiveness of HIV and AIDS prevention with the distribution of condoms among the youth. Green (2001:1) a self-proclaimed non-believer and

reproductive health expert, said that massive condom promotion had little to do with the decrease in new HIV infection rates in Uganda during the 1990s. The reduction in new infection rates was attributed to delays in sexual debut and the reduction in the number of sexual partners. This finding is consistent with the teaching and position of the Catholic Church in relation to delayed sexual activity among the youth.

The use of condoms has been vigorously promoted by the South African Government as its main means of HIV and AIDS prevention. Bate et al (2014:302) note that the Catholic Bishops of Southern Africa are concerned about such widespread and indiscriminate distribution of condoms among the youth. There is no guarantee to those who are using them that they will be safe. Tempelman (2008:177) argues that there are many factors as to why condom use in Africa tends to be low, for example, females have less control over them, lack of skills and knowledge, fear of embarrassment, alcohol abuse, cultural factors, lack of availability, cost of condoms and more. With this background, the church authorities suggest that a lot of education on condoms should be offered to those who use them before general distribution. The Bishops suggest that such promotion leads to the breakdown of morality and self-control. If condoms are promoted without teaching, behavioural change among the youth will be very difficult to achieve. It will also be difficult for them to be faithful in their future relationships as they will tend to look at sex only from a perspective of selfish pleasure.

The church advocates responsible sexual activity only for those who are in a married relationship. In the Catechism of Catholic Church (1994: 542), the church teaches that young people should be taught about the dangers of fornication. The condom mentality should be challenged, and abstinence and being faithful should be promoted as a means of prevention.

According to John Paul II in his *Evangelium Vitae* (1995: 23), the Catholic Church views the use of condoms as contraceptives which is a rejection of procreative intercourse, and there is a need to rather focus on the church's teachings on chastity as the Christian response to HIV and

AIDS. The lives of the faithful have to be protected to the fullest. The faithful have to view the church both as a mother and a community, not simply a building, but a community that cares for its members. The use of condoms raises the question of unsafe behaviour among the youth. The church, therefore, argues that using condoms runs counter to its fundamental teachings. Condoms tend to encourage the youth to become promiscuous, and this is morally unacceptable.

The use of condoms in exceptional cases to prevent the spread of HIV and AIDS has been considered by some RCC leaders. According to Bate (2014:251), from the start of the epidemic, the RCC has not supported the distribution and use of condoms among its members. However, in its leadership, there are some different views about the use of condoms in certain circumstances and one of them was given by Pope Benedict XVI. He cited a case of an individual who may use a condom as a means of preventing another person from being infected by the HIV virus. Vitillo (2014: 38) argues that the Pope does not regard the use of condoms as a real or moral solution but, in this case, the intention of reducing the risk of infection is the first step in a movement to a different or more human way of living one's sexuality with responsibility. The church's task, therefore, is to offer information the teachings of the church and by holding workshops such as the EFLP.

The Pope supports all programmes that promote abstinence among the youth and being faithful among married people. Applied well, this double-pronged approach could result in tremendous change and stem the spread of HIV/AIDS. Being faithful within marriage and abstinence before marriage brings about harmony within oneself and others. A number of respondents (24%) agreed with the church teaching on abstaining; however, 60% did not agree with the church teaching on condoms.

The Bishops of Southern Africa put out their message of Hope, a theological guideline document which shows that God cares for his people. This is one of the most important documents that

has ever come out of the SACBC in relation to its role and response to HIV and AIDS and condom use among married people. In this document, the Bishops argue that everybody should know their HIV status by going for a test and thus breaking the silence by naming and disclosing their status.

However, there are certain cases where one partner in a marriage may be HIV positive and, in such cases, it is their right to defend themselves against the HIV virus and the Bishops called on such people to turn to the appropriate means and action. In this situation, the Bishops argue that one should act according to his or her own conscience (Bate, 2014:304). This is the only situation where the church in Southern Africa has given its position on the use of condoms in a loving and equal relationship. This was a response to the pastoral care and needs of HIV positive married couples.

The church, as Karecki (2003:67) reminds us, should be ready to read the signs of the times in each individual situation and let people form their own conscience. However, Duffy (2007:51) reminds us that this pastoral statement of the Bishop did not open up the general use of condoms to married couples, but it suggested to them to listen to their own conscience. The Bishops were concerned about the government's indiscriminate method of promoting and distributing condoms, especially among the youth, who are bombarded with sexual messages by the mass media. This approach was considered immoral in the sense that it misguided the youth (Duffy, 2007:49). There is more to HIV and AIDS than just the distribution of condoms; we need to reflect on the deeper meaning of the causes of HIV and AIDS and what type of behaviours characterise each community.

The reason for this rejection by the Bishops was that condoms go against human dignity in the sense that they alter the beautiful act of love into a selfish search for pleasure without taking personal responsibility. Furthermore, condoms do not guarantee protection against HIV and AIDS. The teaching of the church arose from the concern that promoting condom use in what

is known as 'safe sex' would contribute to the erosion of the moral fibre among the youth. The government should also promote campaigns on abstinence and being faithful in sexual matters, and train the youth about self-control so that they do not use others for selfish pleasure.

In the same Message of Hope document, the Bishops also spoke directly to the youth, by invoking Deuteronomy 30:19 and 1 Thessalonians 4:3. They called upon the youth to choose life by accepting God's way of staying faithful, abstaining through prayer, being responsible for others, being chaste and exercising self-control. The youth were encouraged not to listen to people who said if they did not have sex, they would go mad, but, on the contrary, they would be much healthier in mind, body and soul if they abstained.

There seems to be two views from the church, one is about promoting fidelity and abstinence, and the other is about deferring to one's conscience. Another position, Vitillo (2014:43) reminds us, came from the stand of the Catholic Bishops of Chad in Africa. They too suggested that the church has a role to play in HIV and AIDS prevention, not by advocating the use of condoms, but rather by promoting conjugal fidelity and chastity. These are solid values that can be of benefit to the youth. The Bishops contend that one's conscience is of paramount importance. It frees us to look more deeply into our own lives as we tap into our own responsibility in whatever situation we find ourselves. The Bishops go on to teach that no one is bound to do the impossible: spouses cannot be asked to abstain from sexual intercourse. We, therefore, understand that a person, through love, may be led to using condoms to protect themselves and their partner.

At the same time, the Pope sees the church as a both a mother and a teacher. In its teaching, it shows that abstinence from sex is possible and that the youth need to support each other in this. Bate et al (2014:304) argue that we have to accompany the youth by instructing them during puberty to say 'No' to sex before marriage. The RCC, by its teachings, does not aim to curtail the freedom of the youth but rather to equip them with tools to change their attitudes,

habits, values and skills. The church wants the youth to fill in the gaps of life to face the HIV and AIDS epidemic, and this is the church praxis.

The church teaches its youth the truth with love so that they can be well informed in all aspects of life. They are given an opportunity to view life through a clearer lens, to manage their own life-styles and to be in a better position to face problematic issues and situations. The HIV and AIDS epidemic has motivated the Bishops to reflect on the theological dimension of the HIV and AIDS action praxis. They have thus responded with a good measure of critical thinking and courage to the needs of the community by reflecting on the church's teachings, norms, traditions, beliefs and doctrines.

Bata et al (2014:177) point out that there have been a number of misconceptions and misunderstanding about the use of condoms by the youth, who regard such use as a very safe means of preventing HIV and AIDS. On the other hand, the church views this as an immoral act, so it remains a challenge for the RCC to teach its members to revert to natural family planning methods. This method is God-given, but the couples must be educated to identify the women's fertile periods and abstain from sexual activity during those times.

To sum up this section, the church still faces many of challenges; for example, how effectively can an individual be helped to develop an informed conscience. There should be a good working relationship between the government and churches. An open discussion should take place, especially on the topic of condom usage. The churches must accept that the youth within the churches are sexually active. Kgatle (2018:3) seeks to illustrate that churches should be challenged to train their members on how to use condoms which will be better than youths who are sexually active engaging in sex without any protection. Such suggestions would make the RCC very unpopular if it said let the youth who cannot abstain or be faithful in marriage use condoms as it would go against the fundamental moral teachings of the RCC.

The researcher asks if RCC needs to rethink its position on condoms and have an internal dialogue with itself. Are there Bishops who are ready to take up a different approach? What would be the theological arguments, knowing that the only 100% way of HIV and AIDS prevention is by abstaining from sex until marriage and being faithful.

7.20.1 Pastoral plan for the youth and ministry praxis

This is a new insight as a pastoral plan for the youth. At the moment there is no single pastoral plan for the youth, and this could be a contribution to the body of knowledge. The pastoral plan should be based on social, economic, political and spiritual implications and aim to youth. It must be holistic in nature and be about awareness and the needs of the youth.

The Pastoral Plan of the Youth of Sterkspruit Belonging to Christ, Committed for Mission

Contents and Methodology Cycle of Mission Praxis by Karecki. Introduction and Background to the pastoral Plan.

The researcher was a youth chaplain for five years, but, during that time, did not have a pastoral plan for the youth. It is from the current study that a pastoral plan for the youth should emerge aimed at helping them to develop holistically. From this thesis, it is apparent that those who are to work with the youth should be assisted by this pastoral plan to address the spiritual, moral, social, psychological and intellectual issues confronting them. It is from this background that a pastoral plan for the youth in Sterkspruit arises. This plan must be contextual to the Sterkspruit Parish, outward-looking and be able to meet the dreams, fears and current challenges facing the youth.

1. Chapter 1: **A call to conversion.** The youth look at their present lives, followed by reflection, sharing and a look at Scripture, ending with responses for mission and the youth making a personal response to action.

2. Chapter 2: **Jesus Christ, the model for the youth identity.** Look at the life of Christ, followed by reflection on our relationship with Jesus, sharing and a look at Scripture, a theological reflection, ending with a personal commitment to His mission and asking the Holy Spirit to empower them on their journey.
3. Chapter 3: **Evangelisation of the youth.** Look at the present form of the church, followed by a reflection on witnessing to their peers. Look at the Scriptures, a theological reflection, personal response in action by finding meaning in their lives by sending them on mission to witness to Christ.
4. Chapter 4: **Role of family life.** Their role in the formation of their children, reflection on their challenges focusing on sexuality, faith formation, Christian living and behaviours. Look at the Scripture, a theological reflection of families, response on the ongoing formation of youth and their families.
5. Chapter 5: **Marriage as a sacrament now.** The social teaching of the church on marriage, reflection on the challenges of marriage in relation to HIV and AIDS.
6. Chapter 6: **Spiritual formation of the youth in lived prayer.** Look at the present personal relationship with Jesus, reflection on Scriptures, end with a personal commitment to live a spiritual life in the SCCs and live their popular piety.
7. Chapter 7: **Sexuality and HIV/AIDS preventive strategies.** Reflection on the Catholic identity and culture of pro-life, Catholic morality and freedom. Sexuality in the image of God. Childhood development in sexuality. The wonder of the human body and human love. Christian relationships between boys and girls. Reflect on the challenges of youth sexuality, for example, artificial contraceptive methods versus natural family planning.
8. Chapter 8: **The use of media in education on HIV and AIDS.** To get information on the present political, cultural, economic and social issues that affect the lives of the youth.
9. Chapter 9: **Networking** with other youths from different churches and working with professional groups or NGOs by allowing other researchers to come into play to elect on their mission. Looking at the worldwide church (John: 10:14-16) (Ecumenism). This is to work together on the common issues pertaining to HIV and AIDS.
10. Chapter 10: **Church teaching on Conscience formation** in the context of condom use and sexuality. Reflection on church teaching (*Magisterium*) and moral formation. How

to accept the teaching of the church on sexual intercourse? Focus on human development and married life.

11. Chapter 11: **Summary and recommendations.** It is necessary to have a more on-going formation for the youth based on evangelisation. More attention should be given to youth sexuality and strategies on HIV and AIDS prevention. A more joyful, enthusiastic and attractive approach to sex education is required. Parishes should be supported in offering life and other practical skills to empower the youth. Each Parish to make an effort to set up and develop a youth missionary spirituality.

7.20.2 Critique, highlight the shortfalls of the EFLP and solutions and map way forward

Table 7.1. Highlight, shortfalls of the EFLP and solutions mapping the way forward

Highlight of the EFLP	Shortfalls of the EFLP	Solutions mapping way forward
The EFLP offered strong knowledge and information to the youth of Sterkspruit on HIV and AIDS prevention	The EFLP did not communicate well about condoms. There was some generalisation on the issue of condoms. The programme was biased, and there was too much moralistic interpretation.	The RCC has a duty to revisit its moral and doctrinal teachings on condoms; more facts and evidence on their use is needed. Fresh eyes and open-mindedness are required. This also applies to more teaching on HIV and AIDS. For the church to have a middle approach between the objective morality (those who are against condom use) and the subjective morality (for condom use). More professional debate and suggestions are still needed on an academic level.
There was a strong emphasis on sex education and human sexuality beyond sexual practices.	The programme does not acknowledge that there is a sexual revolution affecting the sexuality of the youth.	To empower the youth to be more conscious and to think more critically about their lives.
The youth had a positive change of attitude, values, behaviours and life skills. By its very nature, the EFLP attempted to address the youth questions with the conviction of saving the future by re-building Christian, moral and human values	There has not been other national or local research of this kind done in the Sterkspruit area since the EFLP was introduced in South Africa from Uganda.	More peer-to-peer and gender power balance between the girls and the boys. The voice of the girls needs to be heard. To deal with poverty and economic imbalance between boys and girls. Girls need to be empowered economically

The EFLP acknowledged the publications of the RCC and other documents, books and statements from other non-Catholic media	The EFLP was conducted among the RCC youth, even though it was open to the youth of other faith. This may be a challenge to enforce faith opinion. The other youths joined the EFLP out of this study area.	To encourage the families to have a strong parental relationship with their children. Parents need to be given a workshop first on how to give advice to their children on matters of sexuality
The EFLP stood out as the only known strong intervention programme in the RCC in South Africa. It was supported by the Catholic Bishops of South Africa.	The use of informed decision conscience making was not well developed; the youth remained afraid and confused. This was a great barrier to change. Sexual decision-making was lacking in the EFLP. Most of the information was about what the church says and teaches.	To addresses the South African youth culture on sexuality, beliefs, traditional healers to find positive culture behaviours. This will help in the reduction of sexual partners. More religious values workshops are still needed. Why is there such promiscuity among the youth in and outside the church
The use of storytelling in the EFLP was a strong point. The youth were able to give their life experiences. Storytelling led to objective learning from their own life experiences.	The youth expressed the problem of absent parents, epically fathers. The EFLP did not get enough support from the parents. Other parents did not even want to talk about sex topics with their children.	More on-going frequent evaluation and having a dialogue with the youth and the church leadership. To have a very critical look at human sexual life by having sound methods that are effective. A need to have a social model change programme

Highlight of the EFLP	Shortfalls of the EFLP	Solutions mapping way forward
		which may be required to understand the youth cultures which are, at times, far apart from the church and reality.
The EFLP was a peer-to-peer led, peer-driven and peer-supported programme. This led to the youth supporting each other in behaviour change. There was a deep sense of Catholic belonging among the youth.	The EFLP was not able to influence some of the youth on behaviour change, due to the fact that they did not accept living according to the church teachings. Most of them were sexually active before the EFLP was implemented. The youth could not see what the church was seeing happening to them. The church needs to bring into focus a clear present picture of the youth.	To come up with some alternative, creative non-penetrative sexual practices for the youth. These may be alternate sexual practices which do not put the youth at risk, 'safe sex'. This needs proper education for the youth to take responsibility and have life skills such as negotiation
The EFLP opened up an approach to face the reality of HIV and AIDS among the RCC youth. HIV became no longer an option but a question of life and death. The EFLP reached out to those who were HIV positive by dealing with the stigma. The youth were able to disclose their HIV and AIDS status.	The challenge of the society and the culture of death which was pushing the idea of sex outside marriage. Many of the youth still engage in sex, even if they know what the church teaches. It was not easy for this programme to replace their risky behaviour with positive new behaviour.	To have systematic training of the youth facilitators by a professional person. By engaging facilitators with a scientific approach. The youth in the must be the main people in designing the programme. Since Sterkspruit is a rural area, we need to look at the context when it comes to implementation.

The use of faith as a programme in the local context of Sterkspruit. The use of the Bible during the workshops gave some spiritual inputs, for example, the reconciliation service, Liturgy services, self-wariness exercises, use of testimony, prayers and music	The message of EFLP about delaying sex to start at a later age. This was not an easy topic. Some of the youth did not accept the church teaching on condoms, being faithful and delaying sex. Until when? To get married? What chances are there that they will get married?	More programmes in partnership with other churches are needed in the future. If the EFLP had not taken place in Sterkspruit, there would have been a great loss in behaviour and knowledge.
It was seen as an evangelisation programme, not just as a youth movement, but a conversion process. It called for a deeper awareness of the call of the Gospel. It was a church mission programme.	By the time the EFLP was started, there were other programmes also running in the Sterkspruit area. There were conflicting messages from those programmes.	A programme that addresses the youth programmes holistically will be necessary for the future. A programme that will take care of the physical, spiritual and material needs of youth. A human being is soul, spirit and body and all these areas need to be addressed.
The target group of the EFLP from 2003-2013 was the youth in the church and out of church in Sterkspruit Parish, both those who were sexually active and those who were not. They are better off now than before the EFLP. The youth are the majority in Sterkspruit Parish.	The community of Sterkspruit was a very negative environment for the teaching of EFLP. The lifestyle was immoral, and the youth were confused. The youth in the community were engaged in extramarital sex and substance abuse such as alcohol and drugs.	There is a need to develop a theology of HIV and AIDS based on African philosophy and African theology of the HIV and AIDS epidemic. This theology should have a missiological focus. This will give the black youth a sense of belonging and will eliminate the gaps, omissions and contradictions in this faith-based programme
The youth who facilitate the EFLP were first trained, and then the trainers were trained to make the	The EFLP did not develop its own theory or model but used the existing model of Gerard Egan to	The EFLP to adopt more of a media literacy culture which the youth are familiar with. The use of media can

Highlight of the EFLP	Shortfalls of the EFLP	Solutions mapping way forward
programme effective. The facilitators were able to see how creative, effective and committed.	develop arguments on the current EFLP	assist the EFLP to bring positive and appropriate messages to the youth such as positive attitudes, values and life skills.
It was scientific and had a methodology sustainable by the youth to continue the conversion process at an individual and local church level. The EFLP is based on the theory of 'Helping Skills' of Gerard Egan. Without scientific knowledge one cannot make a meaningful contribution to the lives of the people.	It is not always easy to measure and predict behaviour change in any study. The government and other NGOs are sceptical of faith-based programmes since they do not produce measurable results easily.	The youth should know more about the consequences of premarital sex and the benefits of abstinence. Many of them have not reflected on their lives before engaging in sexual relationships. More is needed on the topic of self-control.

<p>The participants had a good opportunity to reflect and to share on what the process had done in their individual lives. This is because they were totally engaged in the process of running the programme.</p>	<p>The EFLP did not empower the youth with economic skills; it was limited to life skills and behaviour change.</p>	
<p>The EFLP was run without external funding. Finances were from the local church, the facilitators were only paid a small stipend, so the EFLP can be run on a small budget.</p>	<p>Due to the lack of mistrust understanding between the youth and the church teachings. This calls for one to ask if it is reasonable to ask these youths to abstain from sex until marriage. What are the chances that they will get married? Why does the church ask something that is not possible? The church should promote justice in sexuality and condom use as there is a gap between the taught and the lived morality.</p>	
<p>The EFLP was very strong in standing by its principles and the teaching of RCC and did not promote condom use.</p>	<p>The EFLP did not lead the researcher to know if church leaders, Bishops and church ministers disclosed their status to the youth. If this had been done, it could have had a great impact.</p>	
<p>The EFLP did not demonise of the HIV and AIDS epidemic like other church programmes. The EFLP accepted that HIV is a sexually transmitted disease.</p>	<p>The EFLP did not take time to study the Xhosa and Sesotho cultures. It is good to know the traditional culture of your clients and their practices</p>	
<p>The impact of the EFLP was felt in the implementation and very successful in helping the youth to change their behaviours; the objectives were achieved</p>		
<p>The youth and the community of Sterkspruit welcomed the programme and took it as their own.</p>		

7.21 Conclusion

In conclusion, there is still a need to do a theological reflection to critique the impact and mission of Christ, who was on the side of the marginalised and the sick. I concurred with

Kritzinger (2011:37) that mission is a multifaceted ministry. Hence, in this chapter, the researcher has focused on the EFLP as viewed through the lens of the Bible, fundamental doctrinal documents of the Catholic Church and Christian social traditional teaching. The researcher has presented the Christian impact on the behavioural change as a means for preventing HIV and AIDS among God's people. The Catholic Church has been one of the main stakeholders in HIV and AIDS education as a possible response to the epidemic. The church accepted HIV and AIDS as a reality within its own ranks. Karecki (1999:63) suggests that this phenomenon of human experience, HIV and AIDS, has to be analysed in the light of one's belief, convictions and spirituality. HIV and AIDS have become an integral part of the church mission, calling, theological reflection and theological and pastoral care in South Africa.

The researcher has shown the moral teaching in the church's doctrine, contained in its Message of Hope (Duffy 2007:51) on how discordant couples can take care of each other to avoid infecting each other. The chapter also offered a biblical insight into the understanding of God's love in the face of human sinfulness. The church offers healing to its members and does not condemn them. There is no stigma against those who have been infected with HIV. It is the vocation of the church to reach out to those who are infected and affected. Hence the call for a new mission outlook, especially in the area of sexuality and marriage. The new call to mission by the churches should be a radical one especially in the area of condom use as a means of prevention of infection. The churches must continue engaging its youth on condom use before marriage. Another area that calls for a new outlook by the churches is always linking and associating HIV with sexual immorality. An ecumenical approach to HIV and AIDS is required, and there is no need to duplicate work in every church or contradict one another in matters of HIV and AIDS.

New insights are needed in the pastoral praxis. Ethical issues will continue to linger and will require more and better adapted pastoral care for the youth. The researcher describes this new pastoral care which should assist the youth to have a holistic approach to HIV and AIDS. It will need spiritual, moral, social, psychological and intellectual focus. The use of one's conscience

and not following church rules on sex are very sensitive issues in the broader context of the teachings of the church. The researcher has discovered that most of the people in the church do not follow their inner voice, the conscience, which knows what is right in a given situation and avoids what is evil (SACBC, 2013:46). More debate is needed on the use of conscience (Bate & Munro, 2014:260). The next chapter, Chapter 8, will offer the main findings from the primary literature and the data, answer the research question and offer recommendations and areas for future research.

CHAPTER 8: CONCLUSION AND RECOMMENDATIONS

8.1 Introduction

The purpose of the study was to investigate the impact of EFLP on HIV and AIDS prevention among the youth of Sterkspruit parish. In this chapter, the researcher presents a summary of the main findings from the study, which may have led to behaviour change among the youth, and a number of recommendations from the study findings. The chapter also includes some missiological implications for different institutions and areas which need further research in theology.

In general, Chapter 1, provided a background to the study which covered the problem statement, the background to the EFLP, the rationale of the study and its significance. The researcher also demonstrated the need to undertake this study and showed that the EFLP as a behaviour change intervention was necessary. It is worth noting that the researcher's active participation in EFLP enabled a deep and critical insight into issues affecting young people. The church's role in HIV and AIDS with its EFLP prevention programme was scrutinised, the research problem and the objectives of the study were also discussed.

Chapter 2 presented the literature review as well as the theoretical framework of this study. The study employed the theory of reasoned action (TRA) to determine factors that are relevant to EFLP. The theory of reasoned action brought out certain contrasts such as individual intention, beliefs, attitudes, subjective norms, life skills and self-efficacy as the components to be viewed when dealing with behaviour change.

Chapter 3 offered the literature review from the church documents and teaching perspective in relation to the role of the church in Sterkspruit which has been to live to the gospel faith and to express its teaching in the mildest of condom promotions.

Chapter 4 dealt with the research methodology. The researcher applied a phenomenological research strategy by describing the youth experience of behaviour change in relation to HIV and AIDS prevalence. The respondents in the study were 25 young people from the Sterkspruit Parish who participated in the EFLP. Semi-structured interviews and document analysis were also used in the data collection process. The data were categorised into subcategories of themes that belong together. Coding was used to assist the researcher in analysing the data of a similar nature. The researcher was also able to categorise these data into six recurring and related themes.

Chapter 5 presented the findings. One of the key findings indicated that there was a change in the youth values, attitudes, life skills and behaviours. This transformation goes on to make someone to have an intention by making a commitment to change. This probably explains why the respondents had a positive attitude towards behaviour change, and some of them did practice abstinence, thus avoiding contracting HIV and AIDS. The following must be highlighted:

8.2 Sexual behaviour change findings

The EFLP provided insights by revealing a number of factors that influence the youth in their sexual behaviour. From the interviews, it was evident that the youth were able to turn away from the risk reduction behaviour that causes sexually transmitted diseases. The youth was therefore equipped with meaningful skills to make well-informed choices to make their lives better. One of these choices was abstinence from sexual activities before marriage. New values, skills and attitudes were evident in the youth which brought about a deeper understanding of themselves and developed their self-esteem.

Sexual behaviour change was one of the main solutions to lessen the risk of being infected with HIV among the youth of Sterkspruit. Significant knowledge was gained through the EFLP. The knowledge acquired was not only about education or promoting the use of condoms, but also highlighted the differences between what the RCC teaches and the lived reality in terms of sex before marriage and the use of condoms. This is the moral teaching as opposed to the realities that are lived by the youth.

Sex education programmes should be encouraged in schools from a very early age as this will offer the young ones a good knowledge of skills and empowerment over their bodies. This can be done by setting up support groups such as the Youth Alive clubs, which motivates them with their newly acquired knowledge and skills on behaviour change. The challenge remains to get the Department of Education, parents and the churches to agree on this. This recommendation was based on the finding that a number of youths had sexual experiences while still at primary school as was reported by the youth themselves.

Therefore, early intervention of sex education in school will be of great help in HIV and AIDS prevention. It has been revealed by both the literature and the primary data that behaviour change played a significant role in HIV prevalence. It was evident that there was a change in attitude, condom usage and abstinence. The youth in schools have been involved in running and developing the programme and becoming part of the change. This agrees with Amy (2002:97) who emphasised the importance of adolescent identity development in areas of sexuality. He maintains that young people want to be part of a group and belong to something

significant and big. From this study, it was evident from the youth that sex education was easily understood in a group.

8.3 Spirituality and faith findings

After the intervention of the EFLP, the youth began to take spiritual matters and experiences more seriously. The youth shared in the study how their spiritual lives and their participation in church activities improved. There was a more meaningful understanding of being loved by God, even if they were sinners and not living up to His spiritual teachings. This study discovered that the EFLP made a great impact on the youth by the use of the scriptures in the context of the HIV and AIDS problem and behaviour change. The Bible offered a spiritual narrative by putting it in the centre of the EFLP and, in this way, it became a tool of life.

There was, therefore, a relationship between behaviour change and the scriptures. HIV and AIDS is not a punishment from God; God does not judge people living with HIV and AIDS. The church should be a place to feel welcomed without being stigmatised. The existence of stigma and fear in the community is due to ignorance, and the EFLP became the defender of those who were infected and affected by the epidemic. They understood behaviour change as a call for conversation and transformation of their lives. The role of the church in its teaching becomes more relevant if it deals openly with the issues of condoms both in and out of marriage. The EFLP assisted the youth to appreciate their spiritual responsibilities to their bodies and to respect other people's bodies. Some of the youth discerned their vocations and their career aspirations.

8.4 Sociological findings

It was evident that the EFLP offered knowledge about HIV and AIDS to the youth. However, it was not sufficient to affect behaviour change immediately. The EFLP demonstrated the challenge of how to address the youth culture within which this risky behaviour takes place. The sex culture was very strong and was not easy to deal with at times, even if the youth knew

about HIV and AIDS. This was the culture of death as opposed to the culture of life. The media also had a big influence on behaviour change. The voice of the church seems not to be heard, respected or represented in the media world. This research also suggested that more sustainable and suitable programmes or forms of strategies are needed to keep the youth informed and empowered and to offer alternative behaviours in line with the church teaching.

Furthermore, this study confirmed that programmes such as the EFLP should be implemented at an early age, “*Catch them while they are still young*” Chitando (2007:112). This will give them a new feeling of identity and belonging in the church and the community and will be able to overcome and deal with the negative attitude about sex in the context of HIV and AIDS. At a very early age, the focus should be on information, especially on healthy sex education, behaviour change and psycho-social support. This is supported by the UNAIDS (2016) prevention gap report which states that school-based HIV and AIDS programmes are an effective strategy for dealing with youth behaviour at an early age as they encourage delaying sex.

There was also a finding that the church needs to respond to social issues by working with other churches (ecumenical support) in HIV and AIDS programmes. Such intervention strategies are urgently required to work in collaboration with other faith-based organisations and to support each other in health and safety policies.

8.5 Theological findings: empowering young people to witness in mission

A new religious and social transformation emerged among the youth. The study demonstrates the relationship between the EFLP and the missionary role of the youth by taking part in the triune God (*Missio Dei*). As the transformation of behaviour happens, there is a call to assume a missionary role, *Ad gentes*. There is a missio-ecclesiological calling to go out and offer the

witnesses to other youth. The church became an agent of change among the youth, a paradigm shifts to care for other youths, especially those who have been affected and infected by HIV.

This new role of responding to God's vocation made some of the participants dedicate themselves to the religious life and others to marry. This awareness of a vocational calling comes from participating in the EFLP and living by its principles. Therefore, it can be said that the EFLP has given a new meaning of life to the young people, and they are now open to receive the Holy Spirit. According to Baron (2017:2), the church has to go out into the world and witness further. Linhart (2002:176) suggests that, the more other youth see young people praying and witnessing, the more youth will join them.

In Chapter 6, the researcher made sub-conclusions at the end of this study, putting emphasis on the significance of the study.

The researcher sorted the information collected into six major themes namely

- (1) Transformation,
- (2) Catholic teaching on sexuality, HIV and AIDS,
- (3) Programme impact assessment of the EFLP,
- (4) Growth to maturity,
- (5) Spirituality,
- (6) The culture of life and the culture of death.

The researcher had to find patterns of behaviour from the data to show how the respondents thought and acted on their new behaviours. The participants reported that they had to engage in a new mind-set. For example, a number of participants reported that the EFLP not only changed their behaviours but also their mind set, and they became role models to others. The

data revealed a new lifestyle of holiness. However, the issue of condom uses among the youth in Chapter 6 (6.3.1) has remained a point of debate among the youth, the church authority and its teaching.

The EFLP led to the growth of maturity among the youth of Sterkspruit, which led to a new responsibility. However, the challenge was how the youth would be able to sustain the new behaviour. The findings suggest that the church has to support the youth by integrating the Bible into their day-to-day spiritual lives which will help them live their values in their environment or context. The theme in Chapter 6 (6.2.6) on the culture of life and the culture of death was not an easy one for the youth. The church has not been silent about the culture of death, which is too common among the youth. The church should not have a biased view on the use of condoms but should talk about it and listen to the views and stories of the youth. After the EFLP there were fewer pregnancies among the youth in the church (see Chapter 6 6.2.6).

In Chapter 7, the researcher outlined the theological reflection on the study in relation to the EFLP in view of the behaviour change in line with the teaching of the RCC. This was done by presenting certain theological and pastoral themes such as conversion, evangelisation, conscience formation, family, human sexuality and pastoral care in terms of its pastoral plan and the church documents. The theological reflections summarised the issues that rose out of the analysis and reflected on them in a more theological manner as this is a missiological study.

The theological reflection was done by integrating various themes and getting a clearer understanding from scriptures, RCC tradition and spiritual experience. The scriptures provided enough support for the EFLP topics by, for example, committing them to new behaviours. During the interviews, the respondents established belief in the Scriptures by quoting from certain texts and people in the Bible, demonstrating faith as a motivation in this study. The role of faith was also revealed in the respondent's change of behaviour. Bate and Munro (2014:271)

offer similar suggestions that faith was, for them, a base of protection, strength and guidance in their journey of behaviour change.

This chapter also offered an explanation of why the EFLP was a suitable HIV and AIDS behaviour change programme in comparison to others. The findings showed that even if some of the youth knew the teachings of their church on sex, they still engaged in it and sometimes without protection. By implication, these findings point to

- 1) what the RCC should do to make the youth more responsible and loyal to its teachings,
- 2) to consider revisiting its teaching on sex, and
- 3) to work on cultivating the culture of life more holistically in contexts such as that of Sterkspruit.

The church embraces the culture of life as its doctrine, and this is what the EFLP promotes. However, these views are not in harmony with the views of the youth.

There is also, in Chapter 7 (7.4) a call for conversion, the *metanoia*, which is a change of heart or change of mind-set. The EFLP calls on the use of scripture, and the Bible has a special place in the programme. The Bible has to be used and interpreted while the participants are making their own conscious decisions. The Word of God must change the lives of the youth, and it does this by offering them hope and thus transforming praxis. There was a call for more evangelisation so that the gospel of life can influence the culture of death. If the church does not succeed in its evangelisation, the youth may grow up thinking that their culture of death is acceptable. It is not easy for the youth to make up their consciences well on matters of sex hence they need more education.

8.6 Summary of the main findings per theme

The findings of this study are based on six main themes

(1) Transformation

(2) Catholic teaching on sexuality and HIV and AIDS

(3) Programme impact assessment of the EFLP

(4) Growth to maturity

(5) Spirituality and,

(6) The culture of life and the culture of death.

8.6.1 Key findings from theme 1, transformation and virtue

Transformation among the youth happened in different aspects of their lives. The transformation can be summarised briefly as follows

- 1. Seeking new knowledge in the area of moral behaviour change.** The study found that most youths had little knowledge of HIV and AIDS before the EFLP. After the EFLP new life skills on abstaining, being faithful and delaying sex coupled with going for HIV testing were acquired. **The transformation from negative peer pressure behaviour to new behaviours that spoke to the youth holistically.** There was a change in perceptions and attitudes. To be in the mission of Christ, the youth need to have a certain lifestyle. As a result of EFLP programme, the participants became more responsible, especially in relationships and dealing with the opposite sex
- 2. Parents and peers became increasingly supportive of the changes in lifestyle by the youth.** The study found an improved relationship between parents and peers, lifestyle monitoring, and being comfortable to talk to each other about sex. Findings from the interviews indicated that the youth became more responsible in their sexual behaviour, lifestyles, attitude towards the opposite sex and life.

This is about witnessing in the mission of Christ. The youth were able to go out and transform their communities by evangelising each other in the *Missio Dei* as far as HIV and AIDS are

concerned. The youth became aware of their participation in the world of those infected and affected by HIV and AIDS.

8.6.2 Key findings from theme 2, Catholic teaching on sexuality HIV and AIDS

One of the main findings was that the Catholic teachings offered knowledge, awareness, prevention and care. It was found from the testimonies that some of the youth subscribed to the use of condoms even though they knew what the position and teaching of their church was. The church's position and mission was to prevent HIV infection without using condoms which, according to it, remains the best method to combat the disease. The church teaches that, since infection with HIV is mostly transmitted through sexual activities, the best means of prevention was to deal with sexual behaviour.

However, some of the respondents decided to apply their own judgement on the issue of using condoms. These respondents considered the church teachings to be unfashionable in current times and situations. The findings indicated to the researcher that there remains a gap between the youth and the church on the use of condoms, apart from married couples who the church has asked to listen to their conscience when it comes to the use of condoms. The SACBC appealed to married couples in the case where one spouse is HIV positive, to turn to their conscience. At this point, the use of condoms remains a subject of disagreement between the youth and church.

The findings show that the RCC has played an effective role in HIV and AIDS behaviour change. This was demonstrated in the literature review that was analysed. The researcher found that some of the youth were not aware of the church's teachings and, therefore, did not have a guilty conscience about their sexual activities.

8.6.3 Key findings from theme 3, impact assessment of the EFLP

It was evident from the responses received that the EFLP had a positive impact on the lives of those who participated in the workshops. The respondents gave examples of how successful

the EFLP was in reducing the prevalence of HIV and AIDS by its teachings on sex education. Other respondents revealed that the EFLP played a powerful role in their lives by changing their attitudes.

However, it was not easy for the participants to replace their risky behaviour with new positive behaviours as some of them were not open enough to the teaching of the EFLP, and it was difficult for them to follow the information. One respondent spoke about why it was not easy for them to delay sex as they had started at an early age and it wasn't easy for them to now abstain from sex. In addition to the difficulty of abstaining, another respondent commented on the problem of being already sexually active it was not easy for them to uphold the standards of the EFLP.

On the negative side, the respondents said that the EFLP and the teachings of the RCC did not speak well of condom use, even if Bate and Munro (2014:248) acknowledge that, to a certain extent, there was some efficacy in using them. However, most of the talk was negative and based on the moral implications rather than in the reduction of HIV and AIDS. For example, the following reasons were put forward in the EFLP as the major risks against condom use:

- There is a 13% failure rate of condoms in preventing pregnancy
- One can only get pregnant two or three days per month, so no need for contraceptives
- Condoms break during sexual intercourse
- Condoms may leak or slip during sexual intercourse
- The condoms have an expiry date
- At sometimes there may be defective condoms, faulty and wrongly used
- Condoms are of different qualities, so they do not guarantee protection
- Condoms are discriminately promoted, even to those who are ten years' old
- The use of condoms goes against human dignity, thus break down of moral fibre
- There is a lot of selfish reasons for using condoms including rejecting one's responsibility
- Condoms do not promote self-control and mutual respect for each other
- The EFLP needs to be more real and practical with the issues of the youth who are in a sexual revolution which has a lot of challenges.

One could argue that the RCC and the EFLP were focusing too much on the church dogmas and not so much on the prevention of infection with the virus. More should be done to address the concerns mentioned above; otherwise, faithful people in the church could find it difficult to listen to the reasons given for the use of condoms and the danger of death. In this thesis it is evident that the levels of heterosexuality are very high among the youth and more education and knowledge on how to use condoms in a correct and consistent way is needed (Van Dyk 2005:139). All those reasons that deal with the condom itself can be addressed by the manufactures so that condoms can be improved. Van Dyk (2005:139) points out that, according to the Food and Drug Administration in the US, condoms are 99.7% defect-free. The researcher agrees with Van Dyk that condoms can be scientifically improved. In conclusion, there is a need for balanced views between those who are anti- and pro-condom use.

8.6.4 Key findings from theme 4, growth to maturity and new responsibilities

The respondents identified a change in their lifestyle; both external and internal changes took place, and they grew into adulthood and maturity. The youth that were interviewed said that they were much more knowledgeable on HIV and AIDS and their own personal growth after the EFLP. They were in a better position to make decisions about their lives and in whatever they were doing.

After the EFLP, the youth said that they were in a better position to understand the inner meaning of sexuality, which was absent before the programme. The meaning of sexuality was made clear. MacPhail and Campbell (2001:1614) maintain that sexuality is not only about sex practices, but also about the way youth think, believe, their identities and all the social elements. They came to understand that sex should be exclusive to one's spouse, and there must be a total commitment to one another. The youth become friendlier towards those who were HIV positive. The youth who participated in the EFLP gave evidence that they took care of their parents by finding jobs so they could put food on the table.

Others took their schoolwork more seriously. There was a deep personal growth to maturity, and quite diverse responses were discussed. New life skills were acquired which helped the youth to abandon bad behaviour such as taking drugs and having sex for money. The EFLP led the youth to become more responsive to their peers, and this contributed to them opening up and becoming HIV and AIDS activists.

8.6.5 Key findings from theme 5, impact on spiritual growth

The purpose of this theme on spiritual growth was to identify what changes the EFLP contributed to the spiritual growth of the participants. This was in line with the researcher's objective number 3. The following excerpts describe what changed in their spiritual lives.

As a result of EFLP programme, some of the respondents became very active in church activities. One who is HIV positive or who needs to change their behaviour will need to be in a deep relationship with God and obeys God's commandments. This is the opposite of non-spiritual programmes. Being a believer offered the respondents a strong sense of commitment to their behaviour.

The spiritual growth led them to have a call for mission, *Missio Dei*, or God's mission. Some of them had to respond to the mission by being visible and engaging other youths in issues that concern them such as poverty and sexual abuse. Some of the respondents took up new roles in their churches, such as visiting other youths who were ill with HIV and AIDS, and they also spoke for the poor and the marginalised. They indicated that their faith improved and this spiritual growth helped them to build a new lifestyle in their communities, and new positive behaviours emerged.

This growth was visible in terms of participating in small Christian communities (SCCs). In these Bible groups, they gather to share the word of God in a small group by focusing on the day-to-day events in their lives. In these SCCs there is fraternal love and support for each other, and their spiritual growth motivated them to deal with the stigma of being HIV positive. The EFLP created a community spirit and a sense of service beyond their own families and communities. The word of God became alive in the communities where the participants lived, and the Bible

texts assisted them to discover God's love by reflecting on their sinfulness and how they can respond to a new picture.

8.6.6 Key findings from theme 6, the culture of life and the culture of death

The respondents indicated that the culture of life was welcomed and was demonstrated by the youth who were given the correct life skills and knowledge in the area of sexual education. The culture of life is the only way which facilitated the behaviour change, and the EFLP supported the youth in understanding the church's culture of life.

While the youth understood the culture of life, it was not easy to understand the culture of death. This was due to the influence of the popular media where there are many voices that come to the youth and confuse them in dealing with their behaviour change. These different voices block the teaching of the church, especially in the area of sex education. The culture of death does not take sex as a value and the idea of delaying sex until marriage has not been advocated. It is necessary to understand the culture of death, which disguises itself and does not present clearly to the youth. They do not understand its true addictive nature, commercial aims and its real dangers. The church must develop its teaching on matters such as contraceptives. The youth reported that it was difficult for them to uphold the culture of life, but it becomes easy for them to give in to the culture of death. Some of the supposedly joyous outcomes promoted by the culture of death are fornication, adultery, rape, abortion, uncommitted relationships, drug abuse and the irresponsible use of condoms, all of which are some of the common practices in the culture of death.

8.7 The theory of reasoned action (TRA): reflection

The main reason for using this theory was to take an existing theory on behaviour change and use it in a new setting or context. The thesis examined the effectiveness of the EFLP intervention and using the TRA in behaviour change. This theory has contributed significantly to the behaviour change of different groups of people. The new environment was the EFLP

dealing with its impact on behaviour change in relation to HIV and AIDS. Specifically, this theory was used to examine and find out how the youth were able to explain and predict their behaviours. The theory supported the results and conclusions from the study of EFLP. The theory answered the question that behaviour change can happen once the individual's intention, attitudes, and subjective norms are in line. The TRA has all the components or variables of the EFLP and was in agreement with it.

This theory of reasoned action was helpful to this research since it was based on the social and psychological needs of people. The approach was similar to the EFLP during its workshop in the Sterkspruit parish context. The EFLP looked at the needs of the youth who were suffering socially and psychologically. It, therefore, stated in Chapter 2 Section 2.5.2.1, that the TRA bases its thinking on the supposition that all human beings are basically reasonable. This was the same approach that the EFLP took in that the youth can change their behaviour as they are reasonable in their actions. However, in Chapter 2 Section 2.5.2.3, there are limitations to the TRA. One can say that they acted against their reasoning to carry out certain behaviours and this is based on the role of one's conscious.

The EFLP is a process, so the theory fits well with its four concepts of action, target, context and time. This was evident from Chapter 3 Section 3.8.2. The EFLP focused on attitudes and beliefs to engage in new behaviours, Chapter 2 Section 2.5.2.1. The theory of reasoned action and its variables, which are attitude, subjective norms and perceived behaviour control, were all able to be applied to the EFLP. Proposition 4 in Chapter 2 calls for the right attitude from an individual who wants to change his or her behaviour. Beets and Grange (2005:1197) suggest that subjective norms can easily be understood and applied to the African philosophical culture of *Ubuntu*. This is the African way of caring for and supporting each other. However, the TRA struggles to fit well in some African contexts. Chapter 2 Section 2.5.2.1, suggests that this theory was developed in the west and the issue now is how to apply it to the South African rural area of Sterkspruit. This study confirmed that the EFLP could be effective in behaviour change if one acts on the information received. However, church teaching still remains to be challenged, especially on condom use.

Limitation of the theory of reasoned action as it was applied to this research

This theory, in relation to this research, has a number of limitations. The following are highlighted:

- The TRA takes into account the context of the people who need to undergo a change of behaviour. This was not easy in Sterkspruit because it has many different cultural beliefs that comprise both Xhosa and Sotho cultures. The TRA recommends that one who is doing research first choose a specific population; this was not possible in this research.
- The TRA does not give assurance or certainty that one will change his or her behaviour, due to the fact that one has to identify a certain behaviour that needs to be changed before the workshop. This was not easy for the EFLP.
- Subjective norm is always uncertain in normal life. One may not be in full control of one's behaviour. For example, a young girl may not be able to say no to an older man who asks for sex from her. There is a cultural practice among the people of Zambia, where a young girl is given to a village elder as a 'blanket for the Chief' (Klaus: 2015:20). Such cultural norms still exist in Sterkspruit Parish basing them on subjective norms principle.
- Certain conditions such as life skills and past behaviour change are unavailable to individual people, and they thus may not have the power to change. This may be due to lack of skills, knowledge or resources. Once the youth have the correct skills, knowledge and resources, change can happen easily.
- The TRA focuses mainly on the individual person and does not translate to peer pressure influence as experienced in the HIV and AIDS epidemic.
- This theory is based on psychology and is limited in terms of investigating human existence in particular contexts. However, as realised in this research, human beings and HIV and AIDS are more than psychology, so it is necessary for other disciplines and fields of study to be considered in addition to psychology.

8.8 Missiological implications from the research findings

In this study, the researcher identified some implications of the research findings for policymakers, researchers in HIV and AIDS, schools, churches and government.

8.8.1 Implications for policymakers

For any HIV and AIDS programme to be effective, policymakers' intentions, opinions and attitudes on HIV and AIDS have to be considered. Policymakers have a duty to put in place means and guidelines to prevent the spread of HIV and AIDS. They have to ensure that the school curriculum is in line with AIDS policies and make sure that HIV and AIDS policies are put into all national mainstream activities and that all stakeholder programmes for preventing the spread of HIV and AIDS are guided. The policymakers must ensure that HIV and AIDS programmes work with other programmes. Different organisations should work together to set up and implement common policy objectives, so it is necessary to have consultative processes for all stakeholders during policy formation. Policymakers should address issues such as economic conditions, housing, education and all the factors that may lead to young women being sexually exploited by those with power over them.

8.8.2 Implications for HIV and AIDS researchers

More research should focus on the facts about HIV and AIDS in relation to behaviour change. There is a lot to be researched in the so-called sexual revolution among the youth. The potential and benefits of abstinence still need to be researched as does the importance and value of sex, relationships and commitment to relationships.

Researchers have a role to play in HIV and AIDS prevention and human behaviour among the youth. In terms of human sexual behaviour, the role of faith-based programmes and youth culture in terms of sexuality needs to be researched. New information on different approaches

to preventing HIV and AIDS is still needed. More programmes such as the EFLP need to be researched in-depth as this research study has done.

Society changes from time to time, so it is necessary to conduct research on society and offer appropriate information on HIV and AIDS on an ongoing basis. More research is required on, for example, antiretroviral drugs (ARVs), HIV testing and other related issues. There is still a perception in some of the youth that HIV and AIDS is a punishment from God and others still think that it is brought about by witchcraft. There are also others who think and believe that HIV and AIDS were brought by the west to destroy African people. These and other misconceptions on HIV and AIDS need to be addressed with more research about their causes and appropriate methods to remove them.

8.8.3 Implications for schools

Schools can play an important role in promoting behavioural change among young people and can be the best places to offer workshops to bring about change. Schools are one of the most important and major stakeholders in HIV and AIDS prevention and their participation in these programmes is of great value. They can be places for research projects on behaviour change and HIV and AIDS. Student associations should be used to promote behaviour change and offer training to other students in schools. Once workshops are conducted by the students themselves it will offer opportunities to talk freely with their peers without fear of being judged. This possibility of using the schools as centres of research will empower them to challenge each other. These associations can be like debating clubs and other associations, and with their use, the youth can learn more about positive sexual practices.

Schools can easily be used to have regular follow-ups on different programmes such as the EFLP. The learners are spending most of their times in school, so it is the best place to have more facilitators for HIV and AIDS programmes trained for peer-to-peer education. This will

enable them to broaden their knowledge of HIV and AIDS in relation to behaviour change. Schools are places of reform and change can easily happen in there. It is in the schools that the youth are exposed to a number of challenges, they can offer counselling and other activities such as sports, music and drama that can lead the youth to talk about HIV and AIDS. Good moral behaviour and positive cultures can be encouraged by appropriate role models and guest speakers who talk about behaviour change.

8.8.4 Implications for the church

As stated earlier, the church has been at the forefront of demonstrating that behaviour change and HIV/AIDS prevention are possible. The churches offer holistic care which includes teaching, beliefs and doctrines (Mboya 2010:121). The churches have been advocating HIV and AIDS prevention and still need to do more. The church should be the number one agent of change and behaviour change. Mboyo and De Gruchy (2010:121) offer some areas in which the church could engage, such as:

- Mobilisation, training, health care, welfare and support.
- Project development and funding, advocacy, bereavement counselling and critical reflection.
- The church should offer a space for those who need to talk and have good facilities for people to sit and talk.
- Home-based care has been offered by the church to those who need it
- Churches have been places of education on HIV and AIDS, ARVs and treatment.
- The churches have been a source of funding for different projects which offer the people economic support
- Churches are a good setting for its leaders to offer counselling, testing and life skills.
- Churches have operated day-care centres and pre-school which offer education to orphans
- Food parcels, clothing, medical care and other resources are offered to the communities.
- Churches seek funds from different donors to support those living in poverty.

- Education in self-sufficiency and awareness of social livelihood. Topics such as sexuality, abstinence, delaying sex, being faithful and others can be discussed in the churches.
- Members who are unemployed should be helped
- Offer outreach programmes for emotional support with the formation of consultative groups.
- The churches have been offering love and care to those who are stigmatised □ The churches offer healing to those who are sick with different diseases.
- Lobby the government to provide medication, especially ARVs, working with other stakeholders and networking with other NGOs.
- OVC programmes which offer education and support to these children.

These and more such programmes can be offered by the church to deal with HIV and AIDS. The church is a family of God, and it has a mission. The community expects more from the churches than just preaching the gospel on a Sunday. Society sees the different churches as places where they can obtain spiritual healing, but at the same time also address real human problems and needs. The advantage is that the churches in sub-Saharan Africa are still being respected and supported by their membership which gives it the mandate to provide the above services.

8.8.5 Implications for government

The government has a duty to inform its people about the AIDS epidemic. In South Africa, for years the government has been advocating the use of condoms as its number one prevention approach, although there is recently a growing recognition of the A (Abstinence), B (Be Faithful), C (Condomise) and D (Disease control) comprehensive prevention strategy. The government should collaborate with other stakeholders. With regard to churches, this collaboration should call upon churches to open up their church buildings for educational purposes and share responsibility. This may be in the form of a dialogue to look to the church and the government for leadership in the HIV and AIDs epidemic, not to work as enemies or with opposing views, but in a partnership. The church has often been accused by the

government of being unrealistic and ineffective in its approach to HIV and AIDS. The government has resources but, at times, lacks the ability to reach out to the community at the grassroots level. This should be the reason for the government to network with the churches since churches have well-established networks in most communities.

8.9 Recommendations

The researcher makes 11 recommendations for different groups and situations.

8.9.1 Recommendations for those who design youth programmes

- People who design and facilitate youth programmes such as the EFLP need to take into consideration the psychosocial-cultural context of their participants. This will help them to reflect on the implementation of the programme in its specific context. The youth should see the need for the programme in their lives, which will enable them to respond positively and enable the programme to deliver on its goals and objectives. Once an individual is able to see the need to change behaviour, he or she will be motivated, encouraged, empowered and inspired and this will increase participation. The programme must be well formulated with questions that appeal to the youth.
- Those who design youth programmes should work together, particularly with government departments, traditional healers, churches and other different faith-based groups. In their role of the divine mission, the churches have some advantages. The churches have a good knowledge of their particular local communities and the concerns or challenges affecting the youth in those communities. This justifies the recommendation that the government departments, NGOs and other participants in addressing the HIV and AIDS plight should work in a partnership.

- The researcher recommends having a holistic moral values approach, for example, fidelity, sustained abstinence, male circumcision, faithfulness to sex partners, avoiding unsafe sex, receiving ARV treatment and HIV testing and counselling in addition to sex education based on church teaching and behaviour change. Most of the HIV and AIDS programmes lack the faith dimension of behaviour change. The researcher recommends that it should be incorporated into the entire programme.

8.9.2 Recommendations for the facilitators of similar training programmes

- Facilitators need to be more professional and should be more in line with the moral teaching of the church. It is very important for the facilitators to follow church teaching and beliefs. The researcher suggests and emphasises that facilitators of such programmes should look at the promotion of human values as a means of prevention. The facilitators should be sufficiently knowledgeable about HIV and AIDS prevention to add value to the programmes. Facilitators need to undergo training on the social and moral teaching of the church as there is a lot of ignorance in this area among the Catholic youth.
- In connection with EFLP, the researcher recommends that the SACBC in the years to come should identify local youth facilitators and name reliable, interested youths. These young people will take responsibility to ensure that the programme continues within the local diocese and that it filters down to parish level. This programme has had a very positive contribution, and it has been received with much enthusiasm among the youth of all ages and backgrounds as these research findings reveal.
- There should be enough time for the facilitators to develop a friendship between them and the peers or the participants in the programme. This does not mean that the facilitators should compromise boundaries in over-socialising with the participants. There should be a time for the facilitators to account for their wrongdoing or over-socialising; if they ever cross boundaries in relationships, they should be made to account.

- The researcher recommends that young people should be part of the drafting and developing of certain aspects of the programmes since they are agents of change. At the same time, the facilitators should be trained in life skills such as communication, negotiation, decision-making skills, coping skills and self-management, all of which will lead to the reduction of HIV and AIDS risk.
- The researcher recommends facilitators reach out to other organisations which play a similar role without being afraid to witness the truth together. The churches should support and encourage their youth to take an active part in the discussion on HIV and AIDS in relation to behaviour change. The youth should be given an opportunity to minister to their peers. This calling is a calling to discipleship and stewardship in God's mission.

8.9.3 Recommendations for the local leaders on the programme

- The researcher recommends that programmes such the EFLP should take into account the African cultural beliefs of their participants. There was little indication that the incorporation of traditional culture affected youth behaviour. In Xhosa culture, traditional beliefs play a big part. The facilitators should know the local African sexual norms, and they should be investigated and included in the workshops for the EFLP and other programmes of a similar nature. Both the Xhosa and the Sotho cultures need to be explored more deeply since they are a factor that play a large role in what informs sexual behaviours.
- There are a lot of external influences from the elders, the aunts of these youth play in the areas of sex education. Kometsi (2004:32) stated that there are other forms of sexual practices which young people could perform that are not penetrative. The facilitators should encourage and motivate the youth to respect their beliefs and customs, such as *Ukuhlolwa* (virginity testing).
- There is, for example, a traditional practice among the youth known as 'thigh sex' which is a non-penetrative form of intercourse. Virginity testing is very common among the Zulu girls and issues of individual human rights should be addressed. Individuals should be aware of their human rights and the question of whether girls should participate in

certain cultural practices. Positive traditional culture has been a tool for teaching good moral behaviour, and it does address sexual matters.

- The inclusion of African traditional healers in the area of HIV and AIDS needs to be addressed. The Sangoma, or traditional doctor, plays a very significant role in the area of sex education. There are a number of Sangoma healers in Sterkspruit Parish. Their influence is quite strong and the researcher, therefore, recommends that there should be a professional working link with these local traditional doctors. Many families in South Africa, and in Sterkspruit in particular, do regard the views of the Sangomas on HIV/AIDS as very important and they consult them on day-to-day issues. There is a very strong belief in the ancestral spirits and worship. There is a recommendation from the researcher to see how the traditional healers can have input on the issues of safe human sex and behaviour change. There would be a collaborative partnership programme with the *Sangomas*.

8.9.4 Recommendations to the church to set up Youth clubs for follow up events that sustain the change

- Both the church and schools to set up structures that will sustain the training programme. In Chapter 5, there was a call for the participants in EFLP to become more responsible in their sexual behaviour, and it has been identified as a necessity to develop a follow-up programme to sustain the process. The follow-up initiative could be in the form of local Youth Clubs or capacitating existing local youth groups within the parishes of Sterkspruit to incorporate the values, attitudes and behaviours that are promoted by the EFLP in their activities.
- The researcher recommends regular follow-up support groups known as Youth clubs or 'Youth Alive'. As mentioned in Chapter 5 of this study, Kaufman et al (2014:250) support the view that we need multiple levels of approaches to deal with behaviour change. The respondents were asked about their support system, and it was found that there is a great need to develop a follow-up programme to sustain the process of change. These

Youth Clubs will assist in incorporating the values, attitudes and behaviours that are promoted by the EFLP. Apart from good support of families, school and churches, it is necessary to create an environment and structures that are youth-oriented and open to all kinds of voices.

- The youth groups can play a part in making their peers more productive and help guard against being marginalised by society. Chapter 5 (5.3.2) supports this narrative that the youth clubs can help in promoting the dignity of young people that they can be given an equal place in the community.
- Recommendation to set up youth clubs as follow-up events that sustain the change by addressing the social economic and cultural factors. The churches could foster micro projects which give self-reliance to the youth, which will help them not turn to those who wish to exploit them sexually.

8.9.5 Recommendations to the church to improve on the EFLP materials

- As mentioned in the study, some respondents were calling for an update on the materials used in the EFLP. On the basis of this study, it was reported that there are no new challenges in the lives of the youth. The EFLP needs to work on its materials and update them to meet the modern youth who should not be exposed to the same old skits, songs and demonstrations over and over again. Based on the views of the participants, it is recommended here that programme designers should make sure that they develop new life skills from time to time. The materials used in such programmes should take into account issues and developments in the environment that is changing the youth culture as well as the age, educational level, sex, geographical area, race-ethnicity, sexual orientation, values and beliefs of that group. The UNAIDS emphasises that programmes should have a combination approach and use social media such as mobile phones, SMS messages and the internet as mobile health interventions (health interventions).
- It is also necessary to review the different topics in the EFLP manual to add new relevant information and statistics. The youth could be encouraged to design and write new

materials to improve on the topics that bring about and lead to a change of behaviour to encourage a low prevalence of HIV and AIDS. The adults, youth supporters the youth themselves should be encouraged to share their life experiences and stories in the improved materials.

- This working together on the materials will build a more positive relationship and understanding of HIV and AIDS prevalence. There will be an opportunity for both the youth and the adults to learn from each other. Information will be transferred from one group of people to another, thus enhancing their EFLP skills. This interaction will lead to both parties being exposed to possible options on matters of sexuality among the youth.

The programme material should also be user-friendly.

8.9.6 Recommendations for a continuous monitoring and evaluation programme

- For a programme to be successful, it has to be continuously monitored and evaluated. The policymakers and those who design the programmes have to make sure that the objectives are still being upheld in a very systematic manner. This will enable those who run the programmes to see the current impact, programme utility and quality and change in attitude and also to measure any change in sexual activities. There should be follow-up periods of six months for evaluation. The youth who participated in the study agreed that there was a need for more evaluation and monitoring of the EFLP to see if the objectives and goals were achieved. This will offer an opportunity to the church to acknowledge its impact on mission. This ongoing monitoring and evaluation needs to be developed more so that all the records and activities of EFLP are kept and evaluated to monitor the progress.
- This continued monitoring and evaluation will be a measure of knowledge and of how skills have been imparted to the youth on HIV and AIDS prevalence. This will reflect on how far have the youth been influenced by EFLP and what significant change has happened. This ongoing monitoring and evaluation will indicate if there is a need to alter and adjust the EFLP. Lastly, one will be in a position to see what programme has

been favourable or unfavourable to the youth and if the financial costs were fitting to the benefits of that programme. The evaluation of the programmes will indicate if they expressed the HIV and AIDS needs of the community or the youth to see if it is appropriate and if there are any gaps.

8.9.7 Recommendations to work with the government and other churches in an ecumenical style

- According to the literature review, there is a call to have joint programmes by both the governments and the church on behaviour change intervention programmes. It is necessary for both the church and the government to commit to working together to discover those areas that do not fit together. In Chapter 2, the researcher argued that it is imperative for the South African government to focus on condom use as one of the main behaviour change prevention methods.
- Stakeholders should be called upon to discover alternatives in a one single document approach which will provide cooperation and be a joint group initiative towards HIV prevention. Once this joint witness is achieved, there will be sustainable programmes that are holistic in nature. This joint work will broaden both the Christian Church, Muslims, traditional healers and the government to act together on the prevention and behaviour change programmes.

8.9.8 Recommendations for a spiritual formation and training for mission

- There is still a great need for on-going mission formation programmes for both the youth and their facilitators in spiritual matters. The researcher recommends that the youth should be accompanied on their journey of faith and the challenges that they face. The youth are going through a very fast-changing environment and need to develop a deep spiritual emphasis. The spirituality for the programme is based on the Gospel of John 10:10:

I have come that you may have life and have it to the fullest.

This needs a context that is Christian or a faith-based environment. This will be relevant to our youth and help them to develop a culture of abstinence and faithfulness in their relationships. A new relationship is needed among the youth to give them a personal relationship with Jesus.

- It has been the general experience of the team members, myself included, that each time the programme is conducted it has proved different but very enriching and meaningful, due to the reality of dealing with various groups of people at different stages of their personal growth journeys. Keeping in mind that EFLP is the Catholic Church response to the HIV and AIDS epidemic, it is important to engage the youth with the formation of conscience and knowledge that surpasses the epidemic to develop them holistically, intellectually, emotionally and physically. To a certain extent, this has been achieved with the EFLP.
- The respondents articulated a need for more youth to know Jesus; it should not be an abstract idea to them. Such programmes should help the youth to find real faith and accompany them in that faith to seek knowledge about Jesus.

8.9.9 Recommendations on the empowerment of young girls by the churches

- In support of Holtgrave et al (1995:137), the researcher recommends more programmes that deal with the empowerment of young girls, in the area of teaching them to say no to sex before marriage. This will empower them to negotiate safe sex and safe sexual encounters. A larger number of these were young girls between 20-29 years old. Since women are powerless and at high risk due to poverty, we need to promote positive values, teach them how to treat their opportunistic infections and offer them psychological, economic and spiritual support. Young girls should have a realistic way of looking at life especially in the area of sex as they face transactional sex, are sometimes married off to older men and are even forced into marriage.
- Chapter 6 (6.2.4) gives the second objective of the study, which was to investigate to what extent the EFLP was effective in reducing the HIV and AIDS epidemic. Young girls are in a very vulnerable situation, according to Bate and Munro (2014:317) and

empowering them must be taken seriously so that they can grow to maturity and new responsibilities. The church has to listen to the needs of young girls and the injustices around them. UNAIDS 2016 calls for the empowerment of young girls since they are the majority of the population. The recommendation is to keep girls in school longer and help them to be trained on how to protect themselves well. Young girls are very vulnerable to HIV and AIDS since they are economically dependent on men for their social needs, so it becomes necessary to offer them practical skills to support themselves economically.

- As Klaus (2015:7) reminds, most the sexual activities are under the control of men, and he goes on to argue that woman is more affected than men. Thus, the researcher recommends protection for girls against boys who use their status in society to exploit them and young girls should be taught how to love their bodies as they are vulnerable. We recommend having more programmes that deal with women empowerment, for example income-generating projects and addressing the issue of illiteracy among woman and young girls
- The researcher recommends women have protection against men who use their status in the society to exploit them, especially the young girls, sexually. Women have to be empowered on how to discuss sex issues and female condom use among their peers (Dky 2005:95). These young girls should be empowered with equal rights with their partners; they should have strong intentions, positive attitudes, strong subjective norms, self efficacy and life skills.
- Another impact has been the openness among the youth to be honest about their sex lives. They are willing to share their issues of life, both at home and at school. They have the information about AIDS and HIV but what is still lacking is for them to act on it and take positive decisions about their lives by looking at their values, attitudes and behaviours. All these choices have to be made in the light of freedom and not fear.
- The researcher hopes that this programme is revised in the light of the findings of this study, be adopted by other churches and organisations as a template and integrated into their programmes in the community of Sterkspruit as a feasible model of empowering young girls to behaviour change. In stated in Chapter 3, the attitude of the

youth has to be changed and challenged to discover their own selves and have a positive self-image. Young girls should be helped to choose life-giving behaviours, and young boys or men should not be left out of these empowerment programmes. These findings are to be used by those who consider designing programmes for the youth. Therefore, the church can mobilise its resources to empower the children to exercise their hopes and attain their aspirations.

8.10 Areas for further research

After the study, the researcher found the following limitations and suggests areas of further research in the area of HIV/AIDS and behaviour change.

8.10.1 Theological limitation

This study was limited to the Roman Catholic Church youth of Sterkspruit parish. There were, therefore, clear tensions in the study on the church teaching on contraceptives such as the use of condoms among the youth. Further studies are necessary to find a common theological and sociological understanding, which will be based on comparing Catholic teaching on HIV/AIDS with that of other faiths or denominations and government teaching. Secondly, most of the church documents teaching on sexuality can be developed further to take into account African cultural practices. These practices must be in the context of church teaching. Thirdly, the youth and mission on evangelisations are not common in the Catholic Church. More studies are needed to see how the youth can go on a mission to engage other youth on the gospel values; this is what we call the mission of God.

8.10.2 Location of the study

The research was limited to the rural area of the Sterkspruit local municipality of Senqu, in the Eastern Cape. This is a rural area with its own social, cultural, political and economic factors which affect the youth's behaviour change differently from that in the urban areas. These

findings should, therefore, be compared with other studies in both rural and urban locations. How does the location of a programme affect or contribute to behaviour change? There is still a gap in the knowledge of whether location is an important determinant in HIV and AIDS research Ngidi, Moyo, Zulu, Adam and Krishna (2016:96) present a similar argument based on geographical location by saying that little research has been done in the urban areas to find out what the factors are that have influenced the sexual risk activities among the youth.

The geographic location of the study was a limitation since the EFLP was done in Sterkspruit Catholic parish and not in other churches or denominations. One would in the future do a similar study in different denominations.

8.10.3 Race as a limiting factor.

This study was conducted only on black, Xhosa and Basotho youth without extending it to other races. The race factor should be studied further to target other youth from different race groups and environments. The issue of race should be taken into consideration when dealing with sexual acts, HIV, AIDS and behaviour change. If a similar study was done, it would better to reach out to other youth of a different race.

8.11 Conclusion

In conclusion, this study set out to evaluate the effectiveness of the EFLP as an intervention programme in the struggle against HIV and AIDS. The aim of the study was to answer the question of why there is a lack of behaviour change to HIV and AIDS among the Catholic youth of Sterkspruit. The study found that behaviour change has been proved to be the key issue in dealing with HIV and AIDS.

The use of an adapted cycle of mission praxis facilitated and guided the identification, context analysis, theological reflection and strategies for mission. The rationale and significance of this study were based on the fact that nothing has been done on the evaluation of the EFLP since it

started. This is the first evaluation which has been conducted within the context of the RCC in South Africa. This research finding is therefore important for the RCC 's ongoing mission relative to HIV and AIDS.

Finally, the Catholic Church has been challenged to play a prophetic role, a new *Kairos* time of truth in addressing the issues surrounding human sexuality and the HIV and AIDS epidemic. In its teaching, it has been noted in this study that the church has been challenged in its HIV and AIDS awareness and teaching programmes.

8.12 SUMMARY

Chapter 8 provided a summary, conclusion and recommendations for areas that need further research in relation to behaviour change and mission. These findings are mainly from the literature, methodology, primary data findings and interpretation, data analysis and theological reflections. The theory of reasoned action was very relevant to this study. This was a theory researched study addressing the impact of the EFLP on HIV and AIDS in relation to behaviour change. Religious leaders still have a role to play in direct prevention and behaviour change programmes. More training of these religious ministers, Imams, Deacons, pastors and leaders is still needed in the area of HIV and AIDS.

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ANNEXURE A: INTERVIEW QUESTIONNAIRE 2016

These are questions for the youth who participated in the Education for Life programme (EFLP). The interviews took place in the office of the researcher. This set of questions was used as a means of data generations between 2003-2013.

- 1: What transformation did you experience after attending the Education for Life Programme?
2. How did the role of your parents /guardians play a part in your behaviour?
- 3 How did the Catholic teachings on sexuality help you to understand your own sexuality?
- 4: Education for Life Behaviour Programme opposes the use of condoms among the youth as a preventative measure. What are your opinions?
- 5: Behavioural change is the Catholic Church's main strategy in HIV/AIDS prevention and delaying sex among the youth. Do you think abstaining from sex and being faithful is the best way of preventing HIV/AIDS than the use of a condom?
- 6: Do you think sex education is the key to reducing HIV/AIDS? If so, what do you think should be included in sex education?
- 7: Education for Life promotes abstinence and delay of sex before marriage. Did this programme help?
- 8: If you are now living without HIV/AIDS, did Education for Life help you in this regard?
- 9: Was Education for Life worthwhile attending and is living by its principles?
- 10: How did the information provided in the Education for Life Programme impact on your behavioural change towards HIV/AIDS?
- 11: How did Education for Life help you to grow to maturity and take on a new responsibility?
- 12: Did the Education for Life (EFLP) improve your lifestyle, in terms of your values, attitudes and life skills?
- 13: The spirituality of the Education for Life Programme is John 10:10, how did this impact on your spirituality?
- 14: How did your faith grow after the Education for Life Programme or what changed in you in relationships to your faith?
- 15: What do you know about the culture of life as opposed to the culture of death and what does it mean to you to embrace life?

ANNEXURE B: INFORMED CONSENT FORM

I the undersigned, hereby give consent that Kizito, Joseph Mary, a Master of Theology student at the University of South Africa, may use the information that I supplied to him in an interview for his doctoral thesis. I declare the following:

Statement	Agree	Do not agree
1. I have been informed by the researcher of the objectives of the intended research		
2. The researcher supplied to me his name, address and contact details as well as the details of his research supervisor		
3. I was informed why I was selected as an informant for the research project		
4. I give this consent willingly, under no coercion and without inducement		
5. I received satisfactory answers to any question that I had about the research		
6. I was informed of the estimated time that the interview would take		
7. I retain the right to refrain from answering any questions posed by the researcher		
8. I agree that the interview may be recorded by means of an electronic device		
9. I agree that the researcher may quote my views in his thesis and in any subsequent publications that may flow from it.		
10. I require that he should present to me (for my approval) the record that he made of the interview (s) before including it in his thesis		

11. I agree that he may refer to me by name when quoting my views in his thesis and possible subsequent publications		
12. I accept that he will store the record of my interviews (s) safely and that he will destroy it no later than two years after his thesis has been accepted		
13. I understand this information and its implications		
14. I understand that I may withdraw this consent at any time in writing, without needing to give reasons.		

Full names REV. J.M KIZITO.

Place Aliwal North (Sterkspruit)

Date.....

Signature..... ANNEXURE: C THE MAJOR THEMES

Themes	Questions
4.2.1 Major Theme 1: Behavioural transformation due to the EFLP	Q1: What transformation did you experience after attending the EFLP? Q2: How did the role of your parents /guardians play a part in your behaviour change?

<p>4.2.2 Major Theme 2: Catholic teaching on sexuality</p>	<p>Q3: How did the Catholic teachings on sexuality help you to understand your own sexuality?</p> <p>Q4: Education for Life, behaviour programme opposes the use of condoms among the youth as a preventative measure. What are your opinions?</p> <p>Q5: Behavioural change is the Catholic church's main strategy in HIV/AIDS prevention and delaying sex among the youth. Do you think abstaining from sex and being faithful is the best way of preventing HIV/AIDS than the use of a condom?</p> <p>Q6: Do you think sex education is the key to reducing HIV/AIDS? If so, what do you think should be included in this education?</p> <p>Q 7: Education for Life promotes abstinence and delay of sex before marriage. Did this programme help you?</p> <p>Q8: If you are now living without HIV/AIDS, did Education for Life help you in this regard?</p> <p>Q9: Was Education for Life worthwhile attending and is living by its principles?</p> <p>Q10: How did the information provided in the Education for Life Programme impact on your behavioural change towards HIV/AIDS?</p>
<p>4.2.4 Major Theme 3: Growth, maturity and new responsibilities</p>	<p>Q11: How did Education for Life help you to grow to maturity and take on a new responsibility?</p> <p>Q12: Did the Education for Life (EFLP) improve your lifestyle, in terms of your values, attitudes and life skills?</p>
<p>4.2.5 Major Theme 4: Impact on spirituality</p>	<p>Q13: The spirituality of the Education for Life Programme is John 10:10, how did this impact on your spirituality?</p> <p>Q14: How did your faith grow after Education for Life programme or what changed in you in relationships</p>
	<p>to your faith?</p>

4.2.6 Major Theme 5: The culture of life and culture of death,	Q15: What do you know about the culture of life as opposed to the culture of death and what does it mean to you to embrace life?
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