

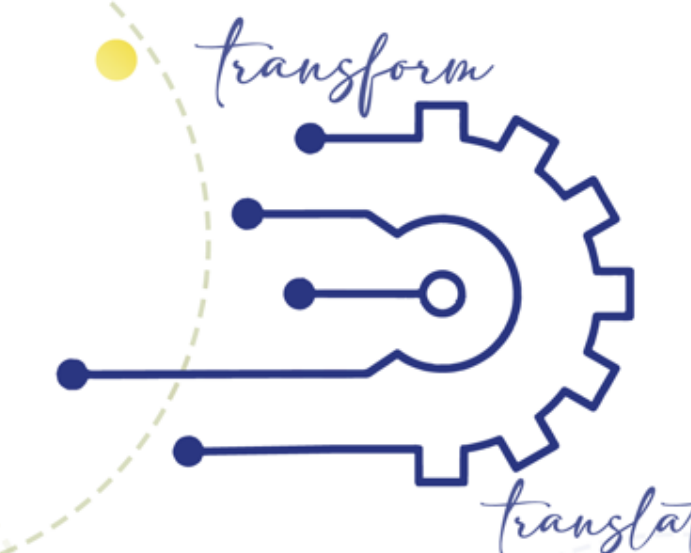
The model for combating HIV/AIDS among Christians in the Thulamela Municipality churches

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TRANSFORMING RESEARCH
TRANSLATION-
REIMAGINING
PUBLIC HEALTH EVIDENCE,
POLICIES, AND PRACTICE



BACKGROUND

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed the ambitious 90–90–90 strategy to end the AIDS epidemic by 2030 by achieving the following three targets: 90% of all people living with HIV know their status; 90% of all people diagnosed with HIV receive sustained antiretroviral therapy (ART); and 90% of all people on ART are virally suppressed (UNAIDS, 2014:2). South Africa has the biggest and most high-profile HIV epidemic globally, with an estimated 7.7 million people living with HIV in 2018. South Africa accounts for a third of all new HIV infections in Southern Africa. In 2018 there were 240,000 new HIV infections, and 71,000 South Africans died from AIDS-related illnesses (Simbayi, Zuma, Zungu, Moyo, Marinda, Jooste & Naidoo 2019:7). South Africa is making good progress towards the UNAIDS 90–90–90 targets, particularly regarding testing and viral suppression (UNAIDS 2019:4). In 2018, 90% of people living with HIV were aware of their status, of which 68% were on treatment. Of those diagnosed and on treatment, 87% were virally suppressed. This equates to 62% of all people living with HIV in South Africa on treatment and 54% virally suppressed (UNAIDS 2019:5). The role of churches in preventing the spread of HIV/AIDS has predominantly been characterised by the reluctance to encourage the use of condom. Many church denominations have banned the use of condoms and are not prepared to change their position (Tiendrebeogo & Buykx 2012:1). But it could be argued that the congregants can still exercise free will and use condoms This uncompromising stance regarding condoms by the Catholic Church and most Protestant churches complicates HIV/AIDS prevention campaigns aimed at reducing unsafe sexual practices (Derose, Mendel, Kanouse, Bluthenthal, Castaneda & Hawes-Dawson 2015: 1220; Stokes, Vanable & McKirnan 2016:373). Churches' efforts across multiple countries have found that care and support activities are considered traditional strengths of churches, even though HIV prevention efforts have been highly contested within religious circles, often disrupting collaborative efforts (Leong 2014:299). Although stigma is often cited as a barrier to churches' involvement in HIV, less is known about the range of norms and attitudes towards HIV that exist in, among, and around congregations and how these norms and attitudes are related to congregational involvement in HIV-related activities. The findings add to the body of knowledge of public health and health in general about HIV and AIDS management, influencing policy change on how HIV/AIDS is managed. The model can also be employed at Biblical and Theological College and infused into their curriculum

OBJECTIVES

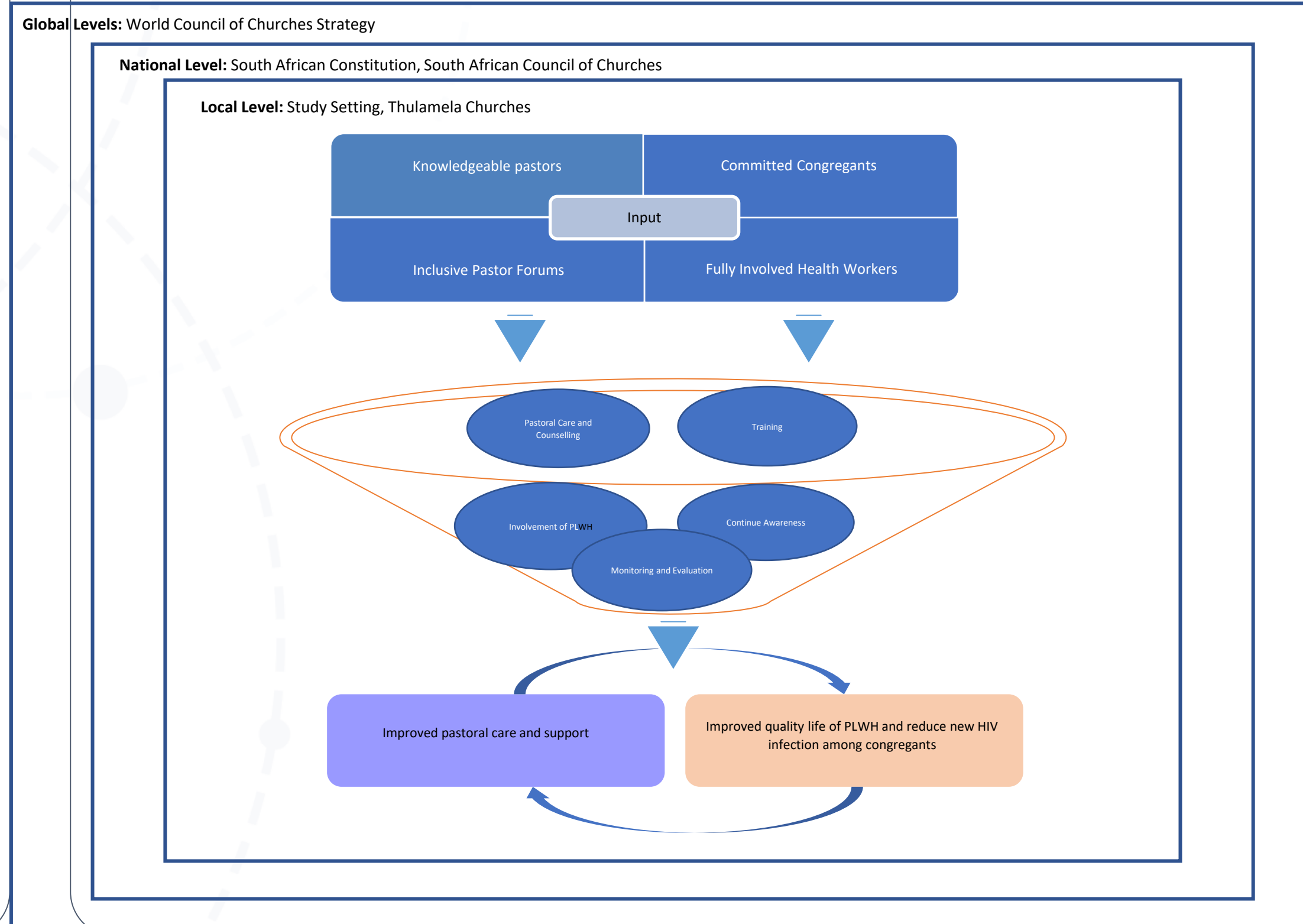
The purpose of the study was to gain an in-depth understanding of how pastors are addressing HIV/AIDS in order to develop a model for combating HIV/AIDS among Christians in Thulamela churches of Limpopo Province

METHODOLOGY

The study was conducted in two phases. Phase one was situational analysis and Phase two was the model development. Phase one Data were collected through face-to-face in-depth individual interviews and focus group discussion (FGD) from pastors and PLWH. Interviews were audio-recorded and were transcribed for reference purposes, and as such, the credibility of the data was observed. Data were analysed thematically following the content analysis approach as described by Neuman and Reed (2011:111). Phase two: Model Development: Phase two focused on developing the model for combating HIV/AIDS among Christians in Thulamela churches. The model to combat HIV/AIDS was developed based on phase one's (situational analysis) findings. Response to questions by participants helped the researcher gain an in-depth understanding of pastors' experiences and perceptions. Understanding the situation guided the development of a model to combat HIV/AIDS among Christians in Thulamela churches.

The conceptual framework adopted in this study was the CIPO model. The literature reviewed also informed the basis of developing the model. Thus, the model development integrated the elements of the systems theory, which includes: the context, input, process, and output to formulate the HIV/AIDS combating model; all these were organized following theory development designs and methods described by Scheerens (2015:81), making use of the concept analysis, synthesis, and derivation. Furthermore, the developed model was evaluated and refined using a modified Delphi technique (Hasson & Keeney 2011:1696).

RESULTS



CONCLUSIONS

The model to combat HIV/AIDS among Christians was developed from the findings of this research. It is guided and supported by the CIPO model with four proposed elements. The proposed elements for the model include the context, input, processes, and output. The model for combating HIV/AIDS supports the factors discussed at the following levels: global, national, and institutional. The model for combating HIV/AIDS is of the view that the study setting where the research took place is a system operating in an enabling environment. It is therefore imperative that the services of pastors need to be improved so that they can, in return, contribute positively to improving the quality of PLWH and mend the relationships of PLWH and their families

ADVOCACY MESSAGE

The time for the church to remain quiet on HIV/AIDS-related issues is over, hence, the need for collaboration of churches with government (health practitioners) in combating the scourge of HIV/AIDS is pivotal for knowledge sharing and transferring. Training of Pastors by the researcher on the use of the model is crucial.

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