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Congregations as providers of social service and HIV/AIDS care

ABSTRACT

The article argues that the missional identity of the church compels it in a context of poverty and HIV/AIDS to partake in social service ministries. It describes and illustrates the methodology of a multi-disciplinary, participatory action, praxis-oriented research project. The church (and other NGOs) took the lead and addressed poverty related issues in collaboration with the government and business sectors. The different faces of poverty were mapped in the Paarl community highlighting the HIV/AIDS situation and describing the preliminary results of the project

INTRODUCTION

We wish to begin our paper by reflecting on the identity of the Church.

The Church is a creation of the Word and of the Holy Spirit ... The Church belongs to God ... The Church is the communion of those who live in a personal relationship with God who speaks to them and calls forth their trustful response – the communion of the faithful ... As a reflection of the communion of the triune God, the Church is called by God to be the instrument in fulfilling this goal. The Church is called to manifest God's mercifulness to humanity ... Mission belongs to the very being of the Church ... It is the vocation of the whole Church to be the servant of God's design. The Church is called at all times and in all places to serve the world ... All members are called to offer their being as a living sacrifice and to intercede for the Church and for the world. (Faith and Order paper 181, 1998:9,15,41).

If we, as a Reformed Christian community, are concerned about our theological and historical identity in the light of modernity and other challenges, we should remind one another that our identity can be secured only by focusing faithfully on the triune missional God. As God is merciful and is concerned with pain, suffering, injustice and the brokenness of the world, the church can only be true to its identity as the body of Christ if it reaches out and engages these challenges. Fretful self-indulgence and introspection into church-related problems and politics will not serve this goal. Our mission is to the world. The focus of our mission should be outward!

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The overwhelming poverty and poverty-related problems, such as the HIV/AIDS pandemic, face Africa. South Africa has both a rich and a poor world. Previously, the apartheid laws marked boundaries between these two worlds. Now, new boundaries are developing along, inter alia, political power and class-related lines.

The basic hypothesis of this paper is that the theological and historical identity of the Reformed Church (or of any church for that matter) lies in being in touch with the issues that concern God and his mission. Therefore, only by readjusting our focus to the injustices of our society and world and by addressing the concomitant pain and need of the suffering will the Church survive its many follies and sins and be able to say: "Father, I have shown your glory on earth; I have finished the work you gave me to do ..." (John 17:4). The former "white" Dutch Reformed Church in South Africa is acutely aware of this.²

Church and congregation are key concepts which must be clarified.

The word "church" encompasses an ill-defined environment. What church is and stands for, is unique to each person's perception. Smit (1996:119-129,190-204) wrote two informative articles about the uniqueness of the church. He describes six "statures" of the church, as an operational concept. A church is:

A worshipping community – this refers to the Sunday worship service.

Secondly, "church" refers to the local church. In this paper, we refer to this stature of the church as a congregation.

Church also refers to a denomination. A group of local churches or churches in a specific area organise themselves to work together. In our study, we received the cooperation of all denominations.

Church means an ecumenical body. Different churches and denominations meet to advocate a very important issue, for example unemployment, HIV/AIDS or sexual violence.

Church also implies members involved in volunteer organisations, civil initiatives and associations.

Lastly, the church comprises individual members who live according to the values of Christianity in their everyday lives (1996:120-121).

This article focuses on the local church, the congregation, and individual members' involvement in church and volunteer organisations in civil society. As such, all statures of being church are in play.

THE CHURCH AND SOCIAL SERVICE IN SOUTH AFRICA

The Unit for Religious Demographic Research (URDR), located in the Department of Practical Theology and Missiology, University of Stellenbosch, realised that the solution to the problem related to poverty is twofold. Firstly, the problem must have a human face. One needs data to give a picture of the problem. Secondly, it can be addressed only if all concerned parties in a society can be networked, empowered and motivated to deal with the problem. It can only be solved with a strong input from below where local communities are part and parcel of a process of participatory action research.

2 In October 2002, the General Synod of the DRC made a commitment: to God, to Africa and Southern Africa, to Reformed unity and ecumenism and to local congregations which have to be the vehicles of reconciliation and service. Handeling 2002 C.21.2 or: <http://www.ngkerk.org.za/sinodeverklaring.htm>.

However, the parties concerned with social service are not being networked effectively. In South Africa, the church is the strongest and most influential non-governmental organisation (NGO) reaching, on average, 63% of the Christian population weekly (World Values Survey 2000). Almost three-quarters of the population have indicated that they associate with the Christian religion and 82% with religion in general (Census 1996). In South Africa, there are approximately 33 000 Christian faith communities and the infrastructure of the church reaches all corners of this country. Therefore, its leadership, human and organisational resources are far-reaching. Congregations are value-based organisations with an effective infrastructure that is in touch with realities on the ground and that is able to reach out to every household in the community.

Furthermore, the lack of data severely hampers the improvement of ministries at two levels. Firstly, congregations are unaware of goings-on in their own constituencies and, secondly, congregations do not have access to the reliable, user-friendly information essential for the evaluation and/or planning of their ministries in their communities.

The government acknowledges increasingly that alone it cannot achieve its goal of a self-reliant society and that it requires partners to serve as “delivery agents.” The government’s interest in the church as an NGO is based on the church’s organisational infrastructure, its human resources and its credibility amongst people.

Renier Koegelenberg (2001:103) of the Ecumenical Fellowship of South Africa (EFSA) made preliminary estimates that the total financial contribution by the religious sector towards welfare, relief and development programmes is approximately R1 billion per annum.

By calling on churches to play a role in the transformation of the country, President Mbeki (2002:2; 2003) has recognised this fact.

On 1 November 2001, during a men’s march against violence on women and children, a statement by Minister Z Skweyiya (2001:1) of the Department of Social Development emphasised the government’s willingness to form partnerships with business, labour, civil society, Faith Based Organisations (FBOs), Non-governmental Organisations (NGOs) and Community Based Organizations (CBOs).

The HSRC research (2000:1-2) found that, in rating South African social institutions, the public’s view of the church received the highest percentage of trust (74% in 2000). Second to the church was the Electoral Commission at 50%! This signifies that churches enjoy significant credibility.

The church’s capacity and involvement in communities have not yet been quantified. The URDR is in the process of developing a methodology to do this. This paper is a report on our pilot study in Paarl.

AN ILLUSTRATION OF THE HIV/AIDS PANDEMIC

In order to illustrate the challenge that poverty and poverty-related problems present to the providers of social service in South Africa, the HIV/AIDS pandemic must be examined. The Government alone cannot solve the problem. The inconceivable need and suffering caused by this silent disease and scourge defies all quantification. As such, it is one of the greatest challenges facing the church, an acid test for its integrity and identity. In many ways, we are in the same situation as Moses before the burning bush (Ex 3). The cries and suffering of so many people cannot be ignored. God is calling his people to become involved in reaching out to this silent and deadly intruder (Schoeman *et al* 2002:468-480).

The South African government is under serious scrutiny as regards their HIV/AIDS policy and their dealing with the problem. Recently, the national Minister of Health reacted to this criticism in the *Mail and Guardian* (February 28 to March 6 2003:27) as follows: “I have been on record as saying HIV/AIDS is a major challenge facing this country ... My view is that it affects almost all sectors of our society and therefore requires a much more comprehensive and concerted response. This is exactly what informs our HIV, AIDS and STI Strategic Plan for 2000-2005. The plan emphasises a multi-sectoral approach, pulling together resources of all sectors in fighting this developmental challenge.”

The virus affects children mostly at birth and through breast-feeding. The Treatment Action Campaign (an NGO) took the government to court for their refusal to make Nevirapine (a registered drug) available to pregnant HIV positive women who give birth in public health sector clinics and hospitals. Nevirapine reduces the risk of HIV transmission to infants. The Constitutional Court ruled that the government should remove all restrictions that prevent Nevirapine from being made available at public hospitals and clinics.

The following indicators could illustrate the gravity of the pandemic (Dorrington *et al.* 2002; UNAIDS 2002; Stanecki 2002):

- Now, at the beginning of the 21st century, AIDS is the prime cause of death in Africa and the fourth globally.
- Over 90% of the people infected with the Human Immunodeficiency Virus (HIV), which causes AIDS, live in the developing world.
- An estimated 70% of the global total of HIV positive people (26 million out of 37.1 million) lives in sub-Saharan Africa.
- Southern and Eastern Africa have been the most severely affected regions.
- The seven countries, Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe, have an estimated adult (15 to 49) HIV prevalence of 20% or more.
- In South Africa, there are approximately 1 800 new HIV infections daily.
- Here, approximately 800 people die of AIDS every day and 688 428 people have died of AIDS from 1990 to 2002. Without intervention, the number of deaths from AIDS will peak in 2010. By then, 5.2 million will have died of AIDS in South Africa.
- At the end of 1999, UNAIDS estimated that, in sub-Saharan Africa, 55% of all the HIV infected were women. The peak HIV prevalence among women occurs at a younger age than among men and tends to peak at approximately 25 years of age.
- Median survival with HIV/AIDS is estimated to be approximately ten years.
- In South Africa, the growth rate now is less than half of what it might have been in 2002 without AIDS.
- By 2010, due to AIDS, Botswana, Mozambique, Lesotho, Swaziland and South Africa will all experience a negative population growth.
- In South Africa, the infant mortality rate in 1990 was 51 and in 2002 it was 60. Without AIDS, the infant mortality in Zimbabwe and South Africa would probably have been 35 and 39, respectively.
- However, the populations in most sub-Saharan African countries will continue to increase, despite the high levels of mortality. The exceptions are Botswana, Lesotho, Mozambique, South Africa and Swaziland. But populations in Botswana and South Africa will take a long time to rebound from the current levels of HIV prevalence and AIDS mortality, even if current AIDS control programmes result in lowering the future HIV incidence and prevalence.
- In 2002, there was a total of 279 102 HIV/AIDS orphans under 15 years in South Africa. In 2010, this figure will grow to 1 502 457 and the number will peak in 2015.

- Over 40 000 of the country's 350 000 teachers suffer from HIV/AIDS.
- One of our basic assumptions is that, if the church remains insensitive to these realities, it will, in the long run, lose touch with the triune God and, as such, decline and fade away.

AIMS OF THIS STUDY

As stated above, the URDR realised that we need to give poverty a human face, must be able to name its different faces, and be able to map (portray, quantify) it. We have to gather the necessary data in such a way that we involve the various parties mentioned above, in order to develop a network built on trust, cooperation, shared goals and the community. Other parties contributing to our overarching goal may have other motives and goals. Ours however, is theological by nature. From the very beginning of the project (called the "Church and Community Project"), with regard to our goals and motives, transparency has proved to be extremely important.

Our aims, more specifically, were:

- To develop a network in the Western Cape Province between all concerned parties and to initiate this with a pilot study, which we launched in Paarl, as representatives from that community approached us in this respect.
- To use a participatory action research methodology in the process. We regard all involved parties and individuals as equal research partners and the eventual owners of the process. Therefore, the people from the network did the planning of the research process, the methodology and surveys, with the URDR coordinating the process.
- To start with a data collecting phase in which we mapped the results of our investigation on a geodatabase, called phase one. This was completed towards the end of 2002 and this paper reports on that. In the meantime, several other communities and groups approached us to facilitate similar processes in their areas.
- The second phase is our facilitation of a process of empowerment in which the community use all available resources to address the problems that it decided to pursue. The church, in the form of congregations of all shapes and sizes, plays an integral part in the process. In the research, we implement the entire personnel of the Department of Practical Theology and Missiology as well as members from other departments of Theology, Sociology and Geography. The final year students of the Faculty of Theology will do most of their practical (skills) training in congregations in the areas being researched.

METHODOLOGY

An important point of departure is the theoretical framework of the services to be rendered. David Korten (1990:113-128) described four theoretical approaches to development work:

- Relief and welfare: responding to the immediate and visible need.
- Community development: efforts by local NGOs in assisting the community to deal with its problems.
- Sustainable systems: NGOs that work with major national role players to reorient policies and work modes in a sustained process of using and raising resources in such a way that the challenges can be dealt with effectively.
- People's movements: decentralised action to involve people in a movement at grassroots, where there is less focus on money and resources, and more on motivating social energy in movements.

- Our methodology has definite affinities with developmental work, but has a theological framework. It can be described as a theological praxis, which implies that both local and global factors that play a role in causing the problems should be brought into the equation and that a hermeneutically sensitive dialogue should take place regarding:
- Our identity in the triune God (God concepts and anthropology are important);
- the context: locally and globally;
- the Word (values, tradition, our heritage from the past); and
- the eschatological future towards which we strive (hope).

This dialogue thus has four focal points: identity (being), present (context), past (wisdom) and future (hope) and can develop only in obedient and reflective action or involvement in God's mission (praxis). The initiative comes from a missional God and, as such, the theological process is that of discernment (Phil 1:9-12). The assumptions concerning the theological anthropology (Hendriks 2003:8,62-69) coincide with our emphasis on participatory action research. When comparing these theological assumptions with the four approaches that Korten (1990:113-132) describes, it should be clear that our developmental theory is a combination of developing sustainable systems and mobilising a people's movement.

Against the background of our core identity as (Reformed) Christians and the reality in which we live, we wish to be *theologically* involved in fighting the many different faces of poverty, of which HIV/AIDS is particularly ugly. At a previous meeting of the International Society for the Study of Reformed Communities we explained our understanding of theology (Hendriks 2001:74-83).

- Theology is about discerning the will of God in faith communities,
- and becoming actively involved (praxis style) in church and society,
- because of the presence of a triune, missional God in our midst,
- who speaks to us through Scripture and tradition
- in our context
- and who beckons us towards a new future.

In discussing the theoretical framework, we must also examine the church from a development perspective. Since 1994, the general assumption has been that South Africans live in a *secular, pluralistic, democratic society*. Such a society has various public institutions, organisations and initiatives that fill the public space and it also assumes that its free individuals can organise themselves in autonomous organisations, free from government intervention. The church is an example of such an organisation that competes with government and business for room in the public space.

The church is also a *volunteer organisation*; thus it forms part of the dynamics of volunteer organisations. Over against the government sector that has the ability to demand resources by means of threat, power and coercion, the business sector operates with economic power by selling products and services, while volunteer organisations specialise in the *power of consensus*. People commit to a volunteer organisation to the extent that they identify with its *vision and values*. They remain committed to the point that they are able to realise themselves through the organisation. The power of these organisations resides in their values, vision, independency and services that they render to improve the community's quality of life. On the other hand, such organisations are very sensitive as regards their membership. Therefore, the more vital their vision and values, the more members will be attracted! Thus, as a volunteer organisation, the church competes for public space by communicating and living a *vision and values* for the community.

A second *developmental* perspective on the church is its role as agent for development. Traditionally, the Church has always been involved in ministries of charity. These services focus

on people's immediate needs, for example food, housing and medical services – especially during and after wars and natural disasters. In fact, the church probably has the best organised networks locally and internationally for delivering these services.

However, if churches accept the challenge to play a role in developing sustainable communities, they should also implement strategies other than mere relief. Churches must develop strategies to develop people's capacities to promote meeting their own needs through self-reliant action (community development). Churches should also adopt strategies that attempt to change local and national policies and institutions.

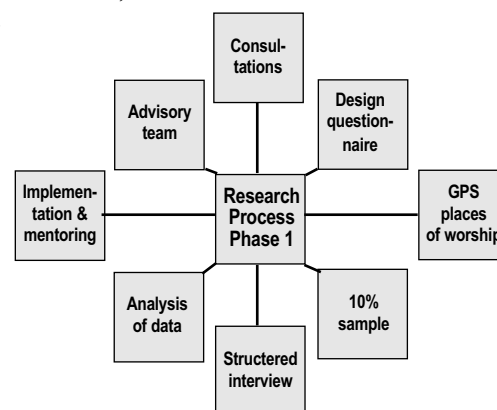
The *values* underlying these activities are threefold. Firstly, development should be *people-centred*, that is people must be able to participate in their own development, which must meet basic felt needs. Churches frequently start ministries in response to perceived needs, not the real needs of the people. Their felt needs are their need to belong, to be significant and important, and their need for a reasonable amount of security. Secondly, development must be *sustainable* and, thirdly, there should be *empowerment* of both the helpers and those who are being helped.

Consequences

1. As a volunteer organisation, the church should focus on vision and values.
2. Churches must learn new skills to enable them to be significant role players in the development of communities.
3. A working metaphor for transformation is "incarnation" (Guder 1999). The church must have a presence in poor communities. Sometimes, it is easier to remain at a distance and help from afar. However, the further the distance from poor communities, the less influence.

During the empirical research process we are using a *multi-disciplinary approach* utilising the expertise from other social sciences to gather the data regarding the local context. This takes place in the first phase of the process. The following illustration explains the initial steps:

The process started with consultations with several University departments, with executives from all the major denominations in the Western Cape, with the provincial Department of Social Services (research and poverty alleviation directorates) and with representatives of organisations and local authorities in Paarl. During and after these consultations, we met with the leadership of a number of congregations in Paarl as they are the key role players in the pilot project. We also formed a partnership with Valcare, a local NGO that coordinates all social services by Christian organisations in Paarl.



To complement the process, we established an interdisciplinary advisory board comprising the Departments of Practical Theology, Sociology, Geography, missionary organisations and people from several denominational offices.

The development of three research instruments followed the consultation process.

Application of the Global Positioning System (GPS) to all places of worship

Our next task was to map all places of worship in Paarl using the technology of the GPS. These include only venues for churches' official meetings on Sundays, whether in a separate building, house or classroom in a school, but exclude places of worship where prayer meetings take place during the week. In doing so, we collected the basic data on the congregations that will play a crucial role in all phases of the research process and in the social service project.

For this part of the project, a partnership was established with DAWN Africa, a missionary organisation that has been doing this kind of work in other African countries. Fifteen local church volunteers, divided into seven teams, were trained to use the GPS. Paarl was divided into 18 areas and each team received a map of the areas they were to cover. The data was downloaded onto a computer and ESRI's ArcView shape files created from the data. Approximately 120 venues of worship were marked. This phase was completed during the last week of July 2002.

The questionnaire

Two workshops were held where 20 people representing Paarl (churches and community services, as well as people from denominational offices) designed a questionnaire. These workshops were facilitated by the Department of Sociology. The questionnaire was made available in both Afrikaans/English and English/isiXhosa in order to make it accessible to everybody.³

The purpose of the questionnaire was to establish the number of people *involved* in services rendered by the church and organisations, the number who *receive assistance* and the community's *perceptions* concerning the church's involvement in social services.

The next step was to involve more churches in the process. Paarl was spatially stratified into 30 sample areas (named A to AD, see Figure 1) and a 10% sample of the households was taken from each. By grouping enumerator areas with the same demographic profile together, using factor analysis (Davies 1984; Murdie 1969), this created 30 areas (which the government used during a population census to stratify the country spatially and to which all census data are linked). This implies that the population census data and our data could be complementary. Each sample area covered between 500 and 1 000 households.

The sample areas were subdivided into smaller areas comprising between 100 and 200 households. A congregation was selected from each area to take responsibility for that area. We explained the project to the leaders of the congregations and asked whether they would agree to take part in the research. Each congregation provided the necessary fieldworkers (usually 3 to 7) depending on the number of sub-areas.

During two courses, the Unit trained approximately 150 field workers. Each fieldworker received a map of the sub-area in which she/he had to drop questionnaires. In the black township

3 The questionnaires are on the URDR's website: <http://www.sun.ac.za/theology/urdr.htm>

Mbekweni, where literacy is a problem, field workers helped respondents to complete the questionnaire. To attain a 10% sample, the sample area maps provided street names and house numbers and the houses to be visited were indicated (with alternatives if occupants were difficult to find). Each fieldworker received his/her questionnaires from the leadership of the congregation who had received the questionnaires for distribution. For each completed questionnaire the fieldworker received R2.00 (\$0.25). Some refused this remuneration, but for others it was very helpful.

Approximately 2 500 questionnaires were distributed in the 30 sample areas. Only one area's leadership did not cooperate. Approximately 1 800 questionnaires were returned (72.9%). Two congregations managed a 100% return rate!

Structured interviews with leadership

To complement information gathered from the community during the sample survey, structured interviews were held with congregational leadership. We aimed to explore the networks and partnerships within which churches operate. This information provided a picture of the existing social service ministries in Paarl.

A questionnaire, listing questions about leadership (full-time/part-time, theological training, etc), congregations (members, age, etc), ministries and partnerships, was delivered to leaders of 30 of the 120 congregations that were marked during the GPS phase. The 30 leaders were chosen to represent the denominational and geographical variety. The 30 sample areas were arranged to form three vast areas: Paarl West, Paarl East and Mbekweni (see Figure 1). The Unit trained three fieldworkers, one for each area. These fieldworkers made appointments with the 30 leaders in order to complete the questionnaires.

HIV data from Paarl Health Services

HIV/AIDS statistics were obtained from the office of the health services regarding HIV infections. This information was processed spatially in each of the 30 areas to form another layer of information on our geodatabase.

RESULTS

Introduction

The participatory action research outlined four areas of concern:

- HIV/AIDS and Tuberculosis (TB);
- Unemployment;
- Sexual abuse and crime;
- Substance abuse (alcohol and drugs).

This paper will demonstrate the value and outcome of the research with regard to HIV/AIDS. One of the challenges of this type of research is communication of the results in such a way that it can be holistically understood. It also needs to have a human face. To see and communicate the interrelatedness of the different aspects of the problem must also be possible.

We did this by creating a geodatabase, which arranges and stores quantified data. In this geodatabase, each sample area has a code and the gathered data of a sample area are linked to the specific code. A GIS (geographical information system) can show the exact geographical location

of any entity on the face of the earth. Use of this computer program established the geographical location of the sample areas. The code for each sample is used to link the gathered data to the entity that represents it spatially. Thus, by combining the geodatabase with a GIS, we are able to produce a hard copy or digital maps showing, for example, the prevalence of HIV/AIDS in each area. The advantage of this is the fact that a map is a very powerful and universal medium of communication.

By loading all our information in the GIS we were able to create layers of information for each sample area. By using the GIS, the different data layers can then be shown successively which leads to the identification of connections or relationships between realities, such as income, education, (un)employment and HIV/AIDS prevalence for these geographical areas. Discrepancies between the different geographical areas are also obvious and easily pointed out. Those with a high income and a high level of education live in certain areas where the number of reported HIV/AIDS cases is much lower. On average, the attitude and involvement of residents of those areas is different from those in areas where the effect of HIV/AIDS is much higher. Addressing the problem from a theological point of view thus provides a firm ground on which to stand and challenge a community to action in order to be true to the very essence of its theological identity and mission.

If familiar with the 30 geographical areas, one immediately realises the socio-demographic characteristic realities portrayed by the geodata. The research quantified this in detail, providing valuable information for the detailed planning and securing of resources, action strategies, etc. The apartheid legacy is still clearly evident in Table 5 and Figure 1. From a racial point of view:

- areas A to F, known as Mbekweni, is a densely populated Black township;
- area G is a fast growing squatter area populated mainly by Coloured and Black people;
- areas H to R, T to V and AA are basically Coloured areas;
- area S is a White and Coloured area;
- areas W to Z, AB, AC and AD are basically White areas with people of a higher socio-economic status.

The results of the first phase of our research will now be outlined by firstly referring to the socio-demographic profile of the different areas. For this, we used the 1996 population census data, which we can update within a year using the 2001 census. We shall then print the map with all places of worship followed by the data on HIV/AIDS cases. The last subsection deals with the results of the survey's information. The report will conclude with some observations on what has been learned so far and how we plan to continue with our research praxis.⁴

The census layers: The demographic profile of the 30 areas:

1. Religious affiliation (Table 1)

Table 1 provides data of all denominations and religions with an affiliation of 5% or more in the area. From the census information it is clear that the Dutch Reformed congregations and the

⁴ "Praxis" refers to our practical theological methodology and means reflective involvement. We are involved because of basic faith assumptions. Our involvement is theoretically informed from a multidisciplinary point of view, and because of our participatory action research orientation, we continually reflect, evaluate and adjust our approach which, in turn, means also redefining our theory.

Uniting Reformed congregations, with 27.94% of the population, are the biggest role players in the area (e.g. in area Z, the DRC has a market share as high as 75.5%). The third largest religious denominations are Other Apostolic Churches (8.1%) followed by Anglicans (7.77%) and other Christian Churches (5.01%). “No religion” (8.58%) and “Refused” (15.99%) is very high due to the over 50% occurrence in the Mbekweni and squatter camp areas. In area H, a squatter camp, 64.9% people refused to state their faith. This is exceptionally high since the percentage for No religion and Refused on a national level is 11.4% and 0.3% respectively (Census 1996). This probably was due to census problems. However, we obtained good information and cooperation from our fieldworkers while doing their work in these areas.

2. Income per household (Table 2)

The highest percentage of people in the areas earn between R18 000 to R29 999 per year.⁵ This represents a maximum of R2 500 per month per household. Please keep in mind that this data is from Census ‘96. We hope to receive Census 2001 later in 2003. This data clearly portrays, geographically, the level of poverty and the class structures.

3. Status of employment (Table 3)

Upon examining Table 3 below, it becomes clear that this varies from 40.36% unemployed in area C to 1.5% in area Y. Table 2 shows that area Y is the area with the highest income per household. The average percentage of unemployment for all sample areas is 19.18%.

4. Level of education (Table 4)

Table 4 contains the adults’ level of education in the sample areas. The average of those who had no schooling is 11.34%, and 31% had only primary schooling. Thus, 42% of the people in the sample areas have an education level of primary school or less. The area of concern is sample area B, where 36% have never attended school, i.e. one in three adults is illiterate.

5. Racial groups (Table 5)

Table 5 illustrates the racial mix of the sample areas according to the data of the 1996 population census. The 2001 census data is bound to show considerable shifts as we expect “upwards mobility” to take place. The five predominant categories are Coloured, White, Black, Mixed Coloured-Black and Mixed White-Coloured and are colour-coded in Figure 1 (using a 10% presence margin).

GPS-places of worship in Paarl (Figure 1)

The red dots on the map depict all the places where people worship. From the map it is clear that there are churches in almost every area of Paarl, except in areas G and M. Area G is a racially mixed squatter area. People hold prayer meetings in houses and occasional revival meetings take place in tents, but there are no venues for worship on Sundays. People walk to a nearby primary school in area H where nine different churches worship in separate classrooms on Sundays. Unfortunately, the cluster of dots on Figure 1 is not very clear because of a lack of space. By using an aerial map as background for the data and by enlarging it, this improves the evidence of the

5 Currently, exchange rates fluctuate considerably, but in March 2003 R8 equals roughly both a dollar and an Euro.

physical reality (Figure 3).

By cross-referencing data on area G, the following picture evolves: it is a growing squatter camp, where 25% of the adults are illiterate and 40% have attended only primary school. The income levels are very low and 28% of the adults are unemployed. From other data sources, it is clear that HIV/AIDS is rampant, as well as crime, sexual and substance abuse. Interestingly, both the Reformed and Apostolic Churches have roughly 15% adherents in the area.

It should be clear that there is a real need for church planting in Area G, as well as the visible presence of other services. Here, the people do not have motorcars, nor do they have easy access to transport. The information supplied by this research thus assists all concerned parties to devise a strategy on methods of involvement in area G. The churches that minister/have members in the area should take the initiative. It is essential that churches work together and form partnerships to tackle issues that confront the community. Such cooperation will also be a powerful witness to the community.

Data from the Paarl Department of Health (Figure 2)

Infection statistics were obtained from the Department of Health. This Department has a testing facility for the voluntary testing of pregnant women. The main reason for this testing is that these women are accessible and are considered to be representative of the sexually active, heterosexual members of the general population. We processed the information spatially and present the results in Figure 2 as reported cases per 1 000 people for a period of one year. It is clear that the Mbekweni Township (mostly isiXhosa speaking people) is worst hit; this also indicates that cultural influences play a role and have to be addressed.

Given the HIV/AIDS pandemic's scope and influence on the South African society as a whole, the church and society should do its utmost to fight this scourge literally with every means at its disposal. However, it is a silent enemy and very difficult to identify and address. The data gathered by our research helps us to portray the AIDS reality geographically and to depict visually which factors play a role or influence the occurrence of the disease.

Data gathered from the surveys

An objective of the household survey was to establish the involvement of the community's residents with services rendered by the church or community organisations regarding HIV/AIDS. People were asked to indicate their involvement in three categories: direct assistance, preventative action and counselling. "Direct assistance" refers to home-based and hospice care for persons infected by HIV/AIDS and TB. On the other hand, "preventative action" refers to the information and awareness of HIV/AIDS. This data is available in either tables or on geodata maps.

In all respects, the plight of Mbekweni was clear. All sample areas in Mbekweni are very much involved in rendering services with regard to HIV/AIDS. The surveys established the number of residents of the community who receive assistance regarding HIV/AIDS needs. Those living in Mbekweni received the most assistance.

Perceptions on HIV/AIDS

The survey tested eight perceptions regarding HIV/AIDS. The first four tested perceptions on direct assistance, preventative action and counselling. A distinction was made between direct assistance to children, as opposed to adults. "Direct assistance to children" refers to AIDS orphans, while "direct assistance to adults" refers to home-based and hospice care. All of the questions

asked to what extent the church should be involved in each of these services.

People overall responded positively when asked if the church should be involved in providing direct assistance to adults (65%) and to children (69%). Preventive measures should be taken (72%), and also 72% felt that the church and other organisations should be involved in counselling. Of the respondents, 81% felt that there should be cooperation between the church and the government in dealing with HIV/AIDS. Sadly (shockingly!) only 32% agreed that HIV/AIDS do have an impact on their community, 35% was unsure and 31% thought that it does not affect their community. It is clear that these perceptions differed radically among the areas. That the church should provide a friendly and loving environment for persons infected and affected by HIV/AIDS was the perception of 83%, and 16.3% replied that people with HIV/Aids deserve to contract this disease.

Structured interviews

As stated above, we planned to interview *congregational leaders* from each of the 30 areas. Only 26 of the leadership cooperated fully. Regarding HIV/AIDS, only seven congregations render some form of service either alone, or in partnership with another organisation or, sometimes, both.

In the *DRC's Toringkerk* ten volunteers provided blankets and clothes to AIDS orphans in the hospital during the winter. Approximately 100 people receive similar assistance every month. This church has an AIDS action group of four volunteers who meet four times a year on their own and four times per year with other groups in the presbytery to coordinate and gather information.

The *DRC Paarl Valley* became involved in the local provincial hospital by adopting a floor of AIDS patients. Two volunteers visit them five times a year. This church recently started an AIDS action group comprising five volunteers. This group meets four times a year and guides the congregation in its AIDS ministry.

Recently the *DRC Drakenstein* also started an AIDS action group of nine volunteers to guide the congregation in its AIDS ministry.

The *DCR Paarlberg* also has an AIDS action group of eight volunteers who meet every month and provide the church with information on a quarterly basis.

All the Dutch Reformed Churches with AIDS ministries were mobilised by the Christian Aids Bureau, an NGO that works in the area aiming to mobilise and train church leaders to become involved in addressing the HIV/AIDS pandemic. Most of these churches minister in close co-operation with this NGO.

The *Methodist Church* in Paarl runs a ministry in partnership with an organisation called Procure. Four families (called Kangaroo parents) in this church volunteer to take HIV positive orphaned babies into their homes for periods of four to eight weeks until a permanent home is found for them.

The *Anglican Church of the Ascension* has several projects; amongst others, 16 volunteers provide "Love packs" to about 120 HIV infected people, of whom only 40 are members. The cost of this project is approximately R1 000 (\$125) per month. This church has trained 20 members in home-based care. They assist people twice a week, and concentrate on farm labourers. The Church of the Ascension also provides the congregation with information regarding Aids prevention on a monthly basis, and counsels people infected and affected by the virus. Apparently this church is very committed to address the problem of HIV/AIDS in their community. They work in partnership with Hope Africa, the Anglican denominational head office for social services in the Western Cape.

The *Catholic Church* in Mbekweni provides all their services in a very effective partnership with the Catholic Welfare Department that has offices on the church premises. On Wednesdays they meet

with mostly women infected and affected by the virus. This group is very active and provides a variety of support to 68 people in the community. During these group meetings, they discuss and provide immediate relief as well as counselling. They are a very close-knit group that effectively assists one another in their needs. Several Churches in Mbekweni support the services provided by the Catholic Welfare Department because their members also receive help. They have great difficulty in their efforts to reach out to the men whose behaviour causes most of the problems.

In summarising the congregations' involvement in addressing the HIV/AIDS pandemic, the following is clear:

- This involvement is still at Korten's relief and welfare stage (see Methodology above). Apparently congregations are able to provide immediate relief and assistance to people infected and affected.
- In most congregations, outside initiatives started the ministry.
- Partnerships with outside initiatives are the lifeline and motivation for their work.
- Apparently, the churches still lack the capacity to make any significant impact on the HIV/AIDS challenges.
- There seems to be a willingness and goodwill, but the leadership does not know how to channel and train this energy and how to initiate a holistic approach with a much wider scope.
- At this level, the scourge will not be addressed effectively.
- The direct relationship between poverty, AIDS and the other social ills is clear and apparent when the different layers of information are compared with one another.

FINAL REMARKS

We have completed the first phase of consultations, and have designed and implemented the instruments for empirical research. The basic data is now available and must be analysed, discussed and strategised. This can be done effectively only in collaboration with the community. Therefore, our final remarks concentrate on our preliminary findings and how we see the process evolving.

In Paarl, the public awareness and sense of responsibility, regarding the socio-demographic realities of their society, has developed substantially. Whereas racial boundaries and injustices were the major cause of tension and bitterness to be addressed in the previous dispensation, a new dispensation is slowly but definitely dawning on this society. Now, all groups and communities are readjusting to face the new challenges that confront them. To reiterate: this involves the core belief systems and identity, as well as the physical health of the society at large. The future and happiness of all was, and is, at stake.

It was really heart-warming to discover how much goodwill exists and to what extent partnerships were established and networking took place even before the research began. The research did indeed enhance the process of reconciliation and networking, which led to ministers and members in formerly divided communities visiting each other and exchanging pulpits. As the results of the research are becoming known and are disseminated in congregations and other NGOs, this leads to an acute awareness of their society's brokenness and needs.

The future hard work consists of proper dissemination of the research in the 30 areas individually, and in Paarl at large. The challenge will be to obtain the cooperation and motivation of both the leadership and residents to move forward towards the second planning phase when the major role-players must decide how they will cooperate in creating sustainable solutions and development. We hope to receive substantial resources for the work from government. In a poverty-stricken society, government resources could be both a blessing and a curse. Money can be a hindrance simply because secondary goals could prevent the resurgence of a people's

movement, where the society at large takes responsibility and ethical action to address the HIV/AIDS pandemic. The church, in all its forms, must play a crucial role in this. Without such a movement, HIV/AIDS will never be conquered.

The Faculty of Theology and the University of Stellenbosch at large are committed to stay involved. We plan to involve our students in these processes in order to develop their skills for dealing with South African realities. We believe that their involvement will help to develop their theological expertise and faith commitment to stay focused on God.

Table 1: Religious affiliation						
				Other		
Sample	Dutch		Other	Christian	No	
Area	Reformed	Anglican	Apostolic	Churches	Religion	Refused
A	1.25%	1.47%	2.39%	3.08%	51.56%	16.55%
AA	16.74%	4.49%	17.54%	10.47%	3.17%	16.96%
AB	71.72%	1.79%	6.23%	0.73%	0.85%	2.43%
AC	58.56%	1.17%	3.11%	0.76%	2.80%	1.38%
AD	67.52%	2.57%	2.96%	0.87%	2.12%	5.53%
B	4.17%	3.58%	5.38%	2.32%	40.52%	10.80%
C	3.04%	5.07%	3.59%	1.63%	12.81%	31.40%
D	4.13%	3.68%	2.55%	1.62%	31.82%	22.02%
E	3.59%	5.07%	2.84%	0.50%	25.12%	28.01%
F	6.27%	1.45%	3.12%	0.79%	38.75%	38.04%
G	15.37%	2.04%	14.19%	2.58%	3.63%	31.27%
H	6.30%	2.12%	2.99%	2.37%	15.56%	64.91%
I	20.97%	11.63%	13.54%	16.89%	0.00%	10.27%
J	19.48%	35.27%	4.63%	5.56%	0.17%	2.95%
K	13.51%	9.67%	17.60%	13.67%	8.17%	8.08%
L	14.13%	15.69%	21.22%	13.66%	0.92%	6.67%
M	17.72%	26.65%	2.78%	4.14%	0.45%	9.69%
N	17.82%	21.61%	4.75%	5.75%	0.35%	14.29%
O	18.28%	4.19%	14.02%	8.36%	0.13%	20.91%
P	22.43%	17.43%	9.26%	8.78%	1.68%	18.73%
Q	25.85%	4.44%	16.25%	12.10%	1.60%	5.92%
R	21.26%	6.42%	15.89%	10.95%	0.63%	15.76%
S	70.62%	2.19%	1.19%	1.46%	2.25%	7.89%
T	23.40%	12.04%	12.84%	9.10%	2.14%	13.68%
U	13.50%	5.32%	13.37%	3.48%	0.94%	48.91%
V	24.15%	17.94%	14.09%	5.48%	1.11%	7.80%
W	67.69%	2.81%	6.28%	0.67%	1.96%	5.79%
X	48.37%	1.93%	1.50%	0.95%	1.38%	7.72%
Y	64.80%	1.51%	2.42%	1.34%	2.58%	3.09%
Z	75.49%	1.77%	4.62%	0.14%	2.14%	2.17%
AVERAGE	27.94%	7.77%	8.10%	5.01%	8.58%	15.99%

AREA	None	2000-3999	4000-5999	6000-11999	12000-17999	18000-29999	30000-41999	42000-53999	54000-71999	72000-95999	96000-131000	132000-191999	192000-359999	360000+
A	16%	6%	13%	18%	21%	12%	3%	2%	1%	0%	0%	0%	0%	0%
AA	8%	2%	7%	9%	20%	18%	8%	3%	3%	2%	0%	0%	0%	2%
AB	1%	0%	4%	6%	7%	11%	11%	9%	12%	11%	10%	3%	2%	1%
AC	2%	0%	3%	5%	9%	20%	13%	12%	13%	9%	6%	4%	1%	0%
AD	2%	1%	4%	4%	5%	13%	10%	11%	14%	8%	9%	6%	2%	0%
B	8%	2%	11%	20%	23%	15%	4%	3%	1%	1%	0%	0%	0%	0%
C	11%	3%	6%	8%	13%	17%	6%	4%	4%	1%	2%	1%	0%	0%
D	14%	3%	11%	14%	18%	16%	3%	2%	1%	0%	0%	0%	0%	0%
E	13%	3%	15%	22%	19%	14%	4%	4%	1%	1%	0%	0%	0%	0%
F	5%	2%	9%	9%	22%	15%	6%	2%	2%	1%	0%	0%	0%	0%
G	10%	2%	10%	14%	15%	16%	9%	6%	3%	2%	0%	0%	0%	0%
H	1%	0%	1%	3%	7%	13%	21%	18%	18%	8%	3%	1%	0%	0%
I	1%	0%	1%	3%	8%	17%	15%	9%	8%	4%	4%	1%	0%	0%
J	2%	0%	3%	2%	6%	13%	10%	12%	15%	11%	13%	5%	1%	0%
K	11%	1%	8%	10%	17%	22%	11%	7%	4%	2%	0%	0%	0%	0%
L	7%	0%	7%	9%	17%	27%	13%	8%	7%	1%	2%	0%	0%	0%
M	0%	0%	2%	4%	4%	8%	7%	4%	11%	8%	9%	10%	2%	0%
N	2%	0%	5%	9%	6%	8%	10%	8%	13%	7%	9%	4%	1%	1%
O	6%	1%	7%	9%	14%	22%	11%	9%	5%	2%	0%	0%	0%	0%
P	4%	1%	3%	8%	9%	20%	13%	8%	12%	5%	6%	1%	1%	0%
Q	11%	0%	13%	13%	21%	17%	13%	5%	2%	1%	0%	0%	0%	0%
R	5%	1%	6%	9%	12%	20%	12%	7%	6%	4%	1%	1%	1%	1%
S	1%	1%	5%	2%	4%	7%	6%	6%	15%	14%	20%	12%	5%	0%
T	3%	0%	3%	3%	11%	18%	15%	12%	11%	7%	4%	1%	1%	0%
U	8%	0%	7%	8%	15%	22%	12%	7%	6%	3%	1%	1%	0%	0%
V	5%	3%	8%	8%	8%	13%	10%	9%	10%	8%	7%	2%	1%	0%
W	3%	1%	2%	4%	5%	10%	7%	9%	10%	11%	14%	7%	5%	1%
X	1%	1%	3%	3%	6%	8%	9%	7%	9%	7%	10%	8%	10%	2%
Y	1%	0%	1%	2%	4%	7%	8%	7%	12%	11%	14%	15%	11%	3%
Z	0%	0%	2%	5%	4%	7%	7%	8%	17%	18%	19%	8%	2%	1%
AVE	5%	1%	6%	8%	12%	15%	10%	7%	8%	6%	6%	3%	1%	0%

Table 3: Employment status		
Sample	Area Employed	Unemployed
A	69.06%	30.94%
AA	72.23%	27.77%
AB	95.80%	4.20%
AC	97.85%	2.15%
AD	98.05%	1.95%
B	71.27%	28.73%
C	59.64%	40.36%
D	65.99%	34.01%
E	60.49%	39.51%
F	69.18%	30.82%
G	72.29%	27.71%
H	88.33%	11.67%
I	87.76%	12.24%
J	91.29%	8.71%
K	63.05%	36.95%
L	71.57%	28.43%
M	92.80%	7.20%
N	87.24%	12.76%
O	73.83%	26.17%
P	81.99%	18.01%
Q	64.12%	35.88%
R	75.81%	24.19%
S	96.94%	3.06%
T	79.21%	20.79%
U	69.16%	30.84%
V	80.29%	19.71%
W 96.	41%	3.59%
X	97.05%	2.95%
Y	98.55%	1.45%
Z	97. 24%	2.76%
AVERAGE	80.82%	19.18%

Table 4: Education level for adults (20 years and older)				
Area	NO SCHOOLING	PRIMARY	SECNODARY	POST SCHOOL
A	17.94%	44.04%	37.96%	0.07%
AA	14.43%	48.54%	36.94%	0.08%
AB	7.55%	19.25%	68.00%	5.20%
AC	3.84%	8.32%	83.88%	3.97%
AD	4.97%	10.78%	74.44%	9.82%
B	35.95%	30.33%	33.31%	0.41%
C	13.27%	37.46%	48.62%	0.64%
D	24.39%	32.16%	43.31%	0.14%
E	11.12%	40.35%	48.21%	0.31%
F	10.12%	40.78%	48.84%	0.26%
G	25.13%	40.32%	34.47%	0.08%
H	10.34%	36.73%	52.25%	0.67%
I	8.79%	35.52%	54.42%	1.27%
J	5.29%	18.60%	72.58%	3.53%
K	15.60%	44.82%	39.53%	0.05%
L	10.70%	38.66%	50.55%	0.10%
M	3.84%	20.76%	67.15%	8.26%
N	6.72%	25.46%	64.25%	3.57%
O	11.57%	44.55%	43.64%	0.24%
P	8.21%	33.43%	56.03%	2.32%
Q	11.50%	46.12%	42.31%	0.07%
R	10.88%	39.52%	49.08%	0.52%
S	4.92%	14.53%	74.32%	6.24%
T	11.92%	33.02%	54.26%	0.80%
U	14.39%	44.10%	41.30%	0.21%
V	10.03%	30.13%	56.90%	2.94%
W	6.86%	15.36%	66.41%	11.37%
X	5.33%	17.42%	63.95%	13.30%
Y	6.21%	20.62%	60.54%	12.64%
Z	8.28%	17.67%	70.66%	3.39%
AVERAGE	11.34%	30.98%	54.60%	3.08%

Table 5: Population groups			
Sample Area	African	Coloured	White
A	99.55%	0.45%	0.00%
AA	2.12%	97.88%	0.00%
AB	0.82%	8.20%	90.98%
AC	0.89%	7.12%	91.99%
AD	0.96%	2.43%	96.61%
B	99.85%	0.15%	0.00%
C	98.70%	1.07%	0.24%
D	99.04%	0.96%	0.00%
E	99.11%	0.80%	0.09%
F	91.13%	8.32%	0.55%
G	37.64%	62.36%	0.00%
H	1.99%	98.01%	0.00%
I	4.73%	95.27%	0.00%
J	3.94%	96.06%	0.00%
K	1.60%	98.40%	0.00%
L	1.03%	98.97%	0.00%
M	1.28%	98.72%	0.00%
N	4.28%	94.80%	0.92%
O	0.34%	99.66%	0.00%
P	0.00%	100.00%	0.00%
Q	0.00%	100.00%	0.00%
R	0.29%	99.71%	0.00%
S	2.13%	8.72%	89.15%
T	0.51%	99.38%	0.10%
U	0.59%	99.21%	0.20%
V	1.72%	96.84%	1.45%
W	1.59%	7.43%	90.98%
X	0.83%	8.15%	91.02%
Y	0.13%	7.00%	92.87%
Z	0.37%	6.34%	93.28%
AVERAGE	21.90%	53.41%	24.68%

Figure 1: Orientation map and places of worship

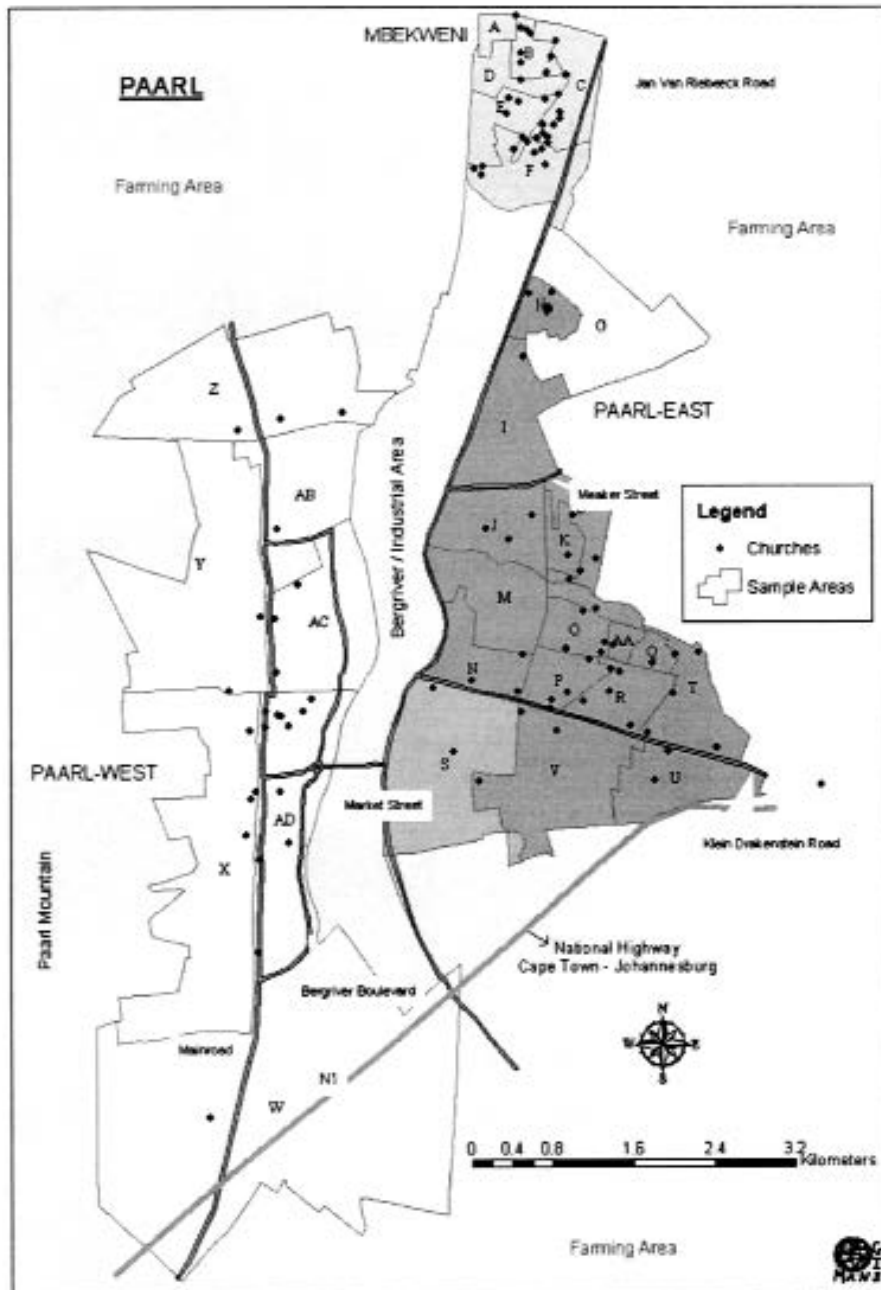


Figure 2: HIV data from the Health Services (Paarl)

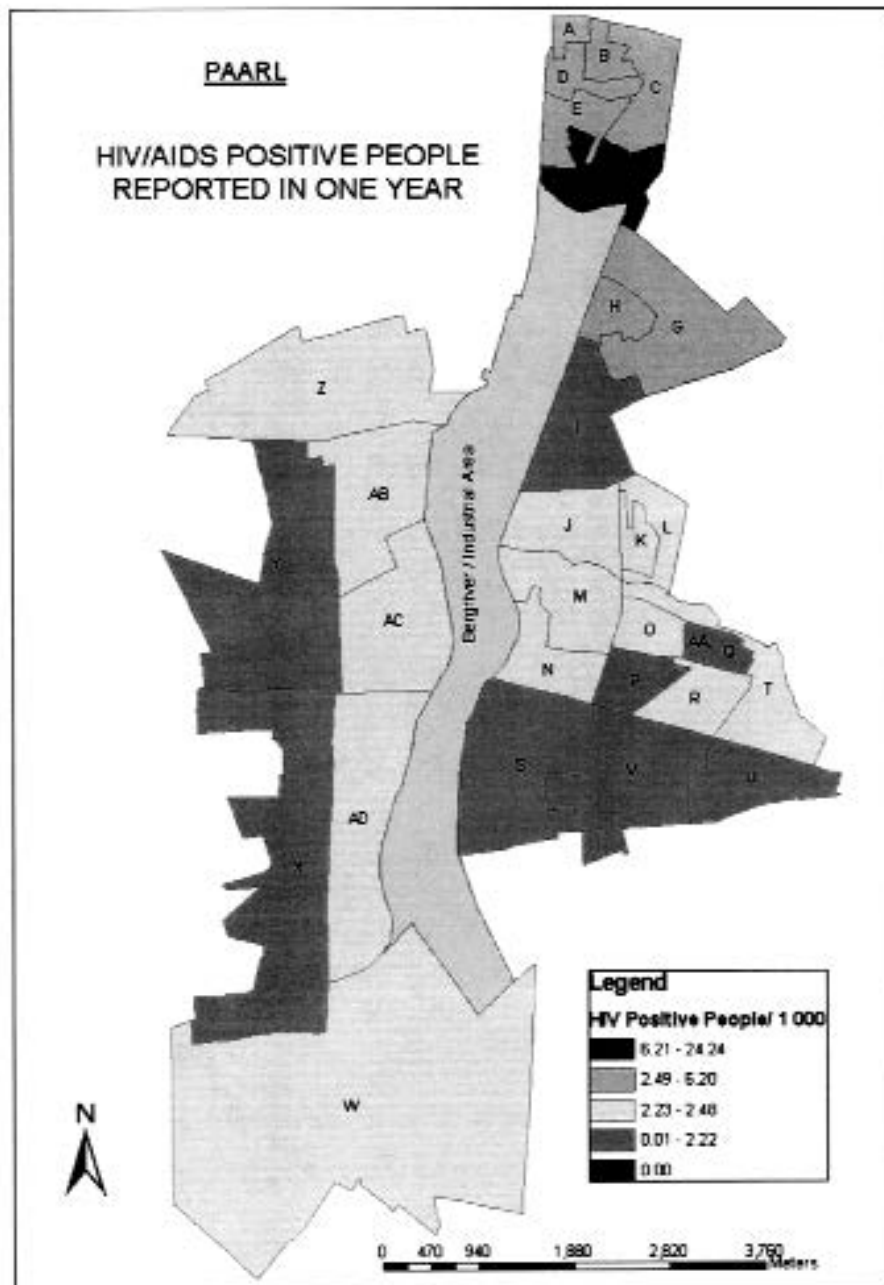
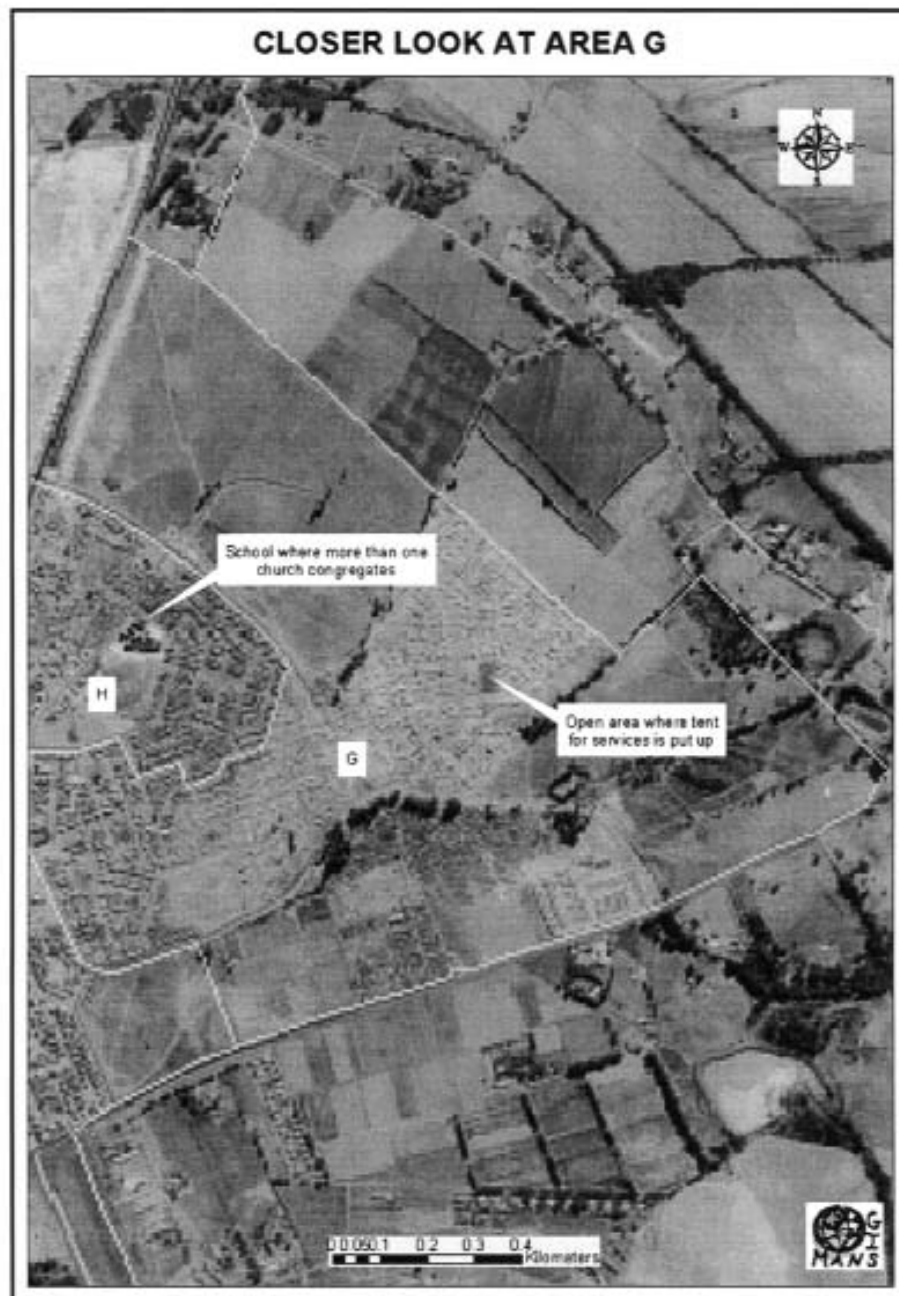


Figure 3: Closer look at area G



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