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The lack of knowledge on HIV by pastors in the Thulamela Municipality: Pastoral power

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The Church, as an institution, has pioneered ground-breaking interventions, although some of these interventions were also a vehicle for imperial colonisation. Through its missionary activities, the Church has exercised such a form of power over its flock. This article intends to analyse the extent of the knowledge that pastors in Thulamela Municipality, Limpopo Province, have concerning HIV/AIDS and the prejudices associated with the illness. The article applies a qualitative approach in ascertaining the extent of such knowledge as well as the pastoral approaches utilised. In this qualitative phenomenological study, the authors explored the knowledge of these pastors regarding HIV/AIDS. A semi-structured interview guide was used to direct the collection of data. Following thematic analysis, the knowledge of pastors regarding HIV/AIDS emerged as the theme of the study. The findings revealed that difficulties relating to providing pastoral care to people living with HIV/AIDS (PLWH) were exacerbated by a lack of knowledge and limited training offered to pastors. The article will further argue that there is a need for a partnership between the churches and public health services.

Contribution: This article strives to expose biblical discourse exhibited by pastors because of a lack of theological formation and to suggest a way forward in collaborating the church as a religious institution and public health institution for combating HIV/AIDS.

Keywords: AIDS; HIV; knowledge; pastors; phenomenological; missionary medicine; pastoral power.

Introduction

In this article, the authors propose an argument that the knowledge held by pastors concerning HIV/AIDS influences the pastoral care given to people living with HIV (PLWH). The HIV/AIDS pandemic has presented the world with various challenges. The medical fraternity has been at the forefront of reducing and preventing the spread of the virus (Luyirika 2003:4). In so doing there have lobbing of various sectors of society to provide assistance and collaboration in confronting HIV/AIDS. The campaign to combat HIV/AIDS is a global concern, and one of the goals of the Joint United Nations Programme on HIV and AIDS (UNAIDS 2019:8) is to achieve zero new HIV infections, zero discrimination, and zero AIDS-related deaths by the year 2030. The achievement of this 'zero goal' is also embraced in goal number one of the South Africa National HIV & AIDS, Sexually Transmitted Infections (STIs) and Tuberculosis (TB) Strategic Plan (NSP) 2017–2022, focusing on the acceleration of prevention aimed at reducing new HIV infections (Gray, Hopkins & Doherty 2018:2). For this goal to be achieved, all sectors, including religious sectors, should be involved in the fight against HIV/AIDS.

It can be argued that over the years, the church has found itself in a dire situation as it attempts to assist in properly combatting the scourge of HIV/AIDS. This can be observed in the multifaceted approaches taken by the various denominations. Scholars, such as Alio et al. (2019:24), argued that the divergence within the various denominations can be observed in the manner in which these churches have attempted to address the issue of HIV/AIDS. They argue that some denominations are pro-condom use, while others are against condom use. According to Nzwili (2013:7), some churches claim to be able to cure HIV by providing materials such as cloth, oil, water and medicinal plants to PLWH. It can be argued that by prescribing such materials, the pastors are not only ritualising these materials but also facilitating a superstitious belief (Risen 2016:182; West 2016:14). As a result, the prescription of these materials to PLWH under the pretence of managing HIV has contributed to the spread of HIV and increased HIV/AIDS-related deaths, an outcome that will defeat all the government's efforts to end HIV by 2030 (UNAIDS 2019:8).

A significant number of pastors in Thulamela Municipality, Limpopo, have been prescribing these forms of materials to congregants who are HIV positive to replace the Antiretroviral ARVs that have been medically approved for them. The ARVs not only prolong life but also reduce the death rate among patients and correct the ills of their compromised immune systems (Watkins & Treisman 2015:35). At the same time, it can be argued that the ritualisation of these materials is a form of biblical discourse. This is because some of these pastors, as will be demonstrated later in the article, use the biblical texts to sustain these forms of ritualisation and superstition. The authors would contend that the ritualisation and the facilitation of superstitious belief in the use of these materials can be summed up in what Foucault (1998:777) refers to as pastoral power.

Ritualisation of the materials as a performance of pastoral power

Foucault (1982:782) locates pastoral power as an old power technique that emerged within Christian institutions and has been integrated by the modern western state in a new political shape. He states, 'we can call this power technique the pastoral power'. According to Foucault (1982:777), Christianity introduced a code of ethics constitutionally different from that of the Greco-Roman world (ancient world). This, according to him, is because less significance is generally placed on the fact that Christianity advanced and spread new power relations throughout the ancient world. It can be further argued that pastors and church leaders based on the notion of ordination see themselves as those that are above and are the chosen ones to occupy such a position. Pastoral power can be observed in the ritualisation of the materials that pastors prescribe for PLWH in their church communities; this is an illustration of a form of power over the individual as well as the assurance that what has been prescribed will not only bring salvation but also bring about spiritual and physical healing.

This view is also held by Nkomazana, Togarasei and Mmolai (2015:16) who state that churches play a significant role in the community and that what the pastors say carries more weight than the community doctor. For this reason, there is a need for the church to collaborate with the health fraternity for the benefit of PLWH (Mpofu et al. 2014:225). Churches are also well positioned to make important contributions to HIV prevention (Ridge et al. 2008:423). Churches in sub-Saharan Africa are more trusted by the indigenous population than many secular organisations (Mpofu et al. 2011:2). Chitando (2008:3) further alludes to the fact that African churches have large memberships and a well-developed communications infrastructure, and hence also the capacity to disseminate HIV and AIDS education messages. Pastors exercise this pastoral power by stressing that God caused HIV/AIDS as a punishment for human beings who fail to abide by his admonitions regarding abstinence from sexual activities before marriage and faithfulness afterwards (Kopelman 2002:231).

Religious practices and spiritualities in responding to HIV as the technology of biblical discourse

Ridge et al. (2008:425) argued that there is relatively little research that examines the role of religion and spirituality in how people cope with HIV. The little research available suggests that African and other individuals' religious affiliation can have positive effects in terms of providing both coping mechanisms and a sense of inner strength to deal with HIV (Anderson & Doyal 2004:96; Chinouya 2005:178). While religious beliefs and practices can provide comfort to those with HIV, beliefs can also pose dilemmas for a person's health. Such beliefs include exposing PLWH to fasting and prayer under the pretence that they will be healed. There is a belief that HIV is demonic and needs spiritual warfare (Adogame 2007:475; Chinouya 2005:179; Chinouya & Davidson 2003:16). This exposes PLWH to a dire situation of defaulting taking their ARVs and leading to complications and health catastrophes. Scholars, such as West (2016:13), argued that the way the missionaries used the Bible as a healing technique created the various perceptions or superstitions about the Bible that people are now familiar with. Thus, the belief in prayer and the Bible as a book that can heal are part of the missionary Christian heritage (West 2016:14).

In the African context, Ntai (2016:14) states that it is not reasonable to assume that pastors have all the information they need to respond to the HIV/AIDS epidemic adequately and effectively. A significant number of pastors still lack general knowledge of HIV/AIDS. Several studies showed that some religious leaders are not well informed about HIV/AIDS (Belachew & Seyoum 2010:9). This underscores the need for churches to become involved in HIV/AIDS activities within their churches and communities.

Surur and Kaba (2011:61) further allude to the fact that there were pastors who believed that HIV/AIDS is an old disease that reappeared recently because of sexual transgression. Some claim that AIDS is named in the Bible in Deuteronomy 28:35 as 'that which makes one thinner and thinner'. This preaching is against the love that has continuously been explicated in the Bible, and Christians must refrain from being judgmental and love unconditionally. In the context of HIV/AIDS in a church setting, Paterson (2011:6), Kelly and Bain (2017:7) and Clifford (2015:21) released a slogan that best characterises this stage. The slogan says, 'the Body of Christ has AIDS', which means that the church is affected. The following section seeks to focus on HIV and AIDS in local settings and considers the sampling criteria.

Locality and sampling criteria

All the pastors forming part of the sample were from African Churches (Zion), Lutheran, Presbyterian, Roman Catholic, Methodist, and Charismatic churches in the Thulamela Municipality. The researchers used purposive sampling to recruit the pastors while snowballing was used to recruit PLWH.

Methods

Data collection was done through in-depth interviews with both pastors and PLWH, and written informed consent was obtained from the participants. Both pastors and PLWH were assured that their participation was voluntary and they could withdraw at any time. Appointments for the interviews were made with each participant at a venue they identified as safe, private and disturbance free. All interviews were transcribed verbatim, and transcripts were independently coded following steps for interpretative phenomenological analysis as described in Neuman and Reed (2011:113). To ensure trustworthiness in this study, the researchers applied Lincoln and Guba's model (as cited in Polit & Beck 2017:787). Prolonged engagement with the participants during in-depth interviews ensured truth value. The researchers reflected by writing field notes during and after the interviews. Regular discussions among the researchers enriched the process and improved credibility. Applicability was ensured through a well-thought-through sample and a dense description of the research methodology. An audit trail and reflexivity ensured neutrality. Authenticity is evident in the quotes that enrich the findings. Ethical clearance to conduct the study was sought from the University.

Findings

The results reflect the findings of the in-depth interviews that were conducted with nine pastors, five PLWH and two focus group discussions. These findings are specifically focused on the pastors' knowledge regarding HIV/AIDS. Three themes were identified during the analysis of the interviews with the pastors and PLWH: basic HIV/AIDS information, causes of HIV among church members and training related to HIV/AIDS (see Table 1).

Table 1: Summary of the results.

Pastors' knowledge of HIV/AIDS	Basic HIV/AIDS information	What is HIV?
		Origin of HIV
		Mode of transmission
	Causes of HIV among church members	Unfaithfulness among married people
		Multiple concurrent partners among youth
		Poverty
		Limited knowledge
		Unprotected sex
	Training related to HIV/AIDS	Basic HIV/AIDS training
		No training

Pastors' knowledge of HIV/AIDS

This superordinate theme is around the pastors' knowledge of HIV/AIDS. Results indicate that pastors have limited knowledge about HIV/AIDS. Three themes emerged in this category: basic HIV/AIDS information, causes of HIV among church members and training related to HIV.

Basic HIV/AIDS information

This theme focuses on the pastors' basic knowledge of HIV/AIDS encounter with PLWH about their condition. The following sub-themes have emerged from the data analysis: What is HIV? Origin of HIV. Mode of transmission.

What is HIV?: This sub-theme focuses on aspects of HIV/AIDS. The study reveals that even though the pastors have heard of HIV, they have limited knowledge. There was a gap in their understanding of what HIV and AIDS stand for and they used the terms interchangeably. The study further revealed that pastors did not know what the abbreviation HIV stands for. This is attested to by the response below:

> 'What I know about HIV is that this is an incurable disease.' (Apostle Humbulani)

This study further shows that pastors cannot differentiate between HIV as a virus and AIDS as the disease caused by HIV. Most participants highlighted their beliefs that HIV is caused by sexual intercourse, as supported by sentiments below:

> 'This virus is caused when people are engaging in sexual intercourse.' (FG2P3)

This finding shows that pastors lack basic knowledge of HIV/AIDS, and the finding agrees with the literature. This study's findings correspond with the study conducted in Uganda by Kelly and Bain (2017:16), which found that pastors lack information about the aspects of HIV. Besides confirming that pastors do not know the definition of HIV, the study also revealed that pastors do not know the origin of HIV.

Mode of transmission: Data analysis showed that the participants know the different modes of HIV transmission. This sub-theme discusses the different modes of transmission, namely, sexual intercourse, blood contact, caring for the sick person and kissing. Participants revealed their understanding that the predominant mode of HIV transmission throughout the world is through sexual intercourse.

Sexual intercourse: The study showed that participants agreed with the fact that the main cause of HIV transmission is sexual intercourse, as per the excerpts below:

> 'The greatest thing that is said to be the main transmitter is when people are being involved in sexual activity.' (Bishop Netshahulu)

The above statement corresponds to literature as cited by Alio et al. (2019:6) that HIV is mainly transmitted through sexual intercourse with an exchange of fluids between two partners. Furthermore, this study illustrates participants' understanding that HIV can also be transmitted through blood contact.

Blood contact: Besides sexual intercourse as the main cause of HIV transmission, participants revealed their understanding that HIV can be transmitted through contact with blood contaminated with HIV. They further alluded to the possibility that a person can become infected by sharing injection equipment when using drugs, getting tattoos or body piercings with unsterilised needles, accidental needle sticks, blood transfusions and splashing blood in your eyes. The following quotes support these sentiments:

> 'Some are nurses who have prickled themselves while they were on duty so is not like the way in adulterous relationships.' (Bishop Netshahulu)

This study's findings show that even the exchange of scissors in the salon can also aggravate the transmission of HIV through cuts. These findings concur with the study by Alio et al. (2019:3), which reported that transmission of HIV and other blood-borne viruses can occur during transfusion of blood components derived from an infected individual's blood. A lack of knowledge on the part of elderly people also contributes to the spread of HIV while they are caring for a sick person.

Causes of HIV among church members

This theme discusses different causes of HIV among church members. This study revealed that there are multiple causes of HIV. This theme yielded the following sub-themes: unfaithfulness among married people, multiple concurrent partners among youth, poverty, limited knowledge and unprotected sex.

Unfaithfulness among married people: According to UNAIDS (2019:15), promiscuity is the leading cause of the spread of HIV. Participants reflected that unfaithfulness among married people is one of the causes of HIV among church members. Pastors also articulated that one partner will be committed and faithful to the relationship, with the other member being the one who goes out and starts to cheat. Most participants highlighted the fact that the spread of HIV is caused by unfaithful partners, as submitted below:

> 'There is an element of unfaithfulness among partners. This is when I am talking about married people where you find that one goes out and go and had an extra-mural activity outside.' (Apostle Humbulani)

This study revealed that unfaithful partners propel a high rate of infection. These findings concur with the study conducted by UNAIDS (2019:17), which reported that more than 60% of new infections occur in married people. The study further revealed that promiscuous behaviour increases the prevalence of HIV.

Other participants corroborated that the faithful partners are passive recipients of HIV:

> 'She came and confided with me, saying that ever since she was born, she never had any sexual intercourse with anybody other than her husband, the most worrying factor was that the husband kept on blaming the wife that she is the one who is the cause of the sickness.' (Bishop Netshahulu)

The findings of this study align with the study conducted in Uganda by Kelly and Bain (2017:7), which found that even though people are fully aware of the disease, they continue to become involved in practices that fuel its transmission. This is ignorance, and it is adversely driving the HIV/AIDS epidemic throughout the world. People are still engaging in unprotected sex, despite being in the full knowledge that HIV is transmitted through sexual intercourse. Besides the promiscuous behaviour of the adult participants, it was also revealed that the youth are participating in multiple concurrent relationships, another factor that fuels the spread of HIV in churches.

Multiple concurrent partners among youth: This sub-theme concentrates on youth who are involved with multiple partners concurrently. Participants expressed their view that youth in churches are found to be gallivanting during weekends and that they then come to churches on a Sunday acting as if they are holy. They further revealed that youths had relegated sexual activity to a form of entertainment. The following quotes support the above statement:

> 'This is because our youth are running around with different partners.' (Apostle Humbulani)

Multiple concurrent partners among the youth have been seen as critical causes of HIV in churches. This concern was echoed by former Vhembe Mayor Florence Radzilani while speaking at the launch of the Vhembe AIDS Council. She said authorities were particularly concerned about the spread of HIV among schoolgirls and boys (Nengovhela 2017:17). She further alluded that:

> 'One remains concerned about the high level of infections among girls and boys.' (Florence Radzilani)

The multiple concurrent partners among the youth have been the church's concern and become a public outcry, as alluded to by the former Mayor of the Vhembe District Municipality. In addition to multiple concurrent partners among the married and the youth, poverty remains another critical factor that causes HIV in church.

Limited knowledge: This sub-theme discusses the lack of knowledge as a cause of HIV. Pastors raised the concern that they are not talking about HIV in the church because of a lack of knowledge. This silence from the pastors is detrimental to the church because they are better positioned to address some of the causes and basic information on HIV to the church. Pastors agreed with the scripture that says people will perish because of the lack of knowledge, as supported by the following excerpts:

> 'Pastors need to be trained and equipped about issues about HIV and AIDS. The Bible says my people will perish because of lack of knowledge, pastors need to be empowered so that they could be able to combat HIV and AIDS better.' (Mulati)

Other participants shared a similar perspective that pastors are afraid to talk about HIV/AIDS in the church because of a lack of knowledge:

> 'What prevents pastors from talking about HIV and AIDS during the church services is because of the lack of knowledge they are afraid that they might say something wrong. Pastors are not touching the HIV and AIDS issue because of the lack of knowledge of the sickness.' (FG2P3)

According to Surur and Kaba (2011:60), some religious leaders are still not well informed about HIV/AIDS. Surur and Kaba (2011:61) further reported that a significant number of pastors still lack general knowledge of HIV/AIDS. In addition, the study revealed that, previously, churches believed that HIV was solely transmitted through sexual intercourse and that affected people had been involved in adulterous activities because HIV was associated with sin. Surur and Kaba (2011:6) further cited that this lack of knowledge and other misconception contributes to the spread of HIV in the church and exacerbates stigmatisation. The findings of this study agree with the literature reviewed in that pastors are afraid to engage with the matter of HIV/AIDS because of their lack of knowledge. Participants also shared their views that unprotected sex is another factor that causes HIV.

Unprotected sex: Tiendrebeogo and Buykx (2013:5) posit that there are conflicting schools of thought on condom usage as a protective intervention for HIV in relation to Christianity. Most participants highlighted that the church is standing on the preaching of holiness and righteousness, even though it is evident that congregants are partaking in unprotected sex. This sentiment was confirmed by PLWH, who expressed that:

> 'The church is found to be preaching about holiness, and pastors are afraid to talk about condoms for the fear that they will be stigmatised as people who are not faithful who would like to partake in sexual activities, while they are Christians who are conducting themselves in an ungodly manner. We know among ourselves as Christians that we have people who are indulging themselves in extramural activities but yet we do not want to talk about condom usage.' (Mpho)

This finding shows that pastors do not want to convey messages on condom usage because they feel it is not a proper and relevant message for the church, as the congregants are deemed holy. The above sentiment shows that this perception is wrong for Christians who are engaging in unprotected sexual activities. This finding concurs with the outcomes of a study conducted in Cameroon that the church needs to talk about condom usage as a mode of protection against HIV (Tiendrebeogo & Buykx 2012:2).

Contrary to the above sentiments, some participants are against the use of condoms, as well as against talking about the matter in church settings, because this would be like the pastor giving people permission to go and engage in sexual activity, a call that is deemed immoral from a Christian perspective:

> 'It is improper for the pastor to talk about condom use since it is against the Christian principles. It will be like the church is conforming to the earthly standards than preaching about holiness and abstinence from sexual activities.' (Apostle Humbulani)

This finding concurs with a study done in Dar-es-Salaam where Catholic Bishops are against the use of a condom (Tiendrebeogo & Buykx 2013:10). The researcher alludes to the fact that the introduction of condoms in communities, apart from being sinful, is indeed justification for, and opens the door to, immorality. The study shows that pastors have limited knowledge of HIV/AIDS because of a lack of training and HIV/AIDS material.

Training related to HIV/AIDS

This theme focuses on the training needs of pastors in order to fill the knowledge gap that exists. The following sub-themes emerged from the data analysis: basic HIV/AIDS training and no training.

Basic HIV/AIDS training: This study revealed that there is a lack of pastor training on HIV and AIDS issues. Those pastors who had received training had not received it because of the efforts of the church – rather, they had received training from their places of employment:

> 'I had a very good exposure in terms of receiving training from the Department of Health not through the church arrangement.' (Pastor Tshamitwa)

Another participant added similar sentiments:

> 'The Department of Defence once employed me, that is where I have received my training, not through the church.' (Dr. Cedrick)

These findings are contrary to the findings of a study conducted by Alleluia Ministries International (AMI) in Gauteng Ntai (2016:14). The researcher in that study reported that 93% of pastors displayed a greater understanding of HIV and AIDS issues because they had received training from their head office. However, the findings of this study are explicit that there is no training offered in the church.

Conclusion

There is a need for collaboration between pastors and other stakeholders advocating for knowledge transfer around HIV. It is recommended that pastors enrol in short courses on theology to augment their knowledge of theological preaching approaches and applications for effective pastoral care to PLWH. The researcher agrees with Phiri's recommendation that there must be an implementation of *Imanyano* [gathering of Saints] not only for women but also for men, where issues of HIV/AIDS and sex need to be discussed at length for it is apparent that the church (which is the body of Christ) has been affected by HIV/AIDS. The pastors as representatives of the Church and PLWH should participate and contribute to policy-making forums.

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Competing interests

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Authors' contributions

T.S.N. and I.D.M. conceived the presented idea. T.S.N. conducted the data collection and development of the model, and I.D.M. verified the methods and results. Both authors discussed the results and contributed to the final manuscript.

Ethical considerations

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Data availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Disclaimer

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References

Adogame, A., 2007, 'HIV/AIDS support and African Pentecostalism: The case of the Redeemed Christian Church of God (RCCG)', *Journal of Health Psychology* 12(3), 475–484. https://doi.org/10.1177/1359105307076234

Alio, A.P., Makhale, L., Hornschuh, S., Hlongwane, K., Otwombe, K., Keefer, M. et al., 2019, '"Loving the sinner, hating the sin": An investigation of religious leaders' perceived role in the lives of persons living with HIV in Soweto, South Africa', *Journal of Global Health Reports* 3, e2019021. https://doi.org/10.29392/joghr.3.e2019021

Anderson, J. & Doyal, L., 2004, 'Women from Africa living with HIV in London: A descriptive study', *AIDS Care* 16(1), 95–105. https://doi.org/10.1080/09540120310001634001

Belachew, A. & Seyoum, E., 2010, 'Building support among religious leaders for HIV/AIDS programs in Ethiopia', in *13th International Conference on AIDS*, (09-13 July 2000) Durban.

Chinouya, M. & Davidson, O., 2003, *The Padare project: The sexual behaviours of HIV positive Africans living in London*. African HIV Policy Network London, Central North London.

Chinouya, M., 2005, 'God will look after us: Africans, HIV and religion in Million Keynes', *Diversity Health Social Care* 2(3), 177–186.

Chinouya, M. & Davidson, O., 2003, The Padare project: The sexual behaviours of HIV positive Africans living in London.

Chitando, E. (ed.)., 2008, Mainstreaming HIV and AIDS in theological education: Experiences and explorations. WCC Publication.

Clifford, P., 2015. Theology and the HIV/AIDS epidemic. London: Christian Aid.

Foucault, M., 1982, 'The subject of power', *Critical Inquiry* 8(4), 777–795. https://doi.org/10.1086/448181

Foucault, M., 1998, The will to knowledge: The history of sexuality vol. I.

Gray, G.E., Hopkins, K.L. & Doherty, T., 2018, 'Will the current national strategic plan enable South Africa to end AIDS, tuberculosis and sexually transmitted infections by 2022?', *Southern African Journal of HIV Medicine* 19(1), 1–6. https://doi.org/10.4102/sajhivmed.v19i1.796

Kelly, A. & Bain, B., 2017, 'The body of Christ has AIDS: The Catholic Church responding faithfully to HIV and AIDS in Papua New Guinea', *Journal of Religious Health* 48, 17. https://doi.org/10.1007/s10943-008-9220-z

Kopelman, L.M., 2002, 'If HIV/AIDS is punishment, who is bad?', *The Journal of Medicine and Philosophy* 27(2), 231–243. https://doi.org/10.1076/jmep.27.2.231.2987

Luyirika, E.B.K., 2003, The implementation of the national HIV/AIDS policy in the Vhembe District (Doctoral dissertation, Stellenbosch: University of Stellenbosch).

Marsh, K., Eaton, J. W., Mahy, M., Sabin, K., Autenrieth, C. S., Wanyeki, I. & Ghys, P. D. 2019, Global, regional and country-level 90–90–90 estimates for 2018: assessing progress towards the 2020 target. AIDS (London, England), 33(Suppl 3), S213.

Mpofu, E., Dune, T.M., Hallfors, D.D., Mapfumo, J., Mutepfa, M.M. & January, J., 2011, 'Apostolic faith organization contexts for health and wellbeing in women and children', *Ethnicity Health* 16(6), 551–566. https://doi.org/10.1080/13557858.2011.583639

Mpofu, E., Nkomazana, F., Muchado, J., Togarasei, L. & Bingenheimer, B., 2014, 'Faith and HIV prevention: The conceptual framing of HIV prevention among Pentecostal Batswana teenagers', *BMC Public Health* 14(1), 225. https://doi.org/10.1186/1471-2458-14-225

Nengovhela, K., 2017, 'The spread of HIV among schoolgirls and boys', *Limpopo Mirror News*, 08 December, p. 15.

Neuman, B. & Reed, K.S., 2011, 'A Neuman systems model perspective on nursing in 2050', *Nursing science quarterly* 20(2), 111-113.

Netshapapame, T.S., Mavhandu-Mudzusi, A. & Ndou, A., 2021, 'The discourse on the intersectionality of religion and HIV and AIDS with specific reference to Thulamela Municipality, Limpopo Province', *HTS Teologiese Studies/Theological Studies* 77(1), 6. https://doi.org/10.4102/hts.v77i1.6951

Nkomazana, F., Togarasei, L. & Mmolai, S., 2015, *The faith sector and HIV/AIDS in Botswana: Responses and challenges*, Cambridge Scholars Publishing, Newcastle.

Ntai, T., 2016, *HIV and AIDS knowledge in the Pastoral team of Alleluia Ministries International*, University of Stellenbosch, Cape Town.

Nzewi, O.I. & Groenewald, A., 2013, 'Occupying policy spaces: Exploring the ascendency potential of religion and theology in governance and public policy discourse in South Africa', *Scriptura: Journal for Contextual Hermeneutics in Southern Africa* 112(1), 1–14. https://doi.org/10.7833/112-0-81

Nzwili, F., 2013, 'African priests' "miracle cure" stirs debate about HIV/AIDS treatment', *ENI*, 07 December, p. 13.

Paterson, G., 2011, Aids Related Stigma: Thinking Outside the Box: The Theological Challenge. Ecumenical Advocacy Alliance and the World Council of Churches, Geneva

Phiri, I.A., 2004, 'HIV/AIDS: An African theological response in mission', *The Ecumenical Review* 56(4), 422.

Polit, D.F. & Beck, C.T., 2017, *Essentials of nursing research methods, appraisal and utilization*, 8th edn., Lippincott, New York, NY.

Ridge, D., Williams, A., Anderson, J. & Elford, J., 2008, 'Like a prayer: The role of spirituality and religion for people living with HIV', *Sociology of Health & Illness* 3(30), 412–428. https://doi.org/10.1111/j.1467-9566.2007.01062.x

Risen, J.L., 2016, 'Believing what we do not believe: Acquiescence to superstitious beliefs and other powerful intuitions', *Psychological Review* 123(2), 182. https://doi.org/10.1037/rev0000017

Surur, F. & Kaba, M., 2011, 'The role of religious leaders in HIV/AIDS prevention, control, and patient care and support: A pilot project in Jimma Zone Addis Ababa University. HIV/AIDS Section, UNICEF-Ethiopia', *Northeast African Studies* 7(2), 59–80. https://doi.org/10.1353/nas.2004.0021

Tiendrebeogo, G. & Buykx, M., 2012, *Faith-based organizations and HIV/AIDS prevention and impact mitigation in Africa* vol. 4, no. 2, pp. 1–12, Royal Tropical Institute, Amsterdam.

Tiendrebeogo, G. & Buykx M., 2013, *Faith-based organizations and HIV/AIDS prevention and impact mitigation in Africa*. Amsterdam: Royal Tropical Institute vol. 4, no. 2, pp.1–12.

Watkins, C.C. & Treisman, G.J., 2015, 'Cognitive impairment in patients with AIDS–prevalence and severity', *HIV/AIDS (Auckland, NZ)* 7, 35–47. https://doi.org/10.2147/HIV.S39665

West, G.O., 2016, *The Stolen Bible: From tool of imperialism to African icon*, Brill, Boston, MA.