THE EFFECTIVENESS OF PASTORAL COUNSELLING IN THE MANAGEMENT OF HIV/AIDS IN THE CHURCH IN MALAWI: A CASE OF THE CHURCH OF THE NAZARENE, MALAWI CENTRAL DISTRICT

Farai Manjengwa

This thesis is submitted in partial fulfilment of the requirements for the degree of Master of Arts in Religion in the department of Religion and the School of Religion and Christian Ministry of Africa Nazarene University

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DECLARATION

I declare that this document and the research it describes are my original work and that they have not been presented in any other university for academic work.

Farai Manjengwa

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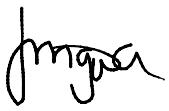

_____ (13/08/2019)

This document and the research it describes are submitted with our approval. We confirm that this document and the research it describes were carried out by the candidate under our supervision.

Dr. J. Gregory Crofford

_____ (/ /)

Prof. Linda K. Ethangatta

_____ (/ /)

Africa Nazarene University

Nairobi, Kenya

EXAMINERS' SIGNATURES

I have examined this document and the research has met or exceeded the requirements for the degree sought, in addition, the candidate has sufficiently defended the material presented to merit the awarding of the degree of Master of Arts in Religion in the School of Religion and Christian Ministry of Africa Nazarene University.

Internal Examiner – Dr. Patrick Kamau

Internal Examiner – Dr. Boniface Mwangi

External Examiner- Dr. George O. Achar

Note: Pass

DEDICATION

This thesis is dedicated to my dear wife, Stellah, our beloved children, friends, and relatives as well as the Church of the Nazarene community who have given me much support and inspiration as I struggled to balance the demands of family, ministry, and work.

ACKNOWLEDGEMENTS

In writing this thesis, and indeed during the entire course of my study, I have received financial, material, and moral support from different individuals. I may not succeed in making mention of every person who has contributed to making my study a success. However, there are some who deserve mention, not because they are any better than the rest, but because they just have to be thanked.

First and foremost I thank Almighty God for His goodness and mercy in providing for my needs and those of my family. Special appreciation is due to my wife, Stellah, who tirelessly pushed me on at moments when I would have quit studying due to pressures of work and ministry commitments. I also thank her for taking care of our children, Nyasha and Tadiwanashe, at times I was immersed in study. I thank The Church of the Nazarene that has provided me with an opportunity to study that I might not have accessed elsewhere.

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ABSTRACT

This study was conducted within the Church of the Nazarene, Malawi Central District. The study sought to investigate the effectiveness of pastoral counselling in the management of HIV/AIDS in the church. The objectives of the study were to establish the role of pastors concern for members welfare in effective management of HIV/AIDS; to assess the role of pastors social skills in HIV/AIDS management; to examine the role of pastors training (technical skills) in HIV/AIDS; and to determine the role of pastors partnership with other service providers in the management of HIV/AIDS in the church in Malawi. The study hoped to find out whether pastoral counselling to people living with HIV/AIDS or the affected is helping members to cope with the pressures of illness or caring for an ill family member. The study hinged on the understanding that pastoral counselling is a function of pastoral ministry and is effective when an integrated approach is used. A descriptive survey research design was implemented. The validity and reliability of research instruments was ensured through pilot testing and a test-retest method and scrutiny by supervisors. Nonprobability sampling was used to select the 385 participants required according to Taros formula. Questionnaires, focus groups, and personal interviews were used to gather data. The researcher and research assistants visited churches to hand out and explain questionnaires. In addition the researcher personally conducted interviews of some pastors, laity, and educators as well as facilitated focus group discussions. Data analysis was conducted using SPSS and presented using tables, charts, and narration. The study found out that pastoral counselling of PLWHA and the affected is hardly taking place despite the overwhelming agreement that pastoral counselling is of great benefit. In addition the study established that only the use of the Bible is encouraged for counselling. The study therefore recommends that a course of study be introduced at NTCCA that specifically targets HIV/AIDS and other health issues as a way to equip pastors to minister effectively to infected church members and their families. It is also recommended that pastors be introduced to an integrative approach to counselling in order to be able to be holistic in the healing process. The findings of this study will be beneficial to pastors and their congregations in the CON, MCD, and beyond as well as the government and nation at large.

OPERATIONAL DEFINITIONS OF TERMS

Affected: individuals who are indirectly impacted by the HIV/AIDS pandemic

Flock: the church members under the charge of a pastor

Infected: persons who show symptoms of HIV/AIDS

Integrative approach: the use of both scripture and psychology in counselling

Management of HIV/AIDS: efforts aimed at mitigating the effects of the disease

Members: churchgoers affiliated to a particular congregation

Ministry: the sum total of all the work done by a pastor

Pastoral Counselling: the pastoral and spiritual support given to the infected and affected

Pastoral training: the formal education given to prepare pastors for ministry

People living with HIV/AIDS: persons who have tested positive for HIV or have full blown AIDS

Psychology: an understanding of human behaviour based on scientific studies of human feelings, thoughts and actions

Service providers: players involved in HIV/AIDS management and provide specific help to the infected and affected

Social skills: a pastor's ability to relate well with members

Welfare of members: the physical, social, economic, mental, and spiritual well-being of churchgoers

ABBREVIATIONS/ ACRONYMNS

ART	Anti –Retroviral Therapy
ARVs	Anti-Retro Viral drugs
CD4	Cluster of differentiation 4 immune cells
CON	Church of the Nazarene
DAB	District Advisory Board
DS	District Superintendent
ESV	English Standard Version
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune-Deficiency Syndrome
MCD	Malawi Central District
NCM	Nazarene Compassionate Ministry
NGO	Non-governmental organisation
NTCCA	Nazarene Theological College of Central Africa
PLWHA	People living with HIV/AIDS
SPSS	Statistical Package for Social Sciences
UN	United Nations
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

This chapter will present all the variables associated with this study. This study sought to establish the extent and effectiveness of pastoral counselling in the management of HIV/AIDS. The chapter also contains the background information of the study, statement of the problem, research objectives, research questions, assumptions, scope of the study, justification of the study, limitations, and delimitations of the study, and the theoretical framework.

1.2 Background of the Study

This study presupposed that pastoral counselling is required in the management of HIV/AIDS in the church in Malawi because some of the people living with and affected by it are church members. In addition, as the rate of deaths related to AIDS declines due to anti-retroviral therapy, it means there are more people living with HIV than in the past, and they need help. The Church of the Nazarene (CON) in Malawi cannot be spared from the pandemic as its members are part of the greater society and there is no doubt that some are infected or affected. This inevitably impacts the ministry of local churches in Malawi Central District (MCD) as they attempt to meet the spiritual needs of PLWHA and the affected.

HIV stands for human immunodeficiency virus.[1]This virus originated in monkeys; the monkeys passed it on to chimpanzees that ate them and finally was transmitted to humans around the 1920s in the Democratic Republic of Congo, probably through hunters who ate the chimps or were infected by their blood.[2] The first verified case of

[1] Thomas Lathrop Stedman, *Stedman's Medical Dictionary (27th Edition*), (Baltimore, Maryland: Lippincott Williams & Wilkins, 2000), 825.

[2] "Origin of HIV/AIDS," Avert, accessed July 5, 2019, https://www.avert.org/proffessionals/history-hiv

HIV is from a blood sample of a man who lived in the Democratic Republic of Congo that was taken in 1959 and upon being tested retrospectively proved HIV positive.[3] However, it was in September 1982 that researchers named the resultant disease AIDS.

Since it was identified in 1983, 78 million people have become infected and 35 million have died world-wide and the UN estimates that as of 2017, 36.9 million people are living with HIV worldwide.[4] Eastern and Southern Africa, top the list with up to 53% (19.6 million) of the world's people living with HIV.[5] Asia and the Pacific rank second followed by Western and Central Africa, Latin America, the Caribbean, Middle East and North Africa, Eastern Europe and Central Asia, and finally Western and Central Europe and North America in that order.[6]

Despite efforts to combat the disease, some countries are still witnessing an alarming increase in infections. Worldwide 1.8 million new infections were recorded in 2017, and of these 980,000 were in sub-Saharan Africa; Malawi recorded 39,000 new infections in 2017 and 17,000 AIDS-related deaths.[7] Malawi has approximately 1,000,000 people of all ages living with HIV.[8]

Whilst the picture may seem gloomy, progress is being made globally and regionally to curb the epidemic. United States of America has invested in research and funding of HIV/AIDS related activities across the globe in order to prevent, detect, and respond to new and existing risks.[9] Norway and Denmark are engaged in a dialogue with African countries with a view to make Christian worship inclusive of

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[3] Ibid.

[4] "UNAIDS Data 2018", *United Nations*, accessed October 2, 2018, http:www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf.

[5] Ibid.

[6] Ibid.

[7] Ibid.

[8] Ibid.

[9] "Ending the HIV Epidemic," *USA Federal Government*, accessed July 3, 2019, https://www.hiv.gov>global hiv-aids

PLWHA.[10] Juliet Martin reports that success in slowing down AIDS through emphasis on prevention, treatment, and care has been achieved in 14 WHO-designated priority countries among which is Malawi.[11] The church in Malawi can contribute immensely in the fight against HIV/AIDS by caring for the infected and affected among its members and pastors should take the lead through counselling of PLWHA and the affected.

Jorge Maldonado defines pastoral counselling as "the helping and supportive service offered by the Church (through ordained pastors or trained lay persons) to accompany people in difficult situations in the process of finding better alternatives and making their own best decisions."[12] From the foregoing, Maldonado is saying that pastors ought to help and support the hurting people in the church. A pastor cares for the members in several ways which among others includes counselling. The perspective of this study was that pastoral counselling is a component of the overall care that a pastor provides to the congregation.

It is sad to note that there is no formal recognition of counselling as a profession in the country of Malawi[13]. The Malawi Association of Counsellors (a corporate body registered with the Registrar General of Malawi but not necessarily a formal NGO) reports that despite the need for counsellors and the availability of trained counsellors, people are not aware of the services offered and of the benefits that can be obtained from counselling because the government has not yet recognized

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[10] Japhet Ndhlovu, "Worship in Diversity," in Elizabeth Knox-Seith, *One Body, Volume 2: AIDS and the Worshipping Community* (Copenhagen: The Nordicc- Foccisa Church Cooperation, n.d),3.

[11] Juliet Martin, "Africa's new strategies to defeat HIV/AIDS," *AfricaRenewal ONLINE*, December 2018 – March 2019, https://www.un.org/africarenewal/magazine/december-march 2019.

[12] Jorge E. Maldonado, *Guide to AIDS/HIV Pastoral Counselling (*Geneva: World Council of Churches, 1990), vii.

[13] Dominic Actionman Nsona, "Counselling in the African Context: Experiences from Malawi," accessed January 26, 2019, https: // www.iac-irtac.org /sites/ default/ files/ Dominic% 20Presentation% 20IAC%20Argentina.pdf.

counsellors as professionals.[14] Dominic Actionman Nsona, President of Malawi Association of Counsellors, reported that in Malawi, among other challenges faced by counsellors, there is "no official recognition of counselling as a profession; no registration, certification or licencing of Counsellors and no standardisation of professional counselling training."[15] By extension, it can be argued that pastoral counselling is as well not a fulltime profession in Malawi but is instead one of the duties a pastor does among other tasks.

Despite the above, the Church in Malawi has responded very actively to issues affecting the society. Individual pastors and church bodies are involved in their communities in various ways to impact the livelihood of particular segments of society. Sarah Padoko, the founder of Kasupe Ministries in Lilongwe, has programs to "help improve the living standards of their village through household food security, spiritual direction, health care, HIV/AIDS programs, and education."[16] The Catholic bishops in Malawi over the years have issued pastoral letters that speak out on social ills of our times, declining norms and values, social responsibility, and environmental issues all with a view to "make the faithful of the Catholic Church and all people of good will face their religious and civil responsibilities."[17] In addition, they have engaged the authorities on social or cultural practices that militate against life or human dignity and called for government action in light of the HIV/AIDS pandemic. On its part the Malawi government has several initiatives to curb HIV/AIDS. It provides ART for all positive people regardless of CD4 count, is on a drive to

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[14] *Malawi Association of Counselors*, 2016, accessed May 11, 2017, http://malawiac.org.

[15] Dominic Actionman Nsona, "Counselling in the African Context: Experiences from Malawi," accessed 26 January, 2019.

[16] "Sarah Padoko of Malawi Receives Marriage and Family, Pastoral Counselling Award", *Louisville Seminary News*, accessed 3 July 2017, http://www.lpts.eduu/about/news/2010/09/16/sarah-padoko-of-malawi-receives-marriage-and-family-pastoral-counselling-award.html.

[17] "Pastoral letter: Bishops of Malawi", *Eternal World Television Network*, accessed July 3, 2017, https://www.ewtn.com/library/BISHOPS/bishopsmalawi.html.

eliminate mother-to-child transmission of HIV, encourages use of condoms among people at high risk of, implemented a national policy on HIV self-testing and has established a National AIDS Council to monitor and evaluate all HIV/AIDS related activities.[18]

The Church of the Nazarene (CON) is an international Christian denomination with over two million members world over.[19] According to the Africa Region of the Church of the Nazarene, the global church has a presence in more than 159 world areas. In Africa it has a total of 611,000 members organized in 115 districts and 15 pioneer areas.[20] One of the countries where the CON is represented is Malawi. The church came to Malawi in 1956 with the pioneering work of two missionary couples, Rev. and Mrs. James Graham working with Rev. and Mrs. Maurice Hall.[21] From its humble beginnings, the church continued to grow such that in the year 1970 it had a membership of 1,061. By the year 1981 it had two districts, Malawi South and Malawi Central[22]. According to the annual General Secretary's reports for 2017 through 2018, the CON in Malawi is now composed of five districts, 289 pastors and 34,417 members.[23]

The Malawi Central District (MCD) of the CON was established in 1981. The district has grown steadily and substantially under different leaders. Since its inception it has continued to enjoy a steady growth. Presently, the district has 118 pastors (of these 90 are licenced and 28 ordained pastors), 139 churches and a

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[18] "Malawi HIV Country Profile: 2016", *WHO*, accessed July 5, 2019, https://www.who.int>HIVCP_MWI.

[19]"General Secretary Statistical Report", *Church of the Nazarene*, accessed Feb 09, 2019, http:// www.nazarene.org/sites/default/files/docs/GenSec/Statistics/Annual%20Church%20Statistical%20Reports%202018.pdf.

[20] Ibid.

[21] Fred J. Parker, *Mission to the World: A History of Missions in the Church Of The Nazarene Through 1985* (Kansas City, Missouri: Nazarene Publishing House, 1988), 179.

[22] Ibid.

[23] "General Secretary Statistical Report", *Church of the Nazarene*, 2018.

membership in excess of 9,900.[24] Interestingly, the bulk of these pastors are resident in Lilongwe.

With 77% of the Malawian population claiming to be Christians[25], it follows that there is likely to be a good number of Christians infected or affected by the HIV/AIDS virus. While governments have schemes to help alleviate suffering inflicted by the pandemic, the church cannot afford to watch from the side-lines without getting involved. Fr. Robert Igo acknowledges that HIV/AIDS is a world problem and the church must be involved with a view to provide pastoral support so that the concerns, worries, needs and desires of the infected and affected may find an appropriate and informed structure of care and counselling.[26] The Church of the Nazarene via its Compassionate Ministry has responded to drought and famine brought by floods through handing out food and drilling boreholes for affected communities. Unfortunately, besides its Child Development Centres that indirectly benefits HIV/AIDS orphans, little is being done with regards to the pandemic. Despite church members being infected and affected research shows that the church in Malawi offered little support to women in their care giving work, did not encourage HIV prevention education, and reinforced stigma.[27]

1.3 Statement of the Research Problem

Africa south of the Sahara has the highest prevalence of HIV and AIDS[28]. Malawi is one of the countries worst affected and is ranked number 11 in the entire world.[29]

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[24] "General Secretary Statistical Report", *Church of the Nazarene*, 2018.

[25] Teri Lindgren, Ellen Schell and Joseph Chakanza, "A Response to Edzi (AIDS): Malawi Faith-based Organisations' Impact on HIV Prevention and Care", *Journal of the Association of Nurses in AIDS Care: JANAC* (May 2014), accessed July 5, 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC 2014 May 1.

[26] Dom Robert Igo, *Listening with Love: Pastoral Counselling, A Christian Response to People Living with HIV/AIDS, (*Geneva: World Council of Churches,n.d),32

[27] Lindgren, Schell and Chakanza, "A Response to Edzi,"

[28]"10 Facts about HIV", *World Health Organisation*, accessed May 11, 2017, http://www.who.int/features/factfiles/HIV/en.

[29] "HIV/AIDS- deaths 2019 Country Ranks," *Photius.com*,

Undoubtedly, some of those infected and affected include members of the CON who need pastoral counselling in order to cope with the consequences of HIV/AIDS. While a lot has been written to create awareness of HIV/AIDS and mitigate its effects, there is no evidence to show that counselling of PLWHA (people living with HIV/AIDS) and the affected has received attention from a pastoral perspective. One does not see the local churches intentionally and actively involved in dealing with the problem of HIV/AIDS.

The church cannot afford to watch from the side-lines as government and nongovernment organisations (NGOs) or the medical professionals fight the battle alone to save society from the pandemic. As an establishment, the church is aware of the need for its pastors to be equipped for caring and counselling of church members. For pastors who pass through the church's institutions of preparation for ministry, they will be required to take a course called Pastoral Care and Counselling.

Scott Floyd writes that, "Each age has, indeed, had its own set of difficulties, dangers, and challenges to daily life."[30] Christians are part of the human race and in no way are they exempted from the challenges of life. It implies that, in the words of Floyd, "those who work in ministry must be prepared to offer help".[31] Pastors are positioned to provide counselling that can help their church members to cope with the challenges of daily life be it sickness, bereavement, economic hardship, and any other societal ills.

Unfortunately, most pastors are only available to their members on Sunday when they stand behind the pulpit and for the rest of the week members have no spiritual support to help them confront the issues of life. The researcher is acquainted with

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accessed May 29, 2019, https://photius.com/rankings/2019/population/hiv_aids.

[30] Scott Floyd, *Crisis counselling: A Guide for Pastors and Professionals* (Grand Rapids, MI: Kregel, 2008), 16.

[31] Ibid, 17.

several pastors who are bi-vocational and spend more time at secular jobs than doing ministry. What makes the situation worse is that the researcher has also observed that as one listens to the preaching of many pastors in CON, MCD there is no effort made to address the questions of life that church members have to contend with on a daily basis. In addition, most programmes seek to help meet the physical needs of PLWHA and the affected but leave out the spiritual needs. For those few pastors who visit their members and seek to help them, there is a narrow approach in the sense that they focus only on those sick of minor ailments and at worst the bereaved.

When pastors fail to provide much needed counselling, there are dire consequences that arise. There are spiritual and psychological outcomes that have physical ramifications where a pastor fails to administer timely counselling to a church member who is hurting. Those hurting will not be able to deal with their problems resulting in no growth spiritually, and psychologically. Furthermore, physically the members might become weaklings, unproductive and a burden to family and friends. Spiritually, they may begin to question their faith and ultimately backslide. Pastoral counselling should be one of the primary services offered to churchgoers it becomes critical in alleviating the challenges of HIV/AIDS in the church and thus informs the purpose of this study with a view to make it more effective.

1.4 Purpose of the Study

The purpose of the study was to investigate the effectiveness of pastoral counselling in the management of HIV/AIDS in the church in Malawi.

1.5 Objectives of the study

The objectives of the study were as follows:

1.5.1 To establish the effectiveness of pastors' concern for members welfare in management of HIV/AIDS in the church in Malawi;

1.5.2 To assess the effectiveness of pastors' social skills in HIV/AIDS management in the church in Malawi;

1.5.3 To examine the effectiveness of pastors' training in the management of HIV/AIDS in the church in Malawi;

1.5.4 To determine the effectiveness of pastors' partnership with other service providers in the management of HIV/AIDS in the church in Malawi.

1.6 Research Questions

The research questions were as follows:

1.6.1 What is the effectiveness of pastors' concern for members' welfare in the management of HIV/AIDS in the CON, MCD?

1.6.2 How do pastors' social skills influence the effectiveness of HIV/AIDS management in the CON, MCD?

1.6.3 What is the effectiveness of pastoral training (technical skills) in HIV/AIDS management in the CON, MCD?

1.6.4 What is the effectiveness of pastors' partnership with other service providers in the management of HIV/AIDS in the CON, MCD?

1.7 Hypothesis

According to Kombo and Tromp, a hypothesis is a likely solution to a problem being studied, which is advanced before the actual research is undertaken.[32] The null hypothesis for this study stated that pastoral counselling has no effect on the quality of

[32] Donald Kisilu Kombo and Delno L.A. Tromp, *Proposal and Thesis W*riting*: An Introduction* (Nairobi: Paulines Publication, 2006), 42.

life of PLWHA. In other words, pastoral counselling of PLWHA does not produce any significant difference in their lifestyle.

1.8 Significance of the Study

The study created much needed awareness amongst pastors to engage in intentional HIV/AIDS counselling of their members. The study provides information that will help pastors overcome factors that hinder effectiveness in their ministry of caring for and healing souls. Church members living with HIV and AIDS or those affected are helped to cope with the situation and continue to grow spiritually. As pastors intervene in HIV/AIDS related cases among congregants, it lessens the burden on pressurised government agencies dealing with HIV/AIDS.

1.9 Scope of the Study

For purposes of this study, the focus was on the Church of the Nazarene, a member of the Christian community in Malawi. The study was conducted among members of the denomination within the church's Malawi Central District. Malawi Central District of the CON has presence within six government administrative districts: Kasungu, Mchinji, Dowa, Lilongwe, Dedza, and Ntcheu. A slightly higher percentage of respondents came from Lilongwe. Lilongwe was favoured because it had some unique features. Lilongwe had the largest number of churches and pastors in the district and hosted the training college for pastors. It also had both urban and rural zones back-to-back thus providing a good sample easily accessible to the researcher.

1.10 Delimitation of the Study

While the study focused on the CON, Malawi Central District, it did not cover every church in the district since the numbers would not have been manageable but selected a few churches from the other four political districts and more in Lilongwe. In addition, the study confined itself to ordained and licenced ministers. Furthermore, the study did not cover respondents below the age of eighteen because they would not have been able to fully articulate the issues concerned.

1.11 Limitations of the Study

The greatest limitation faced was the unavailability of relevant literature on the subject done by African or Malawian theologians and in particular Nazarene scholars specifically addressing HIV/AIDS counselling. Another limitation was pastors' unwillingness to have their work scrutinized. In addition, members were also unwilling to talk about their pastor if they had a negative response to questions asked. To give their response to all questions participants were assured of the anonymity of final results and that it was for academic purposes only. The problems of life are many hence the need to limit the study to pastoral counselling of HIV/AIDS as it appears seldom talked of in the church circles. In cases where respondents preferred not to speak in English, the researcher had to use a research assistant as a translator since he was not fluent with the official local language of Chichewa. Also, the study was limited to the researcher's knowledge, skills and resources.

1.12 Assumptions

The study is based on four assumptions. Firstly, it was assumed that HIV/AIDS was a problem in the church in Malawi. The second assumption was that every pastor is aware of the need to conduct pastoral care and counselling. Thirdly, it was assumed that every formally trained pastor received some training in pastoral care

and counselling. Finally, intervention by pastors was assumed to be of help to church members so that they could cope with the problems of daily life.

1.13 Theoretical Framework

Kombo and Tromp define a theoretical framework as a set of propositions, which are derived from and supported by data or evidence.[33] The researcher agrees with Beck who observes, "The pastoral counselling movement is very diverse in theory and approach as it seeks to work with many varied populations in a wide variety of settings."[34] Beck seems to point out that pastoral counselling is not only informed by a particular theory but also depends on how it is approached. Broadly speaking, pastoral counselling is approached either as a fulltime profession or as a function of the pastoral ministry. Hence, pastoral counselling is conducted by specialised fulltime pastoral counsellors or by pastors who have other ministerial responsibilities.

In addition, whether pastoral counselling is conducted on a fulltime basis or as part of pastors' many duties, the pastor still applies one of several theories in caring for the hurting. Effectiveness is amplified if, instead of relying on one major theory, a pastor applies an integrative approach since no single theory can address all the essential elements of caring for hurting church members. An integrative approach to counselling means that the pastor will make use of the bible and the best components of one or more psychological approaches to bring about holistic healing of a PLWHA or the affected.

Thus, for purposes of this study the researcher adopted the position that counselling is effective when taken as a vital function of a pastor's ministry and an

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[33] Kombo and Tromp, 56.

[34] J. R. Beck "Pastoral Counselling", eds. David G. Benner and Peter C. Hill, *Baker Encyclopaedia of Psychology & Counselling, 2nd Edition (*Grand Rapids, Michigan: Baker Books, 1999), 834.

integrative approach should be applied. That is to say that every pastor does counselling and relevant insights from psychology are fused with biblical principles in the counselling process.

1.14 Conceptual Framework

While the theoretical framework provides the overarching understanding of how pastoral counselling should be conducted, the conceptual framework provides the specific ideas used in this study. According David Gray a conceptual framework "describes in narrative, and often graphic format, the key factors, constructs and variables being studied and the presumed relationship between them".[35] In this study the conceptual framework was informed by identifying four elements that were deemed critical to the effectiveness of pastoral counselling. Effective pastoral counselling rests upon a number of variables. The first variable is concern for the welfare of members. Scripture encourages believers to bear one another's burdens (Gal. 6:2). This manifests as unconditional love for others. The second variable of the pastors' effectiveness in counselling is the pastors' social skills. The pastors' ability to relate to the members will have a bearing on the members' openness and willingness to disclose their status and thus receive counselling to help cope with life's challenges. Our third variable is the pastors' training. The level of professional training or education a pastor has gives the pastor the content and ability to operate at a particular level of effectiveness. It can be assumed that the more training a pastor has the more likely the pastor is going to be effective in the discharge of duties as the pastor has knowledge of models and techniques of counselling that apply. For this discussion, our final variable is partnership with other HIV/AIDS service providers. The pastor cannot operate in isolation but needs to link with both governmental and

[35] David E. Gray, *Doing Research in the Real World, 4th Edition* (London: SAGE Publications Ltd, 2018), 170.

non-governmental institutions so that the pastor can tap into these bodies' expertise or refer cases beyond his or her capacity.

Figure 1.1 shows that the pastors' concern for members welfare, pastors' social skills, training and partnership with others work together to enable the pastoral counselling process to be effective and result in an improved quality of life for PLWHA and the affected.

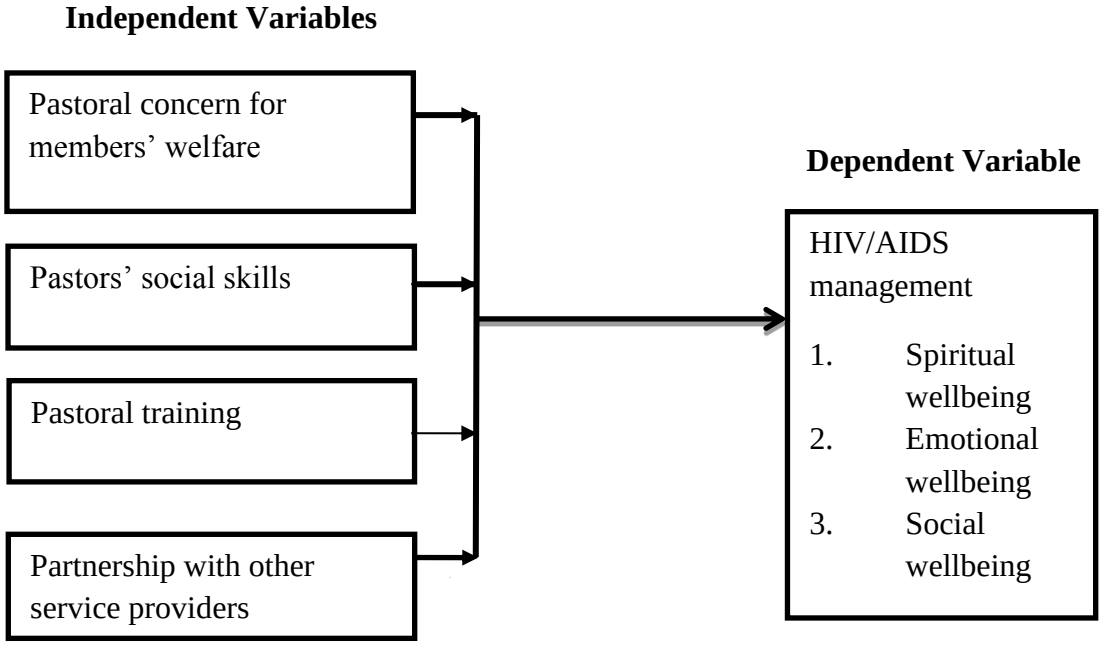

Figure 1.1 Conceptual Frame-work Showing the Influence of Pastoral Counselling on HIV/AIDS management.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature connected to the research topic guided by the theoretical and conceptual frameworks. The theoretical framework involves counselling as a duty of every pastor and is done using an integrative approach which fuses biblical principles and psychology. The conceptual framework had the independent variables of pastors' concern for members' welfare, pastors' social skills, pastors' training and partnership with other service providers. Pastors' concern for members is best defined as unconditional love and compassion for the wellbeing of others. Pastors' social skills refer to the ability of a pastor to relate well with members. Pastors' training refers to all aspects of the pastors' education in preparation for ministry to the church. Partnership with other service providers involves the networking a pastor or congregation has with both ecclesiastical and secular organisations that deal with PLWHA and the affected.

Literature review has been defined by Kombo and Tromp as "the works the researcher consulted in order to understand and investigate the research problem."[36] With this definition in mind, this section critically looked at written sources with a view to gain insights into theories applicable to the study and reviewed past studies that have been conducted on the topic and established where knowledge on the subject is lacking.

[36] Kombo and Tromp, 62.

2.2 Theoretical Review of the Literature

2.2.1 Pastoral Counselling as a Fulltime Profession

James Beck describes pastoral counselling as a specialized vocation for pastors who engage in full-time ministry of counselling.[37] Beck observes that pastoral counselling has evolved from general parish ministry into a new category of Christian mental health workers working in private or quasi-private settings and for most of these counsellors a form of Christian psychology informs their practice.[38] As mentioned earlier on, there are no professional pastoral counsellors in Malawi.

2.2.2 Pastoral Counselling as a Function

In contrast to the view above, of pastoral counselling as a vocation, Beck also identifies another view of pastoral counselling that refers to the counselling services offered to parishioners by pastors as part of their mandatory duties.[39] Most of the time, the counselling is based on biblical principles. It can be proven from the history of the church that the church has always been involved in the cure of souls. Maldonado reports, "Throughout history, women and men of God have committed themselves to serve the afflicted, the sick, the lonely, and the poor. Examples abound alongside such well-known figures as Saint Francis of Assisi and Mother Teresa."[40] As highlighted by Vhumani Magezi, HIV/AIDS counselling by pastors is done in the context of the faith community with the goal to develop faith and spirituality through the promises of the gospel.[41]

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[37] J. R. Beck, "Pastoral Counselling", 834.
[38] Ibid.
[39] Ibid.
[40] Maldonado, *2.*
[41] Vhumani Magezi, *HIV/AIDS: Poverty, Pastoral Care and Counselling* (Stellenbosch, SA: Sunpress, 2007), 116.

2.2. 3 Integration Models

Mark McMinn is considered representative of integration models. Greggo and Sisemore explain that psychology and Christianity overlap and can be integrated in a sense.[42] Integration models relate psychology, theology and spirituality to heal souls. According to Jones and Butman "the models are a family of views, all shaped by their grounding in Christian truth and a commitment to thinking biblically about our subject matter."[43] Some writers have criticized the model but we concur with Everett Worthington who says that the criticisms of a model "do not invalidate the enterprise of a legitimate God-centred, Scripture consistent Christian counselling".[44] We also agree with Jones and Butman that "the Bible does not claim to reveal everything that we human beings need to know. … Also, while taking what is good in a theory we must discern the erroneous baggage it carries."[45] Wherever secular knowledge contradicted the Bible, the Bible was taken as supreme. As already mentioned, this model was used for this study since no single theory is able to provide a comprehensive approach to the task of curing souls.

Having thus chosen an integrated theory to counselling, there was need to look at empirical literature. Keith Punch and Alis Oancea state that theoretical literature includes relevant concepts, theories, and theoretical contexts relevant to the topic, while on the other hand, empirical review focuses on what is known and unknown

[42] Stephen P. Greggo, and Timothy A. Sisemore, *Counselling and Christianity: Five Approaches*, (Downers Grove: Intervarsity Press, 2012), 25, accessed May 11, 2017, https://ebookcentral.proquest.com/lib/aunke-books/detail.action?docID=2007039.

[43] Stanton L. Jones and Richard E. Butman, *Modern Psychotherapies: A Comprehensive Christian Appraisal* (Downers Grove, III: Intervarsity Press, 2011), 39.accessed May 11, 2017. https://books.google.mw/books?id=3NU6DAAAQBAJ&pg=PA27&source=gbs_toc_r&cad=4#v=onepage&q&f=false..

[44] E. L. Worthington, Jr, "Christian Counselling and Psychotherapy", eds. David G. Benner and Peter C. Hill, *Baker Encylopedia of Psychology and Counselling, 2nd Edition* (Grand Rapids, Michigan: Baker Books, 1999),186.

[45] Jones and Butman, 49.

from this question as evidenced in past research.[46] These two help to establish the knowledge gap.

2.3 Empirical Review of the Literature

2.3.1 Pastors' Concern for Members Welfare

Included among the many duties that pastors are expected to undertake is that of caring for and counselling their congregations. Indeed, Christians are not exempted from the challenges of life and in particular HIV/AIDS. Gary Collins mentions that the Bible is full of many examples of human need and thus provides a biblical foundation for care and counselling.[47] Ramesh Deosarran argues that if Jesus were here today he would minister to all kinds of diseases including Aids; leprosy was the AIDS of his day and he touched those living with it. Jesus, of whom pastors are servants, demonstrated unconditional love for all people.[48] Zamani Maqoko and Yolanda Dreyer argue in agreement and say that:

> Though some people are not infected by HIV/AIDS, nearly all are affected by it directly or indirectly. Therefore, supporting and working with people can make the difference between personal well-being and psychiatric illness. For the church, to leave the buildings and go and suffer with the people where they live, provides the opportunity to reclaim its struggle for human dignity, righteousness and justice.[49]

This should prompt any pastor worth the title to do the same.

Musa Dube makes a thought-provoking proposition in saying, "The dominance of HIV and AIDS in the African continent gives the African church the identity of an HIV and AIDS positive church, an identity that implicates the whole

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[46] Keith J. Punch and Alis Oancea, *Introduction to Research Methods in Education, 2nd Edition*, (London: Sage Publications Ltd, 2014), 121.

[47] Gary R. Collins, *Christian Counselling: A Comprehensive Guide (*Waco, Texas: Word Books, 1980), 22.

[48] Ramesh K. Deosarran, *Handbook in HIV/AIDS Counselling*, accessed May 26, 2017, www.google.com/ books/ 9780615223124.

[49] Zamani Maqoko and Yolanda Dreyer, "Child-headed households because of the trauma surrounding HIV/AIDS" in *HTS* 63 (2) 2007: 717-731, accessed January 4, 2018, doi. 10.4102/hts.v63i2.221.

church worldwide."[50] Her argument is that if we are the body of Christ and there are HIV and AIDS patients among us then the church is ill. Musa concludes her paper by urging the birth of a welcoming, compassionate, and healing church that listens to the voices of PLWHA.[51]

Matsobane Manala highlights that pastoral care is one of the important services the church or the helping community can render to people infected with or affected by HIV/AIDS. He further observes that care is a task of those who are sympathetically concerned about someone.[52]

Jabulani Sibanda is of the same opinion and argues that Jesus in Matthew 25:45 encourages people to help one another and particularly show compassion to PLWHA.[53] Sibanda is concerned with providing a biblically grounded resource for developing ministries that the church in Africa could use to bridge the stigma of people living with HIV/AIDS. His focal point is eliminating from among churchgoers the discrimination of PLWHA.[54] Similarly, Robert Masikamu argues in his thesis, "The Church, as the custodian of God's people, has to be at the forefront in reducing HIV infections and assist the already infected and affected ones."[55] Masikamu's focal point is that the CON, Kenya Central District was not actively involved in HIV/AIDS to prevent its members from contracting the virus.[56] Masikamu established that the majority of the CON, Kenya Central District churches did not have HIV/AIDS

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[50] Musa W. Dube, "Let There Be Light!: Birthing Ecumenical Theology in the HIV and AIDS Apocalypse." The Ecumenical Review 67, no. 4 (December 2015): 531–42, accessed October 19, 2018, doi:10.1111/erev.12186,

[51] Ibid.

[52] Matsobane J. Manala, "An Afro-Christian Ministry to People Living with HIV/AIDS in South Africa", *HTS* 61 (3) , (2005): 897-914, accessed January 4, 2018) , https;// www.hts.org.za.

[53] Jabulani Sibanda, "How Can the Church in Africa as a Family of God be a Compassionate Bridge Spanning the Gap of Stigmatization of People with HIV/AIDS in Light of Jesus Example?" (MAR thesis, Africa Nazarene University, 1995), 19.

[54] Jabulani Sibanda,17.

[55] Robert K. Masikamu, "The Role of the Church in Response to HIV Infections: A Study of Kenya Central District of the Church of the Nazarene" (MAR thesis, Africa Nazarene University, 2014), 9.

[56] Robert K. Masikamu, 9.

programmes.[57]Although Masikamu identified counselling as essential to the infected, he limited himself to counselling with a view to curb the spread of HIV infection and provides no details on how to improve the quality of life of PLWHA.[58]

When pastors genuinely love people, they will prioritize their welfare. Pastors, being opinion leaders in their congregations, must lead in fulfilling the biblical command to "love neighbour as one self." The biblical concepts of "not wanting", "abundant life", and "peace" provides a basis for pastors to intervene with a view to help members live a fruitful life (Ps. 23:1; Jn. 10:10; 14:27). Furthermore, the *Manual* of the CON (2017-2021), paragraph 932 states, "In view of the deep need of HIV/AIDS sufferers, Christian compassion motivates us to become accurately informed about HIV/AIDS. Christ would have us find a way to communicate His love and concern for these sufferers in any and every country of the world."[59]

2.3.2 Pastors' Social Skills

Beck sees pastoral counselling as either a function or vocation of the pastor whereby he/she cares for or cures souls.[60] Maqoko and Dreyer concur with Beck and argue, "For most pastoral caregivers pastoral care is intertwined with counselling."[61] For this to happen there must be interaction between the pastor and church member and hence social or interpersonal skills come to the fore. Broadly speaking interpersonal skills relate to a mix of abilities persons employ when interacting with one another. Cameron Klein, Renee Deroun and Eduardo Salas correctly state that the skills include "issues of communication, interacting and

[57] Ibid, 79.
[58] Ibid, 80.
[59] *Manual2017-2021: Church of the Nazarene* (Kansas City, Missouri: Nazarene Publishing House, 2017), 403.
[60] Beck, "Pastoral Counselling", 834.
[61] Maqoko and Dreyer, *HTS* 63 (2) 2007:717-731, accessed May 11, 2017, doi. 10.4102/hts.v63i2.221

managing relationships with others and correctly interpreting social situations."[62] No doubt, for any counselling relationship to succeed there must be rapport between the parties involved. Of major importance for any counsellor pastor is the ability to listen and speak effectively. As noted by Nyandoro, "Acceptance and respect are very important conditions for counselling relationship."[63] It is important for pastoral counsellors to have the right attitude to people living with HIV/AIDS (PLWHA) and the affected if they are to help them. The pastor, like any good counsellor, must of necessity not be judgemental or moralistic about peoples conditions.

Mary Burke and Geri Miller point out that PLWHA frequently deal with the themes of rejection, powerlessness, and death. They argue that "counsellors of persons with HIV/AIDS may have difficulty separating their own counter transferences from the psychological tasks of the client."[64] In order to be effective, counsellors must be aware of and master their own feelings about loss and continually examine the themes of rejection, powerlessness, and death. Counsellors should develop a deep relationship with clients, assist clients to reclaim a sense of power, and deal with denial of death.[65]

2.3.3 Pastors' Training

For anyone to be effective in their field of work, they must receive some form of training in order to be equipped with the necessary skills. Every pastor who has formal training in the field must have received some training in pastoral counselling. The Christian scholar believed to be the father of Christian counselling, Adams says,

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[62] Cameroon Klein, Renne E. Derouin and Eduardo Salas, "Uncovering Workplace Interpersonal Skills: A Review , Framework ,and Research Agenda", *International Review of Industrial and Organizational Psychology Vol. 21 , 2006*, accessed January 4, 2018, https://books.google.mw/books?isbn.13978-0-470-01606-0.

[63] Nyandoro, 17.

[64] Mary Thomas Burke and Geri Miller, "Using the Spiritual Perspective in Counselling Persons with HIV/AIDS: An Integrative Approach." *Counselling & Values* 40 (3): 185, accessed 17 October 2018, http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=9606215266&site=ehost-live.

[65] Ibid.

"The best training for a Christian counsellor is a good seminary education to provide a solid biblical and theological background."[66]

Ezra Chitando writes that graduates of theological institutions who are equipped and ready to serve are central to the overall response to HIV. He adds that these graduates will then have the mandate to empower their churches and communities to mitigate the effects of HIV.[67] Chitando points out that theological institutions were slow to respond to HIV because the curricula was not attuned to addressing the issues of HIV and rigidity prevented them from realizing that HIV required a new theological approach.[68] He notes that there has been a shift in attitude towards HIV by theologians. Theological educators and institutions could not remain indifferent. With respect to Africa, Chitando observes that:

> Many theological institutions have ensured that their students receive quality information on HIV in specially designed courses. Curriculum review has been undertaken in the face of HIV, with other institutions requiring lecturers to ensure that their individual courses reflect the reality of HIV. Urgent topics such as human sexualities are receiving attention. Furthermore, advanced research degrees focusing on HIV and theology have and are being awarded across the region.[69]

Chitando's work demonstrates that theological institutions have a role to play in the fight against HIV by empowering ministers with relevant knowledge and skills.

An examination of course outlines for The Church of the Nazarene theological training institutions, namely Nazarene Theological College of Central Africa (NTCCA), Africa Nazarene University (ANU), Southern Nazarene University (SNU) and the proposed Unified Curriculum Programme (UCP) for Africa Region, revealed

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[66] Jay E. Adams, *The Christian Counselors' Manual* (Grand Rapids, Michigan: Baker Book House, 1973), 12.

[67] Ezra Chitando, "Expanding and Expounding Resilience: Theological Institutions Responding to HIV." *The Ecumenical Review* 63 (4): 397–407, accessed October 20, 2018, doi:10.1111/j.1758-623.2011.00132.x.

[68] Ibid, 399.

[69] Ibid, 402.

that there is a unit dealing with pastoral care and counselling.[70] This is a demonstration of the church's commitment to training pastors who can help their flocks in moments of crisis. However, it was disturbing to notice that the pastoral care and counselling course, PT 363, at NTCCA, did not specifically provide for HIV/AIDS counselling or education. In addition the counselling course is theoretical only and does not provide adequate preparation for real life cases.

On the other hand there are others who feel that anyone can do counselling. Heath Lambert argues that one does not need to be an expert to do counselling; most of the people doing counselling have no formal training. Instead he advocates that the counsellor should have the correct vision of life, a Godward view of life.[71] While we agree with him on the need of a worldview informed by faith in God, we have great reservation about not having any other skills since this may endanger both counsellor and client.

2.3.4 Partnership with Service Providers to Improve Quality of Life of the PLWHA and the Affected

Intervention by pastors can help church members cope with the problems of everyday life. Collins points out that Jesus had the two goals of an abundant life on earth and eternal life in heaven for all people.[72] For many Christians in Africa, if an abundant life on earth is to materialize, there is need for pastoral intervention via effective counselling given the many hardships faced, and this is more pertinent for those living with HIV/AIDS and those affected. Maldonado notes:

> The Church is called to assist those who suffer, it is challenged to help people to cope with the possibility or reality of HIV infection, to support them and those close to them as the disease progresses, to integrate them into the wider

[70] NTCCA has the course PT363, ANU has BTH422, SNU has PRTH 4143 and the UCP has CHM 051 dealing with pastoral counselling

[71] Lambert, Heath. *A Theology of Biblical Counselling*, accessed May 26, 2017, http://www.wtsbooks.com/common/pdf_links/9780310518167.pdf.

[72] Collins, 23.

> community, to protest against discriminatory policies and practices, to celebrate the life and death of persons with HIV/AIDS, to deal with moral and ethical questions, and to provide spiritual support and consolation to those who survive them.[73]

Pastors, as leaders of the Christian communities, must spearhead the healing work of the church. According to Ramesh Deosarran, in the case of AIDS patients, the basic necessities of life are not easy to come by.[74] The implication is that they will need external help if they are to make it. Collins points out that the purpose or goal of any counselling relationship is to help the client use their personality, knowledge and existing skills to cope with their situation or alternatively to equip them with new skills to cope.[75] From this explanation it is concluded that intervention if conducted does help the client to cope.

However, the pastor might not have all the resources necessary to help hence the need to tap into the various ecumenical and secular institutions available to help and to bring these to the attention of members. However, an obstacle exists. Jill Olivier observes that modernization-thinking holds an inherent bias towards religion as obstacles to progress. He accounts for the lack of communication between the two due to a difference in methods. Public health practitioners are preoccupied with measuring the epidemic while religion wants to interpret the pandemic.[76] He however, notes that in the context of challenges to global development and public health agendas by HIV/AIDS among other problems, religion has re-emerged as a key player.[77] Olivier laments that while religion and public health now have dialogue

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[73] Maldonado, 2.

[74] Ramesh K. Deosarran, *Handbook in HIV/AIDS Counselling*, *accessed* May 26, 2017, https://google.com/ books/ 9780615223124.

[75] Collins, 14.

[76] Jill Olivier, "Mapping Interdisciplinary Communication between the Disciplines of Religion and Public Health in the Context of HIV/AIDS in Africa," *Religion & Theology 21, no. 3–4* (2014), accessed October 19, 2018, doi:10.1163/15743012-02103003.

[77] Ibid.

there is limited movement towards action.[78] This resistance by both parties to working together is acknowledged by Stanley Vespie who says that while the two professions share many of the same goals for their clients (or congregation); they view each other with suspicion and distrust.[79]

2.4 Summary of the Reviewed Literature

The literature review showed that we had a myriad of theories which a pastor could employ in the conduct of caring and healing souls. The theories differed only in the extent to which psychology and the Bible are fused in the healing process. On one end of the spectrum, we had theories that are completely secular and void of faith while on the other end we had theories that are faith-based and void of any secular input. For purposes of this study we elected to use an integrative method. Our choice was informed by the observation that no single theory can adequately provide a holistic perspective to helping hurting people. The researcher's aim was to give supremacy to the Bible while acknowledging that despite any shortcomings science may have, it still could help us understand human beings.

The literature reviewed confirmed that the church is fully aware of the ravages of HIV/AIDS in society and hence by extension among its own members. Furthermore, the church expected the clergy to care for and counsel people infected and affected by the disease. Research has been conducted in other districts of the CON in Africa and touching on the subject of HIV/AIDS to prevent stigmatisation and attempt to prevent the spread of HIV/AIDS. It has also been seen that the training of pastors involves care and counselling.

[78] Ibid.

[79] Stanley Paul Vespie, *Attitudes of Southern Baptist Pastors Toward Professional Counselling*, (Ph.D dissertation, Walden University, 2010), 47.

2.5 Knowledge Gap

Awareness of the HIV/AIDS pandemic among clergy and congregants alike exists. However, one does not see the local churches intentionally and actively involved in dealing with the problem of HIV/AIDS through pastoral counselling of members infected or affected. Perhaps, because there is no literature readily available within the CON that specifically addresses how pastors should conduct pastoral counselling of people with terminal illnesses such as HIV/AIDS and those affected by it. Furthermore, no research of a similar nature has been conducted in the CON, Malawi and especially covering MCD. Research conducted elsewhere in the CON in Africa does not address the need to improve the welfare of PLWHA and the affected through pastoral counselling. The research already mentioned, done by Robert Masikamu and that of Jabulani Sibanda, focused on preventing stigmatisation and curbing new infections respectively and does not provide insights into how pastoral counselling should be done to PLWHA. In addition there is no literature to show how the training of pastors in the CON, Malawi prepares them to effectively counsel cases of HIV/AIDS. Despite the gravity of the AIDS pandemic, pastoral training in the CON, Malawi does not seem to adequately prepare pastors for HIV/AIDS counselling .The findings of this study will help pastors become more effective in counselling those infected or affected by HIV/AIDS.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction to Research Methodology

The aim of this study was to establish the effectiveness of pastoral counselling, as an aspect of pastoral care, in helping church members affected or infected with HIV/AIDS cope with daily life. In this chapter we will look at the research design and methodology. According to Kothari, research methodology involves a discussion of the research methods and reasons why they are preferred over others.[80] Some of the questions that we shall answer in this chapter include the choice of research techniques, where data was collected and how it was analysed and presented.

3.2 Research Design

Bhattacherjee states, "Research design is a comprehensive plan for data collection in an empirical research."[81] In agreement Kothari explains that a research design is the blueprint for data collection, measurement and analysis.[82] It follows that in this particular section we will outline the data collection method used for this study.

The study employed a descriptive design. A mixture of data collection instruments were used to gather the required information. The researcher or research assistants visited congregations to administer and explain questionnaires to both pastors and members. In addition, the researcher took advantage of church district gatherings and functions at NTCCA to conduct focus group discussions and hand out questionnaires. In cases of illiteracy participants were interviewed using questionnaires to collect data.

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[80]C. R. Kothari, *Research Methodology: Methods and Techniques (* New Dehli: New Age international (P) Limited Publishers, 2004),7

[81] Anol Bhattacherjee, *Social Science Research: Principles, Methods, and Practice*, Textbooks Collection. Book 3, 35, accessed May 26, 2017, http://scholarcommons.usf.edu/oa_textbooks/3.

[82]Kothari, 7.

This design was preferred over others because it allowed collection of data for a large number of respondents from different geographical areas while they were gathered together. It also allowed the researcher to use interviews to reach the semi-literate segments of the study population. This design was economic in terms of time and financial costs.

3.3 Research Site

The CON, MCD coincides with Malawi Central Region which covers nine government administrative districts at the centre of Malawi. The study was conducted, as already indicated, in six administrative districts: Kasungu, Mchinji, Dowa, Lilongwe, Dedza and Ntcheu. These administrative districts encompass both urban and rural areas that were accessible to the researcher and could provide a reasonable sample for the study.

3.4 Target Population

Bhattacherjee defines a population as being comprised of all the people or items bearing the characteristic under study.[83] In light of this definition our target population was all the church members in the CON, MCD and the pastors ministering to them. The total population of all the people in the Church of the Nazarene, MCD is 10,012. Unfortunately, there was no data readily available to enable breakdown by age or gender except into the two categories of pastors and members only.

3.5 Determination of the Study Sample

3.5.1 Study Sample Size

[83] Bhattacherjee, 65.

At the time of the study there were 139 local churches, 28 ordained pastors, 90 licenced pastors, 8 educators and 33 student pastors. The number of ordained pastors and educators was comparatively small so all were taken for the survey. Purposive sampling was employed to select 39 participants from among the licenced ministers assigned to churches where they were the pastors in charge. Only second and third year student pastors were participants for they had covered many courses and had more interaction with both senior pastors and people at local churches during annual internships. In order to arrive at the exact number to be sampled we used Yamane Taro's formula given below. This formula was preferred over others because it allowed for sampling of a very large population.

The formula is given as follows: $n = \frac{N}{1+N(e)^2}$

n = sample size; N = population; e = margin of error or confidence level.[84]

Using the above formula with N= 10012 and e= 0.05 we got :

$n = \frac{10012}{1+10012(0.05)^2} = \frac{10012}{1+25.03} = 385$

Table 3.1 Sampling Frame

Category of Respondents	Target Population	Sampled
Ordained Pastors	28	28
Licenced Pastors	90	59
Educators	8	8
Student pastors	33	19
Church Member	9,900	271
Total Target Population	10,012	385

[84] Glenn D. Israel, "Determining sample size", *University of Florida*, IFAS Extension, accessed October 3, 2018, http://www.tarleton.edu/academicsassesment/documents/Samplesize.pdf

3.5.2 Sampling Procedure

It was not possible to study the entire target population due to time and cost constraints hence a sample was taken. According to Kothari, sampling involves selection of respondents representative of the target population.[85] For purposes of this study nonprobability sampling was used due to its time and cost effectiveness even though as Bhattacherjee explains nonprobability sampling is a technique where the probability of a unit being selected cannot be accurately fixed or some units have a zero chance of being selected.[86] This may have led to bias but objectivity was prioritized. Nonprobability sampling was employed in this study because it was convenient and less costly and saved on time as well as provided participants with the required information.

3.6 Data Collection Methods

For purposes of collecting the required data both quantitative and qualitative research instruments were used. This was necessary in order to be able to get quantifiable information and also respondents' thoughts and feelings on the research matter.

3.6.1 Data Collection Instruments

Data collection was done using questionnaires, unstructured interview schedules and focus group schedules. The researcher prepared two sets of questionnaires, one for pastors and another for laity. Both close ended questions and open ended questions were utilised in the questionnaires to collect quantitative and qualitative data respectively. Bhattacherjee says that a questionnaire is a research instrument consisting of a set of questions (items) intended to capture responses from

[85] Kothari, 55.
[86] Bhattacherjee, 69.

respondents in a standardized manner.[87] Ruane argues that a questionnaire is an extremely efficient data collection tool and explains that the advantage of the questionnaire is that it allows for a variety of questions to be asked, and it transcends the barriers of time and space.

The interview schedules relied mostly on open ended questions. In an interview, questions are posed in a face-to-face encounter between the researcher and respondents. The objective of using interviews was, as pointed out by David Gray, to elicit rich data on people's views, attitudes and the meanings that underpin their lives and behaviours.[88] This information complemented what was obtained using questionnaires.

Ruane points out that a focus group is a group of six to twelve people gathered for the specific purpose of discussing an issue.[89] Its advantage is that it produces a dynamic interaction between members which provides insights into the matter under spotlight that one would not get otherwise. Focus group discussions were done to stimulate more feedback on attitudes, perceptions and feelings that could not be elicited in questionnaires or interviews.

3.6.2 Pilot Testing of Research Instruments

Pilot testing of research instruments was an important step in the study. As explained by Bhattacherjee it helps to identify potential problems in research design or instrumentation as well as ensuring that the measurement instruments are reliable and valid.[90] With this in mind the questionnaires were tested by administering them to two lecturers and five part-time student pastors from NTCCA as well as 17 church members from Chamnkhoma Church of the Nazarene where the researcher is a pastor.

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[87] Bhattacherjee, 69.
[88] Gray, 378.
[89] Janet M. Ruane, *Essentials of Research Methods: A Guide to Social Science Research, (* Oxford: Blackwell Publishing, 2005), 157.
[90] Bhattacherjee, 32.

A group of five students and one lecturer were involved in pretesting of focus group questions. In addition, five church members drawn from the College, Chamnkhoma and Kauma congregations were interviewed to test the interview schedules. Any anomalies identified were corrected before proceeding to data collection.

3.6.3 Instrument Reliability

Graham Hole points out that the reliability of an instrument means the results are reproducible.[91]An instrument is considered to be reliable when it produces the same response when repeated several times on the same respondents across time, items, and across researchers. Hole identifies two ways of testing reliability. One way is to use two groups of people and change individuals randomly from one group to another. The other way is to repeat the experiment with the same group several times.[92]

In this study it was not possible to repeat the study or to split the sample into two groups hence a way had to be found to test the research instruments' reliability. In order to ensure that the results collected were consistent; the researcher employed the test-retest method by administering the questionnaire to a group of part-time students at NTCCA and some church members from Chamnkhoma CON. After two weeks the same group was asked to respond to the same questions again. Pearson's correlation coefficient was then used to establish the degree of consistency on a number of questions. A result of 0.9 was obtained for the questionnaire for pastors and 0.8 for the questionnaire for laity. The results were acceptable because Punch and Oancea states, "The closer numerically the coefficient is to 1.00 (positive or negative) the stronger the relationship."[93] This means that questions were phrased in a manner that

[91] Graham Hole, "Experimental Design", eds. Glynis M. Breakwell, Jonathan A. Smith and Daniel B. Wright, *Research Methods in Psychology* (London: Sage Publications Ltd, 2012), 51.
[92] Ibid.
[93] Punch and Oancea, 321.

produced consistent responses. In addition the research instruments were subjected to scrutiny by supervisors before data collection.

3.6.4 Instrument Validity

The validity of findings will depend upon the validity of measurement instruments. According to Ruane content validity examines whether there is a good fit between nominal and operational definitions.[94] In order to attain content validity multiple items were used to test concepts and these covered all aspects of the effectiveness of pastoral counselling. For this study the use of questionnaires was supplemented with focus group discussion and interviews to check on validity. A comparison of responses received ensured that only questions which provided answers to research questions were retained. Construct validity was provided by the instruments being examined by two supervisors before data was collected.

3.6.5 Data Collection Procedure

The final reliable and validated instruments were then used to collect data. Data collection was conducted in a period of six weeks and involved research assistants visiting local churches to administer questionnaires. The researcher and research assistants visited churches to hand out and explain questionnaires. The researcher also took advantage of zone gatherings to meet with pastors and other potential respondents. The questionnaires were distributed to 67 pastors and 250 church members. In addition, the researcher personally conducted 2 separate focus group discussions and interviewed 6 educators and 20 pastors. Interviews were also conducted with 50 less literate members of the church. 19 students and 7 pastors drawn from different churches in MCD and 2 educators participated in two separate focus group discussions.

[94] Ruane, 64.

3.7 Data Processing and Analysis

Following data collection the next step was to analyse the data with a view to draw conclusions regarding the research questions and in order to present the final findings. Both descriptive and quantitative techniques were used to analyse data. The researcher put similar responses to qualitative questions into broad categories to enable description. Narrative comments are made with respect to qualitative data (thoughts and feelings). For data that lends itself to statistical manipulation, the researcher used the Statistical Package for the Social Sciences (SPSS) software for manipulation of the data. Findings are presented using tables, and graphs (bar and pie charts).

3.8 Legal and Ethical Considerations

Greener says ethics relates to moral standards regarding decisions, standards and behaviours. She goes on to point out that in research "There is need to anticipate all the moral dilemmas that research can bring and find acceptable ways to resolve them."[95] The researcher provided to participants full information about the purpose of the study and guaranteed that information would be used only for the purposes stated. All information was given the confidentiality it deserves and participant consent was sought where it was necessary. Throughout the study the researcher strived to be objective, and exercised honesty in the data collection, analysis and presentation. In cases where secondary sources are used credit is given by proper documentation. The government of Malawi does not require one to have a research permit for this type of research and hence the University authorisation letter was enough.

[95] Sue Greener, *Business Research Method*s (n.p: Ventus Publishing, 2008), 40.

CHAPTER FOUR

RESULTS AND ANALYSIS

4.1 Introduction

This chapter will present the findings and analysis of data that was collected from 12 March 2019 to 20 April 2019 in the Church of the Nazarene, Malawi Central District. The data was collected using qualitative and quantitative techniques and is presented separately according to the research questions.

4.2 Presentation of the Findings

The findings of this study are presented in line with the demographics and research objectives and questions. Qualitative data is presented as narrative while quantitative data is presented in graphs, tables and charts.

4.2.1 Demographics

A total of three hundred and eighty five respondents were sampled for the study. These included 87 pastors, 8 educators at NTCCA, 19 theological college students and 271 church members.

4.2.1.1 Response Rate

In order to improve on the rate of response the researcher made use of visits to local churches where he met with respondents, explained the purpose of the study and gave out questionnaires. Research assistants consisting of second and third year college students also visited other local churches to collect data. Interviews were conducted in person and in addition zone gatherings were used to gather data. The researcher also took advantage of any pastors visiting the college to gather data. A total of 344 people responded in the study through answering questionnaires, interviews or focus group discussions. 240 participants responded to questionnaires, 76 were interviewed, and 29 took part in focus group discussions. As a result the

researcher realised an 89.6% response rate.Table 4.1 summarises the response rate for different categories of research instruments.

Table 4.1 Summary of Respondents by Research Instrument

Category of Respondents	Questionnaire	Interviews	Focus Group	Totals
Pastors	60	20	7	87
Educators	0	6	2	8
Students	0	0	19	19
Church Members	180	50	0	230
Totals	240	76	29	344

4.2.1.2 Respondents' Gender

The study sought the views of both male and female respondents. Among the pastors 50 were male and 37 female; all 8 educators were male; of members 141 were female and 89 male; the students consisted of 14 male and 5 female. Figure 4.1 shows the numbers of male and female respondents in each of the different categories of respondents.

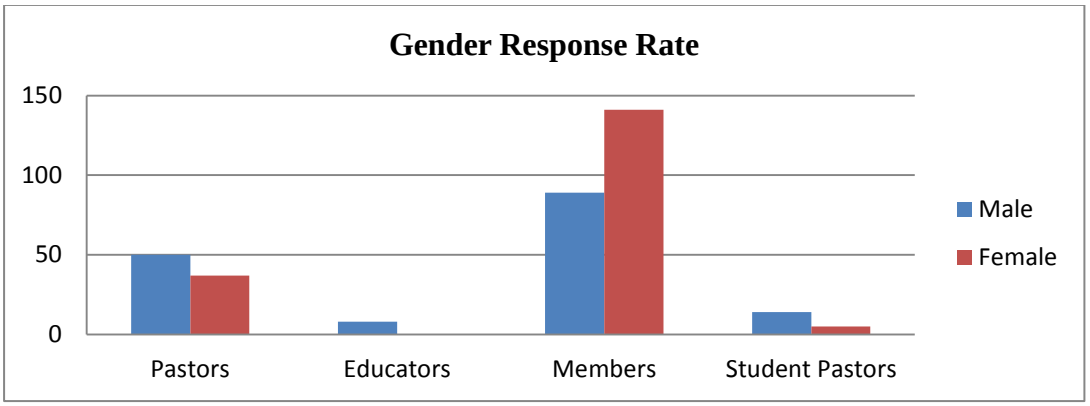


Figure 4.1 Gender Response Rate

4.2.1.3 Respondents' Age

Respondents were asked to state their age by indicating an age bracket they belonged to. Five age brackets were used in the study, namely 18 – 29 years, 30 – 39 years, 40 – 49 years, 50 – 59 years, and over 60 years of age. 153 respondents were aged 18 – 29 years, 99 were aged 30 – 39, 38 were aged 40 – 49, 22 were aged 50 – 59, and only 6 were above 60 years of age. Figure 4.2 shows the results in percentages.

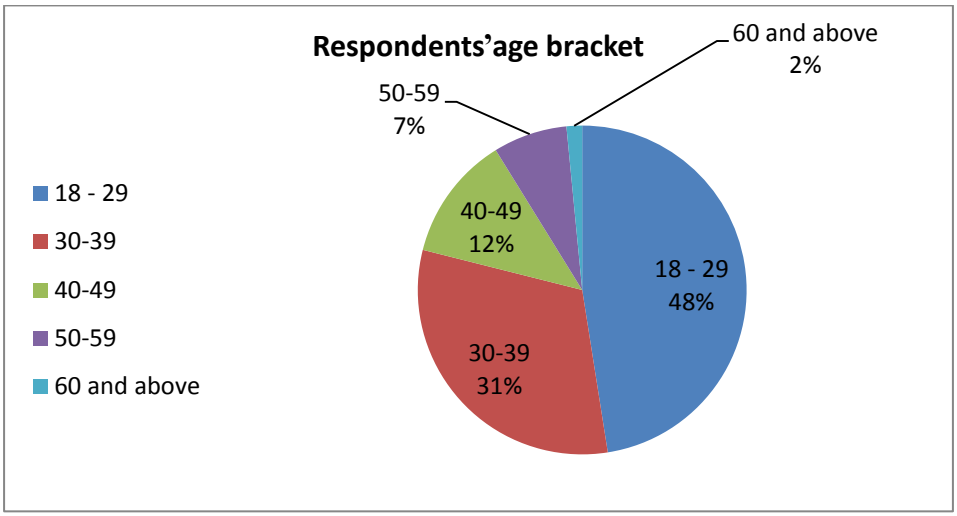
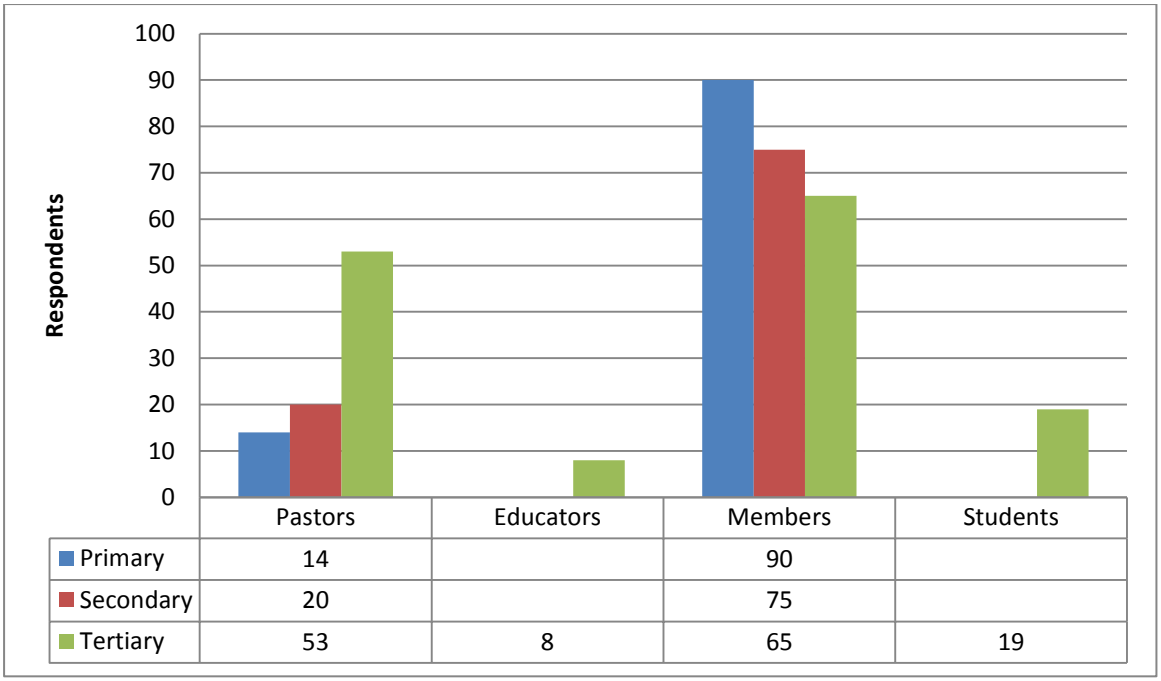


Figure 4.2 Respondents' Age Groups

4.2.1.4 Respondents' Level of Education

There were four categories of respondents, namely pastors, educators, students, and members. The level of education was divided into three categories namely primary, secondary or tertiary. Figure 4.3 shows the distribution. Of the pastors who participated in the study, 14 had primary education, 20 had a secondary school education and 53 had a post-secondary education (professional certificate, diploma or higher). All the 19 students selected were considered to be having a post-secondary education. Among the church members 90 had only a primary school education, 75 a secondary education and 65 a post-secondary education.



	Pastors	Educators	Members	Students
Primary	14		90	
Secondary	20		75	
Tertiary	53	8	65	19

Figure 4.3 Respondents' Level of Education

4.2.1.5 Respondents' Duration in the Church

All respondents were asked to state how long they have been in the church. This information was important in that people who have been in the church longer would be more experienced and conversant with what is happening in their churches. As many as 138 respondents had up to 5 years in the church, 90 had 6 – 10 years, 79 had 11 – 20 years, and 37 had over 20 years' stay in the church. Figure 4.4 shows the respective percentages.

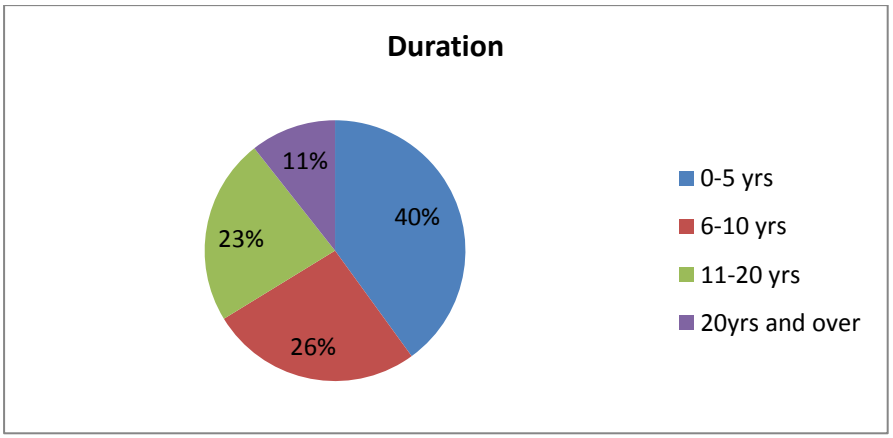


Figure 4.4 Respondents' Duration in the church

4.2.2 Effectiveness of Pastors' Concern for Members Welfare

The study sought to investigate the effectiveness of pastors' concern for members in the management of HIV/AIDS in the church. All categories of respondents were asked questions relating to this objective and responses are presented below according to the respective questions.

4.2.2.1 Concern for Members' Welfare is an Essential Quality of a Pastor

Pastors and members responding to questionnaires were asked if concern for members' welfare was an essential quality of a pastor. The question sought to establish if concern for members' welfare was really important. 128 strongly agreed, 70 agreed, 30 were neutral, 8 disagreed and 4 strongly disagreed. The responses are given in Table 4.2.

Table 4.2 Responses on Pastors' Concern for Members' Welfare

Concern For Members' Welfare is an Essential Quality of a Pastor		
	Frequency	Percentage
Strongly agree	128	53
Agree	70	29
Neutral	30	13
Disagree	8	3
Strongly disagree	4	2
Total	240	100

4.2.2.2 Pastors' Involvement in Helping PLWHA

Questionnaire respondents gave their views on whether the pastor was involved in helping PLWHA. The argument behind the question was that if pastors have concern for members' welfare then they would demonstrate it by being involved in members' challenges. 56 respondents agreed strongly, 48 agreed, 50 were neutral and 50 disagreed while 36 strongly disagreed. The responses are shown in Table 4.3.

Table 4.3 Responses on Pastors Helping PLWHA

Pastor engaged in helping PLWHA and the affected		
	Frequency	Percentage
Strongly agree	56	23
Agree	48	20.
Neutral	50	21
Disagree	50	21
Strongly disagree	36	15
Total	240	100

4.2.2.3 How Pastors are engaged in HIV/AIDS Management

All respondents were asked to give examples of ways in which pastors were involved in helping PLWHA and those affected. The question was meant to check on the answer given in *Section 4.2.2.2* by providing specific examples. Respondents gave several ways in which pastors were engaged in HIV/AIDS management which included praying with the infected and affected with a view to encourage them; providing material support especially food and toiletries; one church has a self-help project of a garden where they grow and sell vegetables to provide financial support to PLWHA; counselling; teaching about HIV/AIDS particularly to the youths, and pastoral visitation of PLWHA with a view to provide emotional support and integrate them into the life of the church.

4.2.2.4 Why Pastors are not engaged in HIV/AIDS Management.

Those respondents who said that their churches or pastors were not engaged in HIV/AIDS management were asked to give a reason why? The reasons given were as follows: there were no PLWHA at the church or no one had disclosed that they were living with HIV/AIDS; they had no money to help; lack of knowledge on what to do or how to do it; pastor is not trained and pastor does not seem to care or is busy with other things outside of church ministry.

4.2.2.5 Counselling as a Vital Duty of Every Pastor

The last question under this objective asked if counselling was a vital duty of every pastor's ministry. This question was asked on questionnaires and of the 240 responses 124 strongly agreed, 78 agreed, 26 were neutral, 8 disagreed and 4 strongly disagreed. The results are given in Table 4.4.

Table 4.4 Responses on Counselling is a Vital Duty of Pastors

Counselling is a vital part of any pastor's duties		
	Frequency	Percentage
Strongly agree	124	52
Agree	78	32
Neutral	26	11
Disagree	8	3
Strongly disagree	4	2
Total	240	100

Focus group participants were asked if there was need for pastors to intervene in HIV/AIDS cases. In response the majority of participants felt that it was very important for pastors to engage in counselling of their members.

4.2.3 The Effectiveness of Pastors' Social Skills

The objective sought to find out how well pastors related with their flock with a view to see how this impacted counselling of PLWHA or the affected**.**

4.2.3.1. Pastor has Good Relationship with Members

Church Members were asked if their pastor demonstrated a good relationship with the church members. Out of 180 respondents, 87 strongly agreed, 47 agreed, 33 were neutral, 8 disagreed and 5 disagreed strongly. The results are given in Table 4.5.

Table 4.5 Responses on the Pastors' Relationship with Members

Your pastor has a good relationship with members?		
	Frequency	Percentage
Strongly agree	87	48.33
Agree	47	26.11
Neutral	33	18.33
Disagree	8	4.44
Strongly disagree	5	2.79
Total	180	100

Similarly the pastors responding to questionnaires were asked if they valued a good relationship with members. 40 strongly agreed, 18 agreed, 2 were neutral and none disagreed. The responses of pastors are given in Table 4.6.

Table 4.6 Responses to Whether Pastors Valued Good Relationship with Members

As a pastor you value a good relationship with members		
	Frequency	Percentage
Strongly agree	40	67
Agree	18	30
Neutral	2	3
Disagree	0	0
Strongly disagree	0	0
Totals	60	100

Pastors and members interviewed were also asked to express their opinion with regards to the relationship between pastors and members. The majority of pastors and members agreed that the pastors had a good relationship with members. One pastor stated that he knew he was doing fine because every time there was a pastoral review the church board approved his reappointment. Members used pastoral visitation as their measuring stick. A pastor who visited members was considered to have a very good relationship with members.

4.2.3.2 Members' Openness to Disclose Positive HIV/AIDS Status to Pastor

Pastors and members responding to questionnaires were asked whether PLWHA disclosed their condition to the pastor. Out of 240 responses 10 strongly agreed, 28 agreed, 76 were neutral, 68 disagreed and 58 strongly disagreed. Table 4.7 shows the results obtained from questionnaires.

Table 4.7 Responses on Members' Disclosure of Status to Pastors

Members Disclose HIV/AIDS Status to Pastor		
	Frequency	Percentage
Strongly agree	10	4
Agree	28	12
Neutral	76	32
Disagree	68	28
Strongly disagree	58	24
Total	240	100

During focus discussions it was also established that members rarely disclosed their status to their pastor.

4.2.3.3 Reasons Why People Do not Disclose their HIV/AIDS Status

All respondents were asked to give their opinion with regard to why some PLWHA did not disclose their condition to the pastor. Several reasons were advanced and these included the following: shame, fear of stigmatisation/ discrimination/rejection by others, lack of trust/confidence in the pastor, lack of a conducive environment for disclosure, no personal relationship with the pastor, members do not know how that pastor can help them, the church is silent on the issue, and hospitals tell people not to tell anyone their status.

4.2.3.6 How Pastors Know about Members' HIV/AIDS Status

Pastors who claimed knowledge of church members' HIV/AIDS status were asked to state how they came to know this. The answers given included: self-disclosure; disclosure by third parties (via prayer requests), and the grape vine. This information was confirmed in focus group discussions wherein members revealed that most of the time gossip is the main method.

Further to the above, focus group discussion participants were asked if they knew of any PLWHA in their congregations and how they knew. There were mixed responses to this question. The majority of participants were not very sure but some indicated they definitely knew church members living with HIV/AIDS. In addition the numbers known were not very high. Participants observed that most people do not disclose their status but it gets known indirectly. Participants said that very few shared their status with friends or relatives or even the pastor. In some cases the disclosure is indirect by way of gossip or after the person has died. In other cases people are observed collecting or taking ARVs and some family members may make prayer requests. In one case it was revealed that an individual had to openly talk about their status after people started speculating. One participant pointed out that in the past, before ARVs, people would know since the infected person became very sick.

4.2.3.4 How frequently do Pastors Visit PLWHA or the Affected

The researcher wanted to know how frequently pastors visited PLWHA or the affected. This question was on questionnaires only and both church Members and pastors were asked to respond. 13 members responded often, 48 said sometimes, 87 said never and 32 did not know. On the other hand 14 pastors said often, 30 said sometimes, and 16 never visited. For purposes of comparison, the responses received from members are tabulated in Table 4.8 and those for pastors in Table 4.9.

Table 4.8 Members' Responses to Whether Pastors Visit PLWHA or the Affected

Pastor Visits PLWHA or the Affected		
	Frequency	Percentage
Often	13	7
Sometimes	48	27
Never	87	49
Don't know	32	17
Total	180	100

Table 4.9 Pastors' Responses to Whether Pastors Visit PLWHA or the Affected

Pastor visits PLWHA or the Affected		
	Frequency	Percentage
Often	14	23
Sometimes	30	50
Never	16	27
Dont know	0	0
Total	60	100

4.2.3.5 Pastors Counsel PLWHA and the Affected

The researcher wanted to know if pastoral counselling of PLWHA and the affected was actually taking place during pastoral visits in the churches of MCD. This question was posed on questionnaires. 238 responses were received. 36 repondents strongly agreed, 12 agreed, 27 were neutral, 59 disagreed and 104 strongly disagreed. The various responses gathered are tabulated in Table 4.10.

Table 4.10 Responses on Whether Pastors Counsel PLWHA and the Affected

Pastor Counsels PLWHA and the Affected		
	Frequency	Percentage
Strongly agree	36	15
Agree	12	5
Neutral	27	11
Disagree	59	25
Strongly disagree	104	44
Total	238	100

4.2.3.7 Pastoral Counselling Benefits PLWHA and the affected

The researcher wanted to know if congregants and pastors felt that it was of any benefit for pastors to intervene in HIV/AIDS cases in the church by providing counselling. Out of 240 responses 73 agreed strongly, 72 agreed, 62 were neutral, 24 disagreed and 9 strongly disagreed. The results are displayed in Table 4.11.

Table 4.11 Responses on Whether Pastoral Counselling Helps PLWHA

Pastoral Counselling Benefits PLWHA and the Affected		
	Frequency	Percentage
Strongly agree	73	30
Agree	72	30
Neutral	62	26
Disagree	24	10
Strongly disagree	9	4
Total	240	100

Focus group discussion members in general agreed that there was much need for pastors to intervene in HIV/AIDS cases in the church.

4.2.3.8 Benefits of Pastoral Counselling to PLWHA and the Affected

The researcher inquired from both pastors and members the kind of benefits gained from pastoral counselling of PLWHA. Respondents' answers could be summarised as: the pastor could connect them to helpers; reduction in transmission of the disease as they have more knowledge; acceptance of their status; gain hope/ encouragement or motivated to live positively; spiritual needs met and growth takes place; make wise decisions; freed from stigma; get saved; members more responsible for others; faithfulness to partners; peace of mind; long life; less dependent on others; know how to manage diet and stress; material benefits; sense of belonging; mental comfort; and release from sadness, loneliness and pain. Focus group participants pointed out that counselling helped to comfort and give hope to PLWHA and the affected and it also helped to avoid spread of the disease.

4.2.3.9 Reasons why there are no Benefits of Pastoral Counselling to PLWHA and the Affected.

Those respondents who said that they did not see any benefits from pastoral counselling of PLWHA and the affected were asked to give reasons to support their answer**.** The reasons included the following: counselling is not taking place**;** no relationship between pastor and members; and people are not open to pastor.

4.2.4 The Effectiveness of Pastors' Training

4.2.4.1 Pastors have Training in Managing HIV/AIDS

Pastors were asked to give their opinion with regards to whether they had training in managing HIV/AIDS. Out of the 60 pastors who responded 11 strongly agreed, 3 agreed, 32 were neutral, 2 disagreed and 12 strongly disagreed. The responses given are in Table 4.12.

Table 4.12 Responses to Whether Pastors have Training in Managing HIV/AIDS

Pastors have Training in Managing HIV/AIDS		
	Frequency	Percentage
Strongly agree	11	18
Agree	3	5
Neutral	32	53
Disagree	2	3
Strongly disagree	12	21
Total	60	100

In interviews with educators at NTCCA, lecturers identified Pastoral Care and Counselling as the main unit that tackles HIV/AIDS. However, in discussions with students during a focus group discussion it was revealed that no information was given except in a presentation by a student. One educator pointed out that those trained at Africa Nazarene University learn more about the disease in the course called Family, Community Health and HIV/AIDS.

4.2.4.2 Pastors' Training Helps in Counselling PLWHA and the Affected in the Church

Pastors were asked if the pastoral training they received helps in the counselling of PLWHA and the affected. Only 3 strongly agreed, 25 agreed, 21 were neutral, 6 disagreed, and 5 disagreed strongly. Responses are displayed in Table 4.13 on the next page. In addition, the majority of those pastors who were interviewed also expressed their lack of confidence in dealing with serious cases of illness due to lack of adequate training for such situations.

Table 4.13 Responses to Whether Pastors' Training Helps in Managing HIV/AIDS

Pastoral Training Helps in Counselling PLWHA and the Affected		
	Frequency	Percentage
Strongly agree	3	5
Agree	25	42
Neutral	21	35
Disagree	6	10
Strongly disagree	5	8
Total	60	100

4.2.4.3 Pastors have Adequate Knowledge and Skills to Provide Counselling to PLWHA and the Affected

Members were asked if their pastors demonstrated enough knowledge and skills to deal with PLWHA and the affected in the local churches. 168 members out of 180 answered this question. 36 strongly agreed, 36 agreed, 32 were neutral, 41 disagreed, and 23 strongly disagreed. The responses are given in Table 4.14.

Table 4.14 Responses to Whether Pastors had Enough Skills and Knowledge to Counsel PLWHA and the Affected

Pastors have Adequate Knowledge and Skills to Manage HIV/AIDS		
	Frequency	Percentage
Strongly agree	36	21
Agree	36	21
Neutral	32	19
Disagree	41	24
Strongly disagree	23	15
Total	168	100

Focus group participants were asked if their pastors were effective in counselling PLWHA and the affected. Most participants were not sure since they did not have first-hand information on the matter. However, educators at NTCCA felt that units such as Pastoral Theology, Development of Personal Relationships, Philosophy and Logic and Spiritual Formation also indirectly contributed towards equipping pastors with knowledge and skills useful for counselling PLWHA and the affected.

4.2.4.4 Skills Required for Effectiveness in Managing HIV/AIDS

The researcher wanted to know what skills were considered important for a pastor in the management of HIV/AIDS in the church. The responses given by members included the following: ability to teach, providing leadership in setting up support groups, knowledge of the Bible, HIV counselling training, communication skills, discernment, compassion to visit the sick, guidance and counselling, small groups, and respecting others. During focus group discussions a participant stated that pastors needed to have good relationship with members, and be observant so that they can know when something is wrong with a member.

On the other hand pastors indicated the following: counselling, discipling, civic education, HIV/AIDS training, communication, interpersonal skill, tolerance, and project management training. Educators were asked the skills that are taught in

pastoral counselling and if they were adequate for HIV/AIDS. The skills mentioned included problem identification, presence and empathic listening, knowledge of the word, self-understanding, and biblical conflict management. In addition the educators felt that the knowledge and skills attained were by themselves not enough to meet the needs of the church members. All lecturers pointed out that the institution did not emphasise on any particular theory but only encouraged the use of the Bible for counselling. This fact was confirmed by pastors who were interviewed as they gave scripture as their only tool.

4.2.4.5 Suggested Improvements to Pastoral Training in HIV/AIDS Management.

Pastors and educators were asked what improvements they would like to see made in pastoral training vis-à-vis HIV/AIDS. Educators mentioned the need for practical experience under professional counsellors, more emphasis on health issues in the curriculum; specifically introduce a course on HIV/AIDS and for the course to be taught by a health professional. The pastors identified palliative care training (home based care training), incorporating HIV/AIDS and health course in curriculum, how to preach on HIV/AIDS, practical attachment at hospital, HIV/AIDS seminars, and provide books/materials on the subject.

4.2.5 The Effectiveness of Partnership with Other Service Providers

Members and pastors were asked if the pastor or local church partnered with other institutions involved in HIV/AIDS management. The questions asked sought to establish the extent of partnering and the impact it has in HIV/AIDS management in the church in MCD.

4.2.5.1 Local Churches Ability to Manage HIV/AIDS on their Own

Respondents were asked if their local church had enough resources to deal with HIV/AIDS on their own. 8 respondents of the total 240 questionnaires did not answer this question. 20 strongly agreed, 21 agreed, 63 were in the neutral, 54 disagreed, and 74 strongly disagreed. Results are given in Table 4.15 on the next page.

Table 4.15 Responses to Local Churches' Ability to Manage HIV/AIDS

Local Churches Ability to Manage HIV/AIDS		
	Frequency	Percentage
Strongly agree	20	8
Agree	21	9
Neutral	63	27
Disagree	54	23
Strongly disagree	74	33
Total	232	100

4.2.5.2 Local Churches Partnering with Others in HIV/AIDS Management

The need to fill any void in churches' capacity to manage HIV/AIDS led to the next question. Respondents were asked whether their local church was working together with other organisations involved in HIV/AIDS management. 10 respondents did not give an answer to this question. 10 strongly agreed, 46 agreed, 56 were neutral, 54 disagreed and 64 strongly disagreed. Table 4.16 displays the responses received.

Table 4.16 Responses to Whether Local Churches Partner with Other Service Providers

Local Churches Partner with Other Service Providers		
	Frequency	Percentage
Strongly agree	10	4
Agree	46	21
Neutral	56	24
Disagree	54	23
Strongly disagree	64	28
Total	230	100

Even the pastors interviewed revealed that they did not partner with people outside of the church who were also engaged in HIV/AIDS work**.**

4.2.5.3 Partnering with others is Beneficial to PLWHA and the Affected

Questionnaire respondents were asked whether they saw any benefits to PLWHA and the affected when local churches partnered with other organisations involved in HIV/AIDS management. Out of 240 participants 6 did not give a response while 88 strongly agreed, 50 agreed, 42 were neutral, 24 disagreed and 30 strongly disagreed. Table 4.17 gives the responses received.

Table 4.17 Responses to Whether Partnering with Others on HIV/AIDS is of Benefit to PLWHA.

Partnering with Others Beneficial to PLWHA and the Affected		
	Frequency	Percentage
Strongly agree	88	38
Agree	50	21
Neutral	42	18
Disagree	24	10
Strongly disagree	30	13
Total	234	100

During focus group discussion most participants agreed partnerships were of benefit to PLWHA and the affected but one participant felt that the church should not work with non-Christian organisations because they might bring unholy things into the church.

4.2.5.4 Institutions Local Churches or Pastors Partner with to Manage HIV/AIDS

Respondents were asked to identify the organisations that local churches or pastors partner with in managing HIV/AIDS in the church. The following institutions were identified: National Association of People living with HIV and AIDS in Malawi (NAPHAM), National AIDS Council, CARE Malawi, GO Malawi, National Initiative for Civic Education, World Vision, Community Based Organisations, SOS Children's Village, Light House of Kamuzu Central Hospital, Youth Net and Counselling (YONECO), AIDS Toto Club, Red Cross, Evangelical Association of Malawi, Save the Children Fund UK, Child Development Centres, Plan Malawi, and Forum for African Women Educationalists in Malawi (FAWEMA).

4.2.5.5 Benefits Gained from Partnering with Other Service Providers.

Respondents who claimed partnership with organisations dealing with HIV/AIDS issues were asked to state the benefits obtained. Respondents cited the following benefits: information, voluntary testing and counselling, exchange of ideas, free training, resources, food hand-outs, skills training, skilled educators, financial support, and medication.

4.3 Analysis

The analysis of data presented is according to demographics and research objectives set for the study.

4.3.1 Demographics

The demographic data is shown according to role in the church, gender, age, level of education and the length of membership in the Church of the Nazarene. A total of three hundred and eighty five respondents were sampled for the study. These included 87 pastors, 8 educators at NTCCA, 19 theological college students and 271 church members.

4.3.1.1 Response Rate

Mitchell argues, with documentation from others, that the survey response rate should be calculated as the number of returned questionnaires divided by the total sample who were sent the survey initially.[96] Of the respondents sampled 87 pastors, 8 educators, 19 theological students and 230 members participated in the study giving a total of 344 out of the 385 needed. Using Mitchell's method it was seen that the study realised an 89.6% response rate.

4.3.1.2 Respondents' Gender

While every effort was made to involve both male and female respondents to avoid gender bias, Figure 4.1, p.37 shows that the majority of respondents are female. This is due largely to the fact that there are more women in the church than men despite the fact that the majority of pastors are male, and the educators are all male.

4.3.1.3 Respondents' Age

Figure 4.2, p.38 shows the five age brackets into which respondents fit. Only legal majors were considered for participation in the study. The majority of respondents (79%) were below forty years of age with 48% of them below thirty years of age. This suggests a youthful church and agrees with findings by other researchers

[96] R. C. Mitchell, *Using surveys to Value Public Goods: The Contingent Valuation Method* (Washington, DC: Resources for the Future; 1989), quoted by Jack E Fincham, "Response Rates and Responsiveness for Surveys, Standards, and the Journal," *American Journal of Pharmaceutical Education*, 2008 Apr 15; 72(2): 43, accessed 30 March 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2384218.

such as Moses Zigweva who established that 59% of respondents in a study he conducted in the same district were below 40 years of age.[97] Oscar Dama had a return of 63% for the same age group.[98]That implies that the majority of members in the church are sexually active and likely to contract HIV/AIDS.

4.3.1.4 Respondents' Level of Education

Most of the respondents were educated since they had a secondary school education or more. 23% had primary education, 35% had secondary school education and 42% had a tertiary education (diploma or higher) as depicted in Figure 4.3, p.38.

4.3.1.5 Respondents' Duration in the Church

The results for respondents duration in the church show that 40% had five years and below, 26% had between 6 and 10 years, 23% had 11 to 20 years and 11% had over 20 years in the church (see Figure 4.4, p.38). With sixty percent of the respondents above 5 years in the church one can conclude that respondents knew very well what was happening in the local churches.

4.3.2 Effectiveness of Pastors' Concern for Members' Welfare

In this study a pastor's demonstration of concern for the welfare of members was considered critical in the management of HIV/AIDS hence the first objective addressed this concern. Several questions were asked to probe this matter further.

4.3.2.1 Concern for Members' Welfare is an Essential Quality of a Pastor.

One of the key qualities of Jesus' ministry was compassion for the sick. Respondents' views were asked with respect to the extent they agreed with the

[97] Moses Zigweva, "The Role of the Church in Promoting Responsible Business Practices of its Members: A Case of Malawi Central District of the Church of the Nazarene," (MAR thesis, ANU, 2018), 56.

[98] Oscar Dama, "The Need For Mentoring as a Strategic Component of Pastors' Preparation for the Church of the Nazarene in Lilongwe District, Malawi," (MAR thesis, ANU, 2018), 45.

researcher that concern for members' welfare was an essential quality of a pastor. The results in Table 4.2, p.40 showed that 84% agreed, 11% were neutral and 5% disagreed. This means that the majority of respondents affirmed concern for members' welfare as an essential quality for ministerial ministry.

4.3.2.2 Pastors' Involvement with PLWHA and the Affected

Both pastors and members were asked to respond to the question on whether pastors were involved in helping PLWHA and the affected. 43% of respondents agreed and 36% disagreed while 21% were not sure (see Table 4.3, p.40). Overall the results indicate that there is little information available on pastors' ministry to PLWHA. Focus group discussions and interviews showed that on average pastors don't know the HIV/AIDS status of members.

4.3.2.3 How Pastors are engaged in HIV/AIDS Management

Respondents were asked to explain how the pastor was engaged in helping PLWHA and the affected. This was a follow up question to *Section 4.3.2.2*. Responses received show that PLWHA besides receiving some material help also get some spiritual help in the form of prayer and counselling.

4.3.2.4 Reasons Why Pastors are not engaged in HIV/AIDS Management

Respondents were asked why the pastors were not helping PLWHA. The responses included lack of disclosure by members, lack of knowledge by pastors, lack of resources to help, and lack of care by some pastors.

4.3.2.5 Counselling a Vital Duty of every Pastor

The researcher wanted to know if there was need for pastoral counselling in the local churches. In response 202 people agreed, 26 were neutral and only 4

disagreed (see Table 4.4, p.41). The majority of respondents agreed that there was need for pastors to conduct counselling in the local churches.

4.3.3 The Effectiveness of Pastors' Skills

As already pointed out, this objective sought to establish the extent to which pastors had a good working relationship with their flock since a good relationship was ideal to fostering openness and disclosure of HIV/ AIDS status by members. Several questions were posed to explore this information.

4.3.3.1 Pastor has Good Relationship with Members

Members were asked to respond to whether their pastor had a good relationship with members. Table 4.5, p.42 summarises the results obtained. 74% of respondents agreed, 18% were neutral and 7% disagreed. Most of the members interviewed also agreed that pastors had a good relationship with members.

The same question was posed to pastors and 97% agreed while the remaining 3% were not sure (see Table 4.6, p.42). The conclusion is that pastors in MCD seem to have good relationships with members.

4.3.3.2 Members Disclose HIV and AIDS Status to Pastor

Respondents were asked if church members disclosed their positive HIV and AIDS status to the pastor. Table 4.7, p.43 summarises the responses. 16% of respondents agreed, 32% were neutral and 52% disagreed. The majority of respondents say that members do not disclose their status.

4.3.3.3 Reasons Why Members do not Disclose HIV/AIDS Status

A follow up question was asked to establish why members did not disclose their positive HIV and AIDS status. The reasons given were as follows: fear of rejection or of stigmatisation or discrimination, shame, lack of trust in the pastor, do not know the pastor can help, and hospitals tell people not to share their status.

4.3.3.4 How Pastors Know Members HIV/AIDS status

The respondents were asked how they came to know the HIV/AIDS status of a member. The responses reveal that there is little self-disclosure but second hand information is the main source.

4.3.3.5 Pastors Visit PLWHA or the Affected

Table 4.8, p.45 shows the responses to the question whether pastors visited PLWHA. 7% of members reported that the pastor often visited PLWHA. 27% said their pastor sometimes visited PLWHA. 49% reported that their pastor never visited and 17% did not know.

Pastors were also asked the same question and according to Table 4.9, p.45, 23% often visit, 50% sometimes visit, and 27% never visit. It appears that while members' responses suggest that on average pastors do not visit PLWHA, pastors themselves say they do. What this may mean is that pastors do not visit PLWHA as frequently as expected by members while in other cases nothing is known about this issue.

4.3.3.6 Pastors do Counselling of PLWHA and the Affected

The question of whether pastors counsels PLWHA was posed to both members and pastors. Table 4.10, p.45 shows the results. 20% of respondents agreed, 11% were neutral and 69% disagreed. This shows that counselling of PLWHA is not taking place in MCD.

4.3.3.7 Pastoral Counselling is Beneficial to PLWHA and the Affected

All respondents were asked if pastoral counselling was beneficial to PLWHA and the affected. Table 4.11, p.46 shows the responses obtained. 60% of respondents agreed, 26% were not sure and 14% disagreed. The results show that the majority of respondents see pastoral counselling as beneficial to PLWHA and the affected.

4.3.3.8 Benefits of Pastoral Counselling to PLWHA and the Affected

The researcher asked respondents the benefits PLWHA and the affected get from pastoral counselling. Respondents' answers were as follows: the pastor could connect them to helpers; reduction in transmission of the disease as they have more knowledge; acceptance of their status; gain hope/ encouragement or motivated to live positively; spiritual needs met and growth takes place; are able to make wise decisions; freed from stigma; get saved; members become more responsible for others; faithfulness to partners; peace of mind; long life; less dependent on others; know how to manage diet and stress; material benefits; sense of belonging; mental comfort; and release from sadness, loneliness and pain. Focus group participants pointed out the same benefits: counselling helped to comfort and give hope to PLWHA and the affected and it also helped to avoid spread of the disease.

4.3.3.9 Reasons Why Pastoral Counselling to PLWHA is not Beneficial

The respondents who said that pastoral counselling was not beneficial to PLWHA and the affected were asked to give their reasons. They argued that counselling was not taking place, there was no relationship between pastor and members, and people do not open up to the pastor. The reasons given are not necessarily disadvantages of pastoral counselling to PLWHA and the affected but are actually respondents' perceptions of the state of pastoral counselling in their churches. Hence, one may conclude that there are no reasons why pastoral counselling to PLWHA is not beneficial.

4.3.4 The Effectiveness of Pastors' Training

Research objective number three intended to examine the role of pastors' training in the effectiveness of pastoral counselling of PLWHA and the affected.

4.3.4.1 Pastors have Training in Managing HIV/AIDS

Pastors were asked if they had training in HIV/AIDS. 23% of respondents agreed, 53% were neutral and 24% disagreed (see Table 4.12, p.47). The results show that the majority of pastors are not sure about their training in HIV/AIDS. One may conclude that they lack confidence in the training they received vis-à-vis the HIV/AIDS issue.

Interviewed educators revealed that at NTCCA HIV and AIDS issues are discussed in courses like Pastoral Care and Counselling, Family and Marriage in the African Context and Ethics. One educator pointed out that those trained at ANU do Personal, Family and Community Health where HIV/AIDs is discussed at length.

4.3.4.2 Pastors' Training helps in Counselling PLWHA and the Affected

The pastors were asked if the training they received helped them to provide effective counselling to PLWHA and the affected. Table 4.13, p.48 shows that 47% agreed, 35% were neutral and 18% disagreed. The results show that the majority of pastors think that there training is helpful in meeting the challenges of HIV and AIDS. On, the other hand educators at NTCCA felt that there were courses that had some content that enabled pastors to provide counselling to PLWHA and the affected.

4.3.4.3 Pastors Demonstrate Adequate Knowledge and Skills to Provide Counselling to PLWHA and the Affected.

Members were asked if their pastors had adequate knowledge and skills to be able to help PLWHA and the affected. 42% of members agreed, 19% were not sure and 39% disagreed (see Table 4.14, p.49). The results indicate that fewer pastors are competent on HIV/AIDS matters as perceived by members.

4.3.4.4 Skills Required for Competency in Managing HIV/AIDS

The researcher wanted to know what skills were considered important for a pastor in the management of HIV/AIDS in the church. The responses given by members included the following: ability to teach, providing leadership in setting up support groups, knowledge of the Bible, HIV counselling training, communication skills, discernment, compassion to visit the sick, guidance and counselling, small groups, respecting others. During focus group discussions one participant stated that pastors needed to have a good relationship with members and be observant so that they can know when something is wrong with a member.

On the other hand, pastors indicated the following: counselling techniques, discipling, civic education, HIV/AIDS training, communication, interpersonal skill, tolerance, and project management training. Educators were asked the skills that are taught in pastoral counselling and if they were adequate for HIV/AIDS. The skills mentioned included problem identification, presence and empathic listening, knowledge of the word, self-understanding, and biblical conflict management. In addition the educators felt that the knowledge and skills attained were by themselves not enough to meet the needs of the church members. All lecturers pointed out that the institution did not emphasise on any particular theory but encouraged the use of the Bible for counselling.

4.3.4.5 Suggested Improvements to Pastoral Training in HIV/AIDS Management

Pastors and educators were asked what improvements they would like to see made in pastoral training vis-à-vis HIV/AIDS. The pastors identified palliative care training (home based care training), incorporating health and HIV/AIDS course in curriculum, and guidelines on how to preach on HIV/AIDS, practical attachment at

hospital, HIV/AIDS seminars, and provide books/materials on the subject. Educators mentioned need for practical experience under professional counsellors, more emphasis on health issues in the curriculum, and specifically to introduce a course on HIV/AIDS to be taught by a health professional.

4.3.5 Partnership with Other Service Providers

The fourth research objective focused on how partnership with other institutions involved in HIV/AIDS impacted the effectiveness of pastoral counselling of PLWHA and the affected.

4.3.5.1 Local Churches' Ability to Manage HIV/AIDS on their Own

Respondents were asked whether their local churches had enough resources to manage HIV/AIDS on their own. Table 4.15, p.51 shows that only 17% of respondents agreed, 27% were neutral and 56% disagreed. The results reveal that the majority of respondents feel local churches do not have enough resources to deal with HIV/AIDS on their own.

4.3.5.2 Churches Partnering with Others in HIV/AIDS Management

All respondents to questionnaires were asked to respond to the question whether their local churches were working together with other institutions involved in HIV/AIDS management. Table 4.16, p.52 shows that 25% agreed, 24% were neutral and 51% disagreed. Similarly, most focus group participants did not know if their local church was partnering with another organisation. Thus it was concluded that the majority of churches are not working with other institutions involved in managing HIV/AIDS.

4.3.5.3 Partnering with others is Beneficial to PLWHA and the Affected

Respondents were asked whether partnering with other institutions involved in HIV/AIDS was of benefit to PLWHA and the affected. Table 4.17, p.52 shows that 59% agreed, 18% were not sure and 23% disagreed. Focus groups participants also agreed that partnering with other HIV/AIDS service providers was beneficial. Only one focus group member objected saying that these secular organisations bring unholy things into the church. These results show that the majority of respondents consider partnering as beneficial.

4.3.5.4 Benefits Gained from Partnering Other Service Providers

Respondents were asked to name some of the benefits that PLWHA and the affected could get from the local churches partnering with other HIV/AIDS service providers. The benefits included correct information on HIV/AIDS, voluntary testing and counselling, free training, resources, access to skilled educators, medication, and material or financial support.

4.3.5.5 Institutions Churches Partner with to Manage HIV/AIDS

Respondents who claimed that local churches were partnering with HIV/AIDS service providers were asked to name the institutions that worked together with the church. The list included organisations whose core business is HIV/AIDS such as National Association of People living with HIV and AIDS in Malawi (NAPHAM), National AIDS Council, Community Based Organisations, Light House of Kamuzu Central Hospital, Youth Net and Counselling (YONECO), and AIDS Toto Club. The rest of the organisations named such as CARE Malawi, GO Malawi, National Initiative for Civic Education, World Vision, SOS Children's Village, Red Cross, Evangelical Association of Malawi, Save the Children Fund UK, Child Development

Centres, Plan Malawi, and Forum for African Women Educationalists in Malawi (FAWEMA) only offer supplementary services that benefit PLWHA in an indirect way. The majority of these organisations are non-governmental bodies.

4.4 Conclusion

This chapter has presented the data collected and provided an analysis of the data with respect to the research objectives. The next chapter will discuss the findings; give conclusions and recommendations regarding the research.

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This research sought to establish the effectiveness of pastoral counselling in the management of HIV/AIDS in the church in Malawi. The null hypothesis stated that pastoral counselling has no effect on the quality of life of PLWHA and the affected. In other words, pastoral counselling of PLWHA does not produce any significant difference in their lifestyle. This chapter presents a discussion and summary of the findings. It also provides a conclusion and recommendations for further study.

5.2 Discussions

The discussion is presented according to the research objectives of the study. The study rejected the null hypothesis that pastoral counselling has no effect on the quality of life of PLWHA and the affected. The findings of the study show that PLWHA and the affected stand to benefit from pastoral counselling and pastors are encouraged to engage in counselling of PLWHA and the affected in their respective congregations.

5.2.1 Findings Related to Pastors' Concern for Members' Welfare

The first research objective sought to establish the effectiveness of pastors' concern for members' welfare in the management of HIV/AIDS in Malawi. The findings related to this objective were as in the following paragraphs.

Respondents affirmed concern for members' welfare as an essential quality for pastors (see Table 4.2, p. 39). The result is not surprising. Anyone would expect that a good leader cares about the welfare of his/her people. Jesus Christ, described himself as the good shepherd who lays down His life for the flock (Jn.10:14-15). Compassion

is the "optic nerve" of Christian discipleship because it encourages us to see and respond to others suffering as Jesus did.[99] It is imperative then that a pastor demonstrates concern for his members just as Jesus was moved with compassion to heal the sick, and feed the hungry. Musa Dube agrees and says, "Those of us who are in the Christian faith need to recapture the compassion of Christ, who asked the believers to see his face in the face of all who suffer."[100]

There is little information available on pastors' involvement with PLWHA and the affected. The extent to which pastors are involved in ministering to the various needs of members is an indicator of how much they care about their flock. The fact that most members seem not to know whether the pastors are involved in helping PLWHA and the affected (see Table 4.3, p. 40) is an indicator of the possibility that pastors are neglecting this aspect of ministry.

Those pastors engaged in ministry to PLWHA and the affected provide material support and some spiritual help (see Section 4.2.2.3, p.40). In discussing the interventions to PLWHA David Sterken notes that care can no longer focus solely on the physical aspects of the disease but must consider the multidimensional aspects of the disease.[101] Indeed, church members living with HIV and their families face challenges for which they need both material and spiritual help. Michael Klebert points out that when an individual is diagnosed with HIV the patient's realization that he or she is experiencing a new and potentially life-threatening diagnosis often makes

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[99] Maureen H. O'Connell, *Compassion: Loving our Neighbour in an Age of Globalization* (Indiana: Orbis Books, 2011), accessed 22 April , 2019, https://books.google.mw?isbn_157075845X, 9781570758454.

[100] Musa W. Dube, "HIV/AIDS and Other Challenges to Theological Education in the New Millennium," in *Theological Education in Contemporary Africa*, edited by Grant LeMarquand, and D. Galgalo (Eldoret, Kenya: Zapf Chancery Publishers Africa Ltd, 2004), accessed April 30, 2019, http://ebookcentral.proquest.com/lib/aunke-ebooks/detail.action?docID=1190900.

[101] David J. Sterken, "Living with HIV/AIDS," in Jerry D. Durham and Felissa R. Lashely (editors), *The Person with HIV/AIDS: Nursing Perspectives, 4th Edition*, (New York: Springer Publishing Company, 2010), 206, accessed 30 Apr 2019, http://ebookcentral.proquest.com/lib/aunke-ebooks.

the person overwhelmed and experience anger, depression, anxiety, and fear.[102] The person can be helped when a pastor is available to provide spiritual support. As the disease progresses individuals may need more than counselling as they become dependent on others.

Section 4.2.2.4, p.40 provides reasons why some pastors are not engaged in ministry to PLWHA and the affected and these included lack of disclosure by members, lack of knowledge by pastors, lack of resources and lack of care by some pastors. The lack of disclosure by members is discussed more in the paragraphs that follow. Lack of knowledge and resources can be overcome through partnership with others involved in the care of PLWHA and the affected. When a church works together with other institutions it can broaden its knowledge and resource base as discussed in section 4.2.5.5, p. 53.

The majority of respondents agreed that there is need for pastors to conduct counselling in the local churches as depicted in Table 4.4, p.41. The manual of the CON (paragraph 515.5) does make mention, as already mentioned elsewhere in this study, that a pastor ought "to care for the people."[103] It goes without saying that the care must of necessity include providing counselling to members who need it. Frederick Streets observes that being able to talk with someone we sense cares about us and in an atmosphere that is safe can help us feel supported and bring some relief as we carry the weight of what burdens us.[104]

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[102] Michael K. Klebert, "Managing Symptoms in HIV Disease," in Jerry D. Durham and Felissa R. Lashely (editors), *The person with HIV/AIDS: Nursing Perspectives*, 4th Edition, (New York: Springer Publishing Company,2010), 296. accessed 30 Apr 2019, http://ebookcentral.proquest.com/lib/aunke-ebooks

[103] *Manual 2017-2021: Church of the Nazarene,* 200.

[104] Frederick J. Streets, "Love: A Philosophy of Pastoral Care and Counselling," in *Verbum Ecclesia* (Online) Vol.35, n.2. 2014:1-11, accessed 22 April 2019, https://www.scielo.org.za/sceilo.php?script=sci_arttext&pid=S2074-7705201400020001=en&nrm=iso

5.2.2 Findings Related to Pastors' Social Skills

The next objective sought to establish the extent to which pastors had a good working relationship with members since a good relationship was ideal to fostering openness and disclosure of HIV/AIDS status by members. The findings were as follows:

Pastors in MCD seem to have a good relationship with their members (see Table 4.5 and Table 4.6, p.42). It is encouraging to note that both members and pastors perceive that there is good relationship between leaders and followers. This creates an opportunity for pastors to be more open about sensitive issues like HIV/AIDS and introduce programmes to deal with the need.

It was surprising that despite the good relationship that exists between pastors and members the majority of respondents said that members did not reveal their status to their pastors (see Table 4.7, p.43). The reasons why members do not disclose their status included: fear of rejection, shame, fear of stigmatisation, lack of trust in the pastor, members do not know that pastor can help, and that hospitals tell people never to disclose their status to others. Pastors mostly get to know members' status through other people but rarely through self-disclosure (see Section 4.2.3.4, p.44). Janet Frolich comments, "Fear of stigma can produce extreme anxiety about sharing one's HIV status with others, and non-disclosure of HIV status is extremely common."[105] The fear of stigma and the subsequent discrimination that may follow is one of the main reasons a positive HIV status is not disclosed until when the individual dies. This silence must be broken and pastors can lead the way by demonstrating acceptance through integrating PLWHA and the affected into every aspect of church life. Disclosure is important since, as stated by Janet Frolich, "keeping the diagnosis

[105] Janet Frolich, "The Impact of AIDS on the Community," in S. S. Abdool Karim and Q. Karim, *HIV/AIDS in South Africa, 2nd Edition* (Cape Town: Cambridge University Press,2010), 377, Accessed 30 April 2019 https://ebookcentral.proquest.com/lib/aunke-ebooks.

of HIV a secret is very likely to hinder a person's ability to develop effective coping strategies, leaving them all the more vulnerable to fear, anger and depression."[106] The findings of this research on the matter of disclosure are in keeping with the findings of Miller and Donald who established that disclosure patterns of a positive HIV status included intermediaries to tell family members, and indirectness as a communication strategy.[107] However, while Miller and Donald say church pastors are common targets for disclosure; this appears not to be the case in MCD.

Table 4.9, p.45, shows that pastors do not visit PLWHA as frequently as expected by members. The fact that church members do not agree with pastors that they do visitation suggests that pastors are not doing enough in this regard otherwise members would be satisfied. The Manual CON lists pastoral visitation of the sick and needy as one of the core duties of a pastor.[108]

Counselling of PLWHA and the affected is not taking place in MCD as shown in Table 4.10, p.45. The failure by pastors to engage in counselling of PLWHA and the affected may result in negative consequences on the concerned members' life. David Sterken observes, "Persons living with HIV can find their passion and purpose in life thwarted unless they become consciously aware that they are more than their disease and view their HIV status as an opportunity rather than obstacle."[109] For church members living with HIV/AIDS or affected to find meaning in life beyond their condition the pastor must engage PLWHA and their families in counselling.

Counselling of PLWHA and the affected is beneficial to them (see Table 4.11, p.46). Developing supportive relationships is very important for the long-term mental

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[106] Janet Frolich, "The Impact of AIDS on the community," 377.

[107] Miller, Ann & Rubin, Donald, "Factors Leading to Self-Disclosure of a Positive HIV Diagnosis in Nairobi, Kenya: People Living With HIV/AIDS in the Sub-Sahara," Qualitative *Health Research*. 17: 586-98. Accessed 30 April 2019, https://d.o.i.10.1177/1049732307301498.

[108] CON, *Manual 2017- 2021,* 200.

[109] David J. Sterken, " Living with HIV/AIDS," 206.

health of the person with HIV/AIDS.[110] The WHO observes that counselling, "helped many other people living with HIV or AIDS to cope better with their condition and lead more positive lives; and helped prevent HIV transmission."[111] Left alone the members may not be able to develop effective coping strategies and may even lose their faith hence the need for pastors to maintain presence that provides moral and spiritual support. The results narrated in Section 4.2.3.9, p. 47 reveal that there are no negative consequences to counselling of PLWHA and the affected.

5.2.3 Findings Related to Pastors' Training

The third research objective sought to examine the effectiveness of pastors' training in the pastoral counselling of PLWHA and the affected. The findings were as given below.

The majority of pastors are not sure of their training in HIV/AIDS (see Table 4.12, p.47). This is a reflection of the fact that the majority of pastors did not learn much about ministry to PLWHA and the affected in their years of preparation at college. While the majority of pastors indicated that the training they received was helpful in counselling PLWHA and the affected (see Table 4.13, p.48), church members perceived pastors as not competent on HIV/AIDS matters (see, Table 4.14, p.49). James Amanze, in a paper that discusses the need for a move away from traditional theology and the necessity of a different approach in theological education, identifies HIV and AIDS as one of the pressing issues that theological programmes must address.[112] Amanze observes that HIV and AIDS information is integrated in the curriculum in theological colleges, seminaries and departments of theology at a

[110] Ibid, 213.

[111] "Counselling and HIV/AIDS:UNAIDS Technical Update," *WHO*, accessed 4 May 2019, https://www.data.unaids.org/publications/irc-pub03/counstu_en.pdf

[112] James Nathaniel Amanze, "Paradigm Shift in Theological Education in Southern and Central Africa," *International Review of Mission*, Volume 98, Number 1, 2009:120 - 131 ,Accessed 22 April 2019, https://DOI:10.1111/j.1758-6631.2009.00010x

number of universities in Southern and Central Africa.[113] It appears that NTCCA which serves MCD is lagging behind in this regard.

Respondents considered the following skills necessary for pastors to be effective in managing HIV/AIDS in the church (see Section 4.2.4.4, p.49): communication and social skills, knowledge about HIV/AIDS, knowledge of the Bible, and discernment. With the exception of the knowledge of the Bible and HIV/AIDS, the other skills identified by respondents can be matched with the skills writers consider critical in counselling. Communication involves the ability to listen. Alistair Ross states that meeting the needs of people requires wider listening to their context.[114] Among the issues she gives to be listened to are content; feelings; the body; spirituality; and the social and political.[115] A counsellor must be able to listen to what is said and what is not said and discern feelings revealed by body language. Social and political issues affecting ailing church members can also be detected from what they say. Discerning the state of a member's spirituality is important in order to help restore them to faith. In addition the pastoral counsellor must be able to ask probing questions and to reword what the counselee says.

Included among the social skills that play a big role in the counselling process are acceptance and immediacy. Louise Meeks writes, "An essential principle of healing is that people change after they are first accepted as they are."[116] Elsewhere in this study it has been pointed out that a pastor should never be judgemental of PLWHA. In addition Meeks argues that a key skill that pastoral counsellors must develop is to being completely available when in the presence

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[113] Ibid," 128.

[114] Alistair Ross, *Counselling Skills for Church and Faith Community Workers* (Philadelphia: Open University Press, 2003), 39.

[115] Ibid.

[116] Louise M. Meeks ," Global Issues of Pastoral Counselling : With Particular Attention to th e Issues of Pastoral Counselling in the Philippine," in James Reaves Farris, *International Perspectives on Pastoral Counselling* (New York: Routledge, 2013), 61.

of their clients.[117] Gerald Corey, considered an expert in psychotherapy by many, says that effective therapists possess effective interpersonal skills that allow them to enter the world of others without getting lost in it.[118]

There is no theory promoted for counselling at NTCCA (see Section 4.2.4.4, p.49). The pastors did not have any knowledge of counselling theories except the use of the Bible. The educators at NTCCA confirmed this by pointing out that the college did not promote any theory but the use of scripture to heal souls. This study is advocating for an integrated approach to counselling that allows the use of both scripture and the best of scientific knowledge to aid hurting people. Counsellors should be aware of the need to address people's spiritual needs in counselling. Corey observes, "For many clients in crisis, the spiritual domain offers solace, comfort, and is a major sustaining power that keeps them going when all else seems to fail."[119] With this in mind, the use of the Bible should become central to counselling and knowledge of the Bible becomes a key requirement as already pointed out above. However, pastoral counsellors need to accept that while spirituality is the dominant aspect it is not the only one that affects the well-being of people hence the need to supplement scripture with other techniques such as the use of psychotherapy. Corey adds, "Because spiritual and therapeutic paths converge in some ways, integration is possible."[120] This integrated method ensures that all spheres of a person's being are attended.

Training provided at NTCCA in its present form is not enough by itself to meet the challenge of HIV/AIDS and there is need to introduce a course on HIV/AIDS or health at the college (see Section 4.2.4.5, p.50). Musa Dube points out

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[117] Ibid.

[118] Gerald Corey, *Theory and Practice of Counseling and Psychotherapy*, 8th Edition (Belmont: Brooks/Cole, 2009), 19.

[119] Corey, 454.

[120] Ibid,453.

that faith-based institutions should equip communities to be effective in their response to HIV/AIDS through curriculum transformation.[121] She argues, "It goes without saying that if HIV/AIDS is a global catastrophe then, globally, theological institutions should have by now integrated HIV/AIDS in their programmes." At NTCCA this can be done by paying attention to the call by lecturers for the introduction of a course that specifically deals with HIV/AIDS and other health matters. This will go a long way in ensuring that graduates of the college will be more competent in their ministry to PLWHA and the affected. Paula Clifford argues, "But ideally, HIV/AIDS (in all its aspects, not just as it features in worship) should be a regular element in ordination training for clergy as well as in local lay training."[122]

5.2.4 Findings Related to Pastors' Partnership with other Service Providers

The fourth research objective focused on how partnering with HIV/AIDS service providers impacted the effectiveness of pastoral counselling of PLWHA and the affected. The research found out the following:

Local churches do not have enough resources to deal with HIV/AIDS among members on their own as shown by the results of Table 4.15, p.51. PLWHA and the affected may have other needs that the pastor and local congregation may be unable to meet satisfactorily. Consequently, the pastor may have to refer members to other institutions that can meet those needs or the pastor may create a working relationship with the institutions so that they can provide services to church members within the church.

The majority of churches are not working with other institutions involved in managing HIV/AIDS (see Table 4.16, p. 52). This is not surprising given that in most

[121] Musa W. Dube, "GO TLA SIAMA, O TLA FOLA: Doing Biblical Studies in an HIV and AIDS Context," *Black Theology,* Vol.8.2 (2010), https:// d.o.i.org/10.1558/blth.v8i1.212

[122] Paula Clifford, *Theology and the HIV/AIDS epidemic.pdf* , accessed 22 April 2019, https://DOI:10.1.1.556.1316.pdf

churches there is no ministry to PLWHA and the affected as people have not disclosed their status or pastors lack the initiative. However, it is obvious that pastors and congregations can still derive some benefit from associating with HIV/AIDS service providers.

Respondents agreed that partnering with other institutions can be beneficial to PLWHA and the affected (Table 4.17, p.52). In Section 4.2.5.5, p.53 is discussed the benefits gained which are material, technical, financial, and moral support. It was observed that some of the organisations provide supplementary food handouts to the infected. Some will arrange home based care for opportunistic infections at a nominal fee. Others help with school fees for children of PLWHA who have no income of their own. Networks of PLWHA provide a forum through which persons living with HIV/AIDS share experiences and encourage each other. Pastors need to be aware of these benefits and the respective organisations and link up with them so that church members can be assisted.

It was evident from focus group discussions that participants were aware of the services available to PLWHA outside the church. The majority of the institutions identified in Section 4.2.5.4, p.53 were mostly NGOs which even though they did not directly target PLWHA or the management of HIV/AIDS; they still provide services of benefit to PLWHA and the affected. As already pointed out, pastors need to know about these institutions and where necessary refer members to them.

5.3 Summary of the Main Findings

This section provides a synopsis of the main findings of the research in response to the research objectives of establishing the effectiveness of pastors' concern for members welfare in the management of HIV/AIDS; to assess the effectiveness of pastors' social skills in HIV/AIDS management; to examine the effectiveness of

pastors' training in the management of HIV/AIDS and to determine the effectiveness of pastors' partnership with other service providers in the management of HIV/AIDS in the church in Malawi.

5.3.1 Findings Related to Pastors' Concern for Members Welfare

The first research objective was to establish the effectiveness of pastors' concern for members' welfare in the management of HIV/AIDS in the church in Malawi. The study found out that both pastors and members regard pastors concern for members' welfare as an essential quality (see Table 4.2, p.39). There is little information available on pastors' ministry to PLWHA and the affected. Pastors provide some spiritual and material support to PLWHA and the affected (see Section 4.2.2.3, p. 40). Where pastors are not involved it is because of lack of disclosure by members, lack of knowledge about what to do or lack of care by pastors (see Section 4.2.2.4, p. 40). Respondents agreed that there was need for pastoral counselling (see Table 4.4, p. 41).

5.3.2 Findings Related to Pastors' Social Skills

The study shows that pastors in MCD are perceived as having a good relationship with members (see Table 4.5 and Table 4.6, p. 42). Despite the apparent good relationship between pastors and members, members do not disclose their status to the pastors. Members do not disclose status for fear of stigmatisation or discrimination, lack of confidence in the clergy, and hospitals tell people not to disclose their status (see Section 4.2.3.3, p. 43). Most pastors get to know members' status through informal means. Members do not agree with pastors' view that they visit PLWHA and the affected (see Section 4.2.3.4, p.44). Counselling of PLWHA and the affected is not taking place in MCD despite many benefits identified by respondents (see Tables 4.8 and 4.9, p. 45).

5.3.3 Findings Related to Pastors' Training

Pastors indicated doubt on the adequacy of their training vis-à-vis HIV/AIDS. The pastoral training at NTCCA was considered to have aspects that were helpful in HIV/AIDS management (see Sec. 4.2.4.2, p. 48). However, the view of members was that most pastors were not competent on HIV/AIDS matters (see Table 4.14, p.49). As seen in Section 4.2.4.4, p.51 the members' list of pastoral counselling skills included ability to teach, providing leadership in setting up support groups, knowledge of the Bible, HIV counselling training, communication skills, discernment, and compassion to visit the sick, guidance and counselling, small groups, respecting others. Educators at NTCCA listed skills taught in various courses and relevant to counselling as problem identification, presence and empathic listening, knowledge of the word, self-understanding, and biblical conflict management. The institution does not teach any theory of counselling but the use of the Bible alone. It was suggested to improve the curriculum by introducing a course on health and HIV/AIDS and to give students exposure to real life cases.

5.3.4 Findings Related to Partnership with other Service Providers

In Section 4.2.5, p. 50 it was established that most local churches do not partner with other HIV/AIDS service providers despite the majority of respondents considering this to be beneficial. It was also seen that the benefits among others included correct information on HIV/AIDS, voluntary testing and counselling, free training, resources, access to skilled educators, medication, and material or financial support. Most of the organisations that participants identified were NGOs or quasi-government ones and most only helped PLWHA and the affected indirectly (see Section. 4.2.5.4, p.53).

5.4 Conclusions

The study sought to investigate the effectiveness of pastoral counselling in the management of HIV/AIDS in the church in Malawi focusing on the Church of the Nazarene, Malawi Central District. The study had four objectives. The first objective sought to establish the role of pastors' concern for members' welfare in the management of HIV/AIDS in the church in Malawi. The study established that 84% of respondents considered pastoral concern for members' welfare a must for pastors (see Table 4.1, p.36). The concern translated to providing spiritual and material support to PLWHA and the affected. This also was supposed to include counselling. Where pastors are not engaged it was due to lack of knowledge, lack of disclosure by members or mere negligence by pastors.

The second objective sought to assess the effectiveness of pastors' social skills in HIV/AIDS management in the church. Good social skills could be measured by the state of the relationship between the pastors and their members, visitation and conducting of counselling. It was established that in general pastors are perceived to have good relationships with members (see Table 4.5, p.42). Interestingly, it turned out that most members did not disclose their status to pastors due to fear of rejection and discrimination. It was also established that members perceive pastors as not visiting and counselling PLWHA and the affected despite there being benefits in conducting the same.

The third objective sought to examine the effectiveness of pastors' training in the management of HIV/AIDS. The study established that as far as HIV/AIDS management is concerned pastors who graduated from NTCCA were less confident of their knowledge of HIV/AIDS (see Section 4.2.4.2, p. 48). This matter was confirmed by members who thought pastors were not competent enough in HIV/AIDS matters

despite there being a claim that some courses are helpful in counselling PLWHA. In addition it was noted that the college lacks a course in health and HIV/AIDS and students have no opportunity to practice any skills learnt during their pastoral counselling course.

The final objective aimed to determine the effectiveness of pastors' partnership with other service providers in the management of HIV/AIDS in the church (see Section 4.2.5). It was established that despite the many benefits accruing from partnership most pastors did not partner with others involved in the management of HIV/AIDS even though they did not have enough resources to manage on their own. It was also established that participants, pastors included, were aware of the existence of several NGOs and quasi-government agencies that could benefit PLWHA.

5.5 Recommendations

This section makes recommendations aimed at improving the effectiveness of pastoral management of HIV/AIDS in the Church of the Nazarene in Malawi Central District and further afield in light of the findings of this study.

5.5.1 Recommendations Related to Pastors' Concern for Members' Welfare.

The study established that pastoral concern for members' welfare was an essential component of pastoral duties and pastoral counselling of PLWHA and the affected is also a must (Section 4.3.2, p.55). The researcher proposes that:

The global church specify in the *Manual* that provision of counselling is one of the core duties of a pastor; and

Include in the *Manual* a broader statement on HIV/AIDS that directs pastors to act on HIV/AIDS, since it is an epidemic of global concern.

5.5.2 Recommendations Related to Pastors' Social Skills

The second research objective sought to assess the effectiveness of pastors' social skills in the management of HIV/AIDS. It was established that pastors have a good relationship with members but on the contrary members did not disclose their positive HIV/AIDS status (see Section 4.3.3, p.57). In light of this it is recommended that:

The district leadership should encourage pastors to create at local churches an atmosphere that allow members to open up and seek help;

Pastors should encourage discussion about HIV/AIDS by talking about it from the pulpit and also addressing it in couples' meetings and other forums; and

Pastors should invite PLWHA and the affected to open up so that the pastor can walk together with them in their journey of faith;

5.5.3 Recommendations Related to Pastors' Training

The third research objective examined the effectiveness of pastors' training in the management of HIV/AIDS in the church. It was established that NTCCA does not offer a course in health or HIV/AIDS and students have no practical experience in pastoral counselling (see Section 4.3.4, p.59). In view of these findings the researcher recommends that:

The International Board of Education of the CON encourages its colleges and universities to integrate HIV/AIDS education and counselling as a requirement for pastoral programmes;

The researcher recommends to the Board of Trustees of NTCCA to make adjustments to the Pastoral Care and Counselling course so that the issue of HIV/AIDS is addressed in greater depth;

In addition it is recommended to encourage an integrated approach to the healing of souls;

The researcher recommends to the DS and DAB to organize refresher courses or seminars to teach pastors more about HIV/AIDS counselling; and

Pastors should seek more information and training in HIV/AIDS so that they can be more confident and effective in counselling PLWHA and the affected.

5.5.4 Recommendations Related to Partnering with other Service Providers

The study examined the effectiveness of partnering with other service providers and established that there are many benefits but not many local churches are working with other institutions (see Section 4.3.5, p.62).

Thus, the researcher makes the following recommendations to pastors and local churches in the CON, MCD:

The district should encourage pastors to work with other organisations involved in HIV/AIDS management in order to widen their resource base;

Pastors ought to acquaint themselves with service providers in their communities so that they can make informed referrals when necessary; and

Given the time constraints ministers face, pastors should consider training lay persons to help in the ministry to PLWHA and the affected.

5.6 Areas for Further Research

The study was aimed at investigating the effectiveness of pastoral counselling in the management of HIV/AIDS in the church in Malawi and managed to establish that very little is being done in this regard despite the benefits that PLWHA and the affected stand to gain. The researcher recommends that further study be conducted in the following areas:

i. The scope of the study is widened to cover all the other districts in the CON, Africa South East Field.

ii. A study of how health and other contemporary issues can be integrated into pastoral training.

iii. A study of the challenges the CON churches face in compassionate ministry in light of HIV\AIDS in Malawi

iv. A study of the factors that inhibit self-disclosure of HIV/AIDS status by church members.

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APPENDIX 1: QUESTIONNAIRE FOR PASTORS

My name is Farai Manjengwa, I am a Master of Arts student in the School of Religion and Christian Ministry of Africa Nazarene University. I am conducting a study on "The Effectiveness of Pastoral Counselling in HIV/AIDS Management in Malawi: A Case of the Church of the Nazarene, Malawi Central District." Please, kindly assist me complete my study by answering the questions given below. All information collected will be treated with utmost confidentiality and will be used for academic purposes only. The following acronyms will be used **SA-** strongly agree**; A**-agree**; N-** neutral; **D-**disagree; and **SD-** strongly disagree; and **PLWHA** – people living with HIV or AIDS.

Section A: Personal Information [please tick your choice]

1. Gender: Male ( ) Female ( )

2. Age 18-30 ( ) 31-40 ( ) 41- 50 ( ) 51- 60 ( ) 61 and above ( ).

3. What is your level of education? Primary ( ) secondary ( ) tertiary ( )

4. How long have you been in ministry as pastor? ……..

SECTION B: Research Content

Tick the response that best describes your context

		SA	A	N	D	SD
5	Concern for members'welfare is an essential quality for a pastor					
Comment :						
6	You are engaged in helping PLWHA or the affected					
Comment:						

7a. If your answer to 6 above is affirmative, please state how you are engaged in HIV/AIDS management.

……

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b. If your answer is negative, please explain why you are not engaged?

……

……

……

……..

Tick the response of your choice

		SA	A	N	D	SD
8	Counselling is a vital part of any pastor duties					
Comment:						

Tick the response of your choice and add remarks if needed.

		SA	A	N	D	SD
9	As a Pastor you value a good relationship with members.					
Comment:						
10	Members disclose their HIV/AIDS status to the pastor					
Comment:						

11. If members do not like to disclose their status, please suggest why this is so?

.....

.....……...

12. How do you get to know the HIV/AIDS status of your members?

……

……

……

Tick the response that describes your context

		SA	A	N	D	SD
13	As a Pastor you visit PLWHA or the affected					
Comment:						
14	You counsel PLWHA and the affected					
Comment:						
15 Pastoral counselling is beneficial to PLWHA And the affected						
Comment:						

16.a. If PLWHA and the affected benefit from pastoral counselling, give some of the benefits.

……

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b. If there are no benefits of pastoral counselling of PLWHA and the affected, explain why?

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Tick the response of your choice

		SA	A	N	D	SD
17	Pastors are trained in managing HIV/AIDS					
Comment:						
18	The Pastoral training you received helps in counselling PLWHA and the affected in the church					
Comment:						

19. What skills do you consider necessary for effectiveness in counselling PLWHA and the affected.

……

……

……

……

20. What theory or approach to counselling PLWHA were you introduced to in your training?

.....

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21. Suggest improvements you would want to see made in pastoral training with regards to HIV/AIDS counselling in the church.

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Tick the response that best describes your context

		SA	A	N	D	SD
22	Local churches have enough resources to manage HIV/AIDS					
Comment:						
23	You partner with other institutions involved in HIV/AIDS management					
Comment:						
24	Partnering with other institutions increases your effectiveness in HIV management					
Comment:						

25.a If your church networks with other institutions involved in HIV/AIDS management list some of these institutions you work with?

……

……

…….

b. State the benefits you get from partnering with other institutions

……

…….

.....

.....……

APPENDIX 2: QUESTIONNAIRE FOR LAITY

My name is Farai Manjengwa; I am a Master of Arts student in the Religion Department of Africa Nazarene University. I am conducting a study on "The effectiveness of Pastoral Counselling in HIV/AIDS Management in Malawi: A case of the The Church of the Nazarene, Malawi Central District." Please, kindly assist me complete my study by answering the questions given below. All information collected will be treated with utmost confidentiality and will be used for academic purposes only. . The following acronyms will be used **SA-** strongly agree**; A**-agree**; N**-neutral; **D-**disagree; and **SD-** strongly disagree; and **PLWHA** – people living with HIV or AIDS.

Section A: Personal Information [please tick your choice]

1. Gender: Male ( ) Female ( )

2. Age 18-31 ( ) 31-40 ( ) 41- 50 ( ) 51- 60 ( ) 61 and above ( )

3. What is your level of education? Primary ( ) secondary ( ) tertiary ( )

4. How long have you been a member at your local church? ……

Section B: Research Content

Q.5-6 Tick the response of your choice for each question below

		SA	A	N	D	SD
5	Concern for members welfare is an essential quality of a pastor Every pastor must do counselling of church members					
Comment:						
6	Your pastor helps PLWHA and the affected					
Comment:						

7a. In what ways is your pastor helping PLWHA and the affected.

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……

…….

b. If your answer is negative, please explain why the pastor is not counselling or helping PLWHA?

……

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……..

For Q.10 Tick the response that fits your context

		SA	A	N	D	SD
10	Every pastor must do counselling of members					
Comment:						

For Q. 11- 12 Tick the response that best describes your context

		SA	A	N	D	SD
11	Your Pastor has a good relationship with members					
Comment:						
12	Church members disclose their HIV/AIDS status to your pastor.					
Comment:						

13. If members do not disclose their status, please suggest reasons why this is so?

.....……..

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……..

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Q.14 – 16 Tick the response that suits your context

		SA	A	N	D	SD
14	Your Pastor visits PLWHA and the affected					
Comment:						
15	Your pastor counsels PLWHA and the affected					
Comment:						
16	Pastoral counselling benefits PLWHA and the affected.					
Comment:						

17a. Give some of the benefits PLWHA get from pastoral counselling.

……

……

……....

b. If there are no benefits explain why?

……

……

……

Q.18 Tick the response that best describes your context

		SA	A	N	D	SD
18	Pastors show adequate knowledge and skills in managing HIV/AIDS in the church					
Comment:						

19. What skills make a pastor effective in HIV/AIDS management in the church?

……

……

……..…

……

Q.20 -22 Ti**ck the response that best describes your context**

		SA	A	N	D	SD
20	Your local church has sufficient resources to manage HIV/AIDS					
Comment:						
21	Your local church partners with other institutions involved in HIV/AIDS management					
Comment:						
22	Partnering with other institutions increases pastors' effectiveness in managing HIV/AIDS in the church					
Comment:						

23. What are the resources that your local church uses in HIV/AIDS management?

……

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24a. If your local church partners with other institutions involved in HIV/AIDS management list the institutions you work with?

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……

……

24.b List the benefits you get from partnering with other institutions

……

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……

APPENDIX 3: FOCUS GROUP DISCUSSION QUESTIONS

1) How do you know there are PLWHA or affected in the church?
2) Why do pastors not know the HIV status of people in the church?
3) Explain why there is a need for pastors to intervene in HIV/AIDS cases in the church?
4) How does your pastor demonstrate concern for church members?
5) a. How is your pastor/local church engaged in helping PLWHA or those affected?

b. If your answer is no, please suggest reasons why the local church/pastor is not helping?

6) What are some of the benefits PLWHA and the affected get from pastoral counselling?

b. If there are no benefits, explain why?

7) a. To what extent do you think your pastor is effective in counselling PLWHA or the affected?

b. What makes a pastor effective enough to help PLWHA?

8) Is there need for a pastor/local church to partner with others in HIV/AIDS management and what are the benefits?

APPENDIX 4: INTERVIEW SCHEDULE FOR EDUCATORS AT NTCCA

Opening: Start with greetings, introduce yourself and explain purpose of interview. Tell respondent that you shall be taking notes and if possible seek permission to record interview for later review**.**

Body of interview

Personal information: Ask interviewee the questions below and fill in the information.

Gender: (observe)

Length of service: How long have you served in this institution?

Age: If you dont mind, please, could you tell me your age?

Designation: What is your job title?

Duties and responsibilities: What are your duties and responsibilities?

Research Questions: Ask respondent the questions that follow and note the responses.

Are there any courses/units that prepare pastors for counselling people?

Which of these courses specifically deal with HIV/AIDS?

What theory or approach (if any) is encouraged by the school for use in pastoral counselling and why?

What skills are taught in pastoral counselling and do you think they are adequate in meeting the needs of parishioners in the light of HIV/AIDS?

Are there any improvements you would want to see made with respect to pastoral training vis-a-vis counselling?

Is there anything else not asked that you would want to talk about related to this discussion?

Conclusion:

Thank the interviewee for their time and express your appreciation. Shake hands, and say goodbyes.

APPENDIX 5: INTERVIEW SCHEDULE FOR PASTORS AND LAITY

INTRODUCTION: Introduce yourself, state the purpose of the interview and reassure interviewee on confidentiality.

PERSONAL DATA: *ask all respondents the questions that follow and note the responses*.

Gender: (*You may observe and tick the appropriate*); Male Female

Status: Church member Pastor (tick the appropriate)

Length of service or membership: How long have you been in the Church of Nazarene?

Age: If you don't mind please tell me, how old are you?

Education: What is your educational level?

Research content: *Ask respondent the questions that follow and note responses*

How does a pastor show concern for members' welfare?

How does a pastor help people living with HIV/AIDS?

What benefits do people living with HIV/AIDS get from pastoral counselling?

Do you think that you are (*if a pastor*) / your pastor is good with people and why do you say so?

(Ask the following questions to pastors only)

In what ways does your training help you with counselling PLWHA?

What theory or approach do you apply in counselling PLWHA?

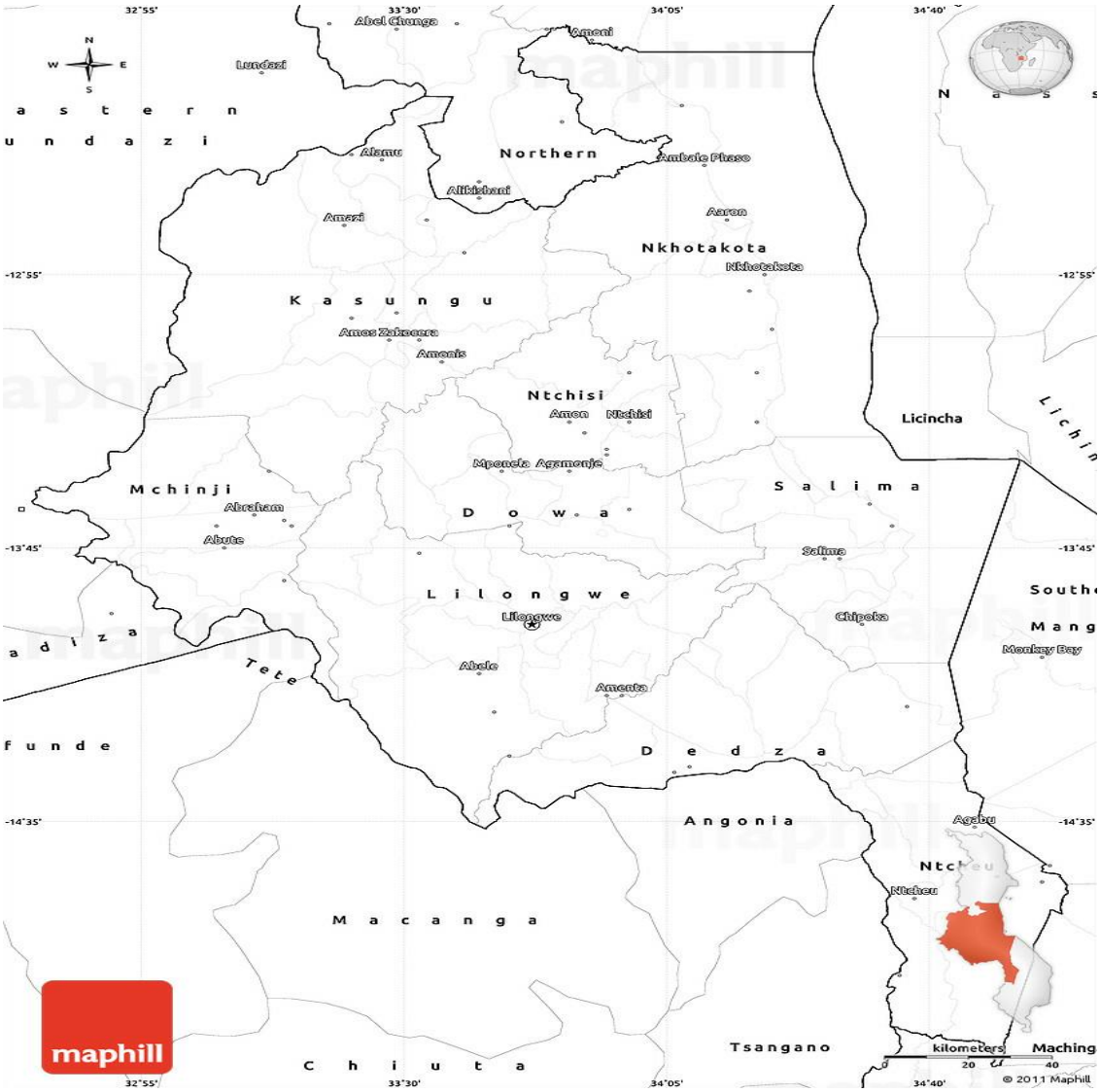
How do you relate with other bodies involved in HIV/AIDS management in your community?

(Ask all respondents)

Is there anything else you would want to let me know about our discussion?

Conclusion: Thank the participant for their time and appreciate them for their help. Shake hands and say goodbyes.

APPENDIX 6: RESEARCH SITE MAP



Source: maphill.com 2019

Key

_____Malawi Central Region boundary

_____Government Administrative District boundary

APPENDIX 7: RESEARCH TIMELINE

EVENT	START	END
Deciding on the topic of my thesis	Jan 2018	April 2018
Literature Review	May 2018	July 2018
Prepare draft thesis proposal	July , 2018	August, 2018
Peer Review of Thesis Proposal	September 2018	-
Thesis Proposal Defence	January 201	-
Doing corrections of thesis proposal	Feb 2019	Feb 2019
Data collection Develop data collection instruments, Pilot test instruments, Carry out data collection	Feb 2019	Apr 2019
Data analysis Analyse data and draw conclusions	Apr 2019	May 2019
Writing of the thesis Write up last two chapters ,Write up and peer review, Discuss with supervisor, Make corrections	May 2019	June 2019
Thesis Defence	June 2019	-
Making copies and binding of the Thesis	August 2019	-
Graduation	October 2019	-

APPENDIX 8: RESEARCH BUDGET

EVENTS AND ITEMS	PROJECTED COST
1. COMMUNICATION	
a. Telephone	MK 63,000/ Ksh 14,000
b. E-mail/Video calls	MK 18,000/ Ksh 4,000
2. DATA COLLECTION	
a. Printing and Photocopying of questionnaires and FGD questions	MK 35,500/ Ksh 5462.00
b. Transport to and from FGD venues	MK 45,500/ Ksh 7000.00
c. Soft Drinks and Snacks during FGDs	MK 55,500/ Ksh 8538.00
d. Transport for trips to the libraries	MK 45,000/ Ksh 6923.00
e. Transport to churches to deliver and collect questionnaires	MK 30,000/KSh 4615.00
f. Allowances for the research assistants	MK 60,000/KSh 9231.00
3. STATIONERY	
A. Pens/pencils	MK1,630/ Ksh 250
B. Exercise books	MK 3,000/ Ksh 461.50
C. Plain papers	MK 2,250/ Ksh 346.15
D. Two flash discs [8Gig each]	MK 9,200/ Ksh 1415.38
B. THESIS WRITING	
a. Photo shoot	MK 22,000/ Ksh 3384.00
b. Printings	MK 40,500/ Ksh 6230.00
C. CONTIGENCIES	**MK 35000/ Ksh 5384.00**
GRAND TOTAL	**MK434880.00/Ksh55 856.65**

APPENDIX 9: AUTHORISATION LETTER

AFRICA NAZARENE
UNIVERSITY

7th March, 2019

TO WHOM IT MAY CONCERN

Farai Manjengwa (16M01DMAR004) is a bonafide student at Africa Nazarene University. He/She has finished his/her course work and has defended his/her thesis proposal ***entitled "The Effectiveness of Pastoral Counseling in HIV/AIDS Management in Malawi: A Case Study of the Church of the Nazarene, Malawi Central District."***

Any assistance accorded to him/her to facilitate data collection and finish his/her thesis is highly welcomed.

Prof. Rodney Reed
Deputy vice chancellor – Academic Affairs.

P.O Box 53067 - 00200 Nairobi, Kenya ●Tel: 020 252 7170/1 - 5 ● Fax: 020 201 2233 ●Cell: 0733 874 111 ● Email: registrar@anu.ac.ke ● www.anu.ac.ke