The Evangelical Response to AIDS

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In South African, every seven months there is the equivalent of a tsunami[1]. Only it isn't the rushing ocean water that claims peoples lives - it is the wave of HIV. Every day 1,370 people die of AIDS related illnesses. According to the latest study of women at antenatal clinics between 5.7 and 6.2[2] million South Africans out of a total population of 46 million now carry the HIV virus (DOH 2005: 12). That's nearly 14% of the total population, 18% of youth between ages 15 and 24, and as high as 24.9% in those aged 15 to 49 years old (UNAIDS 2003). The economically active population of South Africa is diminishing due to death from AIDS related illnesses and the average life expectancy is a low 50.7 years (WHO 2002).

An historical overview

It is evident that evangelicals[3] in South Africa – unlike our Western counterparts (Barnes 2005) – haven't been absent from the groundswell of intervention efforts in the AIDS arena, but in the words of the Tearfund report (2004) to the Commission on Africa "Whilst there are many clouds in the sky, there isn't much rain".

Parachurch agencies have been quickest off the starting block and most effective so far in their responses and initiatives. Scripture Union's comprehensive lifeskills programmes run in schools since 1992 have been hailed by church leaders, educationalists, donors and government (Nell 2001). The recent Youth for Christ A.C.T.I.V.E youth peer education programme has been getting outstanding reviews from the Harvard School of Public Health. A series of lifeskills materials written by a consortium of Christian youth agencies

[1] In December 2004 250,000 people died in South East Asia in the biggest natural disaster ever to befall the world.
[2] This figure includes 230,000 children under 15 years old.
[3] Although perhaps not as far reaching as our ecumenical and Catholic brothers and sisters, as shown by a review of the literature (Wang 2001), who have been doing more and for longer in the AIDS arena.

and tied into an adventure camp for primary school youth is also being welcomed by schools and has received PEPFAR[4] funding.

From the early nineties evangelicals have consulted, talked and networked amongst themselves and with government. In 1994 Africa Enterprise convened a consultation drawing people from medical, educational, theological, social and legal professions and produced a statement, albeit amidst tension between progressive and conservative evangelicals. In 2003 the South African Christian Leadership Assembly (SACLA 2003) chose AIDS as one of its 'giants' needing urgent attention but those who attended speak of the continued disagreement between progressive and conservative evangelicals especially with regard to HIV and how Christians are to be involved especially in the 'reduce harm' versus 'abstinence only' debate, (which will be considered at length later in this chapter).

Churches like Rhema and King of Kings Baptist Church have developed programmes of education and care for people infected and affected, and many more have started local initiatives. Worldvision have been active over much of the past decade organising church awareness workshops and awareness campaigns around world AIDS day. Director of World Vision's international church partnership programmes, Christo Greyling, himself HIV positive has done much to motivate evangelical churches to action (including founding CABSA - the Churches AIDS Bureau of South Africa). TEASA itself has formed many partnerships, and have hosted a SADC[5] evangelical summit on HIV concluding that we are to take

> up the biblical mandate to care for the sick, support the widowed and orphaned, guide and counsel the children and the youth, model and teaching chastity before marriage and faithfulness in marriage and counsel the broken hearted to enable them cope with the impact of AIDS in their lives, families and communities.

and now TEASA runs a resource hub for churches, providing HIV/AIDS training and education material, although large projects at scale remain absent.

[4] The US Presidential Emergency Programme for AIDS Relief fund.

[5] In a major breakthrough for the Christian church in Africa, Evangelical Alliance networks from Namibia, Angola, Zambia, Zimbabwe, Swaziland, Malawi, Botswana, Lesotho, Mozambique, were hosted in Pretoria by the Evangelical Alliance of South Africa (TEASA) at an International Conference on the Church and AIDS. One thousand five hundred delegates attended: it was the first time evangelical movements had gathered in these numbers to consider how they respond to the HIV/AIDS challenge.

Evangelicals have been present when the Churches AIDS Programme (CAP) formed in 1992 and at the inception of the government-sponsored Religious AIDS Programme (RAP) in 1996. We were well represented at the Faith Organisations in HIV and AIDS Partnership, but still there is no flood of thoughtful activism, no deluge of mobilisation, no emerging beautiful building from behind the scaffolding of meetings, networking, pilot projects, talking, pronouncements, fundraising and partnerships.

Of course we know that we are well placed to do what is needed to ameliorate the effects of AIDS in our country. TEASA General Secretary, Moss Ntlha said at the SADC conference: “We are convinced that it is an important pastoral and prophetic duty of the Church to respond compassionately to those hurting under the ravage of disease”. We know we have significant advantages in the “delivery of information, encouraging open discussion, providing services such as care and support, and changing sexual behaviour” (Tshabalala-Msimang 2003) and that we have committed presences and infrastructure in neglected communities. We know that we

> are very often the first point of contact after a person has been diagnosed with HIV and also the last, when you bury that same person who has died of AIDS. By providing direct care to the sick, by visiting them, praying with them, consoling them with the word of God, being supportive and sympathetic listeners, and understanding their many problems and frustrations, you are the ones that offer companionship and solidarity to them, and to their families and vital communities” (Tshabalala-Msimang 2003).

And of course we do not despise small scale interventions but the AIDS pandemic is huge and needs a similar scaled response from the evangelical churches. Instead we spend too much time debating the nature of our involvement, criticising those who work in places and with methods we are not sure of. In short our failures have outweighed our successes.

What we’ve failed to do

We have failed to articulate a clear theological understanding of HIV/AIDS. There is still too vocal a whisper that AIDS is a judgement of God in certain evangelical circles, and that because it is primarily sexually transmitted that

those who contract the virus bring it on themselves. And it's not that there is a lack of books[6] or articles on the subject – but somehow there seem to be a lack of ecclesiastical will to bring a clear theological understanding into the mainstream. A.W. Tozer said that "before the Christian church goes into eclipse anywhere there must first be a corrupting of her simple basic theology. She simply gets a wrong answer to the question 'What is God like?' and goes on from there" (1961: 3). Sadly, many of our churches have developed an incorrect view of God and so our response to the AIDS pandemic is small, slow and embattled.

Two examples serve to illustrate the conflict. Throughout the world evangelicals are often the first to provide financial relief to disaster areas, most likely because the majority of the wealth in the world are in the hands of evangelical Christians (Barrett 1984), but strangely this has not been the case with HIV. In fact the opposite has been true:

> A survey sponsored by World Vision, conducted in 2001 by California-based Barna Research Group, revealed that only three percent of evangelical Americans said they would 'definitely' help children orphaned by AIDS. Evangelicals were twice as likely as others to support disadvantaged children overseas, but less likely to support children orphaned by AIDS. The survey also showed that evangelical Christians were significantly less likely than non-Christians to give money for AIDS education and prevention programs worldwide. The stereotypical reading of the HIV/AIDS crisis is that they have brought it on themselves (Stiller 2003).

As late as 1999, research conducted by RICSA[7] found that "most of the spokespersons for [faith-based] AIDS-related projects complained about feeling isolated within their religious groups with their concern about AIDS. Generally the attitude seems to be that 'Our people are good people and are not affected by this'" (Schmid et al 1999: 124).

Of course this list of examples could be longer but perhaps the best way to analyse our failing is to consider what an effective evangelical response to the AIDS pandemic ought to be and then to rate our current efforts against this plan. The seven-fold plan below (Table 1) is my own and may not be

[6] The latest is an article by Philip Marshall (2005) 'Towards a theology of AIDS' – originally presented to a conference of theological educators in South Africa.
[7] The Research Institute on Christianity in South Africa based at the University of Cape Town and founded by Professor Emeritus John DeGruchy.

comprehensive but certainly is a manageable and modest effort that could be implemented if we are courageous enough to accept the challenge. After each component I have assigned a mark to indicate how I think we are currently doing. An 'A' or 80% means that we are doing very well, while an 'F' (below 40%) means we are failing (sometimes miserably) in that specific area. Each component is then discussed in turn.

What we need to do

Components of the seven fold plan		Mark
1.	***A vocal, vital and accurate theology of AIDS as a disease*** *which provides the church with opportunities for care and intervention rather than a platform for judgement and condemnation.*	**E** 40%
2.	*A tireless and ongoing commitment to* ***keeping the social determinants of AIDS in the public eye****, and working towards its amelioration.*	**F** 30%
3.	***A realistic programme of prevention and harm reduction*** *which includes speaking about sexual practices from the pulpit and addresses workable harm reduction for people in specific contexts paying special but not exclusive attention to God's ideal plan for human sexual relationships.*	**D** 50%
4.	*A servant commitment to* ***ensuring that anti-retroviral treatment works****, that* ***myths and sigma are dispelled and that sexual abuse ends****.*	**F** 30%
5.	***Mobilisation of an army of compassion*** *that provides physical care/relief and spiritual comfort.*	**C** 60%
6.	***A clear, unapologetic and progressive voice*** *of the evangelical community as a necessity of itself but also in opposition to right wing fundamentalists who are often perceived to speak for us.*	**F** 20%
7.	***An intentional cultivation and utilisation of the scaffolding*** *of being involved in the right partnerships, networks and think tanks so that our activism is informed.*	**A** 80%

Table 1 *A seven fold plan for an effective evangelical response to AIDS*

1. A vocal, vital and accurate theology of AIDS as a disease

There is an urgent and overarching need for evangelicals to announce and then promote an evangelical theology of HIV/AIDS – a theology that treats AIDS as a disease and not a judgement of God, and one that places a theology of AIDS within a holistic framework of the theology of God incarnate, of humanity (including gender equality), of evil, sin and judgement, of redemption and grace, of sexuality, singleness and marriage, of harm reduction, suffering, church and

healing, ultimate hope, and all of our mandates: evangelistic, social, discipleship, caring and global (after Marshall 2005). Within this whole context (and this context alone) we need to be pointing to "God's revealed norms for human behaviour— strong communities, faithful marriages, loving families, sexual integrity—as a way to reverse the increase of HIV in our world" (Marshall 2005: 136). A comprehensive theology of HIV/AIDS must consider sinfulness and environment, individual responsibility and corporate environment, compassion and consequences, design and reality, ideals and harm reduction. We dare not be simplistic, selective or place the emphasis only on sin. If we leave harm reduction out of our response or compassion we do violence to the nature of a loving[8] God and his design for the universe, and our efforts at intervention smack of judgementalism and finger-pointing.

2. Keeping the social determinant of AIDS in the public eye

Most contemporary evangelicals carry with them the ascetic baggage of the twentieth century rather than the activism and engagement of the nineteenth. They are happier to be at prayer than defending the oppressed, the poor and the down trodden. This has not always been the case and must not continue to be the case if we are to make inroads against the AIDS pandemic. Thankfully there is evidence that the tide is turning.

If we understand correctly the theology of the pervasiveness of sin, and how that some behaviours are not just a result of individual choice but of social structures, themselves sinful, then we are better equipped to deal compassionately with those who are HIV infected because they sell their bodies to feed their children; because they have sex out of boredom because their lives in informal settlements are hopeless, jobless and uninspiring; because having many partners is all they see in an increasingly sex-saturated media.

But we have short memories. Our very evangelicalism stresses our personal responsibility before God – which we are – but we are also complicit in our societal ills by the way we choose to spend or invest our money, by what we

[8] In the words of C.S. Lewis: "When Christianity says that God loves man, it means that God loves man: not that he has some disinterested concern for our welfare, but that, in awful and surprising truth, we are the objects of his love… [And that love] is not wearied by our sins, or our indifference; and therefore, it is quite relentless in its determination that we should be cured of those sins, at whatever cost to him" (1940: 35).

do and fail to do as part of fallen humanity, and by our complicity in unjust structures. The AIDS pandemic plays itself out in the midst of these social determinants, which interact to destabilise people's lives and put them at greater risk: crime, poverty, prostitution, orphans, deserted and runaway children, unemployment, broken and reconstituted families, despair, economic chaos, apartheid, colonialism, migrant labour, gender inequality, violence – the list is almost endless. We need to remind ourselves constantly of the context of the AIDs pandemic – as a counterpoint to quick judgementalism and simplistic interventions.

3. A realistic programme of prevention and harm reduction

Our cultural practices especially those of extending adolescence, rampant consumerism fuelled by sexual images, extortionist *lobola* (bride price), a sexually frenzied media, as well as economic polices that keep people away from stable relationships (migrant labour, long distance truck drivers, seasonal workers, large militaries, time intensive corporate executive positions) must all accept a portion of the blame for the current state of sexual activity amongst youth and infidelity amongst married couples. The social determinants of current sexual practices we have just considered must help us as evangelicals to better embrace the need for harm reduction even though actions like promotion of condoms and other sexual practices does not fit into our ideals and God-sanctioned view of sexuality. As an evangelical church we must be about the business of promoting abstinence for teenagers and fidelity for those in marriage relationships. However in keeping with our understanding of God and our social mandate we must simultaneously be about the business of harm reduction, especially for those who are outside of the church and who also form part of our mission.

The truth is that young people do have sex and married people are unfaithful, even in the church. The reasons are multiple and have already been considered. In addition our ministry is to those both inside and outside[9] the

[9] I would be more likely to promote condom use to those who are outside the church than to those who are inside, who I believe ought to be held more stringently to the biblical standard, but whose good intentions shouldn't have to result in death i.e. Christian youth should be

church and the ultimate message ought to be the same – 'here is the ideal, God's design -- and here are the skills, challenge and encouragement to attain it' we need to know that the skills and strategies to reduce harm in the journey to the ideal might differ for people in differing circumstances. This is not un-Christian nor non-evangelical. Ugandan churches have made it work[10]. We do want to change people's values and behaviour but we are not unaware of the reality of the human condition. And while all evangelicals might not be called to this 'simultaneous' ministry of proclaiming God's ideal and reducing harm, it is unthinkable for some evangelicals to crusade against those who are.

In my latest research amongst 15 to 20 year old youth in the townships of Cape Town, I often ask young people whether they go to church and what they learn at church. Few can tell me of life lessons they learn – mostly they recite old testament stories with little application to their lives. When I ask about sex the answer is almost always the same "Sex, no never, not sex, not from the *umfundisi* [pastor] of our church!" This may sound inconceivable to a generation of evangelicals who have grown up in bible-teaching churches, but young people do not have the same heritage. They do not go to church as regularly as before (or if they go do not always listen). Many churches no longer teach the bible in the same way as was done fifty years ago, especially when faced with stiff competition from contemporary media, that contends for young people's affections and provides sex (mis)education unlike that of previous generations. In fact a recent study showed that teenagers who watch a lot of television are twice as likely to engage in sexual intercourse than those who watch few such programmes (Collins et al. 2004). So unlike the panic that learning sex education at school promotes from many parents, the research tells us that

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challenged to remain abstinent but should also be taught about prophylactics, not as license but as life-saver.

[10] In Uganda the HIV pandemic dramatically fell from 21.1% to 9.7% in pregnant women and 18.5% to 8% in army recruits. Uganda instituted a campaign called 'The Big Noise' during which time everyone was encouraged to talk about HIV, and all the options for prevention while highlighting a reduction in sexual partners. Cambridge researchers Low-Beer and Stoneburner (2000) concluded that this behavioural intervention was equivalent to an 80% effective vaccine. They examined the Uganda phenomenon in detail and found that AIDS messages are best brought home after being communicated among family and friends who are able to speak about their specific contexts. Vocal and visible in the campaign were the Ugandan churches who played a vital role in this reduction through open discussion. Did they have problems speaking about condoms – no, became the emphasis was on faithfulness – a message in keeping with the churches' message, but did they demonise condoms? No again, because somehow they seemed to have grasped what the rest of the evangelical world has yet to realise – that people are imperfect, but that in spite of our imperfection God loves us and wants us to live.

watching television is associated with higher sexual activity amongst youth rather than learning about sex and condoms at school. Respected researcher Douglas Kirby says that “a large body of evaluation research clearly shows that sex and HIV education programs… do not increase sexual activity — they do not hasten the onset of sex, increase the frequency of sex, nor increase the number of sexual partners” (2001: 8). There is no reason for evangelicals to be against sex education at school. Information is not dangerous.

Kirby has further shown that there is very little evidence to support the fact that sex education programmes that exclusively promote abstinence delay sexual debut or reduce teenage pregnancy. At best some studies of abstinence programmes have shown that teenagers delay sexual debut by up to two years but that those who have been through abstinence only programmes often do not use contraception or condoms (putting them at higher risk of HIV) when they do become sexually active (2002: 5). He concludes:

> Studies of ‘abstinence-plus’ programs that strongly encourage youth to be abstinent because abstinence is the first and best choice for teens, but also encourage youth to use condoms and contraceptives if they do have sex… have demonstrated that specific programs, as well as groups of programs with common characteristics, can delay sexual intercourse, reduce its frequency, increase condom use and/or increase contraceptive use. And, of course, these behaviors are linked to reducing adolescent pregnancy as well as sexually transmitted diseases (2002: 6).

These are the facts – yet we continue to ignore them in evangelical circles and rather attack the researcher who speaks simultaneously of abstinence and harm reduction. We live in the world and these are its realities that must be addressed, otherwise we are not good news to this world.

4. Speaking out for treatment and against injustice, stigma, myths and sexual abuse

In addition to the general social determinants that exacerbate AIDS in our society, there are also specific issues about which the evangelical community need to be vocal. These include dispelling stigma, ensuring that antiretroviral treatment is accessible to the poorest of the poor, that gender inequalities are addressed in the church (and not supported by wrong theological

understandings of marriage and submission), and that myths are dispelled and stigma dissolved. Furthermore young woman carry the brunt of this disease in part because anatomically they are more easily infected (a greater surface area of mucous membrane in the vagina), but also because they experience powerlessness when it comes to sexual practices. Men demand sex, they demand it without prophylactics, and in many cultures they demand it with the use of herbs that dries out the vagina and subsequently heightens sexual pleasure for the man but increases the risk of infection for the woman who often bleeds during intercourse (Beksinska et al. 1999). I've never heard a sermon on dry sex – but it happens amongst church-going couples.

The so called 'virgin myth' (having sex with a virgin will cure you of HIV) has been cited as one of the reasons for the "near-psychotic wave of sexual and other violence against children (also against women) which runs counter to the values and traditions of every section of society" (The Mercury 2003), which includes baby rape (Richter 2003). Sermons on the 'virgin myth' too are notably absent. As are speaking the truth to those in power. When Thabo Mbeki repeatedly questioned whether the HIV virus does in fact cause AIDS, the church was silent. The result has been confusion amongst many uneducated people who have subsequently refused to take the action necessary to protect themselves from the disease. Our silence condemns us.

Finally the stigma of being HIV positive has meant that many people avoid being tested because they see it as a death sentence, when it fact it can prolong their lives[11]. Churches[12] in Africa and the USA proclaimed that "we are called by God to affirm a life of hope and healing in the midst of HIV and AIDS… It is a scandal that many people suffer and grieve in secret". And this scandal is worsened when those who judge are Christians. How can it possibly help to tell someone their illness is a result of God's judgement or their sin? Yet many do it in Jesus' name. God expects our response to people who are sick to be one of compassion and love no matter what the circumstances of their being

[11] If you are HIV positive there is an added incentive to using condoms so that you are not reinfected and that your viral load doesn't increase. If you know that you are HIV positive you can get antiretrovals and your life can be extended by a decade or more.

[12] The statement comes from the All Africa Church and AIDS Consultation, held in Kampala in April 1994 and 'A commitment on HIV/AIDS by people of faith' held in Washington in the same year.

infected were[13]. Compassion resides in the Christ-like character of the giver rather than in the worthiness of the recipient. Sexual sin is no more or less sin than any other types of sin. If all sin had lethal physical consequences, few of us would be alive. And what might appear to be sinful behaviour, may have had systemic causes in injustice and greed.

5. Mobilisation of an army of compassion

The church in South Africa has the largest, largely untapped resources in all spheres of society – volunteers. Volunteerism or serving lies at the basis of our Father's call to follow him and serve his children. Christian volunteers are people, who having been transformed by God's spirit, have a new and transforming capacity for love, care and compassion that is remarkable and quite unprecedented in other sectors of society. In the churches of South Africa there exists an army ready to be mobilised in works of compassion. And the AIDs pandemic needs compassionate people – people who will help those who have almost always been on the fringes of health care systems to comply with the rigorous regimen of antiretroviral treatment and whose failure to comply will shorten their lives even further because of drug resistance. An army of compassionate carers can help those who are dying to die with dignity and worth and in both physical and spiritual comfort. Compassionate people can be helped to highlight the deepening effects of poverty amongst those who are affected by AIDS as homes lose income earners and money is redirected towards funeral costs and away from food and schooling. Finally an army of compassion can help orphans and vulnerable children with food security, shelter and access to social grants and may also be adoptive[14] parents of those orphaned by AIDS.

[13] A young couple, Karen and John Plater, tell of their HIV/AIDS awareness work amongst Canadian evangelical churches. John is HIV positive and when they get to the part of their story about how John contracted the disease, they tell of how they can "see tense shoulders relax in relief that it was from a tainted blood transfusion and not from homosexual activity. 'Then people were okay with it', remembers Karen. 'We were innocent victims, so they wanted to help us.'… 'I don't know why we allow other issues to supersede our compassion. But we do.'" (Stiller 2003)

[14] Many younger couples in my friendship circle have already begun to do just that – to have one or two children of their own and then to adopt one or two orphans. In addition to orphans finding loving homes, because many adoptions will cross colour lines, there is also an element of these adoptions being a graphic illustration of reconciliation amongst South Africans who were previously so painfully divided.

And even though people have begin to talk about ‘compassion fatigue’ (Marshall 2005; Stiller 2003) because people perceive the problem of AIDS as being insurmountable, there is no place for it: “Compassion fatigue and wringing one’s hands over Africa is a luxury we can’t afford because of our faith” (Stiller 2003).

6. Developing a strong progressive evangelical voice

For too long evangelicals have prided themselves on having no super-leader, no pope, no famous spokesperson. Instead we have gloried in our independence, in our priesthood of all believers and congregationalism. But without visible spokespeople we have created opportunities for those who do not represent our biblical understanding of the Christian faith to speak in our name. It is the controversial, often lunatic fringe who shout the loudest and who more often than not are quoted in the media and who taint us with their uninformed, simplistic and narrow theology. Evangelicals need to groom humble champions who will speak in thoughtful and engaging ways. In so doing it is likely we will garner greater support for our efforts and mobilise our own flock into the armies of compassionate and thoughtful activists that we so desperately need.

7. Continued, intentional cultivation and utilisation of the scaffolding

I began this chapter by speaking of the many ways in which evangelicals have been successful in accessing the ‘scaffolding’ of the fight against HIV/AIDS. I mentioned that it was by being involved in the corridors of power[15], participating in establishing government and social partnerships, advocating and consulting together, and by becoming informed in a timely manner that has contributed to putting HIV/AIDS clearly onto the evangelical agenda. This strategic placement and informed involvement is one area in which our success has been stellar.

[15] Since its inception evangelicals have been involved in the Department of Health’s NGO funding disbursement committee in their capacity as leaders in their Christian organisations. In addition my own work for the Harvard School of Public Health and the South Africa Department of Health (see Deutsch and Swartz 2002a, 2002b, 2005) have contributed to the tone and direction of HIV/AIDS education for youth and to a special cognisance being taken of abstinence education for youth, as well as the role of the faith community in HIV education.

Such timely visibility (rather than lagging catch-up-ness), professionalism in programmes, and intentional influence is a new achievement for evangelicals. We need to continue to cultivate these partnerships and participate in these networks, conferences and consultations so that our activism is informed, our credibility grows, and our influence becomes a launch pad for access and funding.

Conclusion

Evangelical people and churches in South Africa have been involved in the AIDS pandemic from the early nineties, but their impact has resembled more clouds than rain, more scaffolding than building. Of course we do not fool ourselves into thinking that the scaffolding itself is the building, and given the current state of the AIDS pandemic in South Africa we know that it is rain and buildings rather than clouds and scaffolding that is needed. And so whilst we don't overly berate ourselves, neither do we delude ourselves that we have achieved as much as what was needed in the past decade. It has been a case of too little, but thankfully it is not too late. Let the church of God build a response to HIV/AIDS beyond the scaffolding, beyond the clouds. Let it rain!

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Roatan, Honduras
15 August 2005

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