Religion as a double-edged sword:
The position of Christian churches in and around Stellenbosch in communicating about HIV/AIDS and in dealing with HIV/AIDS stigma

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Religion as a double-edged sword: the position of Christian Churches in and around Stellenbosch in communicating about HIV/AIDS and dealing with HIV/AIDS stigma

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Preface

When I was a little girl I wanted to become an explorer, just like Columbus. I thought: when I grow up I am going to explore new areas in the world and I will meet new people and find extraordinary species. I felt really excited about this idea of the future. However, during the time I went to school, I learned that most of the earth already had been discovered and re-discovered by an awful lot of people. I was quite disappointed about this information and put aside my Columbus-plans for a while. I finished school and went to university. I enrolled for Communications & Information Studies, and during the five years of my studies I experienced that there was actually still a whole lot to explore. This was good news, and it got even better when the day arrived I had to start writing my Master Thesis. Now I hear you thinking: why would that be something to be excited about? Well, when I found out about the possibility to do a research internship in Stellenbosch, South Africa, my heart skipped a beat. This would be the opportunity to both discover more about HIV/AIDS communication and stigma in the area of Stellenbosch and at the same time explore a beautiful country, which I had never visited before.

After an eventful year in which I started my research, gathered literature, booked a flight to the southern hemisphere, planned interviews with South African priests, collected data and struggled quite a while with Grounded Theory, I can now proudly present you my Master Thesis. The following thing I will tell you is a cliché, but nevertheless true: I would not have managed to work on this study for such a long time without the support from a lot of people. During my stay in Stellenbosch, I met many friendly, interesting and inspiring persons. People from various cultural backgrounds told me very personal stories and invited me to their churches or their homes.

I would like to thank everyone that helped me so kindly and enthusiastically on my research. In the first place, I would like to express my gratitude to all the church leaders and church assistants that participated in this research. In order to guarantee anonymity of the interviewees and the people that were closely involved in arranging the interviews, I will not mention their names. However, I thank you for your time and for letting me bother you with somewhat annoying and some quite sensitive questions. Your stories were really interesting and useful, both for my research and for me personally, as I have learned a lot more about different visions on Christianity.

A special gratitude goes to my two supervisors, professor Carel Jansen, from the University of Groningen and professor Leon de Stadler from Stellenbosch University. Professor Jansen inspired me with his lectures in Persuasive Health Communications to write my thesis about HIV/AIDS communication in Stellenbosch. Moreover, he was the person who made my research internship possible in the first place. Thank you for giving me this wonderful opportunity, and thank you for your constructive criticism and regular feedback on my work in the last year. As regards my stay in Stellenbosch, I would like to thank Professor De Stadler for his hospitality and for all the time he spent advising and guiding me in my thesis. I enjoyed our weekly meetings discussing different types of churches and brainstorming about the next steps in my research.

In addition, I would like to thank Philip du Plessis for all his help and enthusiasm and for being a great local guide and friend. I will never forget the special interviews we did together. You were always prepared to pick me up and drive me around to some new kind of adventure, either for my research or just for fun. I really enjoyed that. Another word of thanks goes to Lisa le Roux, for pretesting my questionnaire and for using her network several times to get me in contact with churches in Stellenbosch. Beside the serious part of working on my research, I also want to thank my friends from Stellenbosch for distracting me with braai-evenings, coffee breaks and awesome trips in the weekends. And last but not least I should not forget the great support from overseas: my family, friends and my boyfriend. Roel, I promise, this was the last thesis I asked you to check for me 😊 Thanks for being so patient and supportive.

As this preface is not supposed to take up more than one page, I am afraid there is no space left to tell you more about my thesis. Luckily, there is a summary on the next page, which will hopefully arouse your interest in HIV/AIDS communication and HIV/AIDS stigma in Christian churches in the area of Stellenbosch.

Mardoeka de Kruijk,
Utrecht, November 2013

Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/AIDS and in dealing with HIV/AIDS stigma
Summary

South Africa is estimated to have approximately 5.6 million people living with HIV. Although the Aids situation in South Africa has improved in recent years, there are still thousands of people dying of Aids each year. According to numerous studies in the field of HIV/Aids prevention, stigma around HIV/Aids forms a determining factor in the combat against the illness. People often experience barriers to go for counselling and testing (VCT), due to possible disadvantageous outcomes. Moreover, if they are aware of their HIV-status, they are often afraid to disclose their status to family and friends, because of the stigma that is attached to HIV/Aids.

Stigma manifests itself in many different ways, but it mostly includes the marginalization or discrimination of people with a certain ‘deviance’ (e.g. an illness, a handicap, an addiction, etc.) Particularly in the case of a severe illness, such as Aids, people are scared to get infected by HIV-positive persons. Another source of stigma is that people living with HIV/AIDS are considered to be responsible for their illness, in terms of sexual immoral behaviour. The stigmatizing attitude towards people with HIV/AIDS hampers the HIV-prevention and care for Aids-patients. It restrains both stigmatized people and those who stigmatize from getting tested. This has had a negative impact on the Aids epidemic in South Africa.

Over the last decade the role of faith-based organizations in addressing HIV/AIDS stigma has been increasingly examined in the HIV/AIDS literature. Religious leaders are highly trusted in South African communities and hold a significant amount of power and influence in addressing the HIV/AIDS stigma. Beside their religious function, churches frequently function as social organizations. Due to the extensive social networks of churches, their tendency to help people, and the existing social trust within many congregations, churches are in the position to make an impact on social problems, such as combating HIV/AIDS. However, church leaders can also hamper HIV-prevention and aggravate stigma, by means of ambiguous communication messages about sexuality and HIV/AIDS.

The present study is aimed to discover the position of Christian churches in and around Stellenbosch, South Africa, in dealing with HIV/AIDS stigma. The following research question was formulated:

*In which respects does the HIV/AIDS communication between Christian churches and their members in and around Stellenbosch encourage or discourage HIV/AIDS stigma?*

Answers to this question were gathered by means of a qualitative study that entailed semi-structured interviews with fifteen different church leaders from churches in Stellenbosch and its surrounding areas. The interviews were transcribed verbatim and subsequently analysed using a Grounded Theory approach: open coding, axial coding and selective coding. These different coding phases led to a narrative description of each examined church, which explained the most essential concepts and structures regarding HIV/AIDS communication, stigma and sexuality. In a meta-analysis the results of the fifteen individual analyses were compared and schematized.

The main outcomes were the following: 9 of the 15 examined churches are currently communicating about HIV/AIDS to a certain extent; 3 of the churches are currently involved with HIV/AIDS-related activities, such as home-based care, counselling, testing and teaching about HIV/AIDS stigma. Furthermore, 7 churches are involved with HIV/AIDS in terms of a social project; 7 churches indicated that their congregation considers HIV/AIDS as an illness that only affects other people; in 5 churches the church leaders stated that their members are saturated with HIV/AIDS messages and tired to hear about the issue; in 5 of the studied churches, the official view of the church on sexuality hampered the HIV/AIDS communication in the church, whereas in 4 of the churches, according to the interviewed church leaders, the vision of the *church members* on sexuality hinders the HIV/AIDS communication. Finally, 11 of the 15 churches indicated that they would want to fight the HIV/AIDS epidemic in the future. In conclusion, 11 churches have indicated they want to do something in the battle against Aids, but only 9 of those are currently communicating...
about the subject. This implies that two examined churches that are hardly involved with HIV/Aids communication currently, still wish to improve their HIV/Aids communication in the future.

Due to the diverse results of the different churches regarding their HIV/Aids communication and their manner of dealing with stigma, it is difficult to give a univocal answer to the research question. Nevertheless, three main tendencies in the position of the examined churches regarding HIV/Aids stigma were found. The first tendency concerns the churches that are currently **actively discouraging** the HIV/Aids stigma by means of HIV/Aids communication and HIV/Aids involvement. These churches support people living with HIV/Aids (PLWHA) actively, and communicate about HIV/Aids with their members to address the stigma around HIV/Aids. These three churches are: Vlaeborg Congregation, Stellenbosch Gemeente and Stellenbosch United Church Kayamandi. The second tendency shows the opposite situation: it concerns the churches that are **actively encouraging** the HIV/Aids stigma at present due to the condemnation of people who are different. These churches follow the rules of their scripture very strictly and have a low acceptance of people that show deviant behaviour or characteristics. These extreme viewpoints on HIV/Aids and sexuality can increase stigma in a congregation. The following churches were found to actively encourage the HIV/Aids stigma: The Uniting Reformed Church Kayamandi and the Zion Christian Church (ZCC). In between these extreme poles lies the third tendency regarding HIV/Aids stigma. The majority of the examined congregations takes a rather passive position towards the Aids issue and most churches keep silent. This tendency is fairly vague and churches are actually neither encouraging nor discouraging the HIV/Aids stigma. However, by taking a **passive and rather silent position**, these churches are in fact perpetuating the stigma around HIV/Aids. In order of being ‘less passive’ to ‘more passive’ the following churches were found to perpetuate HIV/Aids stigma: Stellenbosch Methodist Church, Jamestown Society; Stellenbosch Methodist Circuit; Anglican Church Sibanye; Uniting Reformed Church Stellenbosch; Stellenbosch Welgelegen; Stellenbosch Moederkerk; Stellenbosch Catholic Church; Shofar Christian Church and St Paul’s Church Stellenbosch.

The extent to which the churches were found to be more or less involved with HIV/Aids and HIV/Aids stigma are explained by the following causes: the **sexuality issue**, the vision that HIV/Aids is passé, that people have a certain Aids-fatigue and finally the view on HIV/Aids as a social project.

One limitation of the present study was the one-sided target group; solely church leaders were interviewed. It would be interesting for future studies to conduct interviews with church members as well, in order to gain a more complete understanding of the HIV/Aids communication in the churches. Furthermore, due to the qualitative approach that was taken in this study, the outcomes cannot easily be generalized to other churches in South Africa or elsewhere. Hence, more research should be done in other (and more) churches, preferably throughout other provinces in South Africa as the present study was done in Western Cape, one of the provinces with the lowest HIV-prevalence in the country.

Although this research was limited to fifteen churches in one specific area, it sheds new insights on how churches can influence the HIV/Aids epidemic through stigmatization. Despite the fact that the Aids situation in South Africa has improved over the past twenty years, people are still becoming infected with HIV, people are still stigmatized and people are still dying from Aids. Future research could provide new understandings of the role of churches in reducing HIV/Aids stigma in order to be able to advise faith-based organizations on this issue.
Table of contents

Preface .............................................................................................................. I
Summary ............................................................................................................ II
Table of contents ............................................................................................... IV

1. Introduction .................................................................................................... 1

2. Theoretical framework .................................................................................... 3
   2.1 Introduction ............................................................................................... 3
   2.2 Stigma ......................................................................................................... 3
   2.3 HIV/AIDS related stigma ............................................................................ 3
   2.4 How is the HIV/AIDS related stigma expressed? ........................................ 4
   2.5 Consequences of stigma ............................................................................ 6
   2.6 Integrative Model of Behavioural Prediction .................................................. 6
   2.7 The role of churches in HIV/AIDS communication and stigma in South Africa ................................................................. 7
   2.8 Concrete work on HIV/AIDS communication by religious organizations .............................................................. 9
   2.9 Research questions & Hypothesis ................................................................. 10
   2.10 Christianity in South Africa ...................................................................... 11

3. Method ............................................................................................................ 17
   3.1 Introduction ............................................................................................... 17
   3.2 Definition of HIV/AIDS communication and HIV/AIDS stigma .................. 17
   3.3 Qualitative Interviews .............................................................................. 17
   3.4 Grounded Theory ..................................................................................... 18
   3.5 Target group: Christian Churches in the area of Stellenbosch ..................... 25

4. Results ............................................................................................................ 32
   4.1 Overview of discovered concepts after analysing churches ......................... 32
   4.2 Elaboration on discovered concepts ............................................................ 34

5. Conclusion ..................................................................................................... 39
   5.1 Answering research questions .................................................................... 39
   5.2 Position Churches Stellenbosch regarding role in handling HIV/AIDS stigma ............................................................. 46
6. Discussion ........................................................................................................ 50
   6.1 General discussion: religion as a double-edged sword .................................... 50
   6.2 Limitations .................................................................................................. 53
   6.3 Suggestions for further research .................................................................. 53

Literature ............................................................................................................. 55
   Articles and books ............................................................................................ 55
   Online references ............................................................................................. 57
   Consulted references ......................................................................................... 58

Appendices ......................................................................................................... A
   Appendix A: Format Interview Questions ........................................................ A
1. Introduction

HIV/AIDS is a severe global problem: in 2011 34.2 million people in the world were living with AIDS. Sub-Saharan Africa is most plagued by the disease; this region accounts for 69% of HIV infections worldwide. However, between 2001 and 2011 the estimated number of people newly infected with HIV in Sub-Saharan Africa declined from 2.4 million to 1.8 million (nearly 25%). Also, the number of people dying from AIDS-related causes in Sub-Saharan Africa declined during the last decade: from 1.8 million in 2005 to 1.2 million in 2011 (nearly 32%). In 2012, South Africa started a five-year strategy to address HIV, sexually transmitted diseases and TB (UNAIDS fact sheet, 2012; UNAIDS Global report, 2012). Despite the fact that HIV incidences among adults in South Africa have decreased over the last decade, in 2011 the country was still rated as the country with the highest amount of people living with AIDS, with an estimated amount of 5.6 million people (UNAIDS Data Analysis, 2012).

Whilst the AIDS pandemic in South Africa is a serious problem, people rather not talk about it. The disease is compounded by the social stigma it brings along. The HIV/AIDS stigma is deeply rooted in the South African culture and infected people often are scoffed and discriminated. There exists a strong aversion against People Living With HIV/AIDS (PLWHA) as these people are often labelled as immoral because of their sexual behaviour, drug use or for being homosexual. Another reason for the aversion is the fear of people to get infected themselves. Because of the discrimination and stigmatization of PLWHA, infected people often get isolated, depressed and lose their social relationships and sometimes even institutional help (i.e. medical and legal services). Out of fear and shame they do often not go for Voluntary Counselling and Testing (VCT)¹ and if they do, it is hard for them to disclose their positive status to others. Also people who stigmatize PLWHA are unlikely to go for VCT themselves, because of their belief that they will not be able to cope with a disadvantageous test outcome and because of their belief that they are not able to go for counselling and testing (Broersma & Jansen, 2012: 32). Due to all these factors, AIDS stigma leads to denial and concealment of the disease and indirectly contributes to the maintenance of the AIDS epidemic.

There is a substantial body of literature about AIDS stigma within the HIV/AIDS literature, covering various issues and perspectives. From the angle of persuasive health communication it is of great interest to explore the determinants of health behaviour, for instance the underlying reasons to (not) get tested on HIV. Stigma and negative attitudes towards PLWHA are influential factors in the process that leads to HIV/AIDS related health behaviour. Over the last decade scholars have increasingly examined the AIDS stigma issue. A fairly new focus in this field is the research on the role that churches and faith-based organizations have in HIV/AIDS communication and stigma. South Africa is one of the most religious countries in the world, with an enormous amount of different religious communities, originated from various religious movements, such as missionary based churches from the Dutch and British occupation and also African Initiated Churches (Elphick & Davenport, 1997). Because religion plays an important role as a stock of social capital in the South African society and in the lives of the inhabitants (Swart, 2006: 346-347), religious leaders have a powerful position when it comes to discussing important health issues such as HIV/AIDS. However, this social power related to health issues is not always used in a proper way by churches and religious leaders. For example, Van de Sande (2008) examined the role of churches in Limpopo in the communication about VCT behaviour. In this interesting research, she found that the major part of the interviewed church leaders indicated that they did communicate about HIV/AIDS and about the importance of knowing one’s status. Some of the church congregations also organised HIV/AIDS and VCT related activities, such as workshops. Nevertheless, most of the church leaders admitted that a lot of their members did not go for VCT because of the AIDS related stigma. They did not go for a test out of shame and because of the fear of a positive test result. As Van de Sande (2008: 48) concludes, it can be stated that despite the effort of the interviewed religious leaders to communicate with their members about HIV/AIDS and VCT, addressing HIV/AIDS alone is not sufficient to achieve the desired health behaviour,

¹ In 2009 the South African health minister launched a new campaign: the HCT campaign. HCT would be the replacement for VCT and means HIV Counseling and Testing. In the present study, however, the term ‘Voluntary Counseling and Testing (VCT)’ will be applied, because the largest part of the studied literature in this thesis uses the term ‘VCT’ instead of ‘HCT’.
because of the hampering stigma. To stimulate people to get tested and disclose their status, it is therefore of great importance to combat such a stigma of Aids.

In order to contribute to achieving this goal, the present study takes a closer look at the classification and expression of Aids stigma from the HIV/Aids literature. Furthermore, the role of churches and religious leaders - with regard to communication about Aids stigma - is explored to gain insight in the existing anti-stigma activities within church congregations. From this point of departure, the present study expands on Van de Sandes research. However, the study takes an alternative angle: HIV/Aids stigma. The present study aims to reveal the type of communication messages that churches spread about HIV/Aids en how they influence the Aids stigma among their members. This research focuses specifically on the communication of Christian churches in and around Stellenbosch, South Africa. The central research question is the following:

**In which respects does the HIV/Aids communication**\(^2\) **between Christian churches and their members in and around Stellenbosch encourage or discourage HIV/Aids stigma**\(^3\)?

This question will be further elaborated in section 2. That section provides a theoretical background of HIV/Aids related stigma. In addition, the social role of churches and other faith-based organizations regarding the stigma issue is explored. In section 3, the research method and target group will be discussed, followed by the results from the qualitative analyses in section 4. Section 5 presents the conclusions of this research and section 6 expands on a discussion, limitations and suggestions for further research.

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2 See Section 3.2 for a definition of HIV/Aids communication

3 See Section 3.2 for a definition of HIV/Aids stigma
2. Theoretical framework

2.1 Introduction

This section explores a theoretical framework regarding HIV/AIDS stigma and the position of faith based organizations regarding this issue. First in sections 2.2 - 2.4 the concept ‘stigma’, its corresponding classifications, its relation to HIV/AIDS and the manifestations of HIV/AIDS stigma will be discussed. In section 2.5 and 2.6 the influence of HIV/AIDS stigma on health behaviour is clarified. Furthermore, these sections elaborate on the relationship between stigmatised attitudes towards people living with HIV/AIDS and the intention to go for VCT. Subsequently, the role of religious leaders in HIV/AIDS related communication and stigma is discussed in section 2.7, followed by some examples of concrete HIV/AIDS-related work that has been done by faith-based organizations. In section 2.9 the research questions will be presented and finally section 2 will be concluded with a theoretical background regarding Christianity in South Africa.

2.2 Stigma

‘A mark of disgrace associated with a particular circumstance, quality or person’ (Oxford English Dictionary, 2012).

This is the definition of stigma according to the Oxford English Dictionary (2012). The term ‘mark’ finds its origin in the use of the term stigma by the ancient Greeks. Goffman (1963) describes this as follows:

“Bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor - a blemished person, ritually polluted, to be avoided, especially in public places” (Goffman, 1963: 1).

At present, the term stigma is widely used and mostly applied to the disgrace of a certain group or person. According to Alonzo & Reynolds (1995):

“The stigmatized are a category of people who are pejoratively regarded by the broader society and who are devalued, shunned or otherwise lessened in their life chances and in access to the humanizing benefit of free and unfettered social intercourse” (Alonzo & Reynolds, 1995: 304).

Ogden and Nyblade (2005) explain this social exclusion of stigmatized groups from two angles. Firstly, stigma is used as an exercise of power. Dominant groups in a society stigmatize and discriminate to produce and legitimize social inequalities and exert social control through the exclusion of minority groups or individuals. In this way, the deviation of groups or individuals turns into inequity and the stigmatized minorities are not able to fight the stigma because of the social oppression of the dominant groups. Secondly, the scholars describe stigma as a response to the threat and fear of an incurable disease that is probably fatal. In particular when it concerns a disease that spreads rapidly and when the way of transmission is uncertain, it is likely that stigma will arise. Furthermore, the stigma related to medical conditions is largest when the condition is associated with deviant or immoral behaviour and when the individual is perceived to be responsible for this behaviour (Ogden & Nyblade, 2005: 8). With regard to stigma as a response to fear of a disease, Herek (1999) mentions that greater stigma is associated with contagious medical conditions and that it is related to the perceived danger of contagion. Finally, a condition is often more stigmatized when it concerns a disease that is visible to other people and perceived to be ugly and upsetting (Herek, 1999: 1109).

2.3 HIV/AIDS related stigma

In view of the described characteristics of disease-related stigma, it is evident that HIV/AIDS is highly stigmatized. HIV/AIDS entirely fits the description of existing stigma that is related to severe diseases. From a meta-analysis of 21 studies it was found that HIV/AIDS has the highest degree of stigma compared to other diseases, such as cancer,
diabetes and genital herpes (Mak et al. 2007: 1549). Alonz and Reynolds (1995: 305) add another characteristic to the stigma list (see E):

A) Aids is associated with deviant behaviour and perceived as the responsibility of the bearer;
B) Aids is perceived as threatening and contagious to the community;
C) Aids is associated with an unaesthetic and undesirable form of death;
D) Aids is not well understood by the lay community and assessed negatively by health care providers; and
E) Aids is tainted by a religious belief as to its immorality and perceived to be contracted by morally punishable behaviour.


De Groot (2005) summarizes the characteristics of HIV/Aids stigma as described by Alonzo & Reynolds (1995) as a ‘mental construct’. A mental construct is formed by certain beliefs about a concept, such as HIV/Aids. A mental construct can be either positive or negative. Negative beliefs about PLWHA, such as the perception that Aids is contracted by immoral behaviour, that it causes an unattractive physical appearance and that it is the responsibility of the bearer, can lead to fear for stigma in PLWHA (De Groot, 2005: 22; Van de Sande, 2008: 14).

2.4 How is the HIV/Aids related stigma expressed?

From the studies about the manifestation of HIV/Aids related stigma, different classifications of stigma types have been shaped. Maughan-Brown (2006) examined the determinants of Aids stigma among young adults in Cape Town. He distinguishes three types of stigma: symbolic stigma, instrumental stigma and resource-based stigma. Symbolic stigma is formed by negative attitudes towards people who are perceived to have put themselves at risk of infection through irresponsible behaviour. As mentioned before, Aids is considered as a disease that is caused by immoral behaviour, for instance sex with different partners, or drug use. In this way, the symbolic stigma easily associates HIV/Aids with certain social minority groups that are already stigmatized such as homosexuals, drug addicts and sex workers (Maughan-Brown, 2006: 168-169).

Because of the already existing negative attitudes towards minority groups, the fact that these groups are infected with HIV/Aids causes a ‘double stigma’. Now they are also stigmatized for having Aids, which symbolizes dirt and uncleanness in the eyes of the stigmatizers. Furthermore, this creates an ‘in-group – out-group’ situation. HIV/Aids is a disease that characterizes the out-group, and the in-group is perceived to be safe. The out-group is often stigmatized on the basis of judgemental attitudes and values (Maughan-Brown, 2006: 168; Mawar, Sahay, Pandit & Mahajan (2005: 473). Particularly amongst Black Africans who often belong to a fairly collectivistic culture, it is very important to be a member of a social group, because of their Ubuntu life-style: ‘I am because we are’. This means that their identity is derived from the identity of the group they belong to and the focus is always on ‘we’ instead of the individual person. This stresses the importance of abstaining from undesired behaviour (such as being infected with HIV/Aids), because a mistake can cause face loss for the entire social group (De Stadler, 2002: 116).

The instrumental stigma in the classification of Maughan-Brown (2006) refers to the fact that people have to get infected by people living with HIV/Aids (PLWHA). Because Aids is associated with severe physical symptoms and with death, people want to protect themselves and try to avoid contact with PLWHA. The last type of stigma, the resource-based stigma is based upon a utilitarian self-interest. People living with HIV/Aids are blamed for aggravating the situation of poor resources, as they need more resources than healthy persons. Also their financial contribution is diminished, because they are not able to work (Maughan-Brown, 2006: 169).

Ogden & Nyblade (2005) use a more extensive frame for the classification of different types of stigma. They distinguish social stigma, which implies isolation, loss of identity and voyeurism; physical stigma, which becomes evident by violence and isolation; verbal stigma, such as expressions of blame, gossip and using humiliating labels for PLWHA, and finally institutional stigma, which is characterized by loss of housing, medical care and employment and different treatment in institutional settings. In relation to the categorization of Maughan-Brown (2006), these four categories of stigma can all be part of symbolic and instrumental stigma. Symbolic stigma evokes an overall negative attitude towards people or minority groups with a certain stigmatized medical condition, and instrumental stigma causes fear of infection. Such negative attitudes, discrimination and fear can manifest in more specific forms of stigma.
such as physical, social, verbal and institutional stigma. Figure 1 provides an overview of the classification of stigma and its manifestations by Ogden and Nyblade (2005: 26).

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**Figure 1**: A classification of HIV/AIDS stigma and its manifestations, copied from Ogden & Nyblade (2005: 26).

2.3.1 Angle of HIV/AIDS stigma in the present study

From the discussed literature, substantially different definitions and classifications of stigma and HIV/AIDS-related stigma were reviewed. Some of these classifications mainly describe the underlying emotions towards PLWHA, such as fear, disgust and anger (Alonzo & Reynolds, 1995; Goffman, 1963; Herek, 1999 and Maughan-Brown, 2006). The classification of HIV/AIDS stigma by Ogden & Nyblade (2005: 26) on the other hand, focuses mainly on the
manifestation of stigma types (e.g., how for instance is social HIV/Aids stigma or verbal HIV/Aids stigma expressed by people?). The present study aims to investigate the communication of religious leaders with regard to HIV/Aids and its related stigma. It is therefore of great interest to gain insight in the underlying beliefs of churches that are related to Aids stigma. As mentioned earlier, Alonzo and Reynolds (1995: 305) describe that: “Aids is tainted by a religious belief as to its immorality and perceived to be contracted by morally punishable behaviour. For the present study this characteristic of HIV/Aids stigma forms a basic principle of research, because it hypothesizes negative religious beliefs about HIV/Aids. Due to this element it can be considered as part of a negative mental construct, as described by De Groot (2005).

2.5 Consequences of stigma

The classification in Figure 1 shows various consequences of HIV/Aids stigma, such as physical and social isolation, violence, blame and negative treatment in institutional settings. An interesting question is what the effects of such negative attitudes and behaviour are on stigmatized people.

Corrigan, Larson & Rüs (2009: 75) mention the arising of self-stigma as a consequence of public stigma (the latter is comparable to symbolic and instrumental stigma). Public stigma is described in terms of prejudice, discrimination and stereotypes. Self-stigma arises when people with a stigmatized medical condition internalize the existing stereotypes about the disease and when they experience a loss of self-esteem and self-efficacy. People living with HIV/Aids often experience self-stigma. The way that PLWHA perceive their infection may influence the internalization of stigma. In order to evoke self-stigma, three conditions are required, the so called ‘three A’s’: Awareness, Agreement and Application. This means, that to experience self-stigma, a person has to be aware of the existing stereotypes towards a stigmatized group (e.g. people with Aids are to blame for their illness); the person has to agree with these stereotypes (e.g. it is right that people living with Aids are to blame for their illness) and finally the person has to apply this line of thought to himself (I am a person living with Aids, so I am to blame for that) (Corrigan, Larson & Rüs, 2009: 75). Stigma by others (or public stigma) thus not necessarily leads to self-stigma, but if the process of internalization does arise, this can lead to feelings of shame, unworthiness, guilt and the behavioural intention not to disclose one’s serostatus (Mak et al. 2007: 1550).

Stigma and discrimination also have been the most important obstacles for HIV prevention, HIV testing and care for infected people (Ogden & Nyblade, 2005: 7). Furthermore, UNAIDS (2008) has identified discrimination and stigma, besides gender inequality, as the most important factors that contribute to HIV vulnerability and risk in most countries nowadays (UNAIDS, 2008 in: Keikelame, Murphy, Ringheim, & Woldehanna 2010: 68). From other research it was even found that people with a high level of stigma experience a faster progression of HIV to Aids (Leserman, 2002 in Mak et al, 2007: 1550). The development of physical and psychological decay can cause a loss of self-efficacy and empowerment, which makes a person feel that he is not able to manage his illness or to manifest the desirable health behaviour (Corrigan, Larson & Rüs 2009: 79). PLWHA are so badly discouraged by the Aids related stigma, that they fear to disclose their status and do not search for support and care. This makes it difficult to force back the Aids epidemic, because it restrains people from desirable health behaviour. In the next subsection the different determinants that influence the intention to perform certain health behaviour are discussed by means of the Integrative Model of Behavioural Prediction (IMBP) by Fishbein & Yzer (2003). Stigma and stereotypes form part of the variables that influence behavioural intention.

2.6 Integrative Model of Behavioural Prediction

The model in Figure 2 shows the determinants of behaviour, which incorporate different variables. These variables were used in three different models in preceding research: the Health Belief Model (Janz & Becker, 1984; Rosenstock, 1974), the Social Cognitive Theory (Bandura, 1977, 1986, 1997) and the Theory of Reasoned Action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). With the Integrative Model of Behavioural Prediction (IMBP), Fishbein & Yzer (2003) created a combination of these models. The model assumes that intention, skills and environmental constraints are variables that most directly influence certain health behaviour. Behavioural intention is directly influenced by attitude towards the behaviour, the perceived norm and the self-efficacy of a person. These variables for their part are
influenced by respectively *behavioural beliefs & outcome evaluations*, *normative beliefs & motivation to comply* and by *efficacy beliefs* (See Fishbein & Yzer, 2003 for an elaboration on the IMBP). According to this model, these nine variables combined have a direct influence on health behaviour and are therefore called ‘proximal variables’. Health behaviour, however, is indirectly also influenced by so-called ‘distal variables’. These are directly related to the proximal variables. Among others, stigma and stereotypes are mentioned as ‘distal’ predictors of behaviour (see left bar of Figure 2).

![Diagram](image)

**Figure 2:** Fishbein & Yzer (2003: 167). The Integrative Model of Behavioural Prediction

From a study by Broersma and Jansen (2012) about the intention of South African students to go or not to go for counselling and testing, it was found that VCT intention was positively correlated to self-efficacy (i.e. the perception of the students’ own ability to go for VCT). From the distal variables of the IMBP it was found that stigmatising attitudes towards PLWHA were negatively related to self-efficacy and indirectly to VCT intention (Broersma & Jansen, 2012: 32). This means that stigmatising attitudes towards people living with HIV/Aids do not only influence the behavioural intention of stigmatised persons or groups, but also the VCT intention of the stigmatizers. Due to these findings and the direct relationship between self-efficacy and intention (as shown in the IMBP) it might be assumed that stigma indirectly could play an important role in the influencing process of health behaviour.

Although there are many other variables and factors that play a role in the prediction of (health) behaviour, stigma is one of the most important obstacles for HIV prevention, HIV testing and care for infected people (Ogden & Nyblade, 2005). Hence it can be concluded from the discussed literature that HIV/Aids stigma can have serious consequences on people’s health behaviour.

### 2.7 The role of churches in HIV/AIDS communication and stigma in South Africa

Before taking a closer look at the position of faith-based organizations regarding HIV/AIDS communication and stigma, a brief introduction on the role of Christianity in South Africa is given.

Not many countries in the world have been as influenced by Christianity as South Africa. The churches and missionary groups had an important role in the shaping of South African culture, both in the colonial period and during the years of the Apartheid era (Denis, 1997: 85 ). Also after the apartheid, many South Africans identify
themselves as member of a Christian church (81,9%) (Census 2001). The adherence to other religions in South Africa is strikingly lower: Judaism, Hinduism, Islam, African Traditional Belief and ‘Other faiths’ contribute together 7,5% of religious South Africans. Furthermore 10,6% was categorized as ‘No religion’, ‘refused’ or ‘other’ (Census, 2001). Because Christianity is still the mainstream religion in South Africa, the present study only focuses on different types of Christian churches.

In South Africa, Christian Churches are the social institution with the highest public trust. This was highlighted by the Human Sciences Research Council of South Africa (HSRC 2000, in: Swart, 2006: 146). Putnam (1995; 2000) argues that churches can operate as so-called ‘social capital’ in a society. He explains social capital as features of social organizations, such as norms, networks and social trust that facilitate cooperation and coordination (Putnam, 1995: 2; 2000: 66-79). Faith communities are considered as important social capital because of their value-based approach, their extensive religious social networks and their capacity to serve people in need (Swart, 2006: 347). According to Putnam, social capital makes it easier for citizens to resolve collective problems (Putnam, 1995: 2). Due to this, churches can be an important stock of social capital to address the HIV/Aids problem. UNICEF argues that religious leaders should be in the right position to do this. Religious leaders can promote responsible behaviour; they can shape social values; increase public knowledge; they can provide clear and accurate information about the transmission of HIV; break the silence and fight the stigma by giving support and compassion to rejected members and finally, they can help in the promotion of actions from the grass roots up to a higher level (UNICEF New York, 2003).

The importance of the role of religious organizations in HIV/Aids communication was investigated in a study of Van de Sande (2008). As part of a three years project (2007-2010) in Limpopo, South Africa, called: ‘HIV/Aids Aimed at Local and Rural Areas’ (HACALARA), Van de Sande investigated the role of churches in Voluntary Counselling and Testing on HIV/Aids. Churches have an extensive network of people and play an important social role in the lives of their members. They often have direct influence on social institutions; such as schools and mostly, church members show a higher commitment to their churches than to political, social or economic institution (Liebowitz, 2002 in Van de Sande, 2008: 15).

Keikelame, Murphy, Ringheim, & Woldehanna (2010) agree with the previous preposition. In a six country international study (including South Africa) to examine how Faith Based Organizations (FBO’s) have contributed to reduction in HIV risk, vulnerability and related impacts, Keikelame, Murphy, Ringheim, & Woldehanna (2010) conducted a qualitative study in South Africa with 34 key informants to investigate the influence of FBO’s on HIV/Aids related stigma and discrimination. One of the findings was that the FBO’s were viewed as having a relative advantage to influence social norms. The following interview fragments with an FBO respondent and a secular informant clarify this:

‘There’s no one else in society who can deal with stigma and discrimination [like the church]. If you look at legislation, they can pass bills and make laws, but you cannot change the heart of a person...the church and the faith-based community has historically been involved with the changing of minds of people and the hearts of people...so that is why we are the best placed sector in society to deal with stigma and discrimination’ (FBO informant) (Keikelame, Murphy, Ringheim, & Woldehanna, 2010: 66).

‘We’re meant to trust our religious leaders. As a rule we don’t trust our politicians...because people trust religious leaders more than government officials; if they come out wearing HIV-positive T-shirts, it would lead to openness, reducing stigma’ (secular informant Keikelame, Murphy, Ringheim, & Woldehanna, 2010: 66)

From this study, it is found that faith based organizations and religious leaders have a powerful position in influencing peoples’ ideas and minds to fight stigma. However, Keikelame, Murphy, Ringheim, & Woldehanna (2010) also discovered that this power of FBO’s could lead to the perpetuation of stigma; religious leaders can either have a positive or negative influence on their member’s beliefs. In one respect, the churches under examination in this study were perceived as taking action in reducing HIV/Aids stigma because of their special social position. On the other hand, they also deteriorated the Aids stigma by ambiguous communications about sexuality, for instance:

4 In the latest South African Census from 2011, religion was no topic in the questionnaire. Due to this, the present study refers to the statistics about religion from the preceding Census of 2001.
'It depends on which faith-group, but I think sex is still a very difficult issue for the faith-based sector to talk about. There's a lot of talking around issues of sex, sexuality and STDs [sexually transmitted diseases]. And I've witnessed that a lot in the work that I've done. And so there's still some silence, strong taboos, and some messages sometimes can be a little confusing. Sometimes there's some double-messaging going on...' (secular informant) (Keikelame, Murphy, Ringheim, & Woldehanna, 2010: 67).

Eriksson et al. (2010) endorse these findings. The researchers conducted a qualitative study in Kwazulu-Natal, South Africa, in HIV prevention messages of church leaders towards young members in their community. In this research, semi-structured interviews were conducted with South African clergy’s from the Roman Catholic Church, the Assemblies of God and the Lutheran Church in Kwazulu-Natal. Two of the three investigated themes in this research were the dilemma of breaking the silence around HIV/ Aids and ambiguous HIV prevention messages of churches towards young people (Eriksson et al. 2010: 103). Regarding the first theme, church leaders were found to lack the freedom to talk about HIV/Aids. If they did talk about it, they often found themselves in conflict with their congregation or church hierarchy. Due to the traditional views of sin and immoral sexual behaviour related to HIV/Aids, church leaders find it difficult to discuss the Aids issue. The Lutheran and Catholic church leaders mentioned that they had to meet the demands of their superiors in church, even if that vision was in conflict with their own beliefs (Eriksson et al. 2010: 107). One of the Catholic priests was not allowed to talk about condoms:

“... as a young priest I am standing in the pulpit saying that people must use condoms it won’t go down well with the bishop. Because I would be unfaithful to the teaching of the church if I say that... (Catholic priest 3)” (Eriksson et al. 2010: 107)

Other church leaders experienced resistance from their congregation and noticed that their members did not want to discuss the HIV/Aids topic. In the attempts of church leaders to still spread HIV prevention messages towards young people, the communication around HIV was often highly ambivalent. In the first place the churches perceived parents to be responsible for informing their children about HIV. Furthermore, the church leaders were aware of the taboo on speaking about sexuality in public, but they still realized the need to inform their young members about HIV prevention. These prevention messages were mainly aimed at abstinence from pre-marital sex, but meanwhile the priests were aware of the fact that many young members were sexually active. This resulted in both positive and negative messages about condom use by different church leaders, which made the prevention messages very ambiguous (Eriksson et al. 2010: 109). Such confusing and contradictory messages about HIV/Aids have a negative impact on the reduction of Aids stigma and discrimination (Keikelame, Murphy, Ringheim, & Woldehanna, 2010: 66-67). Despite the struggle of many church leaders to find the right way to communicate about HIV and Aids, the need for development in Christian Churches to address HIV/Aids has been recognized (Eriksson et al. 2010: 108-109). Also, the main part of the congregations in Limpopo that participated in the study of Van de Sande (2008) appeared to communicate about HIV and VCT, and the half of the congregations under examination organized HIV/Aids-related activities.

2.8 Concrete work on HIV/Aids communication by religious organizations

In addition to scientific research about the opportunities of religious leaders functioning as spokespersons to address HIV/Aids stigma, concrete action programs and ecumenical networks have been set up in different countries in the world. An example of this is the INERELA+ network, an international network of religious leaders that makes out a case for reducing HIV-related stigma, shame, denial, discrimination, inaction and miss-action (SSDDIM). The mission of this international network is to “ equip, empower and engage religious leaders living with and personally affected by HIV to live positively and openly as agents of hope and change in and beyond their faith communities.” The network gives out a holistic method for HIV-prevention, the so-called ‘SAVE approach’: Safer practices, such as safe injections, safe male circumcision; Access to treatment, such as ARV’s and healthy nutrition; Voluntary, routine and stigma-sensitive counselling and testing and Empowerment of men, women, families and communities that are affected by HIV/Aids (INERELA+, 2012; Byamugisha, 2012). Another example is the CUHA network, which is an ecumenical network of churches, formed in 2002 by a strategic partnership with INERELA+ in thirteen countries in Southern Africa.
and Finland. Through the exchange of ideas and experiences, the united churches aim to help churches and FBO’s to develop effective programmes to address HIV/Aids. In South Africa, however, the CUAHA network has not been established yet (CUHA, 2013). An example of an international religious network that does have representatives in South Africa, is CABSA: Christian AIDS Bureau for Southern Africa. CABSA is an international organization that aims to empower and guide Christian communities to respond to the challenges of HIV/Aids. The slogan of the Aids Bureau is: “Caring Christian Communities Ministering Reconciliation and Hope in a World with HIV” and the organization offers workshops, training and networking to all religious people that want to improve their understanding of the challenges of the HIV/Aids issue (CABSA, 2009). CABSA operates in Malawi, Eastern Africa, Zambia, Lesotho and South Africa. The latter has CABSA representatives in Gauteng, Free State and Kwazulu-Natal (CABSA, 2009).

Obviously, many people, organizations and networks have been devoted for years to combat HIV/Aids and stigma through faith and religion. However, as the Ugandan church leader Byamugisha explains it in a speech: “religion is a double-edged sword: ‘It can encourage or discourage stigma and discrimination; that depends on the vision of the religious leader” (Byamugisha, 2012). This is why it is important that religious leaders speak up positively and that they use their power to stimulate HIV prevention and to reduce HIV/Aids stigma.

2.9 Research questions & Hypothesis

From the discussed literature it becomes clear that HIV/Aids stigma is a serious problem and that faith based organizations and religious leaders can play a substantial role in reducing this stigma. In the present research, the HIV/Aids communication of different churches in and around Stellenbosch is examined with the aim to discover their attitude, their message and their actions towards HIV/Aids and its related stigma. The central research question from the introduction is the following:

In which respects does the HIV/Aids communication between Christian churches and their members in and around Stellenbosch encourage or discourage HIV/Aids stigma?

In order to be able to answer this central question, the following sub-questions are posed:

Sub-questions

1. To what extent and in which ways are Christian churches in Stellenbosch communicating about HIV/Aids and/or Aids stigma with their members?

2. What messages about HIV/Aids and stigma do these churches give out to their members and why?

3. What kind of ‘mental construct’ do Christian church leaders in Stellenbosch, their superiors and their church members have towards PLWHA and Aids-related issues ‘sexuality’ and ‘morality’?

4. To what extent and in which ways do Christian churches in Stellenbosch experience that their HIV/Aids communication might be in conflict with the vision of their superiors and their church members? (i.e. the hierarchal structure of the congregation)

5. What kind of activities are the Christian churches in Stellenbosch undertaking to communicate about HIV/Aids and/or Aids stigma with their members?

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5 ‘Mental construct’ is defined as “a compilation of beliefs of a certain concept” (De Groot, 2005: 22; Van de Sande, 2008: 14)

6 ‘Superiors’ refers to the leaders of the local church leaders in Stellenbosch, according to the hierarchy of a denomination. For example: a Catholic Church in Stellenbosch is a subdivision of a Catholic archbishopric with an archbishop at the head. On top of the Roman Catholic hierarchy is the Pope in Rome.
6. To what extent and how are the HIV/AIDS communications and the HIV/AIDS related activities of Christian churches in and around Stellenbosch evaluated, and do the churches have any evidence of the effects of their HIV/AIDS communication and their HIV/AIDS related activities?

Expectations
From the discussed literature about HIV/AIDS stigma in relation to the role of churches, certain expectations can be set for the outcomes of the present study. The main prospect in this research is that striking differences in the HIV/AIDS communication of churches in/around Stellenbosch will be found. Also the mental construct of HIV/AIDS stigma is expected to vary in the different churches under study. The reasons for these prospects lie in the background of the churches (e.g. Missionary Based Churches, Pentecostal Churches, African Initiated Churches etc.), the different denominations of the churches (e.g. Baptist, Anglican, Dutch Reformed etc.) and in the individual differences between church leaders. Despite the fact that all the churches under examination are Christian or originated from Christianity, their beliefs, visions, attitudes and communication are very likely to be diverse because of the above-mentioned differences. Even in one church community, it is expected that there will be a large difference in visions and attitudes towards HIV/AIDS.

2.10 Christianity in South Africa
In order to get a better understanding of the development of the different Christian movements in South Africa a closer look will be taken at the origins of Christianity in South Africa (2.10.1 & 2.10.2), the Missionary based churches (2.10.3) and the African Initiated Churches (2.10.4). Finally, this section is concluded with an overview of the largest Christian Churches in Western Cape, according to the latest figures on religion in 2001.

2.10.1 Where it all started
In 1652 the Dutch East India Company (VOC) settled in Cape Town and planted a Dutch colony, which expanded rapidly in the subsequent decades. The Dutch Reformed Church was the established church in that time and soon the Reformed Church monopolized the Dutch colony. In the next forty years the Dutch missionaries spread their Reformed Christian beliefs through a large part of South Africa and until 1795 they monopolized ecclesiastical South Africa. After the Dutch colonists, the British came to South Africa and during their conquests in 1795 and in 1806 a new proliferation of the protestant movement was born. This brought newly imported churches from Britain: Anglican, Presbyterian, Baptist, Congregational and Methodist churches. Also missionaries from France, Scandinavia and Germany came to South Africa. These were mostly Lutheran Churches. All these movements shared the concern for intensive devotion, personal conversion and emphasized the authority of the Bible (Elphick & Davenport, 1997). In the late 19th century, apart from the Missionary based Churches, also African Independent Churches (AIC’s) came up in Southern Africa. These churches are founded and controlled by African leaders and are disassociated from the missionary based denominations (van de Sande, 2008: 20).

2.10.2 The turbulent 20th Century
The early 20th century was the age of radical changes in Christianity South Africa. Whereas the Roman Catholic Church started slowly in South Africa, in the next decades the Catholics obtained more and more political and social power, by creating catholic institutions of evangelism, social services, schools and hospitals and by educating disciplined bishops and priests (Elphick & Davenport, 1997: 6). From the 1960’s the growth of the Catholic Church became even more evident and by 2001 the Catholic Church was one of the largest missionary Christian churches in South Africa with 3 181 336 adherents (South African Census, 2001).

As a counterpart of the politically powerful English- speaking, Dutch Reformed and the Catholic Church, a lot of African Initiated Churches (AIC’s) developed into Zionist Churches with a more African character. During the mining boom in the early 20th century, many Black Africans and Afrikaans -speaking whites moved from rural areas to the cities to escape from the extreme poverty at the countryside and find a job. Because of the fear of sexual immorality,
crime and religious indifference by the poor, both Afrikaner Reformed Churches as well as other denominations from many different missionaries became intensively engaged in providing education and social services for the poor white Africans in the cities. This ‘Social Christianity’ resulted in the creation of orphanages, hospitals, hostels for rural school children and work colonies. In addition, many Zionist Churches aggressively started to plant new churches in the cities to provide physical and spiritual healing for those members with less political power during the urbanization. In this way, many black and white urbanized Africans joined Christian churches, which resulted in a massive growth of Christian adherence in South Africa the 20th century. This process of rapid Christianization was even accelerated by the fission and competition between the different churches in South Africa. Therefore, unlike the situation in Europe where the secularization caused an enormous decline in devotion, the secularization of churches in South Africa had completely the opposite effect and resulted in a massive rise of Christian adherence (Elphick and Davenport, 1997: 8).

Despite the complicated web of the many various churches, denominations and branches within Christianity in South Africa, at present, the main division can be made between the missionary based churches and the African Independent Churches. The AIC’s have experienced a striking growth during the last century and therefore play an important role in the Christianity in South Africa (Van de Sande, 2008: 18). In the next part of this section both ecclesiastical movements will be discussed: first, the missionary based churches and second the AIC’s.

2.10.3 Missionary Based Churches

As discussed in the previous sub-sections, from 17th until the 20th century the various missionaries from Europe left an important mark on the religious life of Southern Africa. Whilst in the beginning, the influential Dutch Reformed Church had monopolized the Christian religion in the country, this situation changed when the various Protestant movements from Great Britain and the Lutheran denominations from Scandinavia, Germany, France and Switzerland succeeded to plant their churches as well. During the 20th century the Catholic Church experienced an enormous rise and also the Afrikaner Churches became more and more powerful.

The most recent and clear classification of the European missionary based churches that arose in Southern Africa can be found in the book Christianity in South Africa, a Political, Social, and Cultural History edited by Elphick & Davenport, 1997. In their book four categories of missionary based churches are described: Afrikaner Churches, English-speaking churches, Lutheran missions and churches and the Roman Catholic Church (Elphick & Davenport, 1997).

Afrikaner Churches

The Dutch Reformed Church (NGK) is the largest Afrikaner Church, first founded in 1652 in Cape Town by Dutch colonies. From 1836 on the missionary based church also expanded to the northern parts of South Africa. Two sister churches of the NGK that were both founded in Transvaal are the smaller Nederduits Hervormde Kerk (NHK), which started in 1855 and the Gereformeerde Kerk (GK), which was established in 1857. During the Apartheid the NGK, which was governed by white Afrikaners, founded two other churches: the Dutch Reformed Missionary Church (DRMC or NGSK) in 1881 for the Coloured people and the Dutch Reformed Church in Africa (DRCA or NGKA) in 1963 for the Black Africans. These two churches integrated into the Uniting Reformed Church of Southern Africa (URCSA) in 1994. The NGK has been the most influential European missionary based church in South Africa in terms of politics and cultural history (Kinghorn, 1997: 136). The South African Census 2001 shows that the Dutch Reformed Church was the second largest European Missionary Based church in 2001 in South Africa with about 3 million members. Ahead of the NGK was the Methodist Church with approximately 3.3 million adherents (Census South Africa, 2001).

English-Speaking Churches

The British settlers planted different ‘English-speaking churches’ in South Africa. One of these churches was the Anglican Church of the Province South Africa (CPSA) (De Gruchy, 1997: 155), which changed into the Anglican Church of Southern Africa in 2006 (Anglican Church of Southern Africa, 2010). The Church of England in South Africa (CESA) originates from the Church of England and the Church of the Province South Africa. Although CESA is also an Anglican church, it is not recognized by the Anglican Communion (CESA, n.d.).

Other English missionary churches are: Presbyterian, Baptist, Congregational and Methodist churches. The Methodist church became the largest denomination of the English-speaking churches (De Gruchy, 1995: 156) and as
mentioned before, also the largest denomination of the mainline Protestant Churches (Census South Africa, 2001). Although the English-speaking churches did not have such as strong racial segregation as the Dutch Reformed Church during the Apartheid, the parishes of the congregations were mostly divided in terms of ethничal background, the leadership was actually always white and the Coloureds and Black Africans did not get paid as much as the white church staff. However, as a symbol of their resistance against Apartheid, in 1960 the Methodist, Congregational, Presbyterian and Anglican churches started the Federal Theological Seminary (FEDSEM) in order to train black clerics (Van de Sande, 2008: 19; De Gruchy, 1995: 159).

Lutheran Churches
The Lutheran churches in South Africa were established by Lutheran missionaries from Germany, Sweden and Norway. The Lutheran faith was brought to both white immigrants and black Africans. The various Lutheran missionary churches differed a lot through their nationality and their traditions (Scriba & Lislrud, 1997: 173). In the twentieth century the congregations attempted to overcome the distinctions and in 1965 most of the white Lutherans united into the United Evangelical Lutheran Church in Southern Africa (UELCSA). Ten years later in 1975, the Evangelical Lutheran Church in Southern Africa (ELCSA) was founded and this denomination was predominantly represented by black members. The efforts to achieve integration between the black and the white Lutherans in South Africa have not yet been successful (Scriba & Lislrud, 1997: 173).

Roman Catholic Church
As mentioned before, in comparison with the other European missionary based churches the Roman Catholic Church made a rather slow start. This was mainly due to the fact that the Dutch East Indian Company did not allow any other doctrines than the Reformed principles. From 1817 Catholic chaplains were sent to Cape Town, but only first in 1838 an Irish Dominican, bishop Griffith was responsible for the start of the Catholic establishment in South Africa. Griffith founded parishes in Grahamstown, Port Elizabeth and George and in 1841 he established the St. Mary’s Cathedral in Cape Town. The most essential mission of the Catholics was to convert the indigenous African people (Brain, 1997: 195-197). Apart from converting people to the Catholic belief, the Catholics have been involved with education for their adherents for many years, by building schools for boys and girls in different areas in South Africa. Until the mid-nineteenth century, the Catholic establishment in South Africa was still very small and there were very few Catholic priests. However, after the mineral revolution that started around 1870 many Catholics migrated to South Africa, which became more and more industrialized. During the Apartheid era, the Catholics resisted against the racial discrimination of the government, but without success. However, between 1970 and 1990 the Catholic Church experienced a huge growth of black adherents and in comparison with the Protestant mainline churches, the Catholic Church has the most black members (Brain, 1997: 195-209). The Census of 2001 indicates that the Catholic Church had 2 526 244 black African members; 352 259 Coloured and 282 007 White members (Census South Africa, 2001). The anti-apartheid attitude of the Catholic Church might have contributed to the striking amount of black Africans (Brain, 1997: 209).

2.10.4 African Initiated Churches
Beside the missionary churches from European origins, Christianity in South Africa is largely represented by so-called African Initiated or African Independent Churches.

Turner defines African Initiated Churches or African Independent Churches as “a church which has been founded in Africa by Africans, and primarily for Africans” (Turner, in Anderson, 2001: 108). Pretorius and Jafta (1997) describe AIC’s as churches that are controlled by black Africans and that have cut off their connections with western missionary churches with the aim to create an African type of Christianity (Pretorius & Jafta, 1997: 211-212).

The categorization of the different types of African Initiated Churches is somewhat obscure, as the AIC movement is very creative and diverse. Anderson (2001) uses a typology of the AIC’s in which he distinguishes three different movements, or better-put different tendencies. He states that this categorization of AIC’s is not definitive, because the movements are continuously liable to change and there are also many other typologies of African Initiated Churches (Anderson, 2001). The first group of AIC’s are the African/Ethiopian Churches; the second are the so-called

Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch
in communicating about HIV/AIDS and in dealing with HIV/AIDS stigma
Spiritual/Prophet-Healing Churches and the latter are the Newer Pentecostal/Charismatic Churches (Anderson, 2001: 109-110).

African/Ethiopian Churches

This group of AIC’s contains the churches that consider themselves to be originated from European mission churches and arose around 1884. This type of AIC does not have special manifestations of the Holy Spirit and is not prophetic (Anderson, 2001 p.3). Whilst in South Africa these churches are named ‘Ethiopian-type’ Churches, in other African countries ‘African Churches’ is a more common name. The Ethiopian-type churches form schisms of the earlier missionary based churches, and were established as a political counterpart of their predecessors that oppressed the black African people. According to Pretorius and Jafta the “Ethiopianism was a direct expression of resistance against the missionaries, white settlers, and the colonial government” (Pretorius & Jafta, 1997:213). Still, the Bible interpretation and church organization of the Ethiopian churches are quite similar to those of the Protestant Mission Churches (Anderson, 2001: 109). Examples of Ethiopian-type churches are for instance: The African Reformed Church, the African Independent Pentecostal Church, the African Presbyterian Church and the United African Methodist Church. The Census 2001 indicates that the total amount of Ethiopian-type adherents in 2001 was 880414 (South African Census, 2001).

Spiritual/Prophet-Healing Churches

In the Spiritual/Prophet-Healing churches the emphasis lies on the Holy Spirit, which is part of the Holy Trinity (Anderson, 2001; Pretorius & Jafta, 1997). Most Spiritual churches arose later than the Ethiopian type and they form the largest category of the AIC’s. Although the indigenous spiritual churches have certain connections with Pentecostal movements, they have moved away from western Pentecostalism and the most clear differences between the Spiritual churches and the other Pentecostal churches can be found in their spiritual practices: most of the Spiritual churches use symbolic or traditional objects in spiritual healing or exorcism, such as holy water, tea, papers or ropes. This is mostly not happening in the other Pentecostal Churches (Anderson, 2001; Pretorius & Jafta, 1997). Another characteristic of the Spiritual churches is their use of typical, symbolic clothing, such as uniforms for members, white robes, holy sticks and in case of the Zion Christian Church khaki uniforms with a Zion star attached to it (Anderson, 2001; Pretorius & Jafta, 1997). The branch of Zionist churches (which belong to the Spiritual churches) was an important movement, which arose between the two World Wars, a period in which many Black Africans lived under very poor and unhealthy circumstances in mine areas. The Zion churches offered spiritual relief to the daily struggles and became popular among the black people, predominantly in rural areas (Pretorius & Jafta, 1997: 217-218). Zionism has an important root in the USA and the first official Zionist church in South Africa was founded in 1897. In the following years many other churches with Zionist influences arose, such as the Zion Apostolic Church of South Africa and the Amanazaretha in 1911; the Church of the Saints in 1919 and the Zion Apostolic Faith Mission in 1920, of which the Zion Christian Church was born in 1925, founded by Engenas Lekganyane (Pretorius & Jafta, 1997). Pretorius and Jafta state that the ZCC is “the largest, best-known, but no means most typical indigenous church in South Africa, financially self-reliant and exceptionally strong” (Pretorius & Jafta, 1997: 218). This is endorsed by the South African statistics: the Census of 2001 shows that the Zion Christian Church had almost 5 million (4 971 932) adherents in 2001, while the other Zionist churches together had 1 887 147 followers (South African Census, 2001). Other types of Zionist churches won ground after the Second World War, when the social circumstances of the working class in South Africa deteriorated even further. The so-called Zion-Apostolic Churches took pity on the utterly poor people and this type of churches increased in the 1960’s. Remarkably enough, women played a much larger role in the Zion-Apostolic Churches than in the other Zionist Churches and female prophets were common in the Zion-Apostolic Churches (Pretorius & Jafta, 1997: 220).

Newer Pentecostal/Charismatic Churches

The third group as described by Anderson (2001) is the category of Newer Pentecostal/Charismatic Churches. The Pentecostal and Charismatic churches arose around 1975 and experienced a striking growth in the following decades (Anderson, 2001). According to Anderson & Pillay (1997) this rapid development of the Pentecostal and Charismatic Churches was partly due to the “enthusiasm, spontaneity and spirituality of the churches” and partly “the ability of the
Pentecostal and Charismatic Churches to address the core problems of South Africa: ill-health, poverty, unemployment, loneliness, sorcery, and spirit possession” (Anderson & Pillay, 1997: 227). In 2001 approximately 3.4 million South African people called themselves members of a Pentecostal/Charismatic church (South African Census, 2001). Similar to the Spiritual and Prophet-Healing churches the Pentecostal churches emphasize the power of the Holy Spirit as well. However, most of these churches prefer to be called ‘evangelical’ or ‘charismatic’ rather than ‘Pentecostal’ (Anderson, 2001: 110). Many of the African Pentecostal/Charismatic churches have characteristics of North-American Pentecostalism, particularly in their leadership and liturgy, but with exclusively African leadership. According to Garner (2000) the Pentecostal services are “frequent, long and energetic, with plenty of lay participation” (Garner, 2000: 51). Furthermore, the leadership of these churches are predominantly higher educated, as well as most of their church members and the Pentecostals are fairly critical towards the traditional AIC’s with their symbolic healing rituals, exorcism and uniforms (Anderson, 2001: 112). An interesting side note about Pentecostal/Charismatic churches concerns the findings in a study by Garner (2000) on the social influence of churches in South Africa with respect to Aids prevention. The study examined the level of pre-marital and extra-marital sex (EPMS) among four different types of churches in a township in KwaZulu-Natal, South Africa. The level of EPMS affects among others the amount of unwanted pregnancies and also HIV-infections. From the four examined types of churches (Mainline, Apostolic, Zionist and Pentecostal) the Pentecostal type had the lowest level of extra-marital and pre-marital sex (EPMS) and they were least likely to have illegitimate children (Garner, 2000). These findings were attributed to four different variables: exclusion, indoctrination, socialisation and religious experience (Garner, 2000: 41).

2.10.5 Christian Churches in Western Cape

The Statistics South Africa Census 2001 indicates that 3.7 million South Africans (Black African, Coloured, White, Indian or Asian) were classified as member of a Christian religious group in 2001. Of these Christians 41.6% is affiliated to a type of Mainline Christian Church, which includes Methodist, Lutheran, Roman Catholic, Orthodox, Anglican and Presbyterian churches and the United Congregational Church of South Africa (Statistics South Africa, Census Western Cape, 2001) and 20.4% consider themselves as adherents of an African Independent Church, including the Zionist Churches, Ethiopian-type churches and the Ibandla lamaNazaretha (Nazareth Baptist Church, AIC). For the present research a top ten of the largest Christian churches in Western Cape in 2001 was filtered from the data of the Census 2001 and is presented in Table 1. Due to the fact that the South African census of 2001 was the last census in which religion was measured, the data from the Census 2001 document provide the most recent data on religion (Statistics South Africa, Census Western Cape, 2001).

<table>
<thead>
<tr>
<th>Church</th>
<th>Percentage</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dutch Reformed Church</td>
<td>15.1%</td>
<td>684,309</td>
</tr>
<tr>
<td>2 Other Apostolic Churches</td>
<td>12.8%</td>
<td>579,254</td>
</tr>
<tr>
<td>3 Other Christian Churches</td>
<td>10.1%</td>
<td>456,366</td>
</tr>
<tr>
<td>4 Pentecostal/Charismatic Churches</td>
<td>9.1%</td>
<td>411,021</td>
</tr>
<tr>
<td>5 Anglican Churches</td>
<td>8.5%</td>
<td>383,147</td>
</tr>
<tr>
<td>6 Methodist Churches</td>
<td>6.7%</td>
<td>303,745</td>
</tr>
<tr>
<td>7 Roman Catholic</td>
<td>5.4%</td>
<td>245,627</td>
</tr>
<tr>
<td>8 Other Zion Christian Churches</td>
<td>2.5%</td>
<td>112,533</td>
</tr>
<tr>
<td>9 Zion Christian Church</td>
<td>2.4%</td>
<td>109,092</td>
</tr>
<tr>
<td>10 Lutheran Church</td>
<td>1.8%</td>
<td>80,725</td>
</tr>
</tbody>
</table>

Table 1: Ten Largest Christian Churches Western Cape, 2001
Table 1 shows that the Dutch Reformed Church had the most adherence in Western Cape among the Christian churches in 2001 with 684 309 members. Interestingly enough, the Zion Christian Church is in 2001 the second largest Christian Church in South Africa with approximately 4,9 million members, whereas the Dutch Reformed Church has about 3 million adherents in the country in 2001. However, in the Western Cape province, the Dutch Reformed Church is more popular than the ZCC, which only has 109 091 members in that area. By ‘Other Apostolic Churches’ are meant the other apostolic denominations apart from the South African Apostolic Faith Mission and ‘Other Zion Christian Churches’ indicate Zionist churches besides the ZCC. Finally, ‘Other Christian Churches’ entail all other Christian Churches that were not examined in the Census 2001.

The churches that are no part of the 10 largest Christian churches in Western Cape, but were examined in the Census of 2001 include the Baptist, Presbyterian, Congregational and Orthodox Churches, the Ibandla lamaNazareth (Nazareth Baptist Church, AIC), Ethiopian-type churches, Other Reformed Churches and Other African Independent Churches (Statistics South Africa Census Westerns Cape, 2001).
3. Method

3.1 Introduction

In this thesis, a qualitative research method is used to get insight in the vision and communication of different churches in Stellenbosch regarding Aids stigma. “In qualitative research, problems in and from situations, persons or events are examined by means of qualitative data, such as experiences and perceptions, which are collected through open interviews, participant observation or existing documents” (Baarda online, 2009: 1). In the present study, semi-structured interviews and Grounded Theory are used with the aim to get a better understanding of the communication process in Christian churches in Stellenbosch regarding their role in HIV/Aids communication and HIV/Aids stigma.

Firstly, subsection 3.2 elaborates on the examined phenomena ‘HIV/Aids communication’ and ‘HIV/Aids stigma’. Subsequently, in subsections 3.3 and 3.4 the applied research methods Qualitative interviews and Grounded Theory are discussed. Finally, this section is concluded with a clarification of the dataset in subsection 3.5 (i.e. the examined churches in the Stellenbosch area).

3.2 Definition of HIV/Aids communication and HIV/Aids stigma

In academic qualitative research such as the present study it is not useful to operationalize variables, because the data are not measured by means of statistics. However, the terms under investigation can be considered as social phenomena. Hence it might be useful to those who read this research report to find a wide approach of the phenomena that are studied. The phenomena that are studied in this research are the following:

- HIV/Aids communication
  
  In the present research, the term HIV/Aids communication refers to all communication about HIV/Aids that is carried out in written, spoken and multimedia (e.g. video messages) messages. In the context of this research HIV/Aids communication can for instance be a sermon by a pastor, part of a website or a leaflet about HIV/Aids.

- HIV/Aids stigma
  
  For the present study, the concept HIV/Aids stigma will be defined as a negative mental construct towards People Living With HIV/Aids (PLWHA), as described by De Groot (2005: 22) and Van de Sande (2008: 14). The reason for this choice is that this term covers all possible negative beliefs that are related to PLWHA, because a mental construct is a compilation of beliefs of a certain concept.

3.3 Qualitative Interviews

As discussed in the theoretical framework, the present study forms a sequel to Van de Sande’s research about HIV/Aids communication by church leaders in Limpopo. In line with the preceding study, interviews with several church leaders were held in order to gain insight in the vision and communication of different churches in Stellenbosch regarding Aids stigma. The discussed literature has clarified the unique position of religious leaders in breaking the silence around HIV/Aids and stigma. For this reason, the leaders of different churches in and around Stellenbosch were interviewed.

“Qualitative interviews are especially appropriate when the researcher wants to understand in a richly detailed manner what an interviewee thinks and feels about some phenomenon” (Baxter & Babbie, 2004: 326). Building on this characteristic, qualitative interviews are used to get a better understanding of the HIV/Aids communication of several churches. The interviews are semi-structured, which entails that most of the questions will be open-ended and that the interviewer has substantial freedom in the way he/she organizes the interview (Baxter & Babbie, 2004). The interviews are recorded with a voice recorder during the interviews and subsequently analysed verbatim. The analysis of the gathered data is based on a qualitative research method: Grounded Theory. As the present study is inferred
from Van de Sande’s research (2008), a large part of the interviews questions are adopted from this preceding research. Part A of the interview aims to discover general information about the churches under study, such as demographic information and the classification of churches in mainline, missionary based or African Initiated Churches. Part B, C and D aim to get answers to the five sub-research questions. The interview questions of the present study are pretested and revised before they are applied in the actual interviews. An overview of the proposed questions can be found in appendix A. In the following subsection the approach of and choice for Grounded Theory will be further discussed.

3.4 Grounded Theory

3.4.1 An introduction to Grounded Theory

Grounded Theory is a qualitative research method that was originally developed by Glaser & Strauss in The Discovery of Grounded Theory (Glaser & Strauss, 1967). This general methodology finds its origins in the field of sociology (Starks & Brown Trinidad, 2007) and puts the focus on developing theories that are grounded in the data. The approach of Grounded Theory is often referred to as the constant comparative method, as the methodology requires a constant comparison of data. Furthermore, “theory evolves during actual research, and it does this through continuous interplay between analysis and data collection” (Strauss & Corbin, 1994: 273). The aim of Grounded Theory is “to develop an explanatory theory of basic social processes, studied in the environments in which they take place” (Starks & Brown Trinidad, 2007: 1374). The analytic method consists of de-contextualization and re-contextualization of data by means of open, axial and selective coding, which leads to an integrated theoretical framework of concepts with a core category (Starks & Brown Trinidad, 2007). In this research, data from different text fragments of the interviews are first condensed by open coding, which results in an overview of various labels. In the first stage of open coding, de-contextualization of data is applied by means of systematically breaking down the data and labelling the concepts of the examined phenomena. An example of the first data fracturing in this study comes from the interview with the Zion Christian Church: The priest of the ZCC tells in the interview that his uniform is everything he needs in life, even if he is sick, the uniform will protect him and is the light in his life. The text fragment concerning this information was labelled into the following concept: ‘The uniform is protecting the priest in life’

During open coding the data are also conceptualized and compared on similarities and differences in order to be able to categorize certain concepts. Furthermore, properties and dimensions of the concepts are inquired to get a more specific understanding of the characteristics of the categories. The process of open coding helps to reduce bias and subjectivity of the researcher by making use of constant comparison and asking questions about the concepts. In this manner the investigator is forced to scrutinize potential prejudices against the data (Corbin & Strauss, 1990). In the present research the open coding process is divided in three different stages: open coding 1, open coding 2 and open coding 3. These three stages together form the process of open coding and ‘open coding 3’ slightly overlaps with the next coding step: axial coding. The presentation of the different stages of open coding can be found in the digital appendices B1-B15.

The process of open coding is followed by so-called axial coding, which means that the created concepts are sorted in different categories and sub-categories. In this stage the examined data are re-conceptualized again by sorting the concepts in various categories. Strauss considers axial coding as “building a dense texture of relationships around the “axis” of a category” (Strauss, 1987: 64 in Charmaz, 2006: 60). After axial coding, the categories are further explored and all the categories are integrated around a central core category. This is the process of selective coding. The core category represents the main analytic finding of the research and its relationship with the other categories are explained (Corbin & Strauss, 1990). After the coding work, the outcomes need to be checked and revised if necessary in order to create an integrated overview of code categories. Finally, a general meaning has to be derived from the gathered information on a higher level of abstraction (Baarda, 2009; Baxter and Babbie, 2004).

In this study, the selective coding is divided in two parts: the first stage of selective coding presents a schematic diagram that gives an overview of the relationship between the core category, the different categories and their properties. The second part of the selective coding entails a narrative description that elucidates the schematic diagram and describes the relationship between the categories and their properties in words (See subsection 3.4.3)
3.4.2 Why Grounded Theory?

As discussed earlier, qualitative interviews are a useful method when the researcher aims to get a detailed and rich understanding of the feelings and visions of the interviewee about a certain phenomenon (Baxter & Babbie, 2004). In the present study the phenomenon HIV/Aids stigma in Christian churches in Stellenbosch is examined through the perceptions of the interviewed church leaders. After the interviews, an extensive set of rich data is gathered, which needs to be qualitatively analysed. The decision for using grounded theory methods is based on two different reasons. First, given the background of this research in the field of persuasive health communications, the purpose of this study is to gain insight in the HIV/Aids communications and the HIV/Aids stigma in the examined churches in order to be able to help these churches improve their communications regarding HIV/Aids. Hence this study attempts to develop a theory from the analysed data that forms the basis for the design of interventions that can lead to a reduction of HIV/Aids stigma and improved HIV/Aids communications in Christian Churches in Stellenbosch. For this purpose, Grounded Theory is an appropriate qualitative method, according to Starks and Brown Trinidad (2007). The scholars compared three different qualitative methods that are frequently used in health science: Discourse Analysis, Phenomenology and Grounded Theory. In a schematic overview they compare the three methods on similarities and differences regarding the following aspects: history, philosophy, goal, methodology, analytic methods, audience and product. As it goes beyond the scope of this study to discuss the different methods in detail, only a brief description of the three methods is given. Phenomenology aims to “describe the meaning of the lived experience of a phenomenon” (Starks & Brown Trinidad, 2007: 1373). Discourse Analysis attempts to “understand how people use language to create and enact identities and activities” (Starks & Brown Trinidad, 2007: 1373) and Grounded Theory has the goal to “develop an explanatory theory of basic social processes” (Starks & Brown Trinidad, 2007: 1373). Given the purpose of the present research, Grounded Theory seems to be the most appropriate of the three different methods. Obviously there are many more approaches of qualitative analysis than the three just mentioned, which gives the occasion to discuss the second reason for choosing Grounded Theory: in comparison with other qualitative coding methods, Grounded Theory provides fairly flexible, but clear guidelines regarding the coding process in the analysis (Charmaz, 2006). Charmaz describes this characteristic of Grounded Theory as follows:

“Used well, grounded theory quickens the speed of gaining a clear focus on what is happening in your data without sacrificing the detail of enacted scenes. Like a camera with many lenses, first you view a broad sweep of the landscape. Subsequently, you change your lens several times to bring scenes closer into view. With grounded theory methods, you shape and reshape your data collection and, therefore, refine your collected data” (Charmaz, 2006: 26).

Despite the described advantages of Grounded Theory it must be noted that qualitative coding methods such as Grounded Theory are liable to subjectivity. Although the researcher aims to give a reliable understanding of what is happening in reality, this reality will always be biased to a certain extent due to the interpretations or preconceptions of the researcher. Therefore, in the present study memos are used throughout the analysis to keep track of the thoughts and interpretations of the researcher about the data. Particularly in the first stage of open coding of text fragments remarkable discourse issues that emerged from the interviews were written down next to the set of raw data. In this manner, not only attention was paid to what the interviewee had shared in the interview, but also how he or she communicated certain information. This is of interest because it gives a better understanding of the thoughts and feelings of the interviewee and also other contextual information, which would have been left out if solely coding were used in the analytic process. In the following subsection an example of this strategy is given in ‘Open Coding 1’.

3.4.3 Analysis through grounded theory methods

After the transcription of the interviews, the following analytic procedures based on Grounded Theory were applied. The process of open coding was divided in three stages: open coding 1, open coding 2 and open coding 3. Subsequently, axial coding was used, followed by a schematic overview of the categories during the selective coding 1. The relationships between the core category, the other categories and their properties were explained in a narrative description (selective coding 2) on the basis of the schematic diagram. The different analytic steps will now be shortly discussed and examples of the coding processes from the analyses will be presented.
Open Coding 1

Open coding is the first step of the analytic process of Grounded Theory, as described by Glaser & Strauss (1967). Although Glaser and Strauss did not split up the open coding in three parts, in the present study it was chosen to do so in order to clarify the steps that were taken in the analysis and to make the coding process traceable.

During the first phase of open coding the amount of data is reduced by labelling the text fragments (Baarda, 2009:130). In Table 2 an example is given from the open coding of the analysis of the Stellenbosch Catholic Church. The fragments from the interview are labelled and also numbered in order to facilitate the next step in open coding, which entails presenting an overview of the created labels. In addition to the labelling and numbering, also a column with ‘notable discourse markers’ is added. This column serves as a memo to the researcher that some discourse markers may imply interesting interpretations from the discourse, which are not directly visible by the labelling process.

<table>
<thead>
<tr>
<th>Number</th>
<th>Label</th>
<th>Text</th>
<th>Notable discourse issues</th>
</tr>
</thead>
</table>
| 7.1.2  | ABC-message is: Abstain, Be faithful, Celebrate | X: yes, ABC, but then the C was not Condomize, but Be Celebrate, you know  
Int: Oh wow, yeah that is a different interpretation (...) | On the other hand of course, when it comes to infectively ehm..stopping transmission of HIV that message is not ehm.. you know..I think it is an important message to be out there but.. (priest is insecure about what he wants to say. It seems as if he actually agrees with the message, but also wants to be in favour of condoms when it comes to HIV-prevention, but he seems to be in doubt) |
| 7.2 Sexuality | Abstaining is healthy message, society is very sexualized | Int: What is your vision on this message, you think it is..?  
X: Well, it is a very sexualized society that we live in... I think it’s a healthy message in one way, because it helps people to realize there is an alternative, it’s not that if you don’t have sex you are going to die, you know  
(...). So I think, it is important to tell people that there is the alternative of not having sex. On the other hand of course, when it comes to infectively ehm...stopping transmission of HIV that message is not ehm.. you know..I think it is an important message to be out there but... | |

Table 2: Data reduction and labelling: open coding 1

Open Coding 2

In this part of the process of open coding, labels that are similar or that have a certain relationship with other labels are marked with the same colour. This colour system makes the search for categories easier. Table 3 provides an example from the analysis of the Shofar Christian Church. The labels that indicate biographical information about the church are marked green; the labels in which HIV/AIDS communication is mentioned are yellow and the topic ‘sexuality’ is made purple.

| Shofar has predominantly younger people |
| Morning service draws more older people (between 300-400 people) and evening service is mostly students and young working people (between 600-800) |
| The church has worship services with contemporary music and people lift up their hands and some people dance |

Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/AIDS and in dealing with HIV/AIDS stigma
- Leadership of the church exists of senior pastors with a team of elders
- Then there is the head of the student leaders and the student leaders
- Hierarchy in church is more for practical reasons, atmosphere is very informal

There is no specific communication about HIV/Aids in the church at the moment

Shofar considers the message of sexual morality (abstinence before marriage) as the recipe to control Aids

Church speaks about sexuality and puts focus on moral lifestyle, not on HIV/Aids

Communication about Aids is different in other Shofar congregations

Sometimes the message of HIV-prevention comes up in the addressing of sexuality

By having pre-marital sex you are wasting relationships

<table>
<thead>
<tr>
<th>Table 3: Overview of labels and searching for possible categories by colour marking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open Coding 3</strong></td>
</tr>
<tr>
<td>In this stage of open coding the labels are conceptualized and formed into categories and the synonym labels are merged. In addition, memos are created for the categories in order to give information about their properties and dimensions. An example of a category property is ‘Frequency’ and its dimensional range is then ‘often-never’ (Baxter &amp; Babbie, 2004: 375). These properties give insight into the characteristics of the different categories. In that way for instance, not only information about the existence of a HIV-project is given, but also the length, the intensity or the impact of the project are defined. Figure 3 shows part of the open coding of the St Paul’s Church Stellenbosch.</td>
</tr>
</tbody>
</table>
Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/Aids and in dealing with HIV/Aids stigma

Table 3: Searching for properties and dimensions, merging synonyms and creating first categories

<table>
<thead>
<tr>
<th>Biographical Information</th>
<th>HIV/AIDS Communication</th>
<th>HIV/AIDS Involvement</th>
<th>Attitude towards PLWHA</th>
<th>Stigma</th>
<th>Sexuality</th>
<th>View of the Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Paul’s Church Stellenbosch (x)</td>
<td>St Paul’s is not communicating about HIV/AIDS as a specific issue (x)</td>
<td>Church is involved with projects for children in Cape Flats areas; weekend camp, also talking about HIV/AIDS (x)</td>
<td>Minister has never been noticed that church members (x)</td>
<td>Minister has never had someone disclose his/her status voluntarily to him; because of stigma, PLWHA (x)</td>
<td>Sexuality in church is regularly discussed (x)</td>
<td>Minister believes that everybody who believes in Jesus will welcome all people, humans all have a greater diseases: sin (x)</td>
</tr>
<tr>
<td>- Traditional Reformed evangelical church (x)</td>
<td>Minister is aware of HIV-positive church members, but there is no big focus in church on HIV/AIDS (x)</td>
<td>Minister has never intentionally asked church members about their beliefs</td>
<td>Communication should be clearer and the church could work more on breaking down the stigma (x)</td>
<td>Sexuality should be expressed within the boundaries, that God has given, sexual identity is in Christ, being Christian is more important</td>
<td>Primary idenity is in Christ, being Christian is more important</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3: Searching for properties and dimensions, merging synonyms and creating first categories

Axial Coding

In this phase of axial coding according to the Grounded Theory (Glaser & Strauss, 1967) the labelled data are put back together in new ways by categorizing them. The purpose of axial coding is to get understanding of the various categories in relationship to other categories and sub-categories (Walker & Myrick, 2006). In this way, a summarizing description of the data can be presented (Baarda, 2009: 132). Figure 4 shows an overview of the categories and sub-categories as a result of the open coding process after merging the labels (The x’s indicate the amount of synonyms of a certain label).

Duration: long
Frequency: never
Frequency: sometimes
Frequency: never
Frequency: more
Frequency: never
Frequency: sometimes
Extant: more
Extent: more
Extent: more
Frequency: never
Frequency: never
Frequency: more
Frequency: more
Frequency: more
Frequency: never
Frequency: never
Frequency: never
Frequency: never
Frequency: never
Frequency: more
Frequency: more
Frequency: more
Frequency: more
Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/Aids and in dealing with HIV/Aids stigma

HIV/AIDS Involvement
- Candle with red ribbon is lit on Sundays for infected and affected people (x)
- Involvement with HIV/AIDS depends on leadership in church (x)
- In Sibanye a little leaflet with prayers and notices is handed out on Sundays (x)
- The church used to be involved with HIV/AIDS related activities such as VCT a few years ago (x)
- The priest does not have difficulty with following the HIV/AIDS policy, because she starts from Christian values (x)
- Sibanye is not involved with religious networks that fight against HIV/AIDS (x)
- HIV/AIDS involvement not in this parish, more in parishes where HIV/AIDS is prevalent (x)
- Church in Kayamandi does not have after care service for people living with HIV/AIDS (x)

Stigma
- In the coloured community there is a lot of denial around HIV/AIDS (xxx)
- People in church talk only about HIV/AIDS when it is related to others and not to themselves (xxx)
- People in church do not want to talk about HIV/AIDS, they are not comfortable with it (x)
- There is a lot of silence around many issues in the church community (x)
- The fact that people with HIV/AIDS are marginalized and stigmatized is addressed in the church (x)
- Message about stigma is the Christian message of love and that all people should be treated the same (x)
- Stigma is related to sexuality and morality (x)
- People in church have knowledge about HIV-infection, but still have a lot of fear (x)
- In congregation there is a lot of fear in general towards things that are different (x)

HIV/AIDS Involvement in bigger Anglican Church
- The larger Anglican Church has relations with religious networks (x)
- Candles and prayers for HIV/AIDS patients at the service (x)
- Not many churches attended at the HIV/AIDS service last year and only 20 people from Sibanye attended (x)
- The HIV/AIDS service on 1st of December is yearly organized by Anglican diocese (xx)
- Bigger Anglican Church is related to Department of Social Development and still active in social issues (x)

This category will be left out in the selective coding because the focus of the research is on the HIV/AIDS communication and stigma of churches in and around Stellenbosch and not about bigger church networks in South Africa

Figure 4: Axial coding: Result of categorizing labels after merging synonyms

Selective coding 1
After categories have been defined during the axial coding, the next step in the Grounded Theory process is the selective coding. In this phase “all categories are unified around a central ‘core’ category and categories that need further explanation are filled-in with descriptive detail” (Corbin & Strauss, 1990: 424)

Figure 5 shows a diagram of the created categories. The diagram determines the core category and shows the relationships between the different categories and properties of the different categories. The purpose of this diagram is to create a schematic overview of the categories and their relations in order to make them more meaningful. Table 4 indicates the key to the symbols in Figure 5. The diagram resulted from the selective coding of Stellenbosch Gemeente.
Table 4: Key to symbols

**Selective Coding**

*Figure 1: Selective coding: finding core category and searching for relationships between categories*

**Figure 5: Finding Core Category and searching for relationships between categories**

Selective coding 2

After the of open coding, axial coding and the first part of selective coding, a narrative description will be given, which outlines the role of the core category and the other most important categories and its relationships with the remaining categories. In this way the central issue of the interview will be stressed and can afterwards be explained in...
relation to the central research question. The narrative description starts with a section about the biographical information, followed by the discussion of the core category and subsequently the other important categories are described. The narrative description in Selective coding 2 concludes with a schematic overview of the most essential categories and their properties. Table 5 gives an example of such an overview from the Stellenbosch Baptist Church. 'Teaching scripture' is the core category and 'Sexual morality & Stigma' and 'Help & Health education' are the other two main concepts.

<table>
<thead>
<tr>
<th>Teaching scripture</th>
<th>Sexual morality &amp; Stigma</th>
<th>Help &amp; Health Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Old Testament &amp; New Testament</td>
<td>• Sex only within marriage</td>
<td>• Limited resources</td>
</tr>
<tr>
<td>• No condemnation in church</td>
<td>• Sexual transmission reason</td>
<td>• No ideas to help regarding Aids</td>
</tr>
<tr>
<td>• Leave church if not conforming to</td>
<td>• HIV-infection</td>
<td>• Health education limited effect</td>
</tr>
<tr>
<td>scripture</td>
<td>• HIV-contract is sin</td>
<td>• Raising awareness no solution</td>
</tr>
<tr>
<td>• Focus on spiritual needs</td>
<td>• Stigma is a sense of guilt</td>
<td>to HIV</td>
</tr>
</tbody>
</table>

Table 5: Selective coding: searching for central concepts (Baarda, 2009: 133)

3.5 Target group: Christian Churches in the area of Stellenbosch

3.5.1 Population groups South Africa and Stellenbosch

The statistics on the population by province and population group from the South African Census (2011) show that in Western Cape 48,5% of the population is Coloured, 38.8% is Black African, 15,7% of the population is White, 1% is Asian or Indian and 1,6% belongs to the population group ‘Other’. As far as the municipality of Stellenbosch is concerned, the different districts in Stellenbosch are represented by a variety of different population groups. The Social Survey of Stellenbosch Municipality (2005) shows that the suburb Kayamandi is predominantly inhabited by Black African people (90,8%), whereas three other areas are mostly inhabited by white people Onder-Papegaaiberg (84,3%); Stellenbosch East (79,5%) and Die Boord (77,7%) and finally in many districts Coloured people are resident: Wemmershoek (89,4%); Cloetesville (88,1%); Kylmore (88,1%) and Idas Valley (85,6%). In total, the majority of the respondents of the survey in Stellenbosch was Coloured (53,6%), subsequently the Black Africans followed with 29,4% and after that the Whites, with 15,4% (Social Survey Stellenbosch Municipality, 2005).

3.5.2 Selection of churches

For the present study, it is of interest to get a better understanding of the diversity of churches in and around Stellenbosch regarding their HIV/Aids communication. Therefore, it was decided to visit Christian churches from different denominations that represent different population groups (e.g. White, Coloured, Black African). As can be found in the figures of the Social Survey in Stellenbosch (2005), the various population groups are represented in the different districts of Stellenbosch.

The selection of examined churches is based on classification of the Christian churches (i.e. from what denominations or ecclesiastical background the churches originate), the main population group (i.e. black, white, coloured or other) and of course also the preparedness of the church leaders to participate in this research. Initially, a basic list of churches was created through research on the Internet about different churches in the area of Stellenbosch and with the help from local contact persons. After the list was checked by two external experts from the Stellenbosch University, more churches were added to the list in order to create more diversity in the dataset. Eventually fifteen churches of twelve denominations participated in the research, which will be introduced below:

Anglican Church Sibanye

The Anglican Church Sibanye belongs to the Anglican Church of Southern Africa. The Anglican parish in Stellenbosch exists of two different churches: the All Saints in Cloetesville and the St Johns in Kayamandi. Both churches have approximately 300 members each with a diverse age structure. In terms of ethnic groups the St Johns in Kayamandi almost exclusively has Xhosa members and the All Saints in Cloetesville is mainly attended by coloured people. In St Johns Church there is one service for all members on Sundays. All Saints organizes a family service every last Sunday of the month with a band playing. In St Johns the Xhosa people do not use instruments in the church services, but they...
sing hymns instead. A few times a year the church organizes jointly services together with other Anglican parishes, mostly with St. Mary on the Braak, which is the oldest Anglican Church is Stellenbosch. The jointly services are organized with the aim to bring the Anglican churches closer together. The priest of Sibanye classifies the church as a European missionary based church with traditional and conservative characteristics. Additionally, the church knows a fairly extended hierarchal structure: the Anglican Church in South Africa has different dioceses with a bishop at the head. The dioceses are divided into archdeaconries with arch leaders. Then the priests are the leaders of the parishes and within a parish the Anglican Church has deacons, wardens and ordinary members. Sibanye belongs to the to the Anglican diocese of False Bay.

**Stellenbosch Baptist Church**

The Stellenbosch Baptist Church is a European missionary based church. The church leader classifies his congregation as a non-conformist, evangelical church, which forms part of the Baptist Union. The church has 36 official church members, but there are approximately 150 members on record. In terms of ethnic groups the Stellenbosch Baptist church is very diverse: people from different African countries, international students, Koreans, white people and coloured people attend the church. There is one morning and one evening service for all the members and according to the church leader; the morning services are attended by about 70 members and the evening services by 40 members. The Stellenbosch Baptist Church does not have a strict hierarchal structure; everyone is basically one the same level and decisions are made by the whole church during the quarterly church member meetings. However, there are certain different functions within the church: there is a pastor, elders and deacons.

**Stellenbosch Catholic Church**

The Stellenbosch Catholic Church has three different church buildings: the Saint Nicolas in Stellenbosch centre, the Saint Marx in Ida Valley and the All Saints in Cloetesville. The Catholics share the All Saints church with the Anglican Church in Stellenbosch. The three churches were founded in different time periods: first in 1930 the Saint Nicolas was born, in 1954 the church in Ida Valley was built for the coloured people who lived there and during the Apartheid the All Saints church building was established in Cloetesville, because the coloured people were not allowed anymore in the white areas and they were forced to live in Cloetesville. In total the Stellenbosch Catholic church has about 800 members attending the church services, but there are approximately 2000 people on the church records. The Catholic Church has different types of services on Saturday and Sunday. There is one service on Saturday evening, three services on Sunday morning and one on Sunday evening for the students. The arrangement of ethnic groups in the church is rather diverse: there are white middle class members, Xhosa-members from Kayamandi and coloured people in Cloetesville and Ida Valley. The priest indicates that these different ethnic groups start to mix more in their attendance to the three different churches. The Saint Nicolas in town has a choir that also sings in isiXhosa and isiZulu and once a month there is Xhosa-service in the church. The classification of the church is European Missionary Based, but the priest indicates that the church culture has mixed a lot with the African culture and that he considers the Stellenbosch Catholic Church to be somewhere in the middle between African and European. Finally the Stellenbosch Catholic Church knows a strongly hierarchical structure: the congregation is governed by the Archbishop of Cape Town and then the priest is the head of the congregation in Stellenbosch. There is also an assistant priest and a deacon in the church and there used to be sisters/nuns. This hierarchical network is also still very strongly related to the governing Catholic Church in Rome.

**Stellenbosch Methodist Circuit**

The Stellenbosch Methodist Circuit is composed of a cluster of ten Methodist Churches in the area of Stellenbosch. The churches were geographically put together into one circuit. The Methodist Church is a European missionary based church and origins form the Wesleyan Missionary Society in the United Kingdom. The total amount of members in the circuit is 2923, with about 900 members in the largest church and 45 members in the smallest church. The age structure and the social-economic situation of the church members are very diverse. Due to this diversity in age and education, the church services are coordinated to the context of a particular group of members, such as the farmworkers. Also the students have a special church service. In terms of ethnical background, the Methodist circuit predominantly has coloured church members. However, one of the churches is mainly attended by white people and
there are a few black people as well. According to the head minister the large extent of diversity in the church causes a lot of tension in the circuit, but it also gives interesting insights in the perceptions on the way people do or say things.

The Methodist Circuit is accountable to a national body, which governs all the Methodist Churches in terms of an umbrella conference structure. However, the head minister indicates that there is no real hierarchy in the circuit; the leadership applies a very collaborative working style instead of a top-down management.

Stellenbosch Methodist Church Jamestown Society

The Methodist Church in Jamestown forms part of the Methodist Circuit in Stellenbosch. The congregation in Jamestown is called ‘Jamestown Society’, and has approximately 300 members. The attendance of the church services goes up and down and depends on the occasion: for instance with Christmas many people are attending the service. Currently, the ethnic representation of the church is 90% coloured people. The Methodist Church Stellenbosch is a European missionary based church and is originated from the John Wesley Church in England. The church is very structured and disciplined, which is reflected in the hierarchal structure of the church: The Methodist Church is related to the World Council of Churches with at the head the presiding bishop of the Methodist Church of Southern Africa. Subsequently, there are different districts that are governed by bishops. The Methodist Circuit Stellenbosch belongs to the Cape of Good Hope district. At the head of every circuit a superintendent minister has the leadership and within the circuit the different churches have a minister. In the church there are several functions as well, for instance the function of steward, which is the assistant of the minister.

Stellenbosch Moederkerk

This congregation of the Dutch Reformed Church exists of two churches: the Moederkerk and the Kruiskerk. The DRC originates from the Calvinist tradition in the Netherlands and the Moedergemeente classifies the church as a European Missionary Based church. The church building of the Moederkerk has a more classical reformed style and mainly families, young working adults and children attend to this church. The Kruiskerk is rather aimed at students and tends to be more contemporary and youthful. The congregation has about 2500 student members and approximately 3000 other members. On Sunday mornings there are church services in the Moederkerk for families and children and after this service the children often go to Bible studies. On Sunday evenings the Moederkerk provides a service for young working adults and in the Kruiskerk there is a service for students. In terms of ethnic groups within the Moedergemeente, the church is historically a white privileged community. Moedergemeente indicates that the church is completely open in terms of ethnicity, but that it turns out that mostly higher educated people join the congregation. Financial issues in poorer congregations of the Dutch Reformed Church (DRC) in Stellenbosch make it difficult to actively integrate different ethnic groups. However, the church does experience a growing integration with coloured students and coloured young working adults. The leadership of the Moederkerk exists of a church council of approximately fifteen people that make strategic decisions for the church, but the church does not have a real hierarchy and each congregation has autonomy within a denomination.

Stellenbosch Welgelegen

Likewise Stellenbosch Moederkerk, Stellenbosch Welgelegen is a congregation that belongs to the Dutch Reformed Church. Welgelegen means ‘well-situated’, which is well matched with the church building, as it stands on a hill in a wealthy borough and looks out over Stellenbosch. The congregation has 1929 members in total of which 1412 have already done confession and 517 have not yet done confession. Stellenbosch Welgelegen has different types of services for the members. On Sundays there are two services in the morning: the first is rather traditional and orderly and the second service is more informal. The children in the church have catechise and come back to the sermons afterwards. On Sunday evenings there is a service for teenagers, which is mostly attended by 100-120 young people. In terms of ethnicity the church has almost exclusively white members; there is only one coloured family that attends the church. The area of Welgelegen is a very wealthy borough with mostly upper-class white residents and they are also representative for the church congregation. The hierarchal structure of the church consists of several general senates that govern the provinces in South Africa. Subsequently the Dutch Reformed Churches in the provinces are parts of circuits and Stellenbosch Welgelegen has a joint circuit with the Uniting Reformed Church in Stellenbosch, the
VGK Rynse Gemeente, which is a coloured community. Every month the ministers of the congregations have a meeting. Furthermore, the two churches have a yearly joint service in order to celebrate Pentecost together and to improve the integration of the churches.

The mission statement of Stellenbosch Welgelegen is: *Geroep, Gewillig, Gestuur*, which entails that the church is being called to reach out to the world and make a difference. The church sermons are evaluated after every season by a small commission. Furthermore, also the church members can give feedback on the church services by means of evaluation flyers that are available in the church.

**Shofar Christian Church**

The Shofar Christian Church in Stellenbosch was founded in 1992 by Fred and Lucille May. The church is Evangelical charismatic, which entails that the people believe in the power of the Holy Spirit and also in miracles and healings. The Shofar Christian Church follows the Bible and measures everything against the word of God. The church has approximately 1500 members in the database and about 1000 attendants during church services. Shofar is not related or originated from another denomination, but is independent as a church. There are two Shofar congregations in Stellenbosch and one in Tygerberg. The church has mainly younger members, predominantly students and young working people. They are mostly attending the evening service, where about 600-800 members gather for the service. On Sunday mornings there is also a service that mainly draws the older people of the church. Approximately between 300 and 400 people are attending the morning services. The worship services of Shofar are quite special in terms of their presentation: the church plays contemporary music and people lift up their hands and sometimes dance in the church. The hierarchal structure of Shofar Christian Church exists of the senior pastors with a team of elders as the leadership and then there is the head of the student leaders who supervises the student leaders. However, the hierarchy in the church mainly exists for practical reasons and the atmosphere in the church is rather informal.

**St Paul’s Church Stellenbosch**

The St Paul’s Church Stellenbosch is a traditional reformed Evangelical Church that originally belonged to the Anglican Church of England and South Africa. About a hundred years ago the denomination split from the Anglican Church because of theological differences. The denomination where St Paul’s Church Stellenbosch belongs to is at present the Christian Church of England and South Africa (CESA), which has approximately between sixty and hundred churches in South Africa. However, the local church in Stellenbosch does not emphasize the partnership with the larger denomination and according to the minister many members would not even know the original relationship with the larger denomination.

St Paul's Church Stellenbosch has two main congregations: one congregation is rather spread out in terms of age structure: there are families with young children, but also retired people and people in their thirties, forties and fifties. This congregation has a morning service and exists of approximately 200 members. The evening congregation is more student-orientated and the size of that congregation is about 120 members. In terms of ethnicity the St Paul’s Church has a fairly diverse group of cultural backgrounds: black South Africans, Zimbabweans, Malawians, some Korean students, but the largest group exists of middle class white South Africans. As regards the hierarchal structure of the church, St Paul’s Church has an episcopal system with at the head the bishop of the denomination in South Africa. Below the bishop of the denomination stands the local area bishop in the province. The senior ministers are the leaders of the local congregations and within the local churches there are presbyters and deacons, who assist the senior minister. The Church Council can select someone for ordination for a position in the church and the ordination has to be performed by the bishop.

**Stellenbosch Gemeente**

Stellenbosch Gemeente is a non-denominational church that disassociated from the Apostolic Faith Mission about ten years ago. The church labels itself as a contemporary congregation that is characterized by not being traditional and the church is mainly attended by students and young people. The church has an internal council of elders and a management council, but there is no real formal structure from the outside. The church leader indicates that the congregation does not focus on membership because some people have been very much involved with the church for years and are not officially a member and vice versa. The church applies a database however, which functions as a
communication system between the church and the people who are involved with the church. On Sundays there are
two different services: one service takes place in the morning and is rather focused on families and elderly people and
the second service is an evening service that is aimed at the younger generation. In total the Sunday services are
attended by 800-1000 church people. The average age of members is thirty-six according to the last poll, which makes
Stellenbosch Gemeente a rather ‘young’ church.

Uniting Reformed Church Kayamandi
The United Reformed Church Kayamandi belongs to the United Reformed Church South Africa (URCSA). The URCSA
was originated from the Dutch Reformed Church in Africa and has therefore European influences. However, the
church also has African traditions. The church is located in the suburb Kayamandi. At present, the church has
approximately 200 members, of which about a hundred attend the church service on a sunny day. When the weather
is bad however, less people show up at the Sunday service, because they have to walk to the church. The members of
the United Reformed Church Kayamandi exist for 80 per cent of women and there are more elderly people than
youth. As far as the ethnicity of the church members is concerned, there are exclusively Xhosa people. The economical
situation in the church is diverse: there are some members with good jobs, middle class people and also very poor
members. The church has one service for everyone on Sundays and for the children there is Sunday school and
catechism. The United Reformed Church Kayamandi is still related to the Dutch Reformed Church in terms of a circuit,
which forms a bigger structure of churches. Within the church there is no real hierarchy; there are leaders who
perform certain tasks, but everybody is on the same level in terms of hierarchy.

Uniting Reformed Church Stellenbosch
The Uniting Reformed Church Stellenbosch, in Afrikaans Verenigende Gereformeerde Kerk (VGK), also forms a part of
the URCSA. URC Stellenbosch is a large congregation with about 1700 members. The church has approximately 500
children and 150 elderly people, but the age structure of the rest of the members is uncertain. However, the
congregation is rather young with its many school pupils, high school children and young working people. Every
Sunday the church has a family service for everyone, which is attended by about 600 people. Before the service
approximately 300 children attend the Sunday school in church. Because of the location of the church in Cloetesville,
one of the suburbs of Stellenbosch, not many students are attending the URC Stellenbosch, as there is also another
URC in town, the Reinse VGK. In terms of ethnic groups the congregation has predominantly coloured people. The
majority of the church members is fairly poor and the unemployment is quite high among the people in the
community. The church is classified as a European Missionary Based church with still strong visible influences from the
Dutch Reformed Church in terms of theology and church structure. Also the hierarchal structure of the URCSA with
different classes (‘Klasses’) origins from the missionary based church. The URC Stellenbosch is part of district with
approximately eight or nine other Uniting Reformed congregations. These congregations are working together, but
have their own minister and are independent under the reformed structure. The URC Stellenbosch is probably the
largest URCSA congregation of its district.

Stellenbosch United Church Kayamandi
The Stellenbosch United Church in Kayamandi forms a branch of the Uniting Presbyterian Church of Southern Africa.
The congregation exists of two churches: one in Stellenbosch in the city centre and one church in Kayamandi. The
congregation counts approximately 850 people in total, of which 150 members in Kayamandi. The church is a multi-
ethnic congregation with members from different cultural and ethnic backgrounds. Once a month the two churches
organize a joint service and celebrate the diversity of the congregation and meanwhile attempt to stimulate the
integration between the churches. In terms of age structure, the congregation has a fairly young group of people,
predominantly people between 20 and 40 years old. The Stellenbosch United Church in Kayamandi has two services
on Sundays: one morning service and one evening service. Apart from that, the church also has specific services for
the different associations of the church: on Monday evenings the youth group association gathers in the church, on
Wednesday evenings there is a service for the young girls association, there is a women’s group on Thursday evenings
and on Saturdays the men’s association gathers in the church. These associations are small groups of people who
associate with each other in terms of age or gender and are aimed to give people space to discuss personal things and
do activities together. However, the discussions in the smaller groups have to fit in the broader vision of the church. Due to the diversity in the church, there are services in English and Xhosa. The Uniting Presbyterian Church of Southern Africa has a clear hierarchal structure with a democratic character. The hierarchal structure is called the ‘church polity’. At the head of the church operates the General Assembly, which is the highest decision-making board. After that, the Presbytery is the second highest decision-making board and this board is responsible for the local congregations. The Uniting Presbyterian Church has nineteen presbyteries in overall in South Africa, Zimbabwe and Zambia. The Presbytery is formed by representatives from the congregations. A representative at the presbyter level can later be chosen as a representative at assembly level. Within the congregation, the minister and the body of elders together form the leadership of the church and implement the decisions of the General Assembly in the congregation.

Vlaeberg Congregation
Vlaeberg Congregation is a church community in Vlaeberg, near Stellenbosch. The community predominantly exists of coloured people and a few black members. The church is classified as a Pentecostal church. A few years ago the church was very charismatic, with customs such as speaking in tongues and believing in miracles. However, the pastor experienced a big shift in his vision on theology and the church affiliated with Stellenbosch Gemeente. Before the association with Stellenbosch Gemeente, Vlaeberg Congregation had approximately 400-500 members, but many members were not content with the new way of preaching and the newly adopted theology and therefore left the church. Currently, the church has about 110 members, of which mainly young adults and children. There is a communal service for all the members, but there are also specific sermons for certain groups: on Fridays there is a service for the junior youth and on Friday nights the church organizes youth meetings, on Saturdays a service for the young working adults is held and there is Sunday school. The church does not have a hierarchical structure; the pastor is the church leader and he makes all the decisions in the congregation.

Zion Christian Church
The Zion Christian Church (ZCC) is an African Initiated Church and is very large in South Africa. The main leader of the ZCC is located in Polokwane in Limpopo and within the hierarchal structure of the church the so-called ‘Umfudisi’ stand below him. All ZCC members go on a sort of pilgrimage to a holy place in Moria to pray. This happens any possible time of the year, when God tells the Zions to go there, but at least during Easter and in September. In the area of Cape Town the ZCC has about six or seven branches and the ZCC of the present study is located in Kayamandi. The church has a diverse compilation of ethnic groups and has white, black, coloured and Indian members. In addition, four different languages are spoken in the church in order to make communication with all different groups of members possible: English, Afrikaans, Xhosa and Sotho. The church has a service on Saturday night in a big hall, which continues the entire night and goes on Sunday. All members have to pay an amount of 50 ZAR every month, which is used for school bursaries of the youth and for funerals of members: the ZCC pays 17000 ZAR for a member’s funeral. Within the ZCC there is a strong division between men and women: men have the right to perform certain acts or rituals in the church, but women have do not have that right. Men have power of the women and women are not allowed to do or touch anything without permission from a man. Furthermore, the men and women wear typical clothing in the church: the women have to wear long dresses and the men wear uniforms. The priest wears a kaki uniform with a cap and all members have a Zion star on their uniform or outfit. This star represents the light of God and it is worn in order to receive protection and light from God.

Table 6 shows an overview of the selected churches with information about the name, the origins, the denomination, the classification, the main population group, the amount of church members on record and the location of the churches.

Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/AIDS and in dealing with HIV/AIDS stigma
<table>
<thead>
<tr>
<th>Name of church</th>
<th>Originated from</th>
<th>Denomination</th>
<th>Classification</th>
<th>Main population group</th>
<th>Amount of church members (on record)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglican Church Sibanye</td>
<td>Church of England</td>
<td>Anglican Church of Southern Africa</td>
<td>European Missionary Based</td>
<td>Xhosa and Coloured</td>
<td>600</td>
<td>Kayamandi &amp; Cloetesville (two churches, one parish)</td>
</tr>
<tr>
<td>Shofar Christian Church</td>
<td>Founded by pastor Fred May</td>
<td>Independent</td>
<td>Evangelical Charismatic</td>
<td>Diverse</td>
<td>1500</td>
<td>Central Stellenbosch</td>
</tr>
<tr>
<td>Stellenbosch Baptist Church</td>
<td>Baptist Missionary Society of England</td>
<td>Independent, but related to Baptist Union of Southern Africa</td>
<td>Non-conformist Evangelical</td>
<td>Diverse</td>
<td>150</td>
<td>Central Stellenbosch</td>
</tr>
<tr>
<td>Stellenbosch Catholic Church</td>
<td>Roman Catholic Church</td>
<td>Roman Catholic</td>
<td>European Missionary Based</td>
<td>Diverse</td>
<td>2000</td>
<td>Central Stellenbosch, Ida Valley and Cloetesville</td>
</tr>
<tr>
<td>Stellenbosch Methodist Circuit</td>
<td>Wesleyan Missionary Society UK</td>
<td>Methodist Church of Southern Africa</td>
<td>European Missionary Based</td>
<td>Diverse</td>
<td>2923</td>
<td>Ten churches, mostly in suburbs of Stellenbosch</td>
</tr>
<tr>
<td>Stellenbosch Methodist Church, Jamestown society</td>
<td>Wesleyan Missionary Society UK</td>
<td>Methodist Church of Southern Africa</td>
<td>European Missionary Based</td>
<td>Coloured</td>
<td>300</td>
<td>Jamestown</td>
</tr>
<tr>
<td>Stellenbosch Gemeente</td>
<td>Apostolic Faith Mission (AFM)</td>
<td>Non-denominational disassociated</td>
<td>Contemporary</td>
<td>White students</td>
<td>Unknown, attending +/- 900</td>
<td>Central Stellenbosch</td>
</tr>
<tr>
<td>Stellenbosch Welgelegen</td>
<td>Nederduits Gereformeerde Kerk (NGK)</td>
<td>Dutch Reformed Church (DRC)</td>
<td>European Missionary Based</td>
<td>White upper-class</td>
<td>1929</td>
<td>Central Stellenbosch (Welgelegen)</td>
</tr>
<tr>
<td>Stellenbosch Moederkerk</td>
<td>Nederduits Gereformeerde Kerk (NGK)</td>
<td>Dutch Reformed Church (DRC = NGK)</td>
<td>European Missionary Based</td>
<td>White students &amp; upper-class</td>
<td>5000</td>
<td>Central Stellenbosch</td>
</tr>
<tr>
<td>St Paul’s Church Stellenbosch</td>
<td>Anglican Church of England and South Africa</td>
<td>Christian Church of England and South Africa (CESA)</td>
<td>Reformed Evangelical Church</td>
<td>Diverse</td>
<td>Unknown, attending +/- 320</td>
<td>Central Stellenbosch</td>
</tr>
<tr>
<td>Stellenbosch United Church</td>
<td>Uniting Presbyterian Church of Scotland</td>
<td>Uniting Presbyterian Church of Southern Africa</td>
<td>European Missionary Based</td>
<td>Diverse</td>
<td>850</td>
<td>Central Stellenbosch &amp; Kayamandi (two churches, one congregation)</td>
</tr>
<tr>
<td>Uniting Reformed Church Stellenbosch</td>
<td>Dutch Reformed Church (the black and coloured mission churches)</td>
<td>Uniting Reformed Church in Southern Africa</td>
<td>European Missionary Based</td>
<td>Coloured</td>
<td>1700</td>
<td>Cloetesville</td>
</tr>
<tr>
<td>Uniting Reformed Church Kayamandi</td>
<td>Dutch Reformed Church in Africa (DRCA)</td>
<td>Uniting Reformed Church in Southern Africa</td>
<td>European Missionary Based</td>
<td>Black</td>
<td>200</td>
<td>Kayamandi</td>
</tr>
<tr>
<td>Vlaeberg Congregation</td>
<td>(Uncertain which denomination)</td>
<td>Pentecostal Charismatic</td>
<td>Affiliated with Stellenbosch Gemeente</td>
<td>Pentecostal</td>
<td>110</td>
<td>Vlaeberg</td>
</tr>
<tr>
<td>Zion Christian Church</td>
<td>Saint Engenas ZCC</td>
<td>Zion Christian Church</td>
<td>African Initiated Church</td>
<td>Diverse</td>
<td>Unknown</td>
<td>Kayamandi</td>
</tr>
</tbody>
</table>

**Table 6: Categorization of selected churches**
4. Results

In section 4 a meta-analysis describes the main concepts that were discovered after the comparison of the fifteen analyses of the churches. These concepts will be explained and clarified by means of Table 7. For a complete overview of the individual analyses see digital Appendices B1-B15.

4.1 Overview of discovered concepts after analysing churches

During the analyses of fifteen churches in the Stellenbosch area, various returning concepts were discovered. These concepts entail information about the different positions of the churches regarding their role in encouraging or discouraging the stigma around HIV/AIDS. The most important returning categories in the various analyses are the following: ‘View of the church regarding HIV/AIDS’ or ‘HIV/AIDS situation in the church’, ‘Stigma’, ‘Sexuality’, ‘Attitude towards PLWHA’, ‘HIV/AIDS Communication’ and ‘HIV/AIDS Involvement’. In certain analyses also a few other categories play an essential role, such as ‘Homosexuality’, ‘Social issues in the church’ or ‘Other social involvement’.

Together the relationships between the different categories in the analyses gave insight in the extent to which the churches are involved with HIV/AIDS and also the position of the churches regarding the encouragement or discouragement of HIV/AIDS stigma. During the comparison of the answers of the fifteen analyses, the following returning concepts were discovered:

- Attitude towards people living with HIV/AIDS (PLWHA)
- Manifestation of stigma
- Current HIV/AIDS communication
- Current internal HIV/AIDS involvement
- HIV/AIDS as a social project
- AIDS is illness of other people
- Saturation HIV/AIDS communication
- Official vision of church on sexuality hampers HIV/AIDS communication
- Vision of church members on sexuality hampers HIV/AIDS communication
- Intention to be involved with fighting HIV/AIDS in the future

Table 7 provides an overview of the comparison of the fifteen examined churches on the basis of the ten discovered concepts. The outcomes of the comparison of the analyses will be discussed per concept in the next subsections.
<table>
<thead>
<tr>
<th>Church</th>
<th>Attitude to PLWHA</th>
<th>Manifestation of stigma</th>
<th>HIV/AIDS communication</th>
<th>Current HIV/AIDS network involvement</th>
<th>HIV/AIDS as a social project</th>
<th>Other HIV/AIDS</th>
<th>Stigma in general</th>
<th>HIV/AIDS is illness of others</th>
<th>Official Vision of Church on sexuality &amp; HIV/AIDS</th>
<th>Vision of church members on sexuality &amp; HIV/AIDS</th>
<th>Intention to be involved with fighting HIV/AIDS in future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglican Church Sibanye</td>
<td>Fear</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch Catholic Church</td>
<td>Uncertain</td>
<td>Shame</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch Moederkerk</td>
<td>Uncertain</td>
<td>Silence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch Welgelegen</td>
<td>Prejudice</td>
<td>Silence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch Baptist Church</td>
<td>Compassion</td>
<td>Guilt/Silence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch Gemeente</td>
<td>Empathy</td>
<td>Fear (Kayamandi)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch United Church</td>
<td>Compassion</td>
<td>Stigma in general</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stellenbosch United Church</td>
<td>Supportive</td>
<td>‘that illness’</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Shofar Christian Church</td>
<td>Uncertain</td>
<td>Silence &amp; shame</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Methodist Church Jamestown</td>
<td>Judgemental</td>
<td>Ignorance and judgement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Methodist Circuit</td>
<td>Diverse</td>
<td>Fear</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Shofar Christian Church</td>
<td>Uncertain</td>
<td>No stigma / unknown</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>St Pauls Church Stellenbosch</td>
<td>Uncertain</td>
<td>Silence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Vlaeberg Congregation</td>
<td>Positive</td>
<td>Stigma in general</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Zion Christian Church</td>
<td>Uncertain</td>
<td>Punishment of God</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Table 7: Comparison of examined churches regarding discovered concepts
4.2 Elaboration on discovered concepts

4.2.1 Attitude towards people living with HIV/AIDS (PLWA)
The first column of Table 7 shows the indication of the interviewed church leaders regarding the attitude of their church members towards PLWA. Five out of fifteen church leaders believe the attitude in their church towards PLWA to be positive. Stellenbosch Baptist Church and Stellenbosch United Church speak of ‘compassion’, Stellenbosch Gemeente of ‘empathy’ and the Uniting Reformed Church Stellenbosch speaks of a supportive attitude. Also Vlaeberg Congregation indicates that there is a positive attitude in the congregation and that the people in the community would even die for each other. Apart from the positive attitudes however, the majority of the church leaders indicate that they are uncertain about the attitude of their members. In most of the unknown cases there is silence to a large extent around HIV/AIDS, mainly due to ignorance or shame in the congregation. In the Stellenbosch Moederkerk, Shofar Christian Church, Uniting Reformed Church Kayamandi, St Pauls Church, the Zion Christian Church and the Stellenbosch Catholic Church the attitudes towards PLWA in the churches are uncertain. In case of the Stellenbosch Catholic Church the situation is rather ambiguous, because the priest of the Stellenbosch Catholic Church states that the attitude towards PLWA is mainly one of acceptance and support, but meanwhile he indicates that there is a lot shame around HIV/AIDS in the community. This makes the attitude towards PLWA in the congregation rather doubtful.

Furthermore, a few churches indicate that the attitude towards people living with HIV/AIDS in the congregation is fairly negative: In the Anglican Church Sibanye the people have a lot of fear and are afraid to get infected with HIV. Stellenbosch Methodist Church Jamestown indicates that the attitude towards HIV-infected people is very judgmental and Stellenbosch Welgelegen speaks of ‘prejudice’. Finally, in the Stellenbosch Methodist Circuit there is too much diversity within the circuit to give an unambiguous indication of the attitude towards PLWA. The head minister states that there is fear in the community amongst some people, whilst other people in the circuit are very supportive towards PLWA. This is another example of uncertainty regarding the attitude towards PLWA.

Overall, it can be stated that in the majority of the examined churches the attitude towards PLWA is fairly uncertain, mainly because of silence or shame around HIV/AIDS. Also, sometimes this is because of diversity within the congregation. One third of the churches indicates that the attitude towards PLWA is positive. Three churches are negative about the existing mental construct of their members towards PLWA.

4.2.2 Manifestation of stigma
Closely related to the attitude towards PLWA lies the manifestation of stigma within the different churches. The way in which the stigma around HIV/AIDS is present and expressed, varies from silence to fear, guilt, judgment, stigma in general and shame. In the Anglican Church Sibanye many people are afraid to get infected with HIV and they rather keep silent about the AIDS issue. Nevertheless, the minister is still addressing HIV/AIDS and the stigma attached to it, so therefore the manifestation of stigma in the Anglican Church Sibanye is labelled as ‘Fear’ rather than ‘Silence’. Another church in which fear is the most obvious expression of HIV/AIDS stigma is the Stellenbosch Methodist Circuit. Despite the large diversity in the circuit, the superintendent states that the church members refuse to drink from the communion chalice that goes around in the church, because of the fear to get infected with HIV. Although this might not be the case for all the churches within the Stellenbosch Methodist Circuit, the superintendent mentions the problem as an important issue of stigma. The third church that gets the label ‘Fear’ is the Stellenbosch Gemeente. In this case it concerns the PLWA in Kayamandi at the Legacy Centre and not the members of Stellenbosch Gemeente. The church leader of Stellenbosch Gemeente indicates that there is a lot of stigma within the community in Kayamandi, because people are afraid to disclose their status to their relatives and friends. This fear sometimes hampers the willingness of the infected people to get supported by the church, because others will find out about their illness.

Apart from fear, the stigma in the churches around HIV/AIDS is also several times revealed by means of silence. In Stellenbosch Moederkerk, Stellenbosch Welgelegen and St Paul’s Church Stellenbosch the majority of the people keep silent about HIV and Aids. In the Uniting Reformed Church Kayamandi the silence around HIV/AIDS is strongly
combined with shame and the belief that deviant behaviour (different from what the Bible teaches) is a sin. The latter also applies to the Stellenbosch Baptist Church, where the expression of stigma is a sense of guilt. Similar to the Uniting Reformed Church Kayamandi, behaviour that diverges from the scripture is undesirable. Interestingly enough, the church leader of Stellenbosch Baptist Church indicates that the attitude towards PLWHA in the church is compassionate, whilst the church is silent about HIV/Aids and considers HIV-contraction as a sin.

The priest of the Uniting Reformed Church Stellenbosch in Cloetesville is not sure whether the church members adopted the view of the church to not marginalize other people. However, he is aware of some church members calling AIDS ‘that illness’, which gives evidence of either judgement or fear regarding the disease. Also the members of the Methodist Church in Jamestown are not willing to communicate about HIV/Aids. According to the steward of the church, the members are very judgmental and ignorant regarding HIV/Aids and they call PLWHA names. The most extreme case concerns the situation in the Zion Christian Church in Kayamandi: there are many rules in the ZCC and everyone who does not behave conform the rules will be punished by God and stigmatized by others. The exact manifestation of HIV/Aids stigma is not clear, because the priest of the ZCC was not allowed to speak about it. However, given the fact that the church people are considered to work for the devil if they break any rule, it can be stated that there is a lot of stigma in general within the ZCC.

Finally, there are a few churches that consider the HIV/Aids stigma to be absent or part of other existing stigma. The Stellenbosch United Church Church in Kayamandi for instance, does not address HIV/Aids stigma as a specific topic, but rather discusses it in a broader perspective of discouraging stigma. The reason for this is the opinion that HIV/Aids would only be negatively highlighted if the stigma was discussed separately and the priest wants to put HIV/Aids on the same level as other illnesses that are stigmatized as well. The pastor of Vlaeborg Congregation mentions that there is a lot of stigma in general in South Africa, but not so much in the coloured area he lives and works in, because eventually people always come to him to ask for help or disclose their status. Also the church leader of Shofar Christian Church indicates that there is no stigma around HIV/Aids in the church. In this case however, this belief is based on the fact that church members do not disclose their status to the church leader, while they do reveal other sinful information to him. Hence the church leader of Shofar thinks there is no HIV/Aids stigma in the congregation, because people are not infected or affected with the illness. Overall it can be concluded that in the majority of the examined churches there is a certain extent of HIV/Aids stigma. In many churches either both the leadership of the church and the members keep silent about HIV/Aids or the members do not want to listen to the talks about HIV/Aids out of fear or shame. In some churches the stigma is more aggressive and is expressed by means of judging and scoffing people or even by believed punishment of God. Finally, in three of the churches HIV/Aids stigma does not play an essential role within the church community (anymore).

4.2.3 Current HIV/Aids Communication
The third column in Table 7 indicates the presence (or absence) of the current HIV/Aids communication of the different churches. The term ‘current’ is essential here, as most churches used to address the AIDS issue more frequently and more intensive in the past. The table shows that at present ten of the fifteen churches communicate in any way about HIV/Aids. However, this overview gives a rather biased presentation of the actual HIV/Aids communication, as the manner and extent to which HIV/Aids is addressed vary substantially among the churches.

In case of the Uniting Reformed Church Stellenbosch, St Paul’s Church and Stellenbosch Welgelegen the HIV/Aids communication predominantly exists of teaching the children about AIDS during youth camps. These camps are held mostly once or twice a year and apart from the camps there is hardly any other type of HIV/Aids communication in these churches. However, Stellenbosch Welgelegen does have a special AIDS candle in the church, which is lighted every Sunday. Similar to these three churches, the HIV/Aids communication in Stellenbosch Moederkerk is also limited. The church has put up an infographic on their website about HIV/Aids, but apart from that HIV/Aids is not a topic in Moederkerk. The church leaders of the Anglican Church Sibanye and the Stellenbosch Methodist Church Jamestown indicate that HIV/Aids is addressed in their churches, but that the members are unwilling to communicate about the issue. The situation regarding HIV/Aids communication in the Stellenbosch Methodist Circuit is rather ambiguous, because the circuit exists of ten congregations with all very different members. In some of the Methodist churches in Stellenbosch for instance, people wear small AIDS badges and the churches have put up HIV/Aids banners.
with the aim to raise awareness. Meanwhile however, in the same Methodist Circuit some churches have a strong aversion against HIV/Aids communication and they are afraid to get HIV-infected by other members. Three churches that address HIV/Aids frequently in their congregations are Stellenbosch Gemeente, Vlaeberg Congregation and Stellenbosch United Church Kayamandi. All three churches have HIV/Aids as a high priority. Vlaeberg Congregation and Stellenbosch Gemeente are affiliated and they are both very much involved with caring for PLWHA in Kayamandi. Stellenbosch Gemeente is among others funding the respite house Ikhaya Lempilo in the Legacy Centre in Kayamandi and has church staff working fulltime for the Legacy Centre. The church gives its members frequently feedback about HIV/Aids related work in Kayamandi. The pastor of Vlaeberg Congregation does home visits to PLWHA in Kayamandi weekly and teaches the youth in his own congregation about HIV/Aids. Finally, the Stellenbosch United Church Kayamandi indicates to be very open about HIV/Aids, both in formal and in informal settings. The church has followed a national policy regarding HIV/Aids for years. Although the focus on the illness has diminished, HIV/Aids is still addressed at present and people dare to disclose their status to the priest or in the smaller church groups.

4.2.4 Current internal HIV/Aids involvement
This column in Table 7 was created to determine the difference between internal and external HIV/Aids involvement. 'Internal involvement' refers to HIV/Aids related activities that are aimed at the own congregation and external involvement entails HIV/Aids as a social project, which means that the church supports PLWHA outside of the own congregation. The latter will be discussed in the next subsection. Table 7 indicates that three of the fifteen churches are internally involved with HIV/Aids related activities, aimed at the own congregation. The churches that are concerned with this type of HIV/Aids involvement are the Stellenbosch United Church, Vlaeberg Congregation and the Stellenbosch Methodist Circuit. Only churches that are involved with HIV/Aids-related activities or programs at present are listed in this column. The Stellenbosch United Church is currently involved with VCT-related activities and the church leader thinks that the next step in terms of HIV/Aids involvement should be the support of PLWHA. Vlaeberg Congregation is both internally and externally involved with HIV/Aids. Within the own community the pastor takes care of children who are affected or infected by HIV/Aids and he teaches them about the illness. Furthermore, the church organizes counselling and testing every three months at the church and the pastor takes the youth to Kayamandi to get in contact with PLWHA. As far as the Stellenbosch Methodist Circuit is concerned, some of the churches within the circuit are organizing VCT-related activities, some people wear Aids badges and certain church staff is involved with home-based care for PLWHA. Furthermore, some of the Methodist churches are also externally involved with HIV/Aids support. Apart from the three discussed churches the other churches are either not involved at present with HIV/Aids-related activities or are exclusively partaking in external HIV/Aids related programs or activities.

4.2.5 HIV/Aids as a social project
As mentioned in the previous subsection, some of the investigated churches participate in internal HIV/Aids related programs, but most of the churches that are involved with HIV/Aids consider the illness as a social project that is aimed at PLWHA outside of the own congregation. It must be mentioned here that neither the internal type nor the external type of HIV/Aids involvement is being judged in this research. It concerns only an observation of different approaches of HIV/Aids involvement by the churches. Table 7 indicates that seven of the fifteen churches are currently involved with HIV/Aids in terms of a social project: Stellenbosch Gemeente, Stellenbosch Moederkerk, Stellenbosch Welgelegen, Shofar Christian Church, Stellenbosch Methodist Church Jamestown, Stellenbosch Methodist Circuit and Vlaeberg Congregation. Two of these churches are both internally and externally involved: Vlaeberg Congregation and the Stellenbosch Methodist Circuit. The extent of involvement and type of support for PLWHA varies a lot among churches in this column. For instance, the HIV/Aids involvement of Stellenbosch Moederkerk, Stellenbosch Welgelegen and Shofar Christian Church is exclusively based on financial support for people in Kayamandi or people in other poorer areas that are affected or infected by HIV/Aids. An entirely different approach is the type of involvement of Stellenbosch Gemeente and Vlaeberg Congregation: these churches both have church staff working at the Legacy Centre in Kayamandi and people who do home visits to PLWHA in Kayamandi. In case of Vlaeberg Congregation the pastor himself does all the HIV/Aids related support.
4.2.6 Aids is illness of other people

Table 7 shows that seven of the fifteen churches consider HIV/Aids to be an illness that only affects people outside of their own congregation. In some cases this belief gives evidence of the stigma in the church around HIV/Aids: the church creates an in-group/out-group situation. Bad things only happen to people in the out-group, because the in-group conforms to the Bible. In the Anglican Church Sibanye for instance, the members only want to discuss HIV/Aids when it affects themselves or their family, but when it concerns people in the community to which they are not closely related, they are not willing to communicate about it. Also the church members of the Uniting Reformed Church Stellenbosch in Cloetesville believe that Aids is an illness that is ‘out there’ and someone else’s problem, whilst the prevalence of STD’s in the Cloetesville community is rather high according to the minister. Apart from the church members who believe that Aids affects other people, also certain church leaders are fairly sure about the fact that there are no or at least very little HIV-infected people in their church, because nobody ever disclosed their status. This is for instance the case in the Stellenbosch Baptist Church and the Shofar Christian Church. The church leader of Shofar indicates that people do disclose other personal information to him - but not their HIV-status - so he presumes that HIV/Aids is not an issue in the congregation. In case of the Stellenbosch Baptist Church the presumption of the church leader about the non-existence of HIV/Aids in the church is rather uncertain. Furthermore, there are some churches that are uncertain about the HIV-prevalence in the church, because the fairly wealthy church members have the means to seek for medical help themselves if they would be HIV-infected and there would be no need for them to inform the church about that. The pastor of Stellenbosch Moederkerk indicates that it is very difficult to find out about people’s status, because of existing rules regarding confidentiality.

People with a low socio-economic status are more likely to ask for help in the church, because they often lack the financial means to go to a doctor. Stellenbosch Gemeente therefore gives personal and financial help to PLWHA in Kayamandi. It can be concluded that the main tendency regarding perceived HIV-prevalence in the churches is based on the belief of either the church leader or the church members that the own church people are not infected or affected with HIV/Aids. Another explanation is the ignorance of HIV/Aids in the church by some church members: they know it, but do not feel affected.

4.2.7 Saturation HIV/Aids communication

Beside the fact that a large part of the churches indicates that HIV/Aids is an illness of other people, another important reason for the current absence of HIV/Aids communication that was found in the churches is the saturation of HIV/Aids information by the church members. Five of the fifteen churches indicate that the South Africans are tired of the HIV/Aids talks nowadays, because the government has been campaigning against Aids for years and people have been overloaded with Aids information by the media as well. Hence at present there is in a sense a saturation of HIV/Aids related communication and people are sick of hearing about it, because they are aware of HIV/Aids now, according to the churches. Moreover, the church communities are facing other social issues as well that mostly have a higher priority, such as drug and alcohol problems, unemployment and housing shortage. The churches that indicate the fatigue regarding HIV/Aids communication are Anglican Church Sibanye, Stellenbosch Catholic Church, Stellenbosch Moederkerk, Stellenbosch Welgelegen and Uniting Reformed Church Stellenbosch.

4.2.8 Official vision of church on sexuality hampers HIV/Aids communication

From the analyses of the churches it is clear that the majority of the churches has a fairly strong view on sexuality and morality. In some cases the official position of the church regarding sexuality is hampering the possibility of HIV/Aids communication or HIV/Aids involvement, whilst in other churches the view of the church members is so much conservative that the HIV/Aids communication of the church does not match with their beliefs. In the column ‘Official vision of church on sexuality hampers HIV/Aids communication’ in Table 7 can be found that five of the fifteen churches take a definite position regarding sexuality, which often hampers the HIV/Aids communication of the church. For instance in the Stellenbosch Baptist Church, HIV/Aids can only be discussed in terms of the scripture and meanwhile HIV-contraction is considered to be a sin because of sexual immorality. Similar to this case, the Stellenbosch Catholic Church has trouble communicating about HIV-prevention, because the official view of the church is that condom use is prohibited. The Uniting Reformed Church in Kayamandi and the ZCC are very much against pre-marital and extra-marital sex and also homosexuality is not accepted in the church. The same goes for the
other churches in this column in Table 7. According to St Paul’s Church Stellenbosch and Shofar Christian Church there are other reasons for the absence of HIV/AIDS communication in their church, but nevertheless the strong vision on sexual morality is actually only allowing the church to teach about HIV-prevention in terms of abstinence. If people would be already infected with HIV however, this would give evidence of sinful behaviour. Still this does not entail that traditional and strong views on sexuality are negative, but in terms of the improvement of HIV/AIDS communication and the reduction of stigma such a strong position is rather hampering the situation.

4.2.9 Vision of church members on sexuality hampers HIV/AIDS communication

Besides the official positions of the churches regarding sexuality, in some cases the church members are the cause of hindered HIV/AIDS communication. Table 7 shows that four of the fifteen churches have trouble to reach their members with HIV/AIDS related messages, because they do not want to hear about sexual immoral situations. The Anglican Church Sibanye, Uniting Reformed Church Kayamandi, Stellenbosch Methodist Church Jamestown and Stellenbosch Methodist Circuit are facing this issue of misalignment with their members. The Anglican Church Sibanye and the Stellenbosch Methodist Church have a certain policy regarding HIV/AIDS, but have trouble to address the issue, mainly because of the conflicting views on sexuality and morality of a lot of church members. As discussed in the previous subsection, the Uniting Reformed Church Kayamandi neither has an official Aids policy nor the support of the church members to be involved with HIV/AIDS in any way. However, the minister did several attempts to address HIV/AIDS in the church in the past, but both his superiors and members were not happy with that performance.

4.2.10 Intention to be involved with fighting HIV/AIDS in the future

Interestingly enough, eleven of the fifteen examined churches indicate that they would want to be involved with combating HIV/AIDS in the future, even the churches that are currently not involved. The priest of Stellenbosch Catholic Church wants to raise more awareness around HIV/AIDS in the future and the minister of Stellenbosch Welgelegen thinks that the HIV/AIDS situation in South Africa is worsening and that therefore the focus on HIV/AIDS by the church should come back in the future. Also the Uniting Reformed Church Stellenbosch indicates that if the Aids epidemic would aggravate in the future, the church wants to be more involved. The minister thinks that the church would then partner with religious networks to combat Aids. Shofar Christian Church is expanding by planting new churches in South Africa and other countries in Southern Africa. The church leader thinks that the more Shofar gets in contact with poorer communities, the more focus should be put on proactive HIV/AIDS communication. The church leader of St Paul’s Church found out after the interview that the denomination to which St Paul’s belongs (Church of England in South Africa) actually has a policy regarding HIV/AIDS and he was set thinking to get more involved with the Aids issue in the future. Furthermore, also the congregations that are currently addressing HIV/AIDS want to continue their work in the future. Although Stellenbosch Gemeente faces some trouble finding sponsors for Ikhaya Lempilo in the Legacy Centre in Kayamandi, the church staff and partnering organizations are still supporting the respite house for PLWHA. Also the Stellenbosch United Church in Kayamandi wants to continue with the HIV/AIDS involvement, but the priest states that the focus should shift from raising awareness towards supporting people who are infected or affected with HIV/AIDS. The pastor of Vlaeberg Congregation will continue his home-based care and HIV/AIDS related activities in the community as well. As far as the other five churches are concerned that are not on the list, the Stellenbosch Moederkerk is probably continuing the financial support of children/young students that used to be affected by HIV/AIDS; the Stellenbosch Baptist Church does not see the need to be involved with HIV/AIDS; the ZCC has so many rules and extreme ideas that HIV/AIDS involvement does not fit with the customs of the church and finally the Uniting Reformed Church Kayamandi struggles with the question how to be involved with HIV/AIDS in the church, because of the misalignment with the church members. This issue also applies to the Anglican Church Sibanye and the Methodist Church Jamestown, but these churches are still attempting to reach their members, while the Uniting Reformed Church Kayamandi has given up on trying.
5. Conclusion

5.1 Answering research questions

On the basis of the study results the central research question and the sub-questions are answered in section 5.1. Subsequently, in section 5.2 the conclusions are summarized in a schematic overview (Figure 6) that indicates the position of the examined churches regarding HIV/Aids stigma. The positioning of the churches is further explained in section 5.2.

The following research questions have been formulated:

Central research question
In which respects does the HIV/Aids communication between Christian churches and their members in and around Stellenbosch encourage or discourage HIV/Aids stigma?

In order to be able to answer this question, first the answers to the following sub-questions are given.

Sub-questions

1. To what extent and in which ways are Christian churches in and around Stellenbosch communicating about HIV/Aids and/or Aids stigma with their members?

   The extent to which the examined churches are communicating about HIV/Aids and HIV/Aids stigma differs enormously. Some churches are very much involved with addressing HIV/Aids and teaching the church members about the illness, whereas other churches are ignoring HIV/Aids or consider HIV/Aids to be a non-issue in their congregation. The churches that have put their focus on HIV/Aids are Vlaeberg Congregation, Stellenbosch Gemeente and Stellenbosch United Church Kayamandi. These three churches are most actively communicating about the issue and the members in these congregations are approving the addressing of the illness in church. In most of the other churches there is a very small extent of HIV/Aids related communication, but the focus of the church is mostly on other topics. This is the case in the Uniting Reformed Church Stellenbosch, Stellenbosch Catholic Church, Stellenbosch Moederkerk and Stellenbosch Welgelegen. These churches used to address Aids in the past, but have different priorities at present, because HIV/Aids is not considered as an urgent topic anymore.

   In the Anglican Church Sibanye and in the Stellenbosch Methodist Church Jamestown the church has Aids candles and banners in order to raise awareness, but in these churches the members are unwilling to hear about the issue. This is also the case in some of the other Methodist congregations that belong to the Stellenbosch Methodist Circuit, but in certain other Methodist churches the HIV/Aids communication is positively received by the church members. As far as the Baptist Church, the Shofar Christian Church, the Uniting Reformed Church Kayamandi and the ZCC are concerned, there is no HIV/Aids communication at all.

2. What messages about HIV/Aids and stigma do these churches give out to their members and why?

   The churches that do communicate about HIV/Aids and its attached stigma are mostly focused on raising awareness among the members, praying for PLWHA and teach people not to marginalize or stigmatize people who are infected or affected by HIV/Aids. However, the majority of the churches does not convey a specific message about HIV/Aids and rather chooses to address stigma in general. The Stellenbosch United Church Kayamandi does this for a particular reason. The church leader states that by focussing on HIV/Aids stigma specifically, HIV/Aids will be evaluated as a more severe illness than for instance TB or other diseases. According to the Stellenbosch United Church in Kayamandi this would only aggravate the stigma around HIV/Aids and therefore the church only addresses stigma in general.
3. What kind of ‘mental construct’ do Christian church leaders in and around Stellenbosch, their superiors and their church members have towards PLWHA and AIDS-related issues ‘sexuality’ and ‘morality’?

Similar to the various extent of HIV/AIDS communication in the different churches, also the view on PLWHA, sexuality and morality ranges widely among the examined churches. However, the majority of the churches teach against pre-marital and extra-marital sex. Although some of the church leaders indicate that they rather want to be realistic and know that the youth nowadays often has sexual contact, the majority of the churches is fairly strict about the abstention before marriage. Furthermore, homosexuality is a very precautious topic in most of the churches. Although same sex marriages are legitimate at present in South Africa, many churches are still not accepting homosexuality. The Stellenbosch Baptist Church, the Uniting Reformed Church Kayamandi, St Paul’s Church Stellenbosch and the Shofar Christian Church for instance, indicate that they consider homosexuality as abnormal. Although homosexuals are still welcome in most of these churches, they will be told not to act on their sexual preferences, because it was not God’s intention to let homosexuality exist. In the Anglican Church Sibanye, the leadership teaches that people should not be marginalized because of their sexual preferences, but the church members are very much against homosexuals and call them ‘moffies’. This negative attitude was also found in the Stellenbosch Methodist Church Jamestown, where one of the ministers was fired after it turned out she was lesbian. In contrast with these churches, the Stellenbosch Kruiskerk, which is de student church of the Moederkerk congregation, is evaluated as a ‘gay-friendly’ church. Also in Stellenbosch Welgelegen, the minister is fairly open about sexuality towards the youth and homosexuality is accepted in the church. The leadership of both the Stellenbosch United Church Kayamandi and the Uniting Reformed Church Stellenbosch are currently defining their view on homosexuality. Vlaeberg Congregation and Stellenbosch Gemeente put the focus rather on sexual responsibility than on sexual morality.

As far as the attitude in the churches towards PLWHA is concerned, the mental constructs of the church people differ largely among the examined churches from judgement to fear and from empathy to compassion. Even within the churches it frequently occurs that the members have different attitudes than the church leaders. Moreover, some of the church leaders are uncertain about the attitude of their church members, as HIV/AIDS is not discussed in the congregation. This applies to the Shofar Christian Church, St Paul’s Church Stellenbosch, Stellenbosch Catholic Church, Stellenbosch Moederkerk, the Uniting Reformed Church Kayamandi and the Zion Christian Church. The Stellenbosch Baptist Church, Vlaeberg Congregation, Stellenbosch Gemeente and Stellenbosch United Church Kayamandi indicate that the attitude towards PLWHA in their church is positive, whereas the Anglican Church Sibanye, Stellenbosch Welgelegen and Stellenbosch Methodist Church Jamestown speak of attitudes towards PLWHA that include fear, judgement and prejudice.

4. To what extent and in which ways do Christian churches in and around Stellenbosch experience that their HIV/AIDS communication might be in conflict with the vision of their superiors and their church members? (i.e. the hierarchal structure of the congregation)

In the present study the examination of Christian churches in Stellenbosch was conducted by means of interviews with church leaders. The feeling of alignment or misalignment with other church people, regarding HIV/AIDS communication in the church, is therefore described from the perspective of the church leaders. From the analyses three main outcomes were found with respect to this question.

First there are the church leaders that neither feel in conflict in their HIV/AIDS communication with the church superiors, nor with their members. This applies to the majority of the churches: Stellenbosch Moederkerk, URC Stellenbosch, Stellenbosch Gemeente, Stellenbosch United Church Kayamandi, Vlaeberg Congregation, Stellenbosch Baptist Church, Shofar Christian Church, Stellenbosch Welgelegen and the ZCC. In most of these cases the absence of misalignment regarding HIV/AIDS communication is due to the fact that there is no or hardly any HIV/AIDS communication in the churches. This is different for Stellenbosch Gemeente and Vlaeberg

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7 ‘Mental construct’ is defined as “a compilation of beliefs of a certain concept” (De Groot, 2005: 22; Van de Sande, 2008: 14)
8 ‘Superiors’ refers to the leaders of the local church leaders in Stellenbosch, according to the hierarchy of a denomination. For example: a Catholic Church in Stellenbosch is a subdivision of a Catholic archbishopric with an archbishop at the head. On top of the Roman Catholic hierarchy is the Pope in Rome.

Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/AIDS and in dealing with HIV/AIDS stigma
Congregation, where the church leaders do not have superiors to which they are accountable and where the church members give positive feedback about the HIV/AIDS communication.

The other two findings concern the church leaders that feel in conflict with their members and the church leaders that feel misaligned with their superiors regarding the HIV/AIDS communication in the church. The Stellenbosch Catholic Church is accounted to the latter. The priest of the church indicates that he finds it very difficult that he is not allowed to address condom use in the church. In the smaller church groups he teaches the members about prevention to STD’s, and tells them that if they are not able to abstain, they should rather use a condom than get infected. However, this message is not in line with the official teaching of the Roman Catholic Church and the priest knows that he is not allowed to promote condom use.

The superintendent of the Stellenbosch Methodist Circuit is aware that there is an official policy regarding HIV/AIDS in the larger Methodist Church and she is attempting to carry out that policy in the churches. However, some of the members are not willing to hear anything about HIV/AIDS or about sexuality. This is for instance the case in the Stellenbosch Methodist Church, Jamestown Society: although the congregation puts effort in raising awareness on HIV/AIDS, the members are rather ignorant and judgemental and they do not want to discuss the topic, according to the steward of Jamestown Society. A similar situation happens in the Anglican Church Sibanye, where the minister still addresses HIV/AIDS and sexuality, but where the members are tired of the HIV/AIDS talks.

The minister of URC Kayamandi has given up his attempts to address HIV/AIDS in the congregation, because he faces both conflicts with his superiors and with his church members about the HIV/AIDS communication. The church council of the Uniting Reformed Church Kayamandi does not approve any HIV/AIDS-related activities on the property of the church and also the AIDS candles have been removed from the church building. Furthermore, the members do not want to talk or listen to HIV/AIDS-related information, as they consider PLWHA as sinful and abnormal. This made addressing HIV/AIDS in the church impossible for the minister.

A congregation that does not entirely fits into one of the discovered categories is the St Paul’s Church Stellenbosch. Although the church hardly communicates about HIV/AIDS towards its members, the larger denomination to which St Paul’s belongs does have a clear policy regarding HIV/AIDS. The minister indicates that he is uncertain why his congregation does not follow the HIV/AIDS policy, because St Paul’s is not in conflict with the larger denomination, the Church of England in South Africa (CESA). However, the church functions as an independent congregation and the minister indicates that St Paul’s does not feel that much connected to CESA.

Overall it can be concluded that most of the examined churches do not experience any conflict with respect to the HIV/AIDS communication in their congregation; certain churches feel misaligned with their superiors, whereas certain others have trouble convincing their members about HIV/AIDS prevention. In a few extreme cases the church leader experiences disagreement with both his members and his superiors.

5. What kind of activities are the Christian churches in and around Stellenbosch undertaking to communicate about HIV/AIDS and/or Aids stigma with their members?

At present the majority of the examined churches in Stellenbosch are not involved with HIV/AIDS-related activities anymore. Most of these churches indicate that they used to address HIV/AIDS by means of activities a lot more about twenty years ago. For instance Stellenbosch Catholic Church, Stellenbosch Welgemelegen and Stellenbosch Moederkerk used to be involved with home-based projects and care for HIV-infected orphans. The Catholic Church participated for a long time in the HOPE project, aimed at care for PLWHA, funding medicines and teaching people about AIDS. Stellenbosch Moederkerk, Stellenbosch Welgemelegen and URC Stellenbosch partnered with CABSA, which provided the churches with workshops and informative material regarding HIV/AIDS. The Anglican Church Sibanye organized VCT-related activities in the past and also used to give out HIV/AIDS-related material, such as brochures and flyers. However, this material is not available in the churches anymore and the HIV/AIDS involvement has mostly reduced to lighting candles and in some cases to financial support for HIV/AIDS-affected orphans. Nevertheless, on World AIDS Day most of the churches light a candle, organize a special meeting and pray for PLWHA. Furthermore, some of the churches also still organize youth camps. Although these camps are not specifically aimed at HIV/AIDS-related education, the HIV/AIDS talks are a permanent part of the youth camps.
Apart from the churches that have been involved with HIV/AIDS in the past, there is another group of churches that has never organized HIV/AIDS-related or HIV/AIDS stigma-related activities at all. This group includes the Stellenbosch Baptist Church, the ZCC and the Uniting Reformed Church Kayamandi, although the latter has attempted to be involved with HIV/AIDS, but failed due to conflicting visions on HIV/AIDS care within the church. Furthermore, Shofar Christian Church stands aloof from HIV/AIDS-related activities in the church as well, but the church does partner with an NGO in Kayamandi that is dedicated to the improvement of social circumstances and education of children in Kayamandi. Although it is presumable that HIV/AIDS care forms a part of the work of the NGO, it is not their main focus.

As far as the Stellenbosch Methodist Circuit is concerned, there is a large diversity regarding the extent of HIV/AIDS involvement of the different churches. Overall, the circuit partners with several networks and organizations that fight against HIV/AIDS, in which the Methodist Church Jamestown Society also partakes; there are HIV/AIDS related workshops in some of the Methodist Churches and one of the churches supports babies with HIV/AIDS. However, from the analysis it is uncertain how many churches of the ten that belong to the Stellenbosch Methodist Circuit are involved with HIV/AIDS-related activities.

The last group of churches concerns the congregations that are currently involved with activities aimed to communicate about HIV/AIDS and reduce stigma. This applies to the Stellenbosch Gemeente, Vlaeberg Congregation and Stellenbosch United Church Kayamandi. Vlaeberg Congregation organizes VCT at the church every three months, with the help of the Africa Centre for HIV/AIDS Management in Stellenbosch. Beside the external help around HIV/AIDS the pastor himself is also involved with HIV/AIDS related activities: he takes a group of 20 children in the church, the so-called ‘Club 20’ to Kayamandi in order to get them in contact with PLWHA and to teach them about stigma in Kayamandi. The pastor also works together with the Legacy Centre in Kayamandi and does home-based care for PLWHA in Kayamandi. The Legacy Centre was built ten years ago with by Stellenbosch Gemeente. It is a multi-functional community centre in the township Kayamandi, just outside of Stellenbosch. Within the Legacy Centre many projects, workshops and seminars around HIV/AIDS are being done to support the community. In important part of the Legacy Centre is Ikhaya Lempilo, which means “House of Health”. Ikhaya Lempilo is a respite centre where people with a low CD4 who have been discharged from the hospital can recover if they cannot go home. One of Stellenbosch Gemeentes’ staff members works full time for the Legacy Centre and the church also includes students from Stellenbosch University to help in pastoral care projects. Furthermore, the people in church have been involved with food supplying for HIV-infected people in Kayamandi and also in funding the Legacy Centre building.

Finally, the Stellenbosch United Church Kayamandi has had HIV/AIDS as one of the three top priorities in the church. The church organized workshops and support groups in order to create awareness around HIV/AIDS. Furthermore, the youth association had a program on Behavioural Change in which HIV/AIDS was implemented. The Stellenbosch United Church also has a national policy regarding HIV/AIDS, which is followed by the congregation and the church is still involved with VCT during church conferences. It can be concluded that most of the examined churches used to be more involved with HIV/AIDS related activities in the past, but some churches are still addressing HIV/AIDS at present. As a counterpart, there are some churches as well that have never organized any HIV/AIDS related activities and do not wish to change this situation.

6. To what extent and how are the HIV/AIDS communications and the HIV/AIDS related activities of Christian churches in and around Stellenbosch evaluated, and do the churches have any evidence of the effects of their HIV/AIDS communication and their HIV/AIDS related activities?

Of the churches that do organize HIV/AIDS related activities, in most cases there has been no official evaluation of the programs or activities or the evaluation is rather vague. For instance, the only HIV/AIDS related communication of the St Paul’s Church Stellenbosch is the HIV/AIDS talk during youth camps by externals. It is uncertain whether the addressing of HIV/AIDS during these camps is evaluated or not. However, the minister states that the children generally react positively on the message, despite the fact that they mostly already got the information from other sources. Also in the Anglican Church Sibanye doubt about the outcomes of the
HIV/Aids communication and activities exists. The priest reckons that the Department of Social Development probably still has the HIV/Aids related material that used to be given out in the past, but it is not available anymore in Sibanye. As regards the current HIV/Aids communication of Sibanye, the priest notices that it is difficult to convince people to change their attitude towards PLWHA and towards homosexuals and all other cases that are ‘abnormal’. It can be stated that the present HIV/Aids communication of the church carries out a positive message but that this message has not been very effective so far, because HIV/Aids communication is not really accepted by most of the church members.

The priest of the Stellenbosch Catholic Church indicates that there is no evidence of the HIV/Aids related activities in the church, he notices that the people in church are more responsible regarding sexuality nowadays. In Stellenbosch Moederkerk en Stellenbosch Welgelgen there is no provable evidence of HIV/Aids involvement either.

Also the Stellenbosch United Church Kayamandi has no official evaluation of its HIV/Aids-related work and no effects are measured, but the church is aware of the general impact of HIV/Aids related activities. This also applies to URC Stellenbosch: The HIV/Aids related activities on the first of December and on the camps are not evaluated. The minister indicates that he gives out the information that CABSA provides, but that he is not sure whether the church members use that information. However, the minister is fairly sure that all the church members are aware of HIV/Aids and know how it is contracted.

Three churches that are evaluating their HIV/Aids-related activities to a certain extent are Stellenbosch Methodist Circuit, Stellenbosch Gemeente and Vlaeberg Congregation. The churches of the Methodist Circuit need to keep track of their work and report this to the larger church. Furthermore, the HIV/Aids-related workshops in the Methodist churches are evaluated by means of a questionnaire. In that manner the attendance of the workshops, the amount of workshops and the commission afterwards can be measured. Stellenbosch Gemeente gives frequent feedback to its church members and sponsors about the HIV/Aids related programs in the Legacy Centre and also presents the projects on their website. Also the three-monthly VCT-activities in Vlaeberg Congregation are always evaluated afterwards in the church and the members have the opportunity to ask questions about the counselling and testing. The home-based care and the visits with the youth to Kayamandi are not formally evaluated.

In short it can be concluded that the majority of the churches that is or has been involved with HIV/Aids-related activities has no real evidence or formal evaluation of their programs, but the church leaders mostly see changes over time in people’s behaviour and knowledge regarding HIV/Aids and sexuality. However, it remains uncertain to what extent these changes can be attributed to the HIV/Aids-programs of the churches or to a combination of factors (e.g. HIV/Aids awareness campaigns by the government and the free availability of ARV’s).

After comparing the characteristics per church in the meta-analysis and by means of answering the sub-questions, the most essential information results in a pattern of main concepts that together enable the answering of the central research question:

**In which respects does the HIV/Aids communication between Christian churches and their members in and around Stellenbosch encourage or discourage HIV/Aids stigma?**

From the fifteen analyses three important tendencies are found: the first tendency concerns the churches that are currently **actively discouraging** the HIV/Aids stigma by means of HIV/Aids communication and HIV/Aids involvement. These churches support PLWHA actively, communicate about HIV/Aids with their members and address the stigma around HIV/AIDS. This tendency regards the following three churches: Vlaeberg Congregation, Stellenbosch Gemeente and Stellenbosch United Church Kayamandi. The second tendency shows the opposite situation: it concerns the churches that are **actively encouraging** the HIV/Aids stigma at present due to the condemnation of people who are different. These churches follow the rules of their scripture very strictly and have a low acceptance of people that show deviant behaviour or characteristics. The examined churches that are accounted to this tendency are the Uniting Reformed Church Kayamandi and the Zion Christian Church (ZCC).
In between these extreme poles the third tendency regarding HIV/Aids stigma can be found: the majority of the examined congregations takes a rather passive position towards the Aids issue and most churches keep silent. This tendency is fairly vague and churches are actually neither encouraging nor discouraging the HIV/Aids stigma. However, by taking a passive and rather silent position, these churches are in fact passively perpetuating the stigma around HIV/Aids. The majority of the churches are accounted to this tendency of silence: Stellenbosch Methodist Church, Jamestown Society; Stellenbosch Methodist Circuit; Anglican Church Sibanye; Uniting Reformed Church Stellenbosch; Stellenbosch Welgelegen; Stellenbosch Moederkerk; Stellenbosch Catholic Church; Shofar Christian Church and St Paul's Church Stellenbosch. The silence around HIV/Aids can mainly be attributed to three different causes. Firstly, the strong view on sexuality and morality of certain churches restrains the faith-based organizations from communicating about HIV/Aids, as HIV-contraction is considered to be a sin. This can be regarded as the sexuality issue of the churches. The sexuality issue can either concern the official view of the church on sexuality or the view on sexuality of the members, and in some cases both the leadership and the members of a church take a strong position in sexual morality.

The second cause of the silence around HIV/Aids in certain churches may be that many churches consider HIV/Aids as an illness that affects other people, but not their own church members. Aids is often still attributed to the poor black and coloured people by the white, middle or upper class South Africans. However, also the coloured and black people point fingers at others; there is a sense of ignorance and as long as people are not directly affected by HIV/Aids they often do not want to hear about it.

The third essential cause that was found for the passive position that most churches take in HIV/Aids involvement is the finding that people are done talking and saturated with communication messages about HIV/Aids. In the past twenty years both government and media have put a huge focus on the Aids epidemic in South Africa and by now, people are tired of the message. This tendency makes a lot of churches less inclined to (still) address the Aids issue. Table 7 in the previous main section (4) showed the churches to which the three mentioned characteristics of silence apply.
Figure 6: Overview position Christian churches in and around Stellenbosch regarding role in dealing with HIV/AIDS stigma
5.2 Position Churches Stellenbosch regarding role in handling HIV/Aids stigma

Figure 6 above gives a schematic overview of the position of the fifteen churches regarding their role in handling HIV/Aids stigma. In the next subsections the diagram and the positions of the churches will be further discussed.

5.2.1 General explanation Figure 6

In the diagram in Figure 6 the three discovered tendencies are represented and the churches are positioned on the basis of these tendencies and their characteristics. The tendency Actively discouraging HIV/Aids stigma is shown by means of a green box in the right area of the diagram. This tendency will be discussed in subsection 5.2.2.

In the middle of the diagram the tendency Silence about HIV/Aids and HIV/Aids stigma is indicated by means of an orange box. As discussed in the previous subsection, this tendency is formed by three main concepts: the sexuality issue in the churches, the belief that HIV/AIDS is no issue in the church and the saturation of HIV/AIDS communication. The tendency Silence about HIV/AIDS and HIV/AIDS stigma will be further elaborated in subsection 5.2.3. Finally the churches that can be accounted to the tendency of Actively encouraging HIV/AIDS stigma will further be discussed in subsection 5.2.4. This tendency is indicated in Figure 6 by means of a red box.

In order to account for the choice of positioning the churches in a certain manner, a colour system is used to match the churches with one of the three discovered tendencies. For example, in Figure 6 the orange box that says ‘Shofar Christian Church’ is positioned under the orange box that indicates Silence about HIV/AIDS and HIV/AIDS stigma.

Shofar Christian Church is placed rather on the left side than on the right side of the diagram, which indicates that there is fairly much silence in the church regarding HIV/AIDS. The blue lines that connect the boxes of the churches with the black line indicate the position towards the other churches. Hence the blue lines are more important than the exact placement of the boxes in terms of higher or lower in the figure (that rather concerns a matter of lay-out). In the next subsections the different tendencies will be discussed in terms of the positions of the churches. It must be stated however, that the comparison of fifteen churches in a diagram is not based on facts and figures, but on the analyses of interviews with church leaders. Therefore Figure 6 needs to be considered as a tool that gives a global overview of the perceived position and attitude of the churches towards HIV/AIDS.

5.2.2 Active discouragement HIV/AIDS stigma

On the left side of the diagram in Figure 6 a green box indicates the tendency ‘Actively discouraging HIV/AIDS stigma’. Below the black line three churches are matched with this green box: Vlaeberg Congregation, Stellenbosch Gemeente and Stellenbosch United Church Kayamandi. These three churches are all actively involved with HIV/AIDS communication and HIV/AIDS related activities and they attempt to reduce the stigma around the illness by teaching people and supporting people who are infected or affected by HIV/AIDS.

Vlaeberg Congregation takes the most left position on the line, because the pastor of this congregation is both internally and externally active in addressing HIV/AIDS. Next on the right to Vlaeberg Congregation, Stellenbosch Gemeente is positioned. Stellenbosch Gemeente is externally very much involved with HIV/AIDS related support in Kayamandi. On the third place in the ‘green zone’ the Stellenbosch United Church in Kayamandi is situated. Similar to the other two churches, the Presbyterian congregation has been actively involved with HIV/AIDS for years. Although the Stellenbosch United Church Kayamandi is still communicating about HIV/AIDS, the church is less actively involved with HIV/AIDS related activities than in the past. However, it is obvious that all three of the churches are currently actively making an effort to diminish the stigma around HIV/AIDS.

5.1.3 Silence about HIV/AIDS and HIV/AIDS stigma

From Figure 6 it is clear that the majority of the examined churches can be categorized under the tendency Silence about HIV/AIDS and HIV/AIDS stigma. However, silence is a rather wide-ranging term in the present study, because some churches are very silent and take a very passive position in the addressing of HIV/AIDS, whilst other churches attempt to address the issue, but do not get response from church members. Although every church is an individual case with different backgrounds and a different extent of silence around HIV/AIDS, an attempt has been made to sort the ten churches in terms of passiveness.
and silence regarding HIV/Aids. The position of the churches will now be discussed in the order of ‘less passive’ to ‘more passive’ (See Figure 6).

Figure 6 shows that the Methodist Church Jamestown is positioned at the most left side of the diagram within the orange zone. The fact is that the church used to be more involved with HIV/Aids in the past, but the current minister does not want to address the issue in the church, according to church assistant. The stigma in the church is very much noticeable and the members have a judgemental attitude towards PLWHA. This situation can mainly be attributed to the sexuality issue in the Methodist Church Jamestown: discussing sexuality is a taboo and people do not talk about sex or HIV/Aids. Despite the silence within the church however, the Methodist Church Jamestown is still involved with external programs aimed at HIV/Aids, such as the support for orphans in Kayamandi, a partnership with ABBA, which is an HIV/Aids-related network and the relation with @ Heart, an HIV/Aids related non-profit organization, with which the church gathers monthly. It can be stated that despite the large extent of silence in the church, the congregation is fairly active in terms of external HIV/Aids involvement, which gives the church the position of ‘less passive’.

Next to the Methodist Church Jamestown the Stellenbosch Methodist Circuit is situated in Figure 6. This is rather sensible, as the Jamestown congregation forms part of the Stellenbosch Methodist Circuit. Moreover, from both the analyses of the Methodist Churches it was found that there is a lot of diversity and disagreement within the circuit, but also within the congregations itself. As far as the Stellenbosch Methodist Circuit is concerned it can be stated that certain Methodist Churches of the circuit are involved with raising awareness around HIV/Aids and supporting PLWHA and other churches do not want to partake in the Aids involvement. The latter part mainly keeps afloat from HIV/Aids communication because of the sexuality issue: again, sexuality is a taboo for a lot of people and Aids is considered to be a consequence of sexual immoral behaviour.

On the third place in line the Anglican Church Sibanye is positioned. In this case all three characteristics of silence around HIV/Aids apply to the church: the sexuality issue, the view of the church members that HIV/Aids does not affect them and the fatigue regarding HIV/Aids-related messages. Nevertheless, the minister of the Anglican Church Sibanye still keeps addressing the Aids issue in the church, although the members are uncomfortable with talking about sexuality and HIV/Aids. Furthermore, the church has a policy regarding HIV/Aids, which states that the Anglican parishes should be HIV/Aids-friendly. Overall it can be stated that there is a lot of stigma and silence among the church members of the Anglican Church Sibanye, but the leadership of the church is still making an effort to change this situation.

After the Anglican Church Sibanye, the Uniting Reformed Church Stellenbosch is next in line. In this congregation in Cloetesville the main reasons for the absence of HIV/Aids communication are the view that Aids is not affecting people in the congregation and the fact that people are over-informed and saturated with HIV/Aids talks. However, the Uniting Reformed Church Stellenbosch does talk about sexuality and teaches the children on special youth camps about sexual responsibility and the risks of HIV-infection. Furthermore, the church organizes HIV/Aids-related activities on World Aids Day. Nevertheless, this is only once a year and apart from World Aids Day and the youth camps the church does not communicate much about HIV/Aids, because it is considered to be a non-issue in the church.

Top right of URC Stellenbosch the box that indicates Stellenbosch Welgelegen can be found. Similar to the Uniting Reformed Church Stellenbosch, the congregation Stellenbosch Welgelegen organizes youth camps where sexuality and relationships are discussed. Furthermore, the church financially supports orphans that are affected or infected with HIV/Aids and the church raises awareness on World Aids Day. However, also similar to the situation in the URC Stellenbosch, Aids is considered to be passé, people do not want to communicate about HIV/Aids anymore and the HIV-prevalence among the white upper-class church members of Welgelegen is very low, so the church is not preaching about Aids anymore.

The same situation of silence applies to Stellenbosch Moederkerk. The Moederkerk indicates that there is a huge apathy regarding HIV/Aids in the congregation and again the people are tired of discussing HIV/Aids. Despite the fact that the Kruiskerk, which forms a part of Stellenbosch Moederkerk, has a lot of student members, the HIV-prevalence in the church is perceived to be very low. In the past the church was involved with home-based care for PLWHA, but at present the type of HIV/Aids involvement has changed from home-based HIV/Aids care to financial support and mentoring children/students, but not with the focus on HIV/Aids anymore, but on the education and future of the children.
In Figure 6 a little further to the right, the Catholic Church Stellenbosch takes its position. The silence around HIV/Aids in the Stellenbosch Catholic Church is mainly caused by the sexuality issue: the church has a very strict view on condom use, which is prohibited. In the past the congregation used to be involved with HIV/Aids in terms of caring and support, because prevention was difficult given the condom issue. Nowadays, the ABC-message is still given out in the church, but there is not much communication regarding Aids anymore. The priest also indicates that people are tired of hearing about the illness and that they are saturated with information.

In Shofar Christian Church the main reason for the silence around HIV/Aids is the fact that the illness is considered to be a non-issue in the congregation. The church has a lot of student members, but the church leader indicates that the figures of HIV-infection on Stellenbosch University show that the prevalence is very low among the students. Therefore the church people do not feel related to or affected by the Aids issue. However, Shofar is partnering with a couple of NGO’s that operate in Kayamandi and among others support PLWHA there. Apart from the apathy around HIV/Aids the sexuality issue could influence the silence around HIV/Aids as well, because the church strongly preaches against pre-marital, extra-marital sex and homosexuality.

St Paul’s Church Stellenbosch has a similar approach of teaching about sexuality and also shares the view of Shofar Christian Church that pre-marital sex, extra-marital sex and homosexuality are not allowed. However, the extent of stigma in the St Paul’s church seems to be larger than in Shofar, because the church does not state that Aids is no issue in the congregation. The church leader thinks that the amount of HIV-infected people in the church is low, but he is not sure, because people are afraid to disclose their status. Similar to Stellenbosch Welgelegen and Uniting Reformed Church Stellenbosch, St Paul’s Church also organizes youth camps where the youth is taught about sexuality and Aids. However, in the case of St Paul’s the teaching about HIV/Aids is entirely put out to an external HIV/Aids organization. Apart from the youth camps there is no specific HIV/Aids communication and the church has never felt the urge to address the issue.

The final church that is clustered in the zone of silent and passive positions towards HIV/Aids communication is the Stellenbosch Baptist Church. The silence regarding HIV/Aids in the Baptist Church can be mainly attributed to the raison d’être of the church. The church considers itself as a place where the message of Jesus Christ and God is taught and not as a social institution. Therefore, the church sees no need for HIV/Aids involvement. The other two reasons for the silence around HIV/Aids in the church concern the sexuality issue and the fact that the church does not consider the illness as an issue in the congregation. Stellenbosch Baptist Church follows the scripture very strictly and everything that deviates from the scripture is considered to be abnormal and immoral. Although the church states that HIV-infected persons would be welcome in the church, HIV is still considered as a sin, because it gives evidence of sexually immoral behaviour, according to the church.

5.2.4. Active encouragement HIV/Aids stigma
The third tendency that was found after analysing the different churches with regard to their role in HIV/Aids communication and HIV/Aids stigma concerns two churches: The Uniting Reformed Church Kayamandi and the Zion Christian Church are both indicated by means of red boxes and labelled as ‘actively encouraging HIV/Aids stigma’. It must be mentioned that also in these two churches a large extent of silence regarding HIV/Aids exists. However, the difference between the previously discussed churches and the ZCC and URC Kayamandi is that the latter churches do not only keep silent about HIV/Aids, but they also take certain actions to obstruct HIV/Aids communication and HIV/Aids involvement. In case of the Uniting Reformed Church Kayamandi, both the church members and the church council are resisting the attempts of the minister to be involved with HIV/Aids. The members do not want to hear about sexuality or Aids, because those topics are stigmatized. Hence the sexuality issue applies to this church as well. Similar to the situation in the Stellenbosch Baptist Church, the people are reluctant to everything that deviates from the norms as taught by the Bible. Furthermore, the Aids candles in the church were removed one day and the church council prohibited the idea of the minister to use a container on the church’s property for VCT-related activities. In this manner, any communication or involvement regarding HIV/Aids is hampered by the church.

As far as the Zion Christian Church is concerned, the situation in the church is even more extreme: the ZCC has a book with many rules that tell people how to and how not to live their lives. However, diseases are not described in the policy of the church and there is no communication regarding HIV/Aids at all. When people are ill, they are supposed to drink Joko tea, which is believed to be holy and to have healing powers. Moreover, the ZCC does not allow people to go to the hospital, because they believe God and the Joko tea will cure them. People who do not behave conform the rules of the ZCC are
Religion as a double-edged sword: the position of Christian churches in and around Stellenbosch in communicating about HIV/Aids and in dealing with HIV/Aids stigma

considered to work for the devil and will be punished by God. This also implies sexual immoral behaviour: sex before marriage is totally wrong. The extreme rules and traditions of the ZCC make HIV/Aids communication or HIV/Aids involvement impossible and the fact that ill persons are given tea instead of medications gives evidence of the active hampering of necessary health care. This aggravates the stigma around diseases such as HIV/Aids.

After extensive analyses and comparisons of the role of the examined churches regarding HIV/Aids communication and HIV/Aid stigma, it can be concluded that three of the fifteen churches are actively making effort to reduce the stigma around HIV/Aids at present, either in their own congregation or in other areas. Furthermore, ten of the examined churches take a certain passive position regarding addressing HIV/Aids stigma and they mostly keep silent about the issue, which leads to perpetuation of the existing stigma. As discussed above and presented in Figure 6 the extent of silence and passiveness differs among the ten churches.

Finally two of the fifteen churches are actively encouraging the HIV/Aids stigma, by hampering HIV/Aids communication and HIV/Aids related activities. These churches hinder the possibility to address the illness in their congregation and therefore aggravate the HIV/Aids stigma. Interestingly enough there is no category of churches that passively discourage HIV/Aids stigma. By taking a passive position, apparently the stigma around HIV/Aids does not disappear by itself. In the next section a discussion about the underlying causes of the positions of the examined churches is presented.
6. Discussion

In this final section first a general discussion regarding the main findings of the present study will be given, in which the present outcomes are compared to the existing literature. Furthermore, the main underlying reasons for the examined churches to be or not to be involved with HIV/AIDS communication and HIV/AIDS stigma will be discussed. Subsequently, in section 6.2 the limitations of the present study are discussed and the section will be concluded with a suggestions for further research in section 6.3.

6.1 General discussion: religion as a double-edged sword

In the present study the role of Christian Churches in the area of Stellenbosch regarding HIV/AIDS stigma was examined. From the literature review, it is clear that church leaders play a pivotal role in addressing social issues towards their members, such as HIV/AIDS. As trusted key figures, church leaders of faith-based organizations have the powerful position to break the silence around HIV/AIDs and fight the stigma that is attached to it (Keikelame, Murphy, Ringheim, & Woldehanna, 2010). However, as Byamugisha (2012) stated, “religion is a double-edged sword” (Byamugisha, 2012) and church leaders can also aggravate the HIV/AIDS situation in their community by giving out ambiguous messages about prevention and sexuality (Eriksson et al. 2010; Keikelame, Murphy, Ringheim, & Woldehanna, 2010). The equivocal influence of church leaders regarding addressing HIV/AIDS was also found in the present study. The main factors in this research that were found to contribute to the position of the churches regarding HIV/AIDS stigma were (a) the sexuality issue, (b) HIV/AIDS as a social project and (c) the vision that HIV/AIDS is history.

The sexuality issue

The view on sexual morality was found to be a hampering factor to HIV-prevention in a large part of the examined congregations. Most of the churches focus on abstinence before marriage and on being faithful to one’s partner. However, many of the interviewed church leaders are aware of the fact that the youth in their congregation is sexually active, despite the teaching of the church. This frequently leads to ambiguous messages about sexuality in terms of ‘if you are not able to abstain, then at least be faithful to one sex partner and if you are not able to do that, in the worst case do use a condom’. This type of view however, is even fairly open-minded, because one third of the church leaders in the present study ignores the fact that the youth might be sexually active, as people are simply obliged to follow the rules of God.

Moreover, pre-marital sex, extra-marital sex and homosexuality are considered as a sin by a large part of the examined churches. This view hampers HIV/AIDS communication and the addressing of HIV/AIDS stigma, as PLWHA are often indirectly accused of sinful behaviour. However, at the same time most churches also teach that people in general should not be marginalized or stigmatized. This makes the position of churches rather vague and ambiguous.

In the present study it was found that the attitude towards PLWHA in the congregations sometimes depended on the way in which the HIV-infection was contracted. The fact is that HIV is mainly transmitted by sexual contact and in fewer cases it concerns mother-to-child transmission or blood transmission. In the latter cases however, the attitude towards PLWHA is much more positive than in cases of HIV-infection through sexual transmission. This was for instance found in the HIV/AIDS-related work of Stellenbosch Welgelegen: the church leader indicates that the compassion for HIV-infected children is much higher than for other PLWHA, because the children are seen as innocent victims, whereas older HIV-infected persons are believed to be sexually immoral. Therefore, the church members were more prepared to support children with HIV/AIDS than other PLWHA. Also, in Stellenbosch Moederkerk, the HIV/AIDS focus used to be predominantly on the HIV-affected orphans in Kayamandi.

These findings endorse the underlying causes of HIV/AIDS stigma as described by Alonzo and Reynolds (1995) who state that certain groups in society are less likely to be stigmatized than others, such as infants of HIV-infected mothers and that people who are believed to be responsible for their HIV-infection through sexual immoral behaviour are more prone to be stigmatized (Alonzo & Reynolds, 1995: 305). Hence their statement “AIDS is tainted by a religious belief as to its immorality
and perceived to be contracted by morally punishable behaviour” (Alonzo & Reynolds, 1995: 305) is supported by the present findings in Christian Churches in Stellenbosch.

Nevertheless, it is important to mention that the manner in which the examined churches are coping with the sexuality issue varies substantially among the churches. Interestingly, almost all the interviewed church leaders indicated to be very open about sexuality in their congregation, including the churches where sexuality is considered to be a taboo by the church members. Some of the church leaders find it important to adhere to the Bible fairly strictly, whereas others teach about sexuality rather in terms of responsibility and its role in a spiritual life. These different underlying visions on sexuality and morality seem to have an essential role in the position that the churches take in addressing HIV/Aids and HIV/Aids stigma.

The three examined churches that were found to actively discourage HIV/Aids stigma are also the churches that put more emphasis on sexual responsibility rather than sexual morality (i.e. have a broader interpretation of the Bible). Furthermore, in all three churches the attitude towards people living with HIV/Aids was positive. In contrast, the examined churches that take a passive position towards HIV/Aids communication and the churches that actively encourage HIV/Aids stigma were found to have either a stricter view on sexual morality or face disagreements within the hierarchal structure of the church regarding the sexuality issue. Besides, in these churches the attitude towards PLWHA was often rather negative or uncertain. In terms of the Integrative Model of Behavioural Prediction (IMBP) by Fishbein and Yzer (2003) the attitude in the different congregations towards sexuality and PLWHA can be considered as ‘distal variables’ that indirectly contribute to the behavioural intention of churches to address HIV/Aids and combat the stigma. However, there is no solid evidence for this relationship. In order to predict the behavioural intention of the churches, many other factors that influence behavioural intention must be taken into account. Nevertheless, it is assumable that the different views of the churches on sexuality have a certain influence on their position regarding HIV/Aids stigma.

**HIV/Aids as a social project**

Whereas the sexuality issue is an important factor that hampers the HIV/Aids involvement of certain churches, the view on HIV/Aids as a social project is a reason for some churches to be involved with HIV/Aids. Of the fifteen examined churches, seven churches are involved with HIV/Aids as a social project. Some of these churches combine internal HIV/Aids communication (i.e. within the own congregation) with care for PLWHA in other communities. This is for instance happening in Vlaeberg Congregation and in the Stellenbosch Methodist Circuit. As described by Swart (2006) faith-based organizations can function as ‘social capital’ in the society, among others because of their extensive religious networks and their tendency to care for people in need.

Most of the examined churches that have external HIV/Aids-related programs do not see need for HIV/Aids-involvement within their own congregation. This is mainly due to the fact that the HIV-prevalence in the own church is very low or perceived to be very low. However, these churches do have a calling to help other people in need and they want to be involved with important social issues in society, such as HIV/Aids. This is currently visible in Stellenbosch Gemeente for instance and in the past in Stellenbosch Moederkerk, Stellenbosch Welgelegen and Stellenbosch Catholic Church as well. Certain churches that are not involved with addressing HIV/Aids and stigma at present do have other social projects running, because they find their social role as a church important, but have other social priorities than Aids.

However, some of the examined churches rather emphasize the spiritual role of the church and consider it as their mission to teach people about Jesus Christ and God. This vision was found in the Stellenbosch Baptist Church, the Uniting Reformed Church Kayamandi and the Zion Christian Church. These churches put a strong focus on the teaching of the scripture and they do not consider HIV/Aids care as part of their role as a faith-based organization. It can be stated that similar to the vision on sexuality, also the vision of church leaders regarding their social role as a church indirectly influences the intention to be or not to be involved with HIV/Aids-related programs.

**HIV/Aids is passé**

A third essential reason for the decision of the examined churches to abandon the addressing of HIV/Aids is the fact that the illness is not such an urgent issue anymore for certain churches. This is not surprising given the figures on the frequency of HIV in Western Cape. In comparison with the other South African provinces, Western Cape had the lowest HIV-prevalence in 2008 among 15-49 years old people (< 5,5%) (UNAIDS Epidemiological Factsheet South Africa, 2008). Furthermore, from a study by HEAIDS on HIV-prevalence among students and staff members in 21 universities in South Africa, the lowest HIV-
prevalence among students (1,1%), service staff (1,2%) and academic staff (0,2%) was found in Western Cape (1,1%) (HEAIDS, 2010).

These data might explain the low HIV-prevalence in the majority of the examined churches in Stellenbosch, Western Cape. Eight of the fifteen churches indicated that HIV/Aids is not really an issue (anymore) at present in their direct environment and the number of HIV-infected persons in these congregations is very low or at least perceived to be low by the church leaders. Interestingly enough, it concerns churches with different demographic characteristics in terms of ethnic groups, social-economic status and location. For instance, both Stellenbosch Welgelegen – which is predominantly represented by white upper-class members – and Uniting Reformed Church Stellenbosch in Cloetesville – a coloured area where unemployment and STI’s are fairly large problems according to the church leader- both indicate that very few members in their congregation have died of Aids in the past years.

Moreover, one third of the interviewed church leaders indicated that the people are tired of the HIV/Aids-related messages. Over the past twenty years the HIV/Aids situation has changed: people are more aware of sexual risks and know what HIV/Aids is. Furthermore, the government has made ARV’s freely available. This made most church adherents less inclined to discuss their HIV-status with their church leader, because they can easily get medicines and search for medical help now.

Still, to some of the examined churches this situation does not apply: in the township Kayamandi for instance many people have barriers to see a doctor, due to the stigma around HIV/Aids or the lack of means to go there. The church leaders of Stellenbosch Gemeente, Vlaeberg Congregation and Uniting Reformed Church Kayamandi state that the HIV/Aids stigma among the black people is very high. Although many people in Kayamandi and in the coloured Vlaeberg community sleep around, sexuality and HIV-infection are very difficult topics to discuss because of the stigma. Drugs- and alcohol abuse are frequently the cause of this sexual behaviour. Furthermore, the culture of Black African men to sleep with many women in order to find out if they can get pregnant forms a serious threat to the health situation in black areas, such as Kayamandi. Hence, it can be concluded that despite the relatively low HIV-prevalence in Western Cape, in certain areas around Stellenbosch such as Vlaeberg, Jamestown and Kayamandi the HIV/Aids situation is still serious. However, only few of the church leaders of the examined churches in high HIV-prevalent areas seem to be able to combat the stigma and gain confidence from their members.

Beside the three discussed main issues that form important underlying factors for the position of churches regarding addressing HIV/Aids stigma, obviously many other factors contribute to this. For instance, the individual differences between the interviewed church leaders, such as their position, their power and experience in the church, their own religious beliefs and their attitudes towards PLWHA could have a role in their way of representing their congregation. Furthermore, also other parties in the church, such as the members and the superiors of church leaders determine the extent of possible HIV/Aids involvement. The URC in Cloetesville and the URC in Kayamandi for example both belong to the Uniting Reformed Church, but still many differences in their practices and visions regarding HIV/Aids were found. Interestingly enough, the many differences between the churches mostly rather concerned attitude issues than knowledge issues; almost all church leaders indicated that their adherents are aware of HIV/Aids and its causes and consequences. However, the attitude towards for instance sexuality, PLWHA and the social role of the church varied largely. Finally also harmony within a church community has proven to be an important factor for adequate and effective HIV/Aids communication in the present study. This was found in Stellenbosch Gemeente, Vlaeberg Congregation and Stellenbosch United Church. These churches have an open communication style towards their members and regularly give feedback about the HIV/Aids-related work of the church. Furthermore, these congregations carry out an atmosphere of trust and solidarity. In contrast, the churches that face a large extent of disagreement among different church parties were found to be less successful in addressing HIV/Aids and stigma. Given all the differences among the studied churches, it is very complicated to sketch a univocal image of the situation regarding HIV/Aids in Christian churches in Stellenbosch. Therefore it is important that future research is done on this topic. Before suggestions for future studies are presented, first the limitations of the present research are discussed.
6.2 Limitations

The present research was aimed at gaining a better understanding of the HIV/Aids involvement of different Christian churches in the area of Stellenbosch, in order to find out to what extent the churches are rather encouraging or discouraging HIV/Aids stigma. By means of qualitative interviews with fifteen church leaders and an extensive analysis process based on Grounded Theory, a new theory for the examined churches regarding their position concerning HIV/Aids stigma was developed. Furthermore, the most important underlying beliefs, visions and attitudes of the examined churches - that influence their position regarding HIV/Aids stigma - were explored. Nevertheless, there are some limitations in the present study.

First, the target group concerned exclusively church leaders of different congregations. Although it was found in previous studies that church leaders have a powerful position concerning the addressing of HIV/Aids (Eriksson et al, 2010: 111; Keikelame, Murphy, Ringheim, & Woldehanna, 2010: 66) the inquiries on the HIV/Aids communications of the examined churches is rather one-sided. The fact is that the interviewed church leaders also spoke on behalf of their church members and their superiors and they were often uncertain or at least biased about the opinions of these other people. Furthermore, the exact role and experience of the church leaders under study varied widely among the congregations. For instance, some of the church leaders had been working as a minister for years in the same congregation, whereas others only just started in their present congregation. In some cases the latter were inclined to give examples of HIV/Aids communication in their previous jobs.

Second, during the interviews some precautious topics were brought into attention, such as sexuality and information about HIV-infected persons. Some of the church leaders felt rather uncomfortable talking about these issues, perhaps also due to cultural and gender differences (Parry, 2005 in Eriksson et al. 2010: 112). Hence some of the interviewees were not willing to answer sensitive questions, which left certain aspects of the analyses to uncertainty. Furthermore, it is also possible that the interviewed church leaders sometimes gave rather socially desirable answers, in order to give a more positive view of the HIV/Aids communication in their congregation.

Third, the findings of the present study cannot be generalized, as it concerns a fairly small qualitative case study. Hence the findings only apply to the fifteen examined churches in the area of Stellenbosch. In order to find out the positions of other churches regarding HIV/Aids stigma, new qualitative analyses should be done, because it is presumable that the situation regarding HIV/Aids involvement will differ to a certain extent in every congregation. However, the aim of qualitative research such as the present study is not generalizing the results, but rather make the findings transferable for future researchers (Baxter & Babbie, 2004: 298).

The fourth limitation concerns some conditions for the correct use of Grounded Theory as described by Corbin & Strauss (1990: 422). The present study was conducted by solely one researcher instead of more. This could have affected the validity of the research, as a researcher can be biased by pre-existing beliefs or preconceptions. However, in order to make the analyses in this study traceable, all the different steps of the analysing process of every church were written down and explained (Baarda, 2009: 138). Another requirement of Grounded Theory as described by Corbin & Strauss (1990: 422) is the aim to develop new theory, without posing hypotheses beforehand, but rather creating hypotheses during the research process. Although new insights were gained in the HIV/Aids communication of certain Christian Churches in Stellenbosch, the present study was based on previous research on HIV/Aids stigma and there also were certain pre-existing expectations.

Finally, the present study was conducted in Western Cape, the province with the relatively lowest HIV-prevalence in South Africa (UNAIDS Epidemiological Factsheet South Africa, 2008). The fact that many church leaders in and around Stellenbosch do not see much need for HIV/Aids involvement in their own congregation is therefore fairly plausible. Still, this does not explain the absence of HIV/Aids as a social project in some churches. In the next section suggestions for further research on this issue will be discussed.

6.3 Suggestions for further research

In order to anticipate on the limitations of the present study, future research on the role of churches in combating HIV/Aids stigma is desired. This could enable future researchers to advise faith-based organizations in South Africa about possible improvement of their health communication regarding HIV/Aids.
In the first place, it would be interesting to conduct interviews with both church members and church leaders in one congregation in order to get multiple views on the HIV/AIDS communication of the church and the attitudes of members towards people living with HIV/AIDS. For such a study, focus group interviews with church members would enable participants to exchange experiences and visions on HIV/AIDS communication and HIV/AIDS stigma and could give interesting insights in the different perspectives of people. The outcomes could then be compared to the interviews with the church leaders in order to get a more holistic understanding of the HIV/AIDS situation in the churches. Furthermore, HIV/AIDS-related material that is used by churches could be investigated by means of a qualitative content analysis. The aim of qualitative content analysis is “to search for certain meanings in order to discover central themes in the written material” (Baarda, 2009: 101).

Another suggestion for further research that would be interesting is to conduct a similar study in another province in South Africa where the HIV-prevalence and number of AIDS-related deaths are higher than in Western Cape. Van de Sande (2008: 47-48) already examined the extent of VCT-encouragement in a small group of churches in Limpopo. She found that most of the investigated churches encouraged their members to go for VCT and attempted to reduce the stigma around HIV/AIDS. Apart from Limpopo also Kwazulu-Natal, Mpumalanga and Free State are areas with a high HIV-prevalence among people between 15 and 49 years old (UNAIDS Epidemiological Factsheet South Africa, 2008). It would be interesting to find out if church leaders of congregations in these areas are more involved with HIV/AIDS at present than the examined churches in Stellenbosch of the present study.

In future studies, also the vision of churches regarding their social role in the community could be compared for churches in rural and urban areas. In the present study some church leaders indicated that people have other institutions to go to with their problems instead of the church. These were mostly the churches in the central parts of Stellenbosch, whereas the members of the studied churches in more rural areas, such as Vlaeberg were rather dependent on their pastor.

Finally, the group of churches in the present study exists of eleven European Missionary Based churches, one Pentecostal church, one Evangelical Charismatic, one Contemporary church and one African Initiated Church. In future research it would be worthwhile to have a more diverse scope of churches in terms of different origins. For instance, the focus could be more on the HIV/AIDS communication of African Initiated Churches or Charismatic churches. Hereby, possible differences regarding HIV/AIDS communication and stigma between for instance European Missionary Based Churches and African Initiated churches could be investigated.

A final note

From the different findings of this research it becomes clear that religion indeed is a double-edged sword when it comes to addressing a controversial topic as HIV/AIDS. Despite the powerful position of many churches in South Africa and despite their often-good intentions, most churches are rather complex organizations and clearly not every church is suitable or prepared to devote to fighting HIV/AIDS stigma. However, in the present study eleven of the fifteen churches indicated that they would want to be involved in combating HIV/AIDS in the future. The churches that aspire to improve the health situation of their members or their fellow citizens in other communities can pattern themselves on those churches in the present study that already have been successfully involved with diminishing HIV/AIDS stigma. Hereby, the areas for special attention can be: striving for harmony between the essential church parties; recognize the importance of the social function of the church and perhaps more radical: re-considering the often ambiguous vision on sexual morality. Future studies are essential to get a better understanding of the possibilities and conditions for these suggestions.
Articles and books


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Zion Christian Church Website: http://www.tkm.co.za/doc/zcc.html (26-02-2013)
Appendices

Appendix part A: Format Interview Questions

Due to their size (+/- 950 pages), the **Appendices part B** are accessible on a separate disk. The file structure is as follows:

- Appendix B1: Interview + complete analysis Anglican Church Sibanye
- Appendix B2: Interview + complete analysis Stellenbosch Baptist Church
- Appendix B3: Interview + complete analysis Stellenbosch Catholic Church
- Appendix B4: Interview + complete analysis Stellenbosch Methodist Church Jamestown
- Appendix B5: Interview + complete analysis Stellenbosch Methodist Circuit
- Appendix B6: Interview + complete analysis Shofar Christian Church
- Appendix B7: Interview + complete analysis Stellenbosch Moederkerk
- Appendix B8: Interview + complete analysis St Paul’s Church Stellenbosch
- Appendix B9: Interview + complete analysis Stellenbosch Gemeente
- Appendix B10: Interview + complete analysis Stellenbosch Welgelegen
- Appendix B11: Interview + complete analysis Stellenbosch United Church Kayamandi
- Appendix B12: Interview + complete analysis Uniting Reformed Church Kayamandi
- Appendix B13: Interview + complete analysis Uniting Reformed Church Stellenbosch
- Appendix B14: Interview + complete analysis Vlaebeg Congregation
- Appendix B15: Interview + complete analysis Zion Christian Church
Appendix A: Format Interview Questions

Introduction
This semi-structured interview is designed for the purpose of my Master Thesis in Persuasive Health Communications. The aim of the present research is to gain insight in the HIV/AIDS communication of several Christian churches in and around Stellenbosch with a special focus on the stigma that is related to HIV/AIDS. This type of stigma will be named ‘HIV/AIDS stigma’.

The first part of the interview exists of some general questions that aim to discover biographical information about the church denomination and congregation. The rest of the interview aims to find answers to six sub-research questions related to HIV/AIDS communication and HIV/AIDS stigma in churches. Participation in this interview is fully voluntarily and the gathered information will be processed confidentially.

A: General Question’s to determine biographical information about the church denomination and congregation.

1. Could you tell me the full name of your church?

2. There are several ways to classify churches, one of which is to differentiate between “European missionary based churches” or “African Initiated Churches”. How would you classify your church?
   - “European Missionary based Churches”
   - “Mainline church”
   - “African Initiated Churches”; divided in:
     - Pentecostal churches
     - Younger African initiated Pentecostal or charismatic churches
     - Zionist and Apostolic Churches
   - Other...?

3. Could you tell me something about the congregation in terms of its demographic profile?
   - Size
   - Ethnic Group
   - Age structure

4. A) Is your church related to other (Catholic/Anglican/Dutch Reformed etc.) churches in/around Stellenbosch?
   B) If so, does the demographic profile from the related church differ from your church?
   C) Is there a reason for that?

5. A) Does your church have different types of services?
   B) If so, what kind of services?
   C) What is the difference between these services?

6. A) Would you say that your church is part of an ecclesiastical hierarchy?
   \(\text{(Do you have certain superiors in the organization of your church?)}\)

B: The following questions aim to discover:

B1: To what extent is your church communicating about HIV/Aids with its members? And does your church also communicate about the HIV/Aids related stigma?
B2: What kind of communication activities does your church undertake to discuss HIV/Aids and/or Aids stigma with the church members?

B3: What message about HIV/Aids and stigma does your church give out to its members and why?

7. A) Could you tell me if your church is communicating about HIV/Aids in any way and if so, through which communication channels?
   
   (examples)
   - Church services
   - Website
   - Flyers/brochures
   - Other...

   B) Could you tell me what kind of message your church is giving out about HIV/Aids to its members and why?

   C) Could you tell me whether your church talks about the stigma related to HIV/Aids and why?

8. A) Does your church organize any HIV/AIDS related activities or is it involved in HIV/Aids related campaigns?

   Examples of HIV/AIDS related activities/campaigns → prompting if necessary

   - Raising awareness
   - Counselling
   - Advocacy of breaking the silence about HIV/Aids
   - HIV/Aids education
   - Home based care
   - Brochures and leaflets
   - Orphan care
   - Financial support
   - Sermons
   - Workshops
   - Other...

9. A) Do any of those activities relate to HIV/Aids stigma?

   B) Do any of the activities relate to Voluntary Counselling and Testing (VCT)?

10. A) Does your church encourage people to talk about their HIV status?

    B) Why or why not?

11. A) Do you think that your church members could have personal reasons/barriers/ motivations, which discourage them from talking about Aids?

    B) If so, could you site some examples?

    C) Do you think that these barriers also prevent your church members from participating in VCT (Voluntary Counselling and Testing activities?)

C: The following questions aim to discover:

C3: What kind of attitudes and beliefs does your congregation have towards PLWHA? And what attitudes does your church have towards Aids-related issues ‘sexuality’ and ‘morality’?

C4: To what extent does your church experience that its HIV/Aids communication might be in conflict with the vision of its superiors and their church members? (i.e. the hierarchal structure of the congregation)
12. A) How do your church members react to the HIV/Aids messages?  
   B) Are they in favour of HIV/Aids communication within the church or is it not the place for communication about it?

13. A) Are there any barriers preventing you as a Clergy member/ Reverend/Pastor/Priest from encouraging members to discuss HIV/Aids?  
   B) If so, which barriers?

14. A) Does your church have a policy regarding to HIV/AIDS...  
   ➢ At national level?  
   ➢ At regional level?  
   ➢ In the parish where you are the minister?  
   B) Do you, as a clergy/pastor/reverend/priest feel that you are able to meet these policies of your church regarding to HIV/Aids?  
   C) Why or why not?

15. A) How does your church feel about communicating about morality and sexuality (i.e. pre-marital sex; condom use; educate young people about sexuality?)  
   B) Is this vision in line with the vision of your superiors?

D: The following questions aim to discover:  

D6: To what extent are the HIV/Aids communications and the HIV/Aids related activities of your church evaluated, and is there any evidence of the effects of the HIV/Aids communication of your church?

16. A) Have the HIV/Aids related activities organized by your church been evaluated afterwards?  
   B) Why or why not?

17. A) Do you think that the HIV/Aids-related activities carried out by your church have been successful?  
   B) If so, why?  
   C) Do you have any evidence of these effects?

Extra (if time left)

18. Is your congregation related to any national or international religious network? For instance:  
   ➢ CABSA (Christian Aids Bureau South Africa)  
   ➢ CUHA (International ecumenical network Churches United Against HIV& Aids)  
   ➢ INERELA + (International, interfaith network of religious leaders- who are living or personally affected by HIV)?  
     • If not, do you reckon that your church wants to get involved in such a network of churches in the future?  
     • Why or why not?