**A pastoral exploration of possible barriers to disclosure of HIV status amongst members of Shining Light Ministries, Tierpoort.**

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# DISCLAIMER

I declare that; A PASTORAL EXPLORATION TO POSSIBLE BARRIERS TO DISCLOSURE OF HIV STATUS AMONGST MEMBERS OF SHINING LIGHT MINISTRIERS, TIERPOORT is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Johannah Sawa……

Date……

# DEDICATION AND THANKS

- To the Almighty God for granting me the privilege to be part of the lives of 10(ten) special people whom I interviewed for the purpose of the study, and they were willing to share their experience with me.
- To my loving husband, Joshua, for his motivation, patience, assistance as well as his belief in me.
- To professor E. Baloyi, for his teaching and guidance.

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## ABSTRACT

The dissertation concerns itself with the task of exploring barriers to disclosure of HIV and AIDS status amongst Christians with reference to Shining Light Ministries at Tierpoort. It was motivated from the challenges that some of our members are facing after I encouraged them to do HCT (HIV Counselling and testing). Because I discovered that people discover very late that they are infected with HIV. Secondly, I will address the barriers by suggesting and recommending how the church and its pastoral care ministries can empower congregants on how and why they should disclose their HIV and AIDS status.

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# 1. TITLE

## A Pastoral exploration of the possible barriers to disclosure of HIV and AIDS status amongst members of Shining Light Ministries, Tierpoort.

## 1.1 Introduction and Background

This study proposes to explore the possible barriers to disclosure of HIV status amongst Christians with reference to Shining Light Ministries at Tierpoort. Shining Light Ministries falls under the Pentecostal movements. Pentecostal movements are mainly known for their strong doctrinal stand and availability of physical health. (Bosman & Theron 2006:2). Some Pentecostal churches claim to heal HIV and AIDS, as a result some members of these churches may not find it significant to undertake HIV Counselling and Testing (HCT) because they believe that their churches are able to heal and cure HIV and AIDS. As a church leader, I try to deconstruct this belief from our members by encouraging them to go for HCT.

In my honours research journey I encouraged members of Shining Light Ministries at Tierpoort to do HCT. I discovered that people discover very late that they are infected with HIV. One of the ladies worshiping and fellowshipping at Shining Light Ministries at Tierpoort nearly died, she discovered her HIV status when she gave birth to her fourth child who was born with HIV because the child did not receive protection through the Prevention of Mother to Child Transmission (PMCT). Some church members are ill and not aware of the problem.

In another case, the employer asked a woman to go for HCT and after discovering that she is HIV positive they fired her. The trauma that she went through was unbearable.

Therefore, I collaborated with Popup (People Upliftment Programme) clinic for HIV testing and counselling (HTC) services to encourage people to do HCT. The majority of church members in our church were using the HTC services for the first time. Those who tested positive came back to me as a church leader and challenged me on how they were going to disclose their status to their families. Their challenge led to the conception of this study.

**1.2 Research Problem**

According to a study by Klopper et al (2014:37), "The response to HIV and AIDS disclosure has been challenged by many factors in society ranging from stigma to judging of those infected with HIV". According to Chitando (2014:19), "People are afraid to disclose because of stigma, it becomes worse when they are Christians because the church has a history of judging and condemning those who are HIV positive as sexually promiscuous". Disclosure to HIV status is a process of making known to others your HIV status and has benefits to the health of the infected person and those around him or her. As a result, encouraging Christians from my church to do HCT challenged me to also guide and empower them on disclosing their HIV status either to their pastors or to families.

People may go for HCT but the challenge comes in when they have to disclose their status to their families and friends. Though they receive counselling, prior to and after

HIV testing people are not empowered on how and why they should disclose their HIV status. It becomes a challenge to them to disclose to their families and friends because they do not know how they will react to the news. AIDS is real and it is part of our lives. Sometimes people infected with HIV are rejected, and this makes it difficult for them to receive help such as treatment and support.

## 1.3 Research questions of the study

- What are the barriers to disclosure of HIV status amongst Christians with reference to Shining Light Ministries at Tierpoort?

**The sub questions are as follows:**

- How can the church in its pastoral care ministry educate their members on the importance of disclosing their HIV status?
- Why should Christians disclose their HIV status to their pastors, families and community members?

### 1.3.1 Aim of the study

The aim of the study is to facilitate voluntary disclosure of HIV status in order to enhance wholeness among HIV positive church members with a possible ripple effect.

**The objectives of the study are as follows**: -

- To explore the possible barriers to disclosure of HIV status amongst Christians with reference to Shining Light Ministries at Tierpoort.
- To examine possible ways, the church's pastoral care ministry can use to educate members of the church and the community on the importance of disclosing their HIV status.
- To explore the significance of disclosing HIV status by Christian members to their families and community members.

**1.4 Significance of the study**

This study will contribute to the HIV intervention programmes extended by the Christian Church to its congregants. Most churches still find it hard to talk about HIV and AIDS, let alone issues of disclosure. As a result, the findings of the study will guide the church's pastoral care ministry on how to and why they should encourage and address issues of HIV disclosure by addressing the barriers that will be identified by this study.

**1.5 Provision of chapter divisions**

**Chapter One**: Introduction and background of the study.

**Chapter Two**: Literature Review.

**Chapter Three:** Research Methodology and Design.

**Chapter Four**: Data presentation and interpretation.

**Chapter Five**: Findings and Recommendations.

**Chapter six**: Conclusion

**1.6 CONCLUSION**

The chapter deals with the introduction and background to the study. Also included in this chapter is the problem statement, the purpose of the study, the significance of the study and the research questions. It has outlined the research problem, research Gap and the research process that the study will follow, which indicates that literature on HIV disclosure in the context of religion only written from a socio-anthropological and public health perspective only and lacks the theological argument.

Therefore, the study will not dispute the existing socio-anthropological and public health literature is written from quantitative perspectives but it will enhance it by adding a theologically informed qualitative study.

**CHAPTER TWO**

## 2. LITERATURE REVIEW ON HIV AND AIDS

### 2.1 INTRODUCTION

- The chapter provide a theoretical framework and briefly describes what previous literature has to say about disclosing HIV status amongst Christians. I reviewed related research studies, books, journals and internet sources about factors contributing to barriers to disclosure of HIV status.

### 2.2 Preliminary literature review

It is quite a shock when people found out that they are HIV positive. They keep on thinking about what will people think about them if they know that they are HIV Positive. Asking themselves, whom can they trust to talk about their status? According to Baveewo et al (2012:154) “In relation to HIV and AIDS, experience has shown that the best form of prevention is truthful education”.

## 2.3 THEORETICAL FRAMEWORK ON SKILLS DEVLOPMENT ON HIV AND AIDS

### 2.3.1 Understanding HIV and AID

**HIV stands for**:

**Human**, because it only occurs in humans, not in animals.

**Immune**, because it attacks the immune system.

**Deficiency**, because it makes the immune system weak.

**Virus**, because HIV is a virus.

**AIDS stand for:**

**Acquired**, because it is acquired from outside. It does not develop naturally from within us.

**Immune,** because it makes the immune system deficient, and

**Syndrome**, which refers to a collection of diseases.

AIDS leads to a collection of infections and illnesses that a person will typically get. We call these opportunistic infections.

HIV is the virus that causes HIV-infection and AIDS.

AIDS is the condition in which a person has a depleted immune system due to HIV, and therefore develops a range of infections and illness.

The disease is caused by a virus, which enters the body and weakens the immune system. AIDS is defining as "a syndrome of opportunistic diseases, infection and certain cancers, each or all of which have the ability to cause the death of the person in the final stages of the disease. Nelson Mandela quoted in Squire (2007) calls it "one of the greatest threats humankind has faced, of approximately 39.5 million HIV positive people in the world, 24.7 million live in the Sub-Saharan African, with about 5.5 million in South Africa".

Although HIV and AIDS is a medical problem, it needs to be address cooperatively by physicians, mental health professions and pastors. Counselling plays a vital role and counsellors need to refer client or patience suspected of having HIV to a competent

physician who can precisely diagnose and treat the infection. The counsellor's role is to support the client by resolve the emotional and spiritual implications of the disease.

HIV and AIDS is a challenge to us all and I believe that education is the best weapon to use in the fight against it. According to Patterson (2011:91), "Pastoral leadership can shape church AIDS efforts in several ways. First, some pastors have ignored the disease, propagated the stigma against AIDS or spread inaccurate information about the epidemic" he said that one pastor whom he interviewed (2011:92) indicated, "Pastors can destroy all the work on treatment education or stigma reduction in a one-hour sermon, because people listen to them".

Patterson in his experience (2011:92) stated, "Negative pastoral reaction to HIV and AIDS may reflect the fact that pastors sometimes lack accurate information about the disease". He realized (2011:92) that "apart from the medical professionals and health workers, church workers are not trained on HIV and AIDS". He emphasis that "they want to work on the issue because it affects the church and its people".

I agree with him; people need training to be able to excel in what they will be doing. Pastors also need training especially on the issue of HIV and AIDS not on preaching and teaching only. He further said that (2011:92) "Pastors may create symbolic and rhetorical contexts in which AIDS can either be addressed or denied".

## 2.3.2 Modes of infection.

Since other women are vulnerable and cannot protect themselves against HIV from their partners this is really a challenge. People cannot contact HIV through everyday contact or while looking or caring after someone infected with HIV.

No one can infect you with HIV by: -

- Shaking of hands.
- Insect bites.
- Social kissing and hugging.
- Sharing cups, plates and other eating utensils.
- Sharing toilet and bathroom facilities.
- Sleeping in the same room as an infected person.
- Food
- Sharing equipment and tools.

### 2.4 HIV TESTING

Know your status, and the only way to know your HIV status is to be tested. You should test for HIV from the time you are sexually active. If the result is positive, do another test to confirm the result of the first test. Usually the result can be delived in a couple of days, and in areas with fewer medical resources, it can take up to two weeks. However, a new test is now available which you can do in the doctor's office and takes only 2 minutes for the results. In some countries, government clinics offer HIV testing

free. We can prevent HIV, and those infected with HIV can take antiretroviral drug, (ART). Antiretroviral treatment can prolong the lives of people living with HIV.

The root problem concerning HIV and AIDS is of a moral rather than a medical nature. Those with HIV who have sought after God as their hope are bless, even if they did not get physical healing. The Bible teaches that all people, believers, unbelievers, HIV positive and negative will suffer and eventually die. The Bible tells us that our bodies will resurrect and that we can be assure that suffering can work for our good. According to the book of James when people are sick must pray and be prayed for by elders of the church. James in his book say; "*Are any of you suffering hardships? You should pray. Are any of you happy? You should sing praises. Are any of you sick? You should call for the elders of the church to come and pray over you, anointing you with oil in the name of the Lord. Such a prayer offered in faith will heal the sick, and the Lord will make you well*" (James: 5:13-15, NLT). Timothy also from his book was encouraged by Paul the Apostle to drink wine a little bid for his stomach "*Don't drink only water. You ought to drink a little wine for the sake of your stomach because you are sick so often"* (1Timothy5:23, NLT)

## 2.5 THE CHRISTIAN CHURCH AND HIV AND AIDS

The church responses to HIV was negative and harsh to people infected with HIV. They judged them, as promiscuous, because the church emphasised sexual abstinence to people who are not married. For many Christian churches, sexual intercourse is only accepted within the context of marriage and is meant for procreation in a context of marriage and any sexual act outside marriage is viewed as a sin (Salzman & Lawler

2008:11; cf Salzman & Lawler 2012). As a result, the church believed that people infected with HIV were cheating on their spouses. Chitando (2007:19) argues that the church read the Bible in ways that condemned people infected with HIV and regarded them as not living to the high moral standards set by the church.

Research on Pentecostal churches confirms that the Pentecostal churches emphasize "pietism" and conservative values. According to Verona & Regnerus (2014:109), "the first response of the church to HIV and AIDS in the 1980s has an impact on how people view and accept the news of their HIV status in the current context". In addition, continue to say, "The stigma and discrimination of people infected with HIV was established by the Christian church in the early 1980s when HIV first broke out in Africa". However, the Christian church has in recent years transformed from spreading and fuelling stigma and discrimination to people infected with HIV to embracing them. This evidenced by the work done by the International Network of Religious Leaders Living with or personally affected by HIV (INERELA+). INERELA+ (2012:6) concertized "the church and the world at large that HIV is not a disease of those who are sexually promiscuous but a disease that can infect and affect anyone".

The involvement of INERELA+ to issues of HIV contributed to the transformation of the church on how it viewed people infected with HIV. INERELA+ contributed in campaigning for HIV free communities by developing an HIV prevention model that critiques the ABC HIV prevention strategy as lacking the voluntary testing, care and treatment emphasis to communities affected by and vulnerable to HIV such as children, adolescents, women, men and nations (INERELA 2012:6). In reaction to the critique of the ABC prevention strategy the African Network of Religious Leaders Living with

or Personally Affected by HIV (ANERELA+) and the INERELA+ developed a holistic approach of HIV prevention model "SAVE". Safer practices (covering all the different modes of transmission). Access and availability of treatment, Voluntary counselling and testing and Empowerment (which include education about HIV). According to INERELA (2012:6) "SAVE does not throw away the ABC approach but it incorporates its principles while addressing its gaps". Thus, the holistic approach developed by INERELA+ stresses are one of the many approaches of HIV prevention.

## 2.6 FACTORS AND BARRIERS INFLUENCING HIV AND AIDS DISCLOSURE.

Ntsimane (2006:9) argues that "disclosure by nature carriers some fatal risks not only for a person living with HIV but also for those close to him or her". He then gives an example of Gugu Dlamini of Durban of whom he said that "she miscalculated the time and space when she disclosed her status via radio" (2006:8). As a result, the case of Gugu Dlamini has an influence to people who are planning on disclosing.

Klopper et al (2014:14) identified "fear of stigmatization as the main factor" and report "the findings of their study indicate that HIV disclosure is influenced by socio-demographic factors where women tend to disclose to family members first then their sexual partners". And this indicate "that a delay to disclose to sexual partner or spouse puts the sexual partner at risk because unsafe sexual practices may continue while they are still making a decision on how to disclose. While men disclose to sexual partner first before family members". Klopper et al (2014:40).

This unveils the gender issue in the decision making of HIV disclosure. The UNAIDS/UNDP Policy brief (2008) report "the fear of disclosure of HIV status by women to their sexual partners, reflects the unequal and limited power that many women have over their sexual relationships" as HIV disclosure may trigger gender based violence and a woman accused of infecting her sexual partner who could have been the one who infected the woman".

According to UNAIDS "since HIV is a highly stigmatized condition WHO and UNAIDS support a human rights approach to HIV disclosure by encouraging "beneficial disclosure" of HIV status which emphasizes that people living with HIV should have control on how and when to tell others about their HIV-positive status" (UNAIDS 2000). Klopper et al (2014:40) also explain, "The variable of age influences disclosure of HIV status with young people reluctant to disclose than adults". Ntsimane (2006:13) says the "stumbling block common to all is the fear of people's reactions and lack of courage to disclose". According to literature "disclosing one's HIV status just for the sake of disclosing has potential fatal consequences" (Ntsimane 2006:3).

As a result, Ntsimane (2006:3) indicated, "people infected with HIV should balance their need for support with potential risks, since the fear of disclosure knows no gender and social status". In agreement, (Kloppers et al 2014:41) indicated, "Fear of abandonment and rejection is a barrier to HIV disclosure". Moreover, said, "Disclosure is also influenced by the level of knowledge and understanding people have about HIV and the benefits of disclosing".

### 2.6.1 Benefits of Disclosing HIV status

Disclosure to HIV status means telling other people about your HIV status. It is sometimes very difficult to disclose because some people who do not understand about HIV and AIDS still discriminate against HIV positive people. Therefore, it is important to make sure that the disclosure is safe for you.

According to Waddell & Messen (2006:264), "disclosing one's HIV status has benefits to the health and wellbeing of a person living with HIV and those around him or her". In addition, indicated, "Disclosure of a person's HIV status can improve disease prognosis by facilitating initiation and adherence to ARVs". (Waddell & Messen 2006:264). Therefore, disclosing your HIV status can improve your self-worth by liberating you from guilt, fear and burden of hiding your HIV status.

Being honest about your HIV status is important to keeping relationships with others. More importantly, the more open you are, the easier it is to organise help. Though there may be challenges of disclosing an HIV status, living publicly with HIV increases the person's access to resources such as HIV support groups, government aid and employment benefits. This reduces anxiety and depression. Some people who live publicly with HIV are famous and some got their employment through their status. Whilst this benefits people living with HIV, it should be discouraged because some people who are desperate for fame may expose themselves to HIV infection just to benefit from their status.

## 2.7. Methodology

I interviewed 10 people from Shining Light Ministries at Tierpoort. I conducted interviews in English and Zulu. I took notes during the interviews so that I could restructure the interviewee's story. The transcripts were recorded and analysed thematically. The participants interviewed were between 19 and 40 years of age. They all went for HIV testing and know their HIV status.

## 2.8 Practical Theology

This study falls under practical theology, therefore interpretation and evaluation of the results of the study guided by practical theology as theological framework. According to Fowler, (1983:149) Practical theology is a: "Theology reflection and construction arising out of and giving to a community of faith in the praxis of its mission. Practical theology is critical and constructive reflection on the praxis of the Christian community's life and work in its various dimensions".

Practical theology is understood by Ballard &Pritchard (1994:4) as "praxis because it is a theory and a method of research". In addition, explain it as "a cutting edge of Christianity's encounter of our time that has modern colour culture and is influenced by a modern context". In agreement, Pieterse (1994:79) stated that practical theology "comprises tools and methods that allow it to describe and explain what goes on in the lives of people". The study used practical theology to evaluate the findings and how people infected with HIV identify and understand the possible barriers to disclosure of HIV status amongst members of Shining Light Ministries in a context of Christianity.

## 2.9 Pastoral Care

Chisale & Buffel (2014:297) describes purposes of pastoral care as "Christian response to the needs of all members of God's community, so that all will enjoy full and abundant life". The study is located in practical theology in a sub-discipline of pastoral care and counselling therefore the study linked to pastoral care and was analysed through the lens of both practical theology and pastoral care.

Clebsch and Jaeckle (1964:4 cf Wright 1982:23) define pastoral care as "the ministry of the care of souls which consists of helping acts by Christian representatives of Christian persons, directed towards healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns". Therefore, the church through pastoral care must respond with love, care and support as stated by John in his book, 1 John 3;16. "*This is how we know what love is. Jesus Christ laid down his life for us. And we ought to lie down our lives for our brothers" (1John 3:16, NLT).* Caring for others should be a primary concern for every believer. It certainly is what the ministry of Jesus is all about: So, great was His desire to meet the needs of fallen humanity that He left the glories of heaven and come to earth where He was despised and rejected by the very ones He came to help.

Benevolence was such an important aspect of His ministry that the apostle Peter could describe what He did in this word "God *anointed Jesus of Nazareth with the Holy Ghost and with power: who went about doing good, and healing all that were oppressed of the devil; for God was with him"* (Acts 10:38, NLT),

The church must follow the example of Jesus and engage themselves in caring for others by involving themselves in the manner that will be helpful to them. If the church is to help people through difficult times and trauma, it is essential that the church understand the ministry of pastoral care.

Jesus Christ the good shepherd founds the Church. In John 10:10, Jesus said, "*I am the good shepherd and the good shepherd gives his life for the sheep" (John 10:10, NLT)*

In Luke 10:25-37, Jesus gave the story of the Good Samaritan. This story described the role of the church in the world today in answer to the question, "who is my neighbour"?

The attitude of Christians towards sick people plus their actions, meaning standing up and reaching out to the sick to give them hope and to pray for them is equal to care. Actually, this is the foundation, upon which the church is to build its ministry to help people who are in crisis or in need. HIV and AIDS not excluded. Someone said: "people do not care how much an individual knows until they know how much that individual cares". This statement certainly applies to the church today. The church has the message that everyone needs to hear, but before that message be receive, people have to see it demonstrated.

## 2.10 CONCLUSION

This chapter outlined the literature review on the theoretical framework with the skill development on HIV and AIDS and the views of Christian church towards that. Then described its definition as well as factors and barriers influencing HIV and AIDS disclosure with the benefit of disclosing HIV and AIDS statues. The next chapter describes the research methodology and design used by the study.

# CHAPTER THREE

## 3.1. INTRODUCTION

This chapter commences by highlighting the differences between quantitative and qualitative research paradigms. A research framework formulated for conducting the research. A critique of the framework presented to explain ethical considerations, potential limitations and the general relevance of the findings, which came from the use of the framework. It also describes the research methodology and the design employed by the study. In addition, it describes the research tools used by the study to gather data, the sampling procedures and the data analysis tool used by the study.

## 3.2. RESEARCH METHODOLOGY

Hofstee, (2006:107) pens that "the method is vital to the success of the study because a result can be accepted, rejected, replicated or even be understood in the context of how to get there. The method will explain how to get to the conclusion". Mouton (2002:35) stated, "The research methodology involves the application of a variety of standardized methods and techniques in the pursuit of valid knowledge, and is committed to the use of objective methods and procedures that will increase the likelihood of attaining validity". In addition, define research methodology as (2002:35) "a scientific process that seeks to provide answers to questions through a systematic approach with the support of credible data. The process assists with broadening the understanding of a problem and therefore leads to an appropriate solution". Therefore,

this chapter described and explained the methodology, and the overall design of the research.

Babbie and Mouton (2011) stated, “Researchers who use this paradigm see reality through the eyes of those who are living it, as they generally believe that there is no single reality”. In addition, according to King and Harrocks (2010:27) “Qualitative research is interested in how people differ in relation to a particular experience as much as it is in what they have in common”. Thus, the aim of qualitative research, is not to measure, but to understand and analyse the knowledge, experience and perceptions of the research participants. This is a qualitative study exploring the possible barriers to disclosure of HIV and AIDS status amongst Christians with reference to members of Shining Light Ministries at Tierpoort.

Denzin and Lincoln quoted in Visser (2007:84) argue, “A qualitative research approach uses words to understand people’s interpretation of their experiences. Through language people can organize perception and thoughts and give meaning to them”.

### 3.2.1. QUALITATIVE AND QUANTITATIVE RESEARCH METHODS

Quantitative approaches aim to test hypotheses, and usually to identify numerical differences between groups. By contrast, qualitative approach deals with how people understand their experiences. Thus, qualitative research method aims to explore meaning, as well be selected for the investigation of issues, which, for ethical, practical or epistemological reasons, are difficult to measure.

Qualitative research involves collection of narrative data in a natural setting in order to gain insights into phenomena of interest. This research approach studies variables over an extensive period in order to find out the way event are, how, why it came to be that way, and what it all means. While those two approaches to research are often presented as if in binary opposition to one another, the approaches be used to complement one another. Investigators' methodological chooses are informed by theoretical and philosophical positions.

Qualitative research is interested in how people differ in relation to a particular experience as much as it is in what they have in common (King and Harrocks,2010:27). Thus, the aim of qualitative research is not to measure, but to understand and analyse knowledge, experience and perceptions of the research participants. It aims at finding and unveiling the hidden answers to meanings, which people employ to make sense of their lives and experience. Its departure point is doing research with real people in mind. As a result, in qualitative research the research participants become co-researchers. I employed a qualitative methodology in anticipation of gaining an in-depth understanding of people infected with HIV and AIDS's knowledge, perceptions of attitudes to barriers to disclosure of HIV status. Qualitative research does not privilege a single methodology over another nor does it have a distinct set of methods that are entirely its own. Thus, they explain:

Qualitative researchers use semiotics, narrative, content, discourse, archival and phonemic analysis even statistics. They also draw upon and utilize the approaches, methods and techniques of ethnos methodology, hermeneutics, feminism, rhizomatic, deconstructionism, ethnographies, interviews, psychoanalysis, cultural studies, survey research and participant observation among others.

### 3.2.2. RESEARCH DESIGN

A research design is a plan or blueprint of how a researcher intends conducting the research (Mouton, 2001:55). Research design outlines the approach to be used for collecting data and it describes the conditions under which the data will be collected and the sampling method to be used. (Royse, 1999:24). According to Struwig and Stead (2001:9), "a research design is used for addressing research questions.

Mouton (2001:56) agrees by pointing out that the point of departure in a design is the research problem or question adequately. The research design focuses on what the research hopes achieve during the course of the study, which poses the question of the approach or method that will best meet the goals of the study.

This qualitative study will use exploratory research design to investigate and explore the possible barriers of disclosing HIV status amongst Christians with reference to members of Shining Light Ministries at Tierpoort. An exploratory design leads to insight and comprehension (Terre Blanche, Durrheim, and Painter, 2006). Another advantage of this design is that it employs an open and flexible research strategy, thus leading to richer responses from participants (Babbie and Mouton, 2011:80). Additionally, exploratory designs' common methods of collecting data are in-depth interviews, observations that this study seeks to employ an open and flexible research strategy, thus leading to richer responses from participants.

The goal of an exploratory study is to understand a situation but not come up with final answers or decisions. The aim is to discover ideas and insights from the participants in

an effort to create new knowledge.an exploratory design as an instrument of research in which participant's responses be explore to reveal new meaning, the manner in which it is revealed and other factors relating to it. It bears relevance to the purpose of the study as it will yield new knowledge on future research and inform HIV and AIDS policies on curbing the epidemic particularly among Christians.

Another advantage of this design according to Babbie and Mouton is that "it employs an open and flexible research strategy, thus leading to richer responses from participants". (Babbie and Mouton, 2011:80). The common methods of collecting data in exploratory designs are in-depth interviews, with regard to these study participants interviewed face to face separately, exploring factors that influence Christians not to disclose their HIV status among families and community members in reference to members of Shining Light Ministries at Tierpoort. Pretoria East.

## 3.3 DATA SOURCES

For the purpose of this study, my data sources were ten members of the Shining Light Ministries at Tierpoort consisting of five males and five females aged between 19 years and 40 years recruited to participate in the study of the possible barriers to disclosure of HIV status amongst Christians. Information was obtain through in-depth face-to-face interviews with the participants. I used material such as notes pads and a digital voice recorder to record interviews.

## 3.3.1 PERMISSION TO CONDUCT RESEARCH

The written consent of relevant authorities in the Shining Light Ministries at Tierpoort sought and obtain before any interaction with personnel in Tierpoort members of Shining Light initiated. The authorities and respondents involved were fully informed about the study and how the intended data collection will be conducted for research and academic purposes. An explanation was provided on what the information was to be used for, and how it will be handled.

The authorities and respondents were assure of the confidentiality in the treatment of information provided. The respondents were treated with dignity and afforded their privacy and as well, their anonymity was preserved as much as possible. The study was carried out following the approval of senior pastor of Shining Light Ministries pastor Joshua Sawa for permission. Letter attached as annexure after the references.

## 3.3.2 SAMPLING DESIGN

Sampling is defined Terre Blanche et al (2006:49) as “a selection or recruitment of research participants from an entire population that involves decisions about which people, settings and social processes the researcher needs to observe”. This study will use purposive sampling to select participants of the study. Purposive sampling will be appropriate for this study because the researcher knows the target population and we worship in the same church. The rationale behind utilising purposive sampling in this study is that I have built strong relationships with the participants of the study, making

it possible to journey together in the proposed research process. Therefore, ten members of the Shining Light Ministries at Tierpoort consisting of five males and five females aged between 19 and 40 years recruited to participate.

## 3.4 DATA COLLECTION TOOLS

The data collection instruments were questionnaire, interviews and public literature/documents to evaluate the co-operative interactive people living with HIV and AIDS. In this study, the questionnaires used semi-structured questions are face-to-face questions. The questionnaire structured with open-ended and closed ended questions.

### 3.4.1 QUESTIONNAIRE DETAILS

Questions were very specific with a fixed range of answers. I used "liker scale" (considered on 1-5 points scale) to measure the respondents' perceptions based on few statements to perceive the range.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Very Low | Low | High | Very High | Highest |

The points of the scale indicate the degree of satisfaction or agreement level of the respondent to the question asked. **"1"** represents the lowest level of satisfaction or high

disagreement, whereas **"5"** represents the highest level of satisfaction or high agreement. The closed ended forms of questions were restrictive because they kept the respondent on the subject and are relatively subjective, easy to tabulate and analyse. I also used the open-ended questions where different answers were quite acceptable also for the purpose of probing and seeking to find what respondents know.

**Four samples used in this study, which is -**

1. How do you feel about your HIV and AIDS status?
2. What do you understand about HIV and AIDS?
3. What does your church say about people who infected with HIV?
4. How do you feel about disclosing your HIV status to the family, church and community and why?

All respondents are from Shining Light Ministry at Tierpoort. I self-administered the questionnaires, all questionnaires written in English, and Zulu Structured questionnaires used in this study to minimize interview bias, to maximize clarity and to provide a sequence of questions that would lead to reliable responses. On the other hand, a self-completion component allowed privacy of reporting by respondents, with consequence advantage for validity.

## 3.4.2 IN-DEPTH INTERVIEWS

In-depth interviews are significant in this study because of their confidentiality and sensitivity on barriers of disclosure of HIV status amongst Christians. Researches on issues of HIV and AIDS have critical ethical obligations not to cause harm hence

interviews are highly recommended in ensuring sensitivity and privacy to research participants. In-depth interviews based on open-ended questions. According to Harrel and Bradley (2009:6) “They allow for an open and trustful discussion, making possible exploration of sensitive issues and stimulating natural conversation”

### 3.4.3 FIELD OBSERVATION

Babbie and Mouton (2011:295) indicated, “In empirical research, the researcher simultaneously becomes a member of the group being studied”. Therefore, I take notes on the body language and emotions of participants as they answered the questions. Babbie and Mouton (2011:295) also explain, “Participant observation should include empirical observations and researcher’s interpretations of them. The researcher should observe non-verbal communications such as facial expressions, pauses and the language behaviour of participants”.

### 3.4.4 ISSUES OF RELIABILITY AND VALIDITY

To ensure and increase reliability and validity, this study used triangulation of data collection, which entails collecting data in different ways and from different sources. Data triangulation helped the study in understanding the phenomenon of disclosing HIV and AIDS status amongst Christians by approaching it from different angles. Multiple methods from different sources such as interviewing, field observation and a review of literature sources written on the possible barriers to disclosure of one’s HIV status among Christians used.

## 3.4.5 DATA ANALYSIS

I coded and categorised data to see their patterns and interrelatedness. This will allow for a comprehensive discussion and analysis. Holliday (2001:100) explains "in content analysis, the raw data. This can be facilitated through thematic organisation". This study used thematic analysis to analyse data. In thematic analysis, the I identify the relevant key terms and codes, such as possible barriers to disclosure of HIV and AIDS status amongst Christians with reference to members of Shining Light Ministries at Tierpoort (Babbie and Mouton 2011:492). Moreover, the researcher will make a decision on the level of analysis such as a specific word, a key phrase or a string of words (Terre Blanche, Durrheim and Kelly 2006:323). The five stages of thematic analysis will be followed in identifying and coding emergent themes within the data and interpreting the themes *(Guest, Macqueen and Namey, 2012:11). Thematic analysis emphasises pinpointing* and examining patterns within the data. Thematic analysis will be performed through the process of five stages according to the suggestions of (Terre Blanche et al, 2006).

1. **Familiarisation**: This means becoming familiar with the data. At the initial stage I will familiarise myself with the data. After data collection, I will immediately transcribe the data into written form from the audio-recorded data.
2. **Inducing themes**: This refers to generating initial codes through inductive analysis. This is the systematic way of organising and gaining meaningful parts of the data called coding and relating it to the research questions
3. **Coding**: during this stage, I will read the data carefully. In this stage I will find some meaningful segment of the text in a transcript and assign that to a code

4. **Elaboration**: At this stage, existing themes will be defined, and refined to present them in the final analysis.
5. **Interpretation**: Themes and data interpretation will be presented. I will conduct a detailed analysis and interpret what research participants said.

## 3.5 ETHICAL CONSIDERATIONS OF THE STUDY

### 3.5.1 ETHICAL CONSIDERATION

Ethical considerations involve moral principles and values be practiced when dealing with social research. Human subjects have inherent value and dignity be respected. Whenever they are to be involved in a study, their consent to participate must be sought. Explain the purpose of the study to them as well as the role to play.

For this study, the written consent of relevant authorities in the HIV and AIDS sought before any interaction with personnel initiated. Explanations provided on what the information was to use for, and how to handle that. The assured them of the confidentiality in the treatment of information provided.

All respondents were assured that whatever information was collected from them through the survey questionnaires would be kept confidential. The researcher also informed the participant that the information collected from them would be used for research purposes and not for any other uses. All research involves ethical issues, which should be observe and follow. Researches on HIV and AIDS with participants who are HIV positive require the researcher to observe and critically implement ethical obligations to avoid harming the participants. Dickson-Swift et al (2008:43) define ethics as “a set of moral principles that aim to prevent the researcher from harming

those they research" as a result, this study will follow and implement the following ethical obligations:

### 3.5.2 TRUE INFORMED CONSENT

Informed consent is a critical component when conducting research with human participants. Sercombe (2010:9) argues that an informed consent is a process whereby a participant expected to understand the research procedures, risks and benefits of the study. Before the study commences, and after receiving the gate keepers' consent I send the letter of invitation and the consent form having the title of the study, clarified the purpose of the study, volunteerism to participate, right to withdraw, these documents described and explained what will be done and specified duration of the study and time that will be spent in in-depth interviews.

### 3.5.3 CONFIDENTIALITY

Issues of confidentiality were clearly explained to ensure that all participants understand the procedure. Participants were assured that their names would not be mentioned anywhere in the research. To ensure confidentiality of participant's information. Each participant would be identify by a pseudonym allocated to him or her by the researcher.

## 3.6 RESEACH INSTRUMENT

. Primary data was collected to solve a particular problem.

The research instrument that used is a questionnaire.

a. Structure questionnaire data necessary will be developed to obtain the primary data necessary for the empirical study, an instrument questionnaire is defined as a type of survey demographic area to obtain data in which various possible answers are to be chosen (Mc Daniel and Gates, 2001;302); and
b. Open-ended questions require the respondent to provide their own answer to questions. This is called a free response answer. A close-ended question asks a question and gives the respondent fixed responses from which to choose (Newsman, 2006;286-287)

## 3.7 LIMITATION TO THE STUDY

All research survey methods have some disadvantages and limitations. It is however very important to indicate that threatening and sensitive information will be excluded from the survey. Time to meet with participant to interview them was a problem as most of them are in that area for employment. (Most of them are always working as long as they are there). Secondly, men and women are equal in value before God, but we are very different. What comes easily to the average woman often seems to be a genuine struggle for men. Among the male participants, only two of them was open and willing to share their feelings while the others have a problem in opening up to share their feelings.

## 3.8 CONCLUSION

This chapter commences by highlighting the differences between quantitative and qualitative research paradigms. A research framework formulated for conducting the research. This chapter describes the research methodology and research design employed by the study. The study used a qualitative research methodology and followed an exploratory research design. In addition, this chapter describes the ethical considerations employed by the study as well as the data analysis process that was employed by the study to gather data, the sampling procedures and the data analysis tool used by the study, plus the focus of the study is to explore the barriers to disclosure of HIV/AIDS status among Pentecostal Christians with reference to Shining Light Ministries at Tierpoort. The following chapter (chapter four) is a presentation of data.

# CHARPTER FOUR

## 4.1 INTRODUCTION

This chapter represent the conversation I had with participants. They are presented in the form of themes. The method of collecting and analysing data that obtained during the empirical investigation outlined in this chapter. For the purpose of this empirical study, 10 South African adults, five males and five females aged 19-40 years old and have tested for HIV and knowing their status were selected.

## 4.2 PROFILE OF THE PARTICIPANTS.

**Eva Konoti (not real name)**

She is 40 years old. Single mother of two girls, 23 years and 15 years old. Eva don't understand much about HIV. She only knows that it is incurable. She said that she feels bad about her HIV status and does not want to disclose her HIV status especially to her children because she is worried about what they will say about her, because she was always telling them that they must not sleep around with boys because they will be infected with HIV. Even at work, she told them that she is diabetic so that they must not ask her many questions, as she will be going to collect her medication at the clinic every month. She is also worried about the second child who is always sick.

**Phumzile Sono (Not real name)**

She is 27 years old. Married and have a daughter, and expecting their second child. Phumzile have disclosed her status to her husband because the clinic has asked her to bring him along so that they can start treatment together. Now she regrets disclosing her status because her husband has left her and went back to his parents. Despite, she believes that disclosing your HIV status will help you to be free from stress. She also said that disclosing your HIV status to your pastor is very much important because the pastor can support you emotionally. Her husband feels that he cannot face this, so he went back home to be with his mother. He is sure that he is not infected, but he has not tested. Phumzile wants him to test. He responds by saying that she is only accusing him falsely of being responsible for her infection and refuses to go and test.

**Dudu Majola (not real name)**

She is married, 35 years old with three children, two girls, 12 and 9 years old and 15 years old boy. Angrily and aggressively, she said that she does and she will not disclose her HIV status to anyone. She does not understand what HIV and AIDS is all about and how it infects and affect people. When she went for HIV testing after I influenced them during the awareness at the church, she did not worry because she was not sick. Now she knows her HIV status, she feels bad about her HIV status, and she is angry especially to her husband as he is the one sleeping around and having children with other women. In addition, she thinks and convince that her husband knows that they are infected with HIV. Fearfully she said that she is afraid and fear for her life. Afraid that what will people say or think about her. On the other hand, what if the person whom

she will disclose to will tell her husband about her status. Even though he is having children with other women, I do not want to lose him. How will I survive, he is my only hope. Where will I go? What about my children?

The church believes that God is our healer and will heal all our sickness. Even though I will not disclose my HIV status to the pastor. My life is a mess, I am miserable, angry, and always thinking about what will happen if my husband finds out.

**Makie Bopape (not real name)**

She is 30 years old, not married and having a boy who is 9 years old. Doubtfully she said that she wants to disclose her HIV status to her mother because her mother is the one taking care of her child while she is at work. The problem is how to do that. She is afraid because her mother is always saying bad things about people who infected with HIV. Her mother still believes that people infected with HIV and AIDS were sleeping around or are prostitutes. On the other hand, God is punishing them from their wicked ways.

**Dora Nku (not real name)**

She is 20 years old. Staying with her mother. Her father was very sick and passed away two years ago. Confidently she said that she wants to disclose her HIV status and the first person she will tell is her mother of whom she is very angry a, because how could that happen, she is still a virgin. She believes that her father died of AIDS and her mother is ignorant and does not wants to do the HIV test. She is sick and trying to be strong most of the time. I think that she is afraid of death. On the other hand, maybe

she is afraid of telling me because I was born with the virus. In addition, I thank God I have not being sick. In addition, the viral load is not bad. Going for testing help me a lot and especially the counselling I received had strengthens me, now I have decided to start with the treatment and that is why I want my mother to know because she is the one to support me even financial because the clinic where I must receive my treatment is very far from where we are staying. I do not want her to be suspicious because she is taking things personally and does not believe that AIDS is a sickness. She believes that is witchcraft. That is what they we saying when my father died that someone is bewitching him. I don't understand a lot about the decease, what I know is that the church believes and say that Jesus Christ is our healer and they pray for the sick and others have died even though they have been prayed for. I fear for my life. Always asking myself whether am I going to die or my mother will die first.

**Tshepo Nkuna (not real name)**

He is 25 years old, staying with his mother. He understands that AIDS is real and it has killed many people. He said that he was very scared when he went for HIV testing because he knew that his mother is moving from one partner to another. This is the problem because until today he did not know his father. He feels bad, angry and confused about his status. Angry for his mother and himself because he does not know whether he was born at the virus or not as he is not a virgin. He believes that God is the healer, and that he will be prayed for and be healed. He said that he would not disclose his HIV status to anyone not even to the pastor because people at the church are undermining people who are living with HIV and AIDS. Firmly he said that he wants to disclose his HIV status to his mother maybe that that will change her attitude.

**Daniel Mafa (not real name)**

He is 33 years old, not anymore with the mother of his 8 years old boy. He does not understand how HIV is infecting people and where it comes from. The mother of his child asked him while she was expecting to go for HIV testing but he refused. He thought and believes that he will not infected as he was not sick, then why must he test. They then broke up and he started seeing other women. He is now angry and he does not want to disclose his HIV status because he is afraid what people will say because he is not married and whom will marry if people know that he is HIV.

**Abel Moyo (Not real name)**

Abel is 25 years old. He had just started to work as a teacher. He understands what HIV and AIDS is all about and how it infects people. Shamefully he said that he will not disclose his HIV status to anyone not even to the pastor. He fears that his parents will reject him and they will be very angry with him because they were always telling him to focus on his studies and forget about girls.

He is angry for his girlfriend; he knew that she was not faithful. He said that he felt hopeless and depressed he cannot even concentrate or focus on his work at school. He is afraid that the parents might find out that something is wrong because they have started asking why he is so quiet and not visiting his friends like before.

**Patrick Seema (Not real name)**

He is 21 years old. He suffered from a sexually transmitted disease while he was doing matric. Now he found out that he is HIV positive. He was shock and greatly embarrassed. He said that many times, he was sick but he did his best not to show his sickness. When he found out that, the results were positive he refuses to accept what the doctor said. He was worried; never know how he can talk to his parents about this or what to do. He felt scared and embarrassed, and was unable to concentrate.

**Hans Ledwaba (Not real name)**

He is 39 years old, married and have two boys, 15 and 11 years old. His wife is unemployed, stays at home and looks after the children. He feels very anxious about his HIV status because he knew that his wife was not faithful to the marriage and was scared that she had contracted AIDS. He was considering talking to her but was scared that she would leave him. He said, “There was nothing he can do”. He has withdrawn from all activities at home and at church. He felt hopeless and depressed.

## 4.3 THEMES EMERGED

### 4.3.1 Theme 1. Stigma and discrimination

Stigma is a problem which must be tackled by educating people about HIV and AIDS. People like Maki’s mother who are still criticising people infected with HIV need to be

educated about what HIV and AIDS is and how people can be infected with HIV. There is a lot of stories and lies about AIDS and there is a lot of myth about HIV and AIDS.

Every day we read shocking AIDS statistics in newspapers, we hear about it over the radio and we even see the frightening results of it on television. The editor of daily sun that AIDS is not child's pay supported Matome Kubu. His letter wins and was published as letter of the day. (Daily Sun 6 April 2017) "The HIV and AIDS epidemic continues to claim the lives of our loved ones, but many people still don't think it's their responsibility to prevent future infections. We all have responsibility to help Aids patient's live good lives. By abstaining from sex or using protection, you are helping to prevent the spread of the disease. People who continue to sleep around are playing with fire. HIV is not only transmitted through sex, which is why everyone must be tested. It is important to test for HIV before you notice any symptoms. The sooner you are diagnosed; the sooner you can start your treatment before the virus weakens your immune system. I agree with Matome that we can win the fight against this disease if we join hands and work together. Let us get rid of the stigma attached to HIV and AIDS and fight the epidemic the same way that we fight other chronic diseases.

Why is it that so many people are dying of AIDS? I think is because few people know enough about HIV and AIDS and many people believe all kinds of stories about where AIDS comes from, how it attacks our body and how you can be healed from it.

People who are stigmatised suffer discrimination. Therefore, campaigns aimed at educating people about preventative measures should not be discontinued. People

living with HIV and AIDS (PLWA) are afraid of stigmatisation and try to hide their illness so long, that it becomes too late to seek medication that could have made a huge difference.

### 4.3.2. Theme 2. Shame.

Many people feel ashamed when they find out that they are HIV positive. Shame is a painful emotional experience. Her husband had shamed Phumzile after disclosing her HIV status to him, thinking that he will support her especially as she was pregnant. Instead of giving her support, her husband parked her belongings and went back to stay with his parents, unlike Hans, decided to kept quit than shaming his wife.

Looking at Eva's case, she saw herself as a failure because she was always telling her children that if they go and sleep with boys they would be infected with HIV. Then what now. How will she disclose her HIV status to her daughters?

They will think that their mother was or is sleeping around with men. What a shame she said. "my children are not expecting me to be infected with HIV".

The issue of shame affects the participants in many ways, for example, some of them left the church and others are now hiding under the bottle of alcohol. Others like Daniel start having more than one affairs (sleeping around) with three women of which he is now regretting and feeling sorry for them and he is not in a position or not ready, actually he does not want to disclose his status to any of them. However, looking at them is killing him especially now as he has decided to committee his life to God and

serve him alone. He wishes he can turn the wheel around for them but it is too late. And living a lie as a Christian is what has pushed or encouraged him to come and seek help on how to disclose his HIV status to his family.

### 4.3.3. Theme 3 Fear of Rejection.

This was a constant theme across all the participants. "When I discover my status," remarked one of the participants (Phumzile) I lost my husband, he packed his staff and went to his parents. He redetected us, me and my children. Angrily she said, "I will not encourage anyone to disclose their status to anyone because you will never know what will happen". In the other hand, I do not regret for telling my husband the truth. As a Christian, I must tell the truth and shame the devil. I am now free from guilt. Not living a lie. I thought that he would support me only to find out that he could not and said that I have disappointed him. I have brought shame to the family.

Being tested HIV positive by these participants is something that had happens unexpectedly and their lives will never be the same again. This is a heart-breaking experience. Paul in his letter to the Galatians stated that as believers we must carry each ones' burdens; we must help each other. "*Dear brothers and sisters, if another believer is overcome by some sin, you who are godly, should gently and humbly help that person back into the right path. Moreover, be careful not to fall into the same temptation yourself. Share each other's burdens, and in this way, obey the law of Christ*" (Galatians 6:1-2, NLT).

Those who are rejected, in most cases, refused to be touched or comforted. They isolate themselves. They do not want to talk to anyone and they blame and punish themselves for being in that situation.

### 4.3.4 Theme 4. Guilt

The participants feel guilty and ashamed and thinking that they have sinned because they could not control their sexual desire. In short, they are viewed as being promiscuous. Others think that God is punishing them. Several participants said that it was quite a shock when they found out they were HIV positive. Since then they have been living daily with the HI-virus and everything that goes with it. That is the stress, the uncertainty, and perhaps even the rejection. They said ‘There is a thought that keep going through their brain”. Is there any hope for me? What will people think if they know? Whom can I trust to talk about this? Have I infected somebody else without knowing?

Yes, in Jesus Christ there is hope. He has conquered death and set us free. You cannot reverse your HIV status, but you can retain your quality of life. You can also use your own status and knowledge to talk to others and saves lives.

# CHAPTER FIVE

## 5.1 INTRODUCTION

The chapter presents the findings and concludes with the recommendations of the study.

### 5.2 FINDINGS AND RECOMMENDATIONS OF THE STUDY.

Both participants were encouraged to go for HIV testing during the awareness conducted at the church (Tierpoort Ministries) while I was encouraging the church to do HCT. That was their first time to test except Phumzile forced by the clinic as it is according the law of South Africa that every pregnant woman to test for HI- virus. This also help to prevent the baby from being infected with HIV if the mother is infected.

Both participants expect Abel and Phumzile, indicated that they do not understand what HIV and AIDS is and how it is infecting people. They only know that AIDS is a dangerous disease that has killed many people. People are still lacking knowledge concerning HIV and AIDS People must be educated it seems as if they are not taking the issue of HIV seriously while it continues to infect especially young people and many people are still dying because of that.

AIDS is the number one killer in the world, it has become, both a well-known and a much-feared disease. The scenario is bad but something can be done, even more so with the advent of life prolonging medication. Millions of people have died because of AIDS and millions more are suffering from this same infection.

AIDS carriers are going about spreading it, having vowed never to die alone. Thank God for Doctors who are doing their very best to create a vaccine that will cure HIV

and AIDS. The church is supporting them with prayers, so that every patient be healed to the glory of God.

I have seen the healing power of God on people's lives and experiences it upon my life. I have heard people testifying of God's healing power over illnesses. HIV and AIDS are not excluded, "for with God nothing shall be impossible" (Luke 1:37) "*that which is impossible with man, is possible with God"* (Luke 18:27).

The findings of these study indicated that most people with HIV infection or AIDS have a desire for spiritual help. Seven of the participants, four women and three men felt that they would tell their pastors because pastors could counsel them, pray with them, and give advice on how to live. Several participants spoke of carefully selecting a relative with whom they were close and revealed their status, even before informing their spouses.

According to Garland and Blyth {2003:277) "the Christian church is in a uniquely key position to address most of the aspects of the HIV and AIDS pandemic. The church has a massive, yet often untapped, potential successfully reverse the course of the pandemic. Its core values of love, care, support and justice have produced the nurturing and development of strong church run care and support programs in many communities". However, sadly, stigmatization and discrimination still abound within the church, seriously slow down, and sometimes reverse progress towards preventing and controlling HIV and AIDS.

I believe that churches can do a lot to turn the tide of AIDS pandemic because:

- There are churches are almost everywhere.
- Churches have leaders.
- Churches are able to influence people,
- Some of church members are infected and affected with HIV and AIDS.
- Churches have history of helping people especially in times of need.

I also find out that some women especially those who are unemployed depend on their husbands or partners for support, and that make it difficult for them to ask their partners to use condom because they fear or they think that they will chase them away, assault, or abuse them.

Some women cannot protect themselves from HIV infection, because they are not on the position to make decisions especially when coming to the issue of sex. They cannot say "no" to sex in a relationship. Many times, women are force to have sex with their partners even when they do not want to. According to Chitando (2007:50) "the issue of masculinities and HIV is fairly recent and many churches may not feel competent to tackle it". He further said, "Churches are required to pay particular attention to men in a creative way in order to challenge dangerous masculinities".

In agreement to that, Dixon said (2005:66) "Historically, in many societies, women have been disadvantaged sexually and vulnerable to sexual abuse". Even today is not easy for women to protect themselves against HIV from their male partner. Whether they know or suspect that their partners to be infected, there is nothing they can do. One of the participants told me "she was certain her husband was infected because he was

continually unfaithful with a large number of partners, but she was unable to discussed the issue with him or ask him to use a condom". This is a problem, a challenge because many women know or suspect that their partners are at risk of carrying HIV, but can do nothing to protect themselves for cultural reasons. They find it hard to discuss their fears with their partners and feel hopeless.

I believe that new testing and treatment programmes may help by encouraging such partners to come forward to be tested. Programs that addresses violence against women and children are very much important, the need for self-care.

We must remember that one of the names of Jehovah is "Jehovah Rapha" "I am the Lord your healer" Jesus died for our sicknesses, our pains, our transgressions, our iniquities, our peace and healing. "*For by His stripes we are healed*" (Isaiah 53:5, NLT). He is still the healer. It is still God's will as in the past, to heal all who have need of healing. He healed all diseases when He was on earth. "*Jesus travelled throughout the region of Galilee, teaching in the synagogues and announcing the good news about the kingdom. In addition, he healed every kind of disease and illness. News about him spread as far as Syria, and people soon began bringing to him all who were sick. And whatever their sickness or disease, or if they were demon possessed or epileptic or paralyzed, he healed them all".*

God expects His children to trust Him. "*Trust me with all your heart*" (Proverbs 3:5, NLT). Then what must they do. They must have sought after God. Called on God to save them. "*Call to me, and I will answer you, and show you great and mighty things, which you do not know"* (Jeremiah 33:3, NLT).

Pain is a universal experience, in animals and in human beings (both the righteous and the wicked). For God's children the Bible gives no easy answers, in some instances it suggests that pain may be punishment for specific sins, a testing, a chastisement out of love.

The study indicated that HIV status disclosure enable people living with HI-virus to engage effectively with their ART treatment and support groups. Disclosure also provides a means for obtaining social support to assist in coping with the disease process. In agreement to that (Roots, Boonzaier, and Aulette, 2013:58) emphasis that "those who are HIV positive, disclosure is an essential step. If nothing else, they must at least disclose their status to health care providers in order to obtain care and medicine".

Through disclosure of HIV status, the seropositive person may thereby diminish the spread of HIV. However, there may be challenges of disclosing HIV status, but living publicly with HIV increase the person's access to resources such as HIV support groups, government aid and employment benefits. Even though a lot has been done on the subject of HIV and AIDS, I believe that we still need to do a lot. HIV and AIDS a challenge to pastoral care givers. Firstly, I recommend that everyone must do HCT Testing. Knowing your HIV status is very much important, it will help you to decide on how you want to live your life. Early diagnosis and treatment are essential to successfully fighting the disease.

Secondly, I encourage people to seek help from anyone whom they trust, it can be a friend, family member or their spiritual leaders to help them especially on the issue of whether to disclose their HIV status or not.

## CHAPTER SIX

### 6.1 CONCLUSION

Most people do not know whether they have the virus and how they got it. Some people do not know how the virus  be spread. Certainly, more work needs to be done to inform our people about HIV and AIDS. In addition, sometimes they hear a myth and believe it.

Breaking the silence:

Everybody needs to talk about HIV and AIDS. This will remove the stigma, rejection and discrimination, denial and fear attached to the disease.

Education:

Many people avoid talking about HIV and AIDS because they do not understand this complex disease. Schoolchildren need to be taught about the disease. Churches need to embark on an educational campaign on HIV and AIDS.

People living with the HI- Virus should be engaged in educating people about the problems related to HIV/ and AIDS e.g. rejection, discrimination, fear, loneliness, shame and many more negative issues.

Advantages for HIV testing.

If you are found to be infected.

- You can receive early treatment and perhaps live longer.
- You can make decisions to take care of yourself and others.
- You can be part of support group around you.
- If possible, you can inform your spouse that you are infected with HIV.

To have an HIV test is something that an individual must choose. Being tested HIV-positive can have a major impact on someone's life. In my experience, many people who learn that they are infected with HIV do not believe. Sometimes others became angry with God and with whoever was responsible for them to be infected.

Doctor S. Ray, the director of SAFAIDS once said, "AIDS is a disease we all know but we will not call it by name. To call it by name is to personalise it, is to take on the stigma, the label and all that goes with it. But until we call it out, we cannot trigger the intensity of action that is needed to deal with it." It is imperative that everyone should understand this disease to be able to deal with it. The focus should be on preventing further infections, and how to manage the sexual act, which is a natural need, properly without endangering our lives and the lives of others.

Problems affecting people with HIV.

- Denial of being HIV infected
- Problems with relationships and family issues
- Making decisions on using antiretroviral therapy
- Making decisions about pregnancies and possible abortion
- Coping with HIV-infected infant

- Coping with the illness and its effect e.g. unemployment, discrimination, fear, rejection and sexual issues
- Dealing with dying, death and bereavement.
- Coping with the loss, or future loss of a loved one, a partner, husband or wife, friend or close friends in addition to their own illness.

Disadvantages of disclosing HIV and AIDS status

- Stigma and discrimination.
- Problems with relationships, sexual partners, family and friends, the community and people you work with.

Advantages of disclosing HIV/AIDS status

- Help access medical services, care and support.
- Help protect self and others from re-infection.
- Help family plan for future.

Possible consequences of non-disclosure

- You have to deal with everything on your own without help and support of your family.
- You might put others at risk of infection.

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Over the last few decades, we heard so much about HIV and AIDS that many of us have started to switch off when it comes to this topic. Most of us do not think that we might personally be at risk of being infected with HIV and therefore we do not pay much attention to HIV news and campaigns.

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# APPENDIX

## APPENDIX A

## QUESTIONS TO PARTICIPANTS

Q1: What do you understand about HIV/AIDS?

Q2: what does your church saying about people infected with HIV/AIDS?

Q3: What was going on in your mind when you went through HIV testing and counselling?

Q4: How do you feel about your HIV status?

Q5: If you have already disclosed your HIV status who was the first person you told and why? If you have not yet disclosed your status who is the first person you will tell and why?

Q6: What do you think he or she will say?

Q7: What do you think about disclosing HIV/AIDS status?

Q8: Why people are afraid to disclose their HIV status?

Q9: How do you feel about disclosing to the church and community and why?

Q10: Do you think that people should disclose their HIV status to their pastors and why?

## APPENDIX B

APPENDIX B (1)

PERMISSION TO CONDUCT INTERVIEWS

Shining Light Ministries
P.O. Box 12753
Hatfield
0028

Dear Sir

Re: Request for access to conduct a research at shining Light Ministries, Tierpoort.

I am a student at University of South Africa
Degree of study: M.A. practical Theology

I am doing a study on the title that reads:
A Pastoral Exploration of the possible barriers to disclosure of HIV status amongst members of Shining Light Ministries, Tierpoort.

I intend carrying in-depth interviews between 30-45 minutes per participants.
Ten (10) members both men and women will be interviewed. The interviews will be conducted over 10 days in the afternoon.

All due caution will be taken to protect the participants and the institution from harm and information will be treated with great confidentiality. I will avail the outcome of my study to the church when the research is complete.

I look forward to a favourable response.

Yours faithfully
J. Sawa

## APPENDIX B (ii)

### CONCERNED FORM

**Title**: A Pastoral exploration of the possible barriers to disclosure of HIV status amongst members of Shining Light Ministries, Tierpoort.

The researcher has explained the purpose of this study and my role in this study to me,
It is my own choice to participate in this study.
I understand that my identity will remain confidential.
I have the right to withdraw from this study at any time for any reasons.

……
Participant

……..
Researcher