UNIVERSITY OF ZULULAND

RESEARCH DISSERTATION

For the fulfilment of the degree in

MASTER OF NURSING SCIENCE

In the field of

NURSING SCIENCE

With the title:

THE ROLES OF RELIGIOUS ORGANISATIONS IN HIV/AIDS PREVENTION AMONG YOUTH AT NQUTHU IN KWA ZULU-NATAL, SOUTH AFRICA.

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Declaration

This is to confirm that the work is completely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the University of Zululand or to any other institution for assessment or for any other purpose.

04 December 2021

Signature of student Date

Approved for final submission by: Dr ST Madlala

05 December 2021

Supervisor Date

05 December 2021

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Abstract

Introduction: The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) is a crisis of massive social, economic, spiritual as well as political magnitudes. It is a menace to vital human development as well as to the mission of religious organisation. Based on the reports by UNAIDS, in the year 2018, there were 37.9 million of individuals across the globe who lived with HIV/AIDS. Therefore, there is a dire need for religious leaders to exercise the power and authority that they have in their churches and communities to tackle the HIV/AIDS pandemic especially among the youth. Therefore, it is imperative to involve the churches in prevention of HIV/AIDS.

Aim of the study: The aim of this study was to explore and describe the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

Methodology: This study employed a qualitative descriptive phenomenology design. Constructivism approach was used as a paradigm that guides this study. The study was conducted at Nquthu, in KwaZulu-Natal, the targeted population consisted of the youth Christians between the ages of 18 to 35 years who attends churches at Nquthu. In this study, unstructured descriptive phenomenological in-depth face-to face individual interviews were conducted with the participants who were purposefully sampled. Data collection was done until data saturation was reached at the seventh interview with the participants. However, three more participants were interviewed to confirm data saturation. Data analysis was done concurrently with data collection. The Colaizzi's method of data analysis for descriptive phenomenological research was applied. The findings of this study were presented using the Donabedian's theory as the theoretical framework guiding this study.

The study findings: The study discovered that most churches at Nquthu do participate in programmes that help to curb the spread of HIV/AIDS among youth. Most of the church leaders are willing to preach about HIV/AIDS and its prevention among youth. Although gaps do exist regarding the phenomenon, further research should be conducted based on the recommendations of the study.

Key words

HIV/AIDS, prevention, religious organisations, roles, HIV/AIDS, youth Christians.

Dedication

This dissertation is dedicated to the memory of my beloved grandmother, Mrs T.L Luvuno who passed on when I was doing the last chapter of my study (02/11/2021). Rest well my love and my first teacher.

"Those who look to Him are radiant, their faces are never covered with shame."- Psalm 34: 5

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ANNEXURES

ACCRONYMS

Acronym	In Full
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
DOH	Department of Health
EBSCO	Elton B. Stephens Company
FBO	Faith Based Organisation
FOHAP	Faith Organisations in HIV/AIDS Partnership
HIV	Human Immunodeficiency Virus
ICN	International Council of Nurses
KZN	KwaZulu-Natal
NYC	New York City
PACHA	Presidential Advisory Commission on HIV/AIDS
PLWHIV	People Living with HIV
PMTCT	Prevention of mother-to-child transmission
RSA	Republic of South Africa
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIZULU	University of Zululand
USA	United States of America
WHO	World Health Organisation

GLOSARY OF TERMS

Roles:

The function assumed or part played by a particular person in a certain situation (Your dictionary, 2019). In this study, roles mean the function of religious organisations in HIV/AIDS prevention.

Religious organisations:

This is a group of individuals with faith-based beliefs working together to achieve their different goals and purposes (Wikipedia, 2019). Churches are the type of these organisations, and this study focuses on them.

HIV:

The human immunodeficiency virus (HIV) is the virus that infects cells of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system (WHO, 2017).

AIDS:

Acquired immunodeficiency syndrome (AIDS) is a term which applies to the most advanced stages of HIV infection (WHO, 2017).

Prevention:

Prevention is an act of stopping something or ensuring something does not happen (Your dictionary, 2019). In this study, prevention refers to the provision of HIV/AIDS education to prevent new infections. This word is reserved for those interventions that occur before the initial onset of HIV. It is achieved through the application of multiple strategies.

CHAPTER 1

ORIENTATION OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND OF THE STUDY

The Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) is a crisis of massive social, economic, spiritual as well as political magnitudes. It is a menace to vital human development as well as to the mission of religious organisation. Based on the reports by UNAIDS (2018), in the year 2018, there were 37.9 million individuals across the globe who were living with HIV (WHO, 2018). The report further indicates that about 23.3 million individuals accessed antiretroviral therapy while about 1.7 million individuals were newly infected with the virus. At the same time, about 770 000 individuals died as a result of AIDS-related diseases. The report also noted that about 74.9 million individuals have been infected with the virus since its advent in 1981 and about 32.0 million individuals have also died due to AIDS-related diseases since the beginning of the epidemic (UNAIDS, 2018). On the other hand, the religious organisations could possibly make a substantial influence on HIV/AIDS prevention. Due to their prestige in society, they have been gradually included as important contributors in the fight against HIV (Kanda, Jayasinghe, Silver, Priyadarshani and Delpitiya, 2013).

The early association of religious organisation in battling HIV/AIDS in Africa has been defined as a predominantly vital and replicable influence in HIV/AIDS reduction somewhere else (Green, 2013). At the same time, UNAIDS (2018) reports that in the year 2018, 37.9 million individuals lived with HIV and in the figure, about 36.2 million were adults while 1.7 million were children aged below 15 years, of which about 79% of all individuals who lived with HIV were aware of their HIV status while approximately 8.1 million individuals were not aware that they lived with the virus. Concerning AIDS-related deaths, the report by UNAIDS (2019) reports that there has been a drastic reduction in AIDS-related deaths by over 55 percent since its peak in the year 2004. In the year 2018, approximately 770 000 individuals died due to AIDS-related diseases or illnesses across the globe in comparison to the 1.7 million individuals who died in the year 2004 and 1.2 million who died in the year 2010. The report further indicates that there has been a drastic reduction in AIDS-related mortality by about 33% since 2010 (UNAIDS, 2019).

Moreover, the report notes that weekly, about 6200 young women who are aged between 15–24 years' contract HIV. Within sub-Saharan Africa, about four in five new infections among the adolescents who are aged 15–19 years occur among girls. It also notes that young women who are aged 15–24 are twice as likely to live with HIV in comparison to the men (UNAIDS, 2019). Despite the advances that have been made in research concerning HIV with regards to treatment and prevention, several individuals who are HIV positive or who are at the risk of contracting HIV are still not having access to prevention, care, as well as treatment UNAIDS (2019). On the same note, there is still no cure for the HIV pandemic. It should, however, be noted that effective treatment using antiretroviral drugs is capable of controlling the virus so that individuals who are on treatment may continue to live longer and healthy.

There is a dire need for religious leaders to exercise the power and authority that they have in their churches and communities to tackle the HIV pandemic (Kanda *et al.*, 2013). Religious organisations like churches have strengths and credibility from the community and the members of the church (Green, 2013). These organisations are also grounded in the communities and as a result, religious organisations can play a vital and effective part in the fight against HIV. In the nations with a high prevalence of HIV, religious organisations should be the major suppliers in terms of HIV/AIDS education, care, and other services. Churches can aid in the fulfilment of both material needs and spiritual matters, and that means they can also be of great help in combating HIV/AIDS. They can provide the community with spiritual counselling, prayers, social and material support (Green, 2013). According to the study that was conducted in Cameroon some churches necessitate HIV testing for couples before they can commence marriage (Akoku, Tihnje, Tarh, Tarkang and Mbu, 2018). As a result, the churches have a role to play to ensure that HIV is prevented and combated. This study described and explored the roles that the religious organisations play in HIV/AIDS prevention among youth at Nquthu in Kwa Zulu-Natal.

1.2 PROBLEM STATEMENT

HIV/AIDS remains the foremost source of morbidity and mortality worldwide, and that is a critical call for focused attention. HIV/AIDS affects the economic growth of the country as many research studies indicate that AIDS is extremely affecting working-age adults who tend to be their family's biggest source of income and parents of younger children

(Lindgren, Schell, Rankin, Phiri, Fiedler and Chakanza, 2013). As the endemic continues, every affected country loses its most important and vibrant citizens. Not only do families lose their loved ones but societies lose their farmers, lawyers, health-care workers, and important members of religious organisations or others who are productive and who make the community strong (UNICEF, 2013). The pandemic severely limits the opportunities for individuals who care for those suffering from the disease (UNICEF, 2013). At the same time 86% of South Africans report to be affiliated to Christianity as a religion, with 52% reporting at least weekly attendance of religious services and ceremonies (Stats SA, 2016). The religious organisation, on the other hand, shapes everyday beliefs and activities, it is also grounded in the same community that is affected by HIV/AIDS, but little is known about the influence that religious organisations have on the community concerning HIV/AIDS prevention. This study described and explored the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

1.3 AIM OF THE STUDY

The aim of this study was to explore and describe the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

1.4 OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Explore the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.
- Describe the factors influencing the involvement of religious organisations in HIV/AIDS prevention.

1.5 SIGNIFICANCE OF THE STUDY

Currently, there is scanty information on the influence of religious organisations in HIV/AIDS prevention in the communities. Therefore, this study intended to add to the existing literature about the roles of religious organisations in HIV/AIDS prevention among youth of Nquthu in KwaZulu-Natal. The findings of this study will provide insight about the vitality of religious organisations regarding HIV/AIDS prevention. The study's findings will be beneficial to the public health professionals on how they can work together with the religious organisations in HIV/AIDS prevention. Scholars interested in

carrying out studies in the future on the research topic can also use the findings of this study as a basis for their research.

1.6 STRUCTURE OF DISSERTATION

The below **Table: 1** represents the structure of the dissertation.

CHAPTER	TOPICS
Chapter 1	• Introduction and background • Problem statement • Aim of the study • Study objectives • Significance of the study • Study area • Conclusion
Chapter 2	Literature review • Introduction • Data search strategy • Criteria for inclusion and exclusion of literature • HIV/AIDS prevention methods across the globe • HIV/AIDS prevention methods in South Africa • Religion and HIV/AIDS prevention • Church conflict on the use of condoms • The roles of religious leaders in HIV/AIDS prevention • HIV/AID faith-based programmes • Theoretical framework • Conclusion
Chapter 3	Research methodology • Introduction of the chapter • Research design • Population • Sampling process • Data collection process

	• Data analysis • Research trustworthiness • Ethical considerations • Conclusion
Chapter 4	Presentation of the study findings. • Introduction • Sample realization • Demographic data of the participants • Major themes that emerged from the interviews • Conclusion
Chapter 5	Discussion of the results, conclusions, limitations of the study and recommendations.

1.7 STUDY AREA

The study was conducted at Nqutu, which is a small town in UMzinyathi District Municipality in the KwaZulu-Natal Province, South Africa. UMzinyathi District Municipality is situated approximately 53 kilometres east of Dundee. The area is 1,962 square kilometres and in 2016 it had the total estimated population of 171,325 people (Community survey, 2016). The town is made up of rural areas/villages and the racial makeup consists of 97, 9% Black Africans, 0, 3% Coloured, 0, 2% Indian and 0, 2% White (Community survey, 2016). The researcher chose this area because of her previous experience garnered while working with the community from this area. According to the researcher's observation, the youth from the concerned area are affiliated with Christian churches and a high number of them are affected by HIV/AIDS.

1.7.1 Study area inclusion Criteria

- All consenting churches at the villages of Nquthu town where Christian youth attend church.

1.7.2 Study area exclusion Criteria

- All none consenting churches at the village of Nqutu town where Christian youth attend church.

- All other churches outside the villages of Nquthu town.

The below **Figure 1**: represent the KwaZulu-Natal map showing the municipalities in the province and the study site being circled.

1.8 CHAPTER SUMMARY

This chapter introduced the study and provided basic information about HIV/AIDS. The focus was on the problem statement, the aim of the study, objectives of the study, significance of the study and as well as the study setting. The following chapter (Chapter 2) discusses the existing literature pertaining to the research topic.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The previous chapter presented the background of the study and provided the outline of chapters. The current chapter presents the literature review on the roles of religious organisations in HIV/AIDS prevention. The chapter also points to existing research that needs to be studied or developed further.

2.2. DATA SEARCH STRATEGY

Primarily the university library was utilised to search for books and journals that are related to the topics on the history of churches in Africa and topics related to HIV/AIDS. Before engaging in the searches, a set of keywords and concepts were decided upon. In order to assemble the group of keywords that would be used in the search, a mind map was drawn so that all relevant publications in the area of interest could be identified. Relevance of the publication refers to how closely the information relates to the topic. As emphasised previously, there is scanty information on the roles of religious organisations in HIV/AIDS prevention among youth. Identifying keywords for the subject before initiating any literature search assisted in obtaining relevant information. The following keywords and phrases were used: Religious organisations, HIV/AIDS prevention methods and the views of churches about HIV/AIDS.

The resources that were available for the literature search were books and journals, which included hardcopy and electronic databases. The initial hard-copy library search did not reveal many current sources and therefore, primary focus was on searching various electronic databases. The electronic library databases were consulted including those of the University of Zululand. The archives, databases and websites of other local and international sources of information such as the International Council of Nurses (ICN), the World Health Organisation (WHO), and Department of Health (DOH) were consulted in the quest of obtaining a multi-perspective approach to the research topic. The search engines that were used includes Google Scholar and PubMed to search for scholarly peer-reviewed journal articles.

2.3. CRITERIA FOR INCLUSION AND EXCLUSION OF LITERATURE

The key search, using each of the primary search terms independently, identified over 200 potential sources. However, the inclusion of other parameters, such as 'primary research' and 'English', led to an enormous reduction in the potential references of interest to 45. This reduction was accomplished when detailed inclusion and exclusion criteria, listed below, were applied to the literature or studies obtained for review. Inclusion criteria: studies focussing on HIV/AIDS prevention, roles of religious organisations, youth in rural communities, studies published in English. Knowing the complications that exist in validating data from the worldwide web (internet), only literature from validated academic search engines such as EBSCO Google Scholar, and PubMed were considered for inclusion within the review. Furthermore, the reviewer as a means of validating their existence, where possible, sourced hard copy paper versions of studies retrieved from Internet sources. The following exclusion criteria were applied to literary sources:

- Studies whose academic credibility could not be authenticated.
- Studies written in languages other than English.
- Studies published before 2014 were excluded simply because of the five years gap from the current year.

The primary research studies that fully satisfied the inclusion criteria are reviewed in this Chapter. Data is categorised according to global, African, South African and local or KwaZulu-Natal perspectives.

2.4. GLOBAL METHODS/STRATEGIES OF HIV/AIDS PREVENTION

According to UNAIDS (2016), HIV prevention programmes refer to the different kinds of interventions, which can be used to ensure that the transmission of HIV is halted. There are various convincing examples of faith-based enterprises whereby religious leaders and their organisations are involved in HIV/AIDS prevention and their involvement has made a significant difference (Mpofu, Nkomazana and Muchado, 2014). In both the United States and in African countries, public health officials and ordained priests are beginning to work together to form faith-based programmes to reduce HIV/AIDS and reduce the stigma that is associated with the disease (Collins, Phields and Duncan, 2017). The first two components of the ABC (Abstinence, be faithful to your partner and

use a Condom) approach that is used globally in health sectors as HIV prevention message relates closely to the faith-based concepts of sexual abstinence until marriage and monogamous marriage with sexual faithfulness (Mpofu *et al.*, 2014).

Studies conducted mostly in western industrialised nations like the study that was conducted in United States of America, Atlanta Georgia suggests that most religious leaders see HIV/AIDS as an important public health issue and recognise the need for HIV/AIDS-related education and support services to be provided, especially for their congregations (Elifson, Klein, and Sterk, 2015). The study done in Philadelphia in the United States, it revealed that religious organisations provide trust and culturally responsive venues for HIV testing and linkage to care (Stewart, Thompson and Rogers, 2016). Whereas the findings of the study conducted in North Carolina, it was found that pastors articulated widely ranging sentiments, particularly about discussion of condom use, but generally agreed that sermons should discuss marriage, abstinence, monogamy, dating, and infidelity (Adimora, Goldman, Tamera, Ramirez, Thompson, Ellis, Steven, Williams, Howard and Godley, 2019).

The above-mentioned evidence shows that religious organisations globally do play a significant role in the fight against the spread of HIV/AIDS. According to Abara (2013) the community-based methods which engage Black churches should encourage ongoing capacity building and the engagement of ordained priests, lay ministry and occasionally, national organisers. Likewise, such efforts may necessitate recognition of and investment in a church as an important community institution, rather than merely a space for the transmission of prevention messages. Fostering a sense of ownership among church participants in HIV ministry can aid in programme maintenance (Stewart, 2015). This acknowledged that joining forces with churches in HIV prevention efforts must be approached through a spirit of conciliation rather than conceptual rigidity. Fulton (2011) states that in the United States of America (USA) the probability of a congregation adopting an HIV programme is related with measures of external social engagement mostly, but not with degree of modern beliefs. Similar study that was conducted in another area called Baltimore in USA with local pastors harvested comparable findings, in that religious leaders explained church involvement in HIV programmes as dependent on whether the congregation perceived its primary mission

as spiritual experience internal to the church or external public activism (Cunningham, 2011).

Black churches in New York City (NYC) have also made efforts to mobilise the community to prevent HIV/AIDS since the beginning of the epidemic. This was reported by Quimby and Friedman (2003) who note that Black churches in NYC began to mobilise against HIV/AIDS in late 1987, organising community forums and educational conferences held at various churches, including the historic Concord Baptist Church in Brooklyn (Wilson, Wittlin, Miquel and Parker, 2011). Contemporarily, Black churches in New York City are still involved in community responses to HIV/AIDS. For instance, the present pastor of Abyssinian Baptist, Dr. Calvin O. Butts, III, sits on the Presidential Advisory Commission on HIV/AIDS (PACHA) and leads the National Black Leadership Commission on AIDS (United States Department of Health and Human Services, 2010). Therefore, it can be concluded that Black churches in the New York City are involved in programmes that help to prevent the spread of HIV pandemic.

Canada is one of the countries that is disproportionately affected by HIV, especially in Black communities (Husbands, Kerr, Calzara, Tharao and Brown, 2020). Nonetheless Black faith leaders in Canada play a significant role in engaging Black communities around social care and social justice, their response to HIV has been somewhat muted (Husbands *et.al*, 2020). In the province of Ontario in Canada, a multi-stakeholder team developed and tested an intervention called Black PRAISE which is an intervention for Black churches to strengthen congregants' critical awareness of HIV affecting Black communities. It was found that those congregants that participated in the intervention gained knowledge about HIV (Husbands *et.al*, 2020). Involving congregants in HIV prevention programmes helps them understand HIV/AIDS better.

In Germany the National AIDS Service Organisation in collaboration with associates from diverse African communities, African pastors and researchers from Ludwig Maximillian University of Munich formulated the community-based participatory health project called Your Health, Your Faith (2016-2018). The project aimed at improving the involvement of African faith-based communities in HIV prevention services (Gangarova and Bakambamba, 2019). Furthermore, in Berlin, it was found that all partners from the

National Aids Service Organisation and African pastors were invited to a sequence of concept workshops in order to define together prevention subjects, methods and forms of collaboration. Collectively, they established a concept for preaching preventive messages in church settings and scenarios for a mobile educational theatre group (Gangarova and Bakambamba, 2019).

At the same time religious organisations have been associated with obstacles in HIV and AIDS prevention, opposing the use of condoms (Olowu, 2015). Condoms generally represent condoning, as well as promoting sex among those who are not married and having different partners (Mubyazi, Exavery, Malebo, Makundi, Malekia and Wiketye, 2016). In several instances, various church leaders have publicly opposed the usage of condoms by their congregants. Historically, the Catholic Church has insisted that condom use is immoral (Hershey, 2015). The topic of condom use shows that even though the religious leaders try to engage with their congregants about HIV/AIDS prevention methods but their beliefs also hinder them from talking about condoms which are also part of HIV prevention methods. Therefore, in this study the factors that influence the involvement of religious organisations in HIV/AIDS prevention will also be described.

2.5. SUB-SAHARAN CHURCHES INVOLVEMENT IN HIV/AIDS PREVENTION

Sub-Saharan Africa consist of approximately 11% of the Earth's population, but it remains the epicentre of the global HIV epidemic with 20.7 million people presently living with HIV (UNAIDS, 2019). Religious organisations have the potential for encouraging HIV testing to their members. In Malawi, youth involved in religious organisations receive higher levels of education on HIV prevention and they have the potential to test for HIV (Lindgren, Schell, Rankin, Phiri, Fiedler and Chakanza, 2013). Medical anthropologists have observed that in Africa, there appears to be a strong link between religious beliefs and health-related behaviour (Collins, Phields and Duncan, 2017). Therefore, those that are affiliated with certain dominions like religious organisations will have better understanding of health related issues like HIV/AIDS as they are taught about them in their programmes, and they are likely to adhere to those teachings. Correspondingly, in the study that was conducted in Nigeria it was found that a culturally adapted church-based intervention focusing on prevention of mother to child transmission treatment (PMTCT) successfully increased HIV testing during pregnancy

(Downs, Mwakisole and Chandrika, 2017). Therefore, Fuller (2019) argues that early involvement of religious leaders in combating AIDS has been defined as a predominantly vital, and a replicable factor in HIV/AIDS reduction.

In the context of the HIV epidemic, groups of Christian faith-based organisations emerged in sub-Saharan countries. Since they had the potential for aiding or aggravating efforts to fight the HIV/AIDS epidemic, such faith healers were suggested as constituting a third therapeutic system that could coexist with well-documented biomedical and traditional healers (Stewart, 2015). Although, there has been a mixed response of religious leaders to HIV/AIDS prevention in developed countries (Kharsany and Karim, 2016). Churches have always played a central role in the social life, welfare, education and politics in countries such as Madagascar (Rakotoniana, Rakotomanga and Berennes, 2014). When it comes to HIV prevention, Madagascar churches elaborated their own action plans in response to the Madagascar Action Plan 2007–2012 to combat HIV/AIDS (Rakotoniana *et al.*, 2014).

The plan required proper communication with congregations to bring about behaviour change and social transformation. Active participation of community leaders and their organisations was pursued (Rakotoniana *et al.*, 2014). In the same vein, to respond to HIV prevention, in Nigeria the religious organisations made it a condition for engaged couples to undergo mandatory HIV/AIDS tests before they are joined together as husband and wife. Oluduro (2013) states that since the late 1990s in Nigeria, the Orthodox and Pentecostal churches began to require mandatory premarital HIV/AIDS tests for those who wished to marry in the church. This was done as an attempt to combat the increasing numbers of HIV infected people.

In Tanzania, educating religious leaders about male circumcision caused a much higher uptake of services (Stewart, Thompson and Rogers, 2016). As the religious leaders gained knowledge, they also transferred that knowledge about circumcision to their congregants and that could positively impact HIV/AIDS prevention. Churches, therefore, seem to provide a potentially useful platform for increasing access to HIV prevention services.

Researchers in Botswana found that there are approximately 80% of young people in Botswana who are affiliated with Pentecostal churches (Mpofu and Nkomazana, 2014). Generally, Pentecostal churches in Botswana have highlighted abstinence until marriage and sexual fidelity within marriage as strategies to avoid contracting HIV (Mpofu and Nkomazana, 2014). International bodies continue to work together with Faith-based-organisations to implement HIV prevention programmes. One of the Sub-Saharan countries that has been a target of such programmes is Zambia due to its high HIV prevalence (Kharsany and Karim, 2016). The "Trusted Messenger" is the implemented approach to provide religious leaders' networks with biomedical, science-focused education about HIV and AIDS and it was implemented in 2006 (Wiginton, King and Fuller, 2019). The findings of the study that was conducted in Zambia indicated that religious leaders who attended trainings gained scientific insights about HIV which motivated their action in personal, social, and religious contexts (Wiginton, King and Fuller, 2019). This assisted them in contributing positively in HIV/AIDS prevention as a church.

In Senegal, more than 90 % of the population is Muslim, the spread of HIV slowed radically after Islamic and Christian leaders merged with the government's HIV/AIDS-prevention campaign promoting the use of condoms along with abstinence and fidelity (Karsany and Karim, 2016). After a funded workshop conducted by the United Nations Population Fund (UNFPA), six Christian denominations in Zimbabwe announced that condoms could be used within the family to prevent HIV transmission (Oluduro, 2013). The churches have come together to coordinate HIV prevention activities, voluntary counselling and provision of care to people living with HIV. The same accomplishment was attained in Ethiopia and Jamaica (Oluduro, 2013). This proves that the churches can play a positive influential role in HIV/AIDS prevention in the community.

2.6. CHURCHES' INVOLVEMENT IN HIV/AIDS PREVENTION METHODS/ STRATEGIES AMONG YOUTH IN SOUTH AFRICA

In South Africa, religious organisations have responded to the HIV epidemic through prevention messaging, counselling and support for those infected and affected (Ochillo, 2017). The government has encouraged the restructuring of faith-based organisations in HIV/AIDS prevention programmes (Ntai, 2013). In light of this need, the government's AIDS Action Plan organised a national capacity building process for interfaith sector.

The outcome was the establishment of an interfaith programme called Faith Organisation in HIV/AIDS Partnership (FOHAP) in 2002 (Ntai, 2013). The FOHAP is a programme that combined church leaders from different churches to educate them about HIV/AIDS. Faith leaders are capacitated on HIV/AIDS prevention initiatives through provincial workshops (Sexual health Exchange, 2004). Those church leaders that attended HIV/AIDS workshops had more knowledge about HIV and they passed that knowledge to their congregants through teaching and preaching. This shows that HIV/AID prevention can be achieved by joining forces with religious organisations as they can influence their congregants. A mapping study in the South African national HIV database found 162 faith-based organisations working in HIV prevention and care related to AIDS, approximately 96% of which had a Christian orientation (Erikson, 2011). Although, there is little evidence of individual churches or congregations directly participating in implementing HIV testing, but some evidence exists of the potential role of churches in encouraging members to test for HIV (Erikson, 2011).

The study that was conducted in Mopani District of Limpopo South Africa, concluded that involving religious leaders in HIV testing programmes in the communities has a positive outcome in reaching men, in particular, for HIV testing (Jobson, Khoza and Mbeng, 2019). Therefore, the Department of Health should consider partnership with religious leaders to encourage more men to undergo HIV testing. The fundamental role of religion in the lives of many South Africans also means that the ways that religious leaders converse matters such as HIV/AIDS, risk behaviour and sexuality can have vital effects on their congregants' beliefs and attitudes toward HIV prevention (Jobson, Khoza and Mbeng, 2019). Evidence from South Africa suggests that individuals belonging to certain behaviourally strict denominations such as Pentecostalism and certain African Independent Churches which exhibited lowered risk of HIV infection due, in part, to their reduced likelihood of having extramarital partners when compared with members of other religious groups (Trinitapoli and Regnerus, 2016). According to Marsh (2012) there are hopeful and remarkable efforts, which can be recognised within the religious sector, as in the Western Cape province of South Africa, the Anglican Church has been in the lead. The spoken engagement of Archbishop Desmond Tutu remains different from other noticeable religious leaders. His opinionated campaign of the use of condoms has created argument and disagreement in the overall community and within

the church (Marsh, 2012). Churches have a potential to play a vital role in halting the spread of HIV because they are recognised in almost all communities (Ntai, 2013). Hence the study seeks to explore the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

2.7. KWAZULU-NATAL CHURCH PERSPECTIVES ON STRATERGIES TO PREVENT HIV/AIDS TO THE YOUTH

Religious leaders, particularly youth leaders were seen as the most trusted educators on sexuality by young people in KwaZulu-Natal (Erikson, 2014). The information about HIV prevention in church youth groups was common within the Roman Catholic Church and the Lutheran Church in KwaZulu-Natal. Nonetheless, premarital sexual abstinence was the leading prevention message given mostly to the youth (Erikson, 2014). While Krakauer and Newbery (2007) maintains that there was a general awareness of HIV/AIDS among church leaders and community members, and that churches were used as health resources by their members, yet there were no HIV/AIDS programmes run by any of the indigenous churches such as the Zionist and international church Roman Catholic in the community.

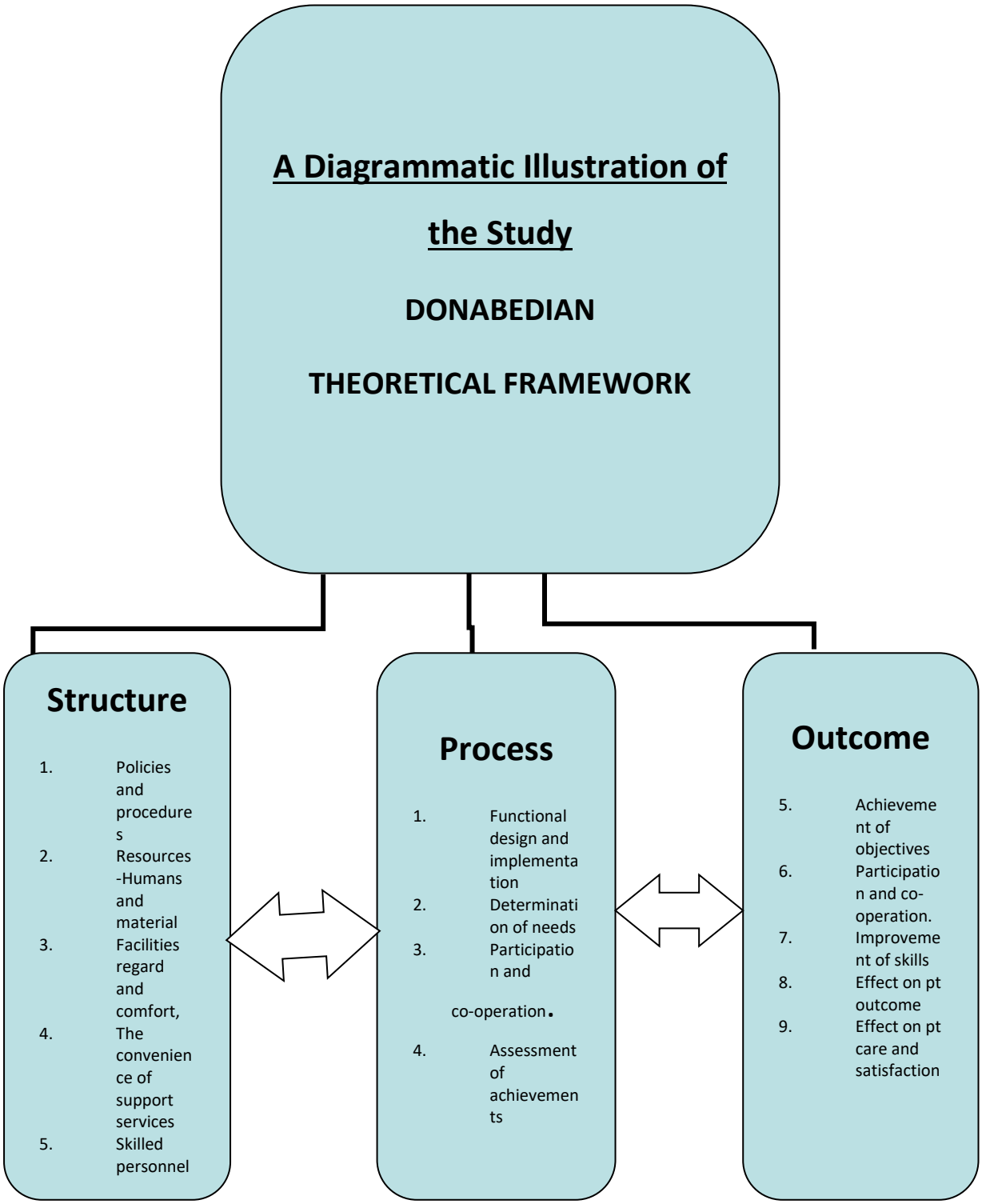
2.8. THEORETICAL FRAMEWORK GUIDING THE STUDY

This study made use of Donabedian's framework. Avedis Donabedian, a physician and health services researcher at the University of Michigan, developed the original model in 1966. The Donabedian model is a conceptual model that provides a framework for examining health services and evaluating the quality of care. While the Donabedian model continues to serve as a touchstone framework in health care, potential criticism arises from other researchers. The model has been criticized for failing to integrate antecedent characteristics such as patient characteristics and environment factors which are important precursors to evaluating quality care. (Coyle and Battles, 1999). Coyle and Battles suggest that these factors are vital to fully understanding the true effectiveness of new strategies within the care process. According to the Donabedian's model, information about the quality of care can be drawn from three categories: "structure," "process," and "outcomes". Principles from the framework are integrated into the study inductively i.e., important concepts highlighted within the framework were used as reference points to inform the design of data collection and analysis tools. This framework is relevant to the study as it offers a structure to measure the quality of

implemented processes through evaluation of structure, process and outcome standards.

Donabedian suggested breaking down the quality of care into three main components, structure, process and outcome, to reflect the production process for comprehension (Donabedian, 2005). The exploration of the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal was undertaken broadly in line with the ‘structure, process and outcome standards' prioritised by Donabedian in his framework. The model classifies three significant impacts on care quality and these, as already noted, are "structure", "process", and "outcome". Structure means the relatively stable characteristics of the physical and organisational setting in which care takes place and includes in the first instance, providers of care and the equipment and resources they have at their disposal. In addition, structure standards also refer to administrative organisations including management, economic and environmental conditions of the environment (Donabedian, 1980). The structure, therefore, influences processes and in turn outcomes and is based on assumptions that when certain standards are in place, good care and process standards will be provided (Donabedian, 1980).

Figure 2: Donabedian's tripartite framework



2.8.1. The unfolding of the theoretical framework in this study

Principles from the framework were integrated into the study inductively, for example, important concepts highlighted within the framework were used as reference points to inform the design of data collection and analysis tools. This framework is relevant to the study as it offers a structure to measure the quality of implemented processes through evaluation of structure, process and outcome standards. Developing insight into the exploration of the process in the implementation of HIV/AIDS prevention strategies by the religious organisations and was undertaken broadly in line with the ‘structure, process and outcome standards' prioritized by the Donabedian framework.

The model classifies three significant influences on care quality and these, as already noted, are structure, process and outcome. In this study, ‘structure’ refers to the relatively stable characteristics of the physical and organisational setting in which HIV/AIDS prevention programmes are held and includes resources and tools that they currently have in churches. The structure in this study includes religious leaders, congregation, and the structure of the church and the availability of HIV/AIDS prevention tools which may include information or knowledge of HIV/AIDS. ‘Process standards' refers to the HIV/AIDS strategies by the department of health, knowledge of religious leaders and implementation of such strategies in the churches. ‘Outcome standards' in this study refer to a modification of HIV/AIDS prevention strategies of religious organisations.

2.9. CHAPTER SUMMARY

The chapter has presented a comprehensive review of the current dialogue on the roles of religious organisations in HIV/AIDS prevention. Through this literature search it was found that there are HIV/AIDS prevention programmes that were initiated by religious organisations are making a huge difference in communities. The main problem is that the involvement of religious organisations in the fight against HIV is not well documented hence this study intends to add more information to the body of knowledge regarding the phenomenon. The next chapter (Chapter 3) discusses the research design and methodology.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter discusses the methodology used in the study. It explains the numerous aspects of the research method, comprising of research design, sample size and population, ethics, trustworthiness, and the process of data collection and data analysis.

3.2. RESEARCH DESIGN

Research design is explained by Polit and Beck (2012) as being the overall plan for addressing a research question, including specifications for enhancing the study's integrity. This study uses qualitative descriptive phenomenology design.

3.2.1. Qualitative descriptive phenomenology design

Phenomenology is concerned with the researching of the lived experiences of people. It helps the researcher to understand what the life of the experience of people is and what do these experiences mean (Polit and Beck, 2012). Phenomenology endeavours to recognise or understand people's views, perspectives and understanding of a certain situation, the researcher enters the subjects' "life world" or "life setting" and place himself in the shoes of the subject (De Vos, Strydom, Fouche and Delport, 2011). Descriptive or Husserlian phenomenology was developed by Husserl (1859-1938) and is aimed at 'uncovering and describing the essence of the phenomena of interest' (Priest, 2004). According to Kleinman (2004), essence refers to 'the most essential meaning for a particular context'. It is the essence that forms the consciousness and perception of the world. The researcher chose this research design to understand the views of the participants which were church going youth and have knowledge about the roles that their churches play in HIV/AIDS prevention. There are several basic actions used during the inquiry process:

Bracketing: This involves the researcher identifying and setting aside any preconceived beliefs and opinions they may hold about the phenomenon under investigation (Vagle, 2018). In other words, the researcher identifies what they expect to discover and then deliberately puts the idea aside, thus 'bracketing out' any preconceived ideas so that they can consider every viable perspective. In this study, bracketing was ensured by the use of a reflective journal. The researcher used the reflective journal to write down her

preconceptions throughout the research process. The aspects explored in the reflexive journal include the researcher's reason for undertaking the research and assumptions regarding gender, sexual orientation, socioeconomic status and the researcher's personal values.

Intuiting: This occurs when the researcher tries to understand the lived experience of the participants. The researcher focuses all awareness and energy on the subject of interest and gains insight.

***Analysing*:** The researcher repeatedly reviews the data until a common understanding is reached. Analysis entails contrasting and comparing the final data to determine which patterns or themes emerged.

3.2.2. Paradigm

Paradigm is described by Polit and Beck (2017) as a worldview and a set of assumptions about the basic kinds of entities in the world, how these entities interact, and the proper methods to use for constructing and testing theories of these entities. Paradigms are characterised in terms of their specific ontological, epistemological and methodological assumptions (Polit and Beck, 2017). The assumptions that describe a specific paradigm were described by Guba (1990) as ontology, which is a patterned set of assumptions about reality; epistemology, which is the knowledge of that reality, and methodology which is the particular ways of knowing about that reality. These assumptions are untested 'givens' that guide and influence the researcher's investigation. The three main paradigmatic approaches relevant to science are positivism, critical theory and constructivism/ interpretivism (Polit and Beck, 2017).

This study employed constructivism approach. This approach seeks to understand the world of human experience from the perspective of human experiencing it (Polit and Beck, 2017). The aim is to uncover the meanings they attach to those experiences. These meanings are revealed most often through engagement and interaction with the participants in the study. The researcher chose constructivism approach as a paradigm that guided the study.

3.3. STUDY SETTING

The study was conducted at Nqutu, which is a small town in UMzinyathi District Municipality in the KwaZulu-Natal province of South Africa. It is 53 kilometres east of Dundee. The area is 1,962 square kilometres; in 2016 it had the total estimated population of 171,325 people

(Community Survey, 2016). The town is made up of many rural areas/ villages and the racial makeup consists of 97, 9% Black Africans, 0, 3% Coloured, 0, 2% Indian and 0, 2% White (Community Survey, 2016).

3.4. STUDY POPULATION

Polit and Beck (2012) describe the population as the entire aggregation of cases in which the researcher is interested and which meets the criteria for research. For this study, the targeted population consisted of the youth Christians or churchgoers between the ages of 18 to 35 years who reside in the selected community at Nquthu.

Inclusion criteria:

- Participants who met the objective of the study (youth Christians).
- The youth who resides in a selected community at Nquthu.
- The youth between ages of 18 to 35 years

Exclusion criteria:

- Participants who did not meet the objective of the study (youth Christians).
- The youth who do not reside in a selected community at Nquthu.
- The youth below the ages of 18 and above 35 years

3.5. RECRUITMENT PROCEDURE

The researcher visited the homes of the potential participants and requested them for a face-to-face participation in the study. All the information about the study was discussed with the prospective participants during home visit. During this time the participants who were keen to partake in the study gave verbal consent. This was followed by a discussion about time and venue for the interview. The researcher also met with the prospective participants to hand them the consent forms and the information letter (Annexure 3 and Annexure 4) respectively. The consent forms were signed by the willing participants in the presence of the researcher. Participation was entirely voluntarily.

3.5.1 Sampling process

Purposive sampling was used to select the sample of the study. According to Greene (2015), a purposive sample refers to a non-probability sample, which is chosen based on the features of the given population and also based on the main objectives, which the study seeks to explore. Greene (2015) point out that purposive sampling is also

referred to as selective, judgmental, or subjective sampling. Purposive sampling allows the researcher to select a sample that is knowledgeable about the phenomena being studied (Brink, Van der Walt and van Rensburg, 2012).

In this study, the selection of participants was based on the researchers' judgement about what potential participants will be most informative. The researcher purposely selected participants whom she knew that they have knowledge or they have experienced the phenomenon of interest. The size of the sample was controlled by the saturation of information, which means the point at which repetition or confirmation of previously collected data occurs. The researcher intended to have a minimum of 10 participants for interviews since data was collected in one area. However, saturation occurred on the 7th interview and three more interviews were conducted to confirm saturation.

3.6. DATA COLLECTION PROCESS

Data collection is a process of gathering information to address the research problem (Polit and Beck, 2012). In this study, interview guide was used as a tool to perform unstructured descriptive phenomenological interviews. Data was gathered by interviewing research participants on the face-to-face encounter, in their respective homes where they felt safe. Since the study was carried out during the times of Corona Virus pandemic, the researcher maintained the health regulations by wearing a mask and asking the participant to also wear their masks. The interviews were held in well ventilated spaces in participants' homes, social distance was maintained at all times and the hand sanitizers were used by the researcher and the participants.

The participants need to have adequate information about the research, understand that information and have the choice to consent to or decline participation willingly. To ensure this, the researcher gave all the potential participants the information letter made available in both English and IsiZulu (Annexure 3A and 3B), the languages that are well understood by the people of Nquthu. The letter of information gave the participants comprehensive information concerning the purpose of the study and the process. The researcher ensured that the consent form was signed before commencement of the interviews (Annexure 5A and 5B). Interviews were conducted with individual participants for a duration of 30-40 minutes. Interviews were audiotaped and field notes were also

taken to ensure rich information is captured. The researcher chose the method because it allows the researcher the opportunity to clarify questions where misunderstanding happens it also allows the researcher to note things like non-verbal communication (Polit and Beck, 2012). Consensus to use the tape recorder was obtained before the commencement of the interviews. Each participant was given a number as a code to ensure confidentiality and anonymity.

This code was voice recorded as the researcher verbalised the number and also wrote it on the field notes. During the first part of data collection the researcher asked about the demographic information of the participants. This was recorded on the field notes. This information comprised of race, gender, age and the name of the church where the participants attend services. During the interview all the forms that contained the participant's details that had been used for pre-selection had been stored away in order to ensure that there was no relationship between the participant's personal information and the interview data. Data collection took place until a point of saturation, which was reached after five interviews, however three more participants were interviewed to confirm data saturation.

3.7. DATA MANAGEMENT AND STORAGE

The collected data was stored in a means that guaranteed that participants' confidentiality and anonymity was maintained throughout the study. During the interviews the participant's personal details were not recorded on any of the interviews, field notes or audio recordings. At the beginning of the study numbers or codes were given to participants. A record of each participant's name and assigned code were made available by the researcher only. The collected data was kept in a safe and lockable cupboard for the research duration and the soft copies were stored in the researcher's laptop and secured with a password and the information will be destroyed after 5 years. Permission to access the stored data is granted only to the researcher and the supervisor.

3.8. DATA ANALYSIS FOR DESCRIPTIVE PHENOMENOLOGICAL QUALITATIVE RESEARCH

Data analysis was done concurrently with data collection. Straightaway after the interview data analysis took place. The first part of data analysis included translation process as the interviews were conducted in isiZulu. All the audio-recorded information was listened to and transcribed into Microsoft Word documents. The transcribed document was read in contrast to the field notes with the purpose of complementing the two data sets. This was followed by Colaizzi's method of data analysis for descriptive phenomenological research. In order to identify the emerging themes, the researcher personally analysed data under the guidance of the supervisor. The seven steps for Colaizzi's method of data analysis were applied as follows in **Table 2.**

Table 2: Steps in Colaizzi's descriptive phenomenological method.

Step	**Description**
1. Familiarisation	The researcher familiarised herself with the data, by reading through and understanding all the participant accounts several times.
2. Identifying significant statements	The researcher identified all statements in the accounts that were of direct relevance to the phenomenon under investigation.
3. Formulating meanings	The researcher recognised meanings related to the phenomenon that arise from a careful consideration of the significant statements. The researcher instinctively "bracket" her pre-suppositions to stick strictly to the phenomenon as experienced
4. Clustering themes	The researcher grouped together the identified meanings into themes that are mutual across all accounts. Again,

	bracketing of pre-suppositions is important, especially to avoid any possible influence of existing theory.
5. Developing an exhaustive description	The researcher wrote a full and comprehensive description of the phenomenon, combining all the themes produced at step 4.
6. Producing the fundamental structure	The researcher then summarised the exhaustive description down to a short, dense statement that captures just those aspects deemed to be essential to the structure of the phenomenon.
7. Seeking verification of the fundamental structure	The researcher returned the fundamental structure statement to a subsample of participants to ask whether it captures their experience.

Morrow, Rodriguez and King (2015)

3.9. SUMMARY OF RECRUITMENT, DATA COLLECTION AND ANALYSIS

Step one: The researcher identified the homes that she knew had youth that attends church.

Step two: The researcher personally visited the homes of the potential participants and requested them to partake in the study.

Step three: The participants were given the information letter and the consent form to sign.

Step four: The interview date, time and venue were communicated with the participants.

Step five: On the day of the interview, all the information about the study was discussed with the participants. Participants were informed that there would be no remuneration for taking part in the study and that they could withdraw from the study at any time during

the study without any prejudice. Permission was requested to record the interview and to take notes during the interview.

Step six: Interview sessions were directed by the researcher on a face-to-face encounter for 30-40 minutes. Face masks were worn to prevent the spread of Corona virus disease

Step seven: Recorded data was transcribed and translated from IsiZulu to English.

Step eight: The supervisor verified the transcribed and translated data.

Step nine: Data analysis was done using Colaizzi's seven steps of data analysis in descriptive phenomenological research.

3.10. TRUSTWORTHINESS

Polit and Beck (2012) describe research rigour as the extent to which appropriate inferences can be made about the study. Trustworthiness is the most critical inference in qualitative research regarding research rigour. Strategies employed by the researcher are crucial to ensuring trustworthiness of the data collected and subsequent theory generated. Lincoln and Guba (1985) propose four criteria for developing the trustworthiness of a qualitative study, namely, credibility, dependability, confirmability and transferability.

3.10.1. Credibility

Credibility refers to the confidence in the truth of the data and interpretations thereof (Brink and Van de Walt, 2012). This includes the enhancing of the believability of the findings and taking steps to demonstrate credibility to external readers. For this study, all interviews were done using semi-structured interview guide, notes were taken on some important aspects. Bracketing was done to ensure that pre-assumptions of the researcher are excluded. Data was interpreted by the researcher and handed over to the promoters who checked that data was interpreted correctly.

3.10.2. Dependability

Dependability means the stability (reliability) of data over time and various conditions (Brink and Van de Walt, 2012). This criterion seeks to answer the question regarding whether the study would give the same findings again if it were to be repeated. During coding, both promoters served as co-coders to ensure that the coded data is dependable. It is concerned with the consistency and reproducibility of data. The

researcher gave a clear explanation of how research data was obtained. This was done to ensure that the data is as accurate as possible.

3.10.3. Confirmability

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance and meaning (Brink and Van de Walt, 2012). This criterion seeks to establish that the data represent the information that the participants provided and that the interpretations of those findings are not figments of the inquirer's imagination. The researcher returned the fundamental structure statement to some of the participants to ask whether it captures their experience.

3.10.4. Transferability

Transferability is the capability to transfer the results to any other group or be applicable in any other setting (Brink and Van de Walt, 2012). Transferability is achieved through purposive non-probability sampling, a saturation of data and a thick description of the research strategy and method of the study which the researcher applied in the current study.

3.11. ETHICAL CONSIDERATIONS

Before carrying out the study, full ethics clearance was obtained from the University of Zululand Ethics Committee (UZREC 171110-030 PGM 2020/29) (Annexure 1). The researcher requested permission to conduct the study from the gatekeepers of Nquthu (Annexure 2A). This was followed by a request for authorisation to conduct the study from KwaZulu-Natal Department of Health Research Committee (Annexure 4). Polit and Beck (2012) state that participants need to have adequate information about the research, understand that information and have the choice to consent to or decline participation willingly. To ensure this, the researcher gave all the potential participants the information letter made available in both English and IsiZulu, the languages that are well understood by the people of Nquthu (Annexures 3A and 3B).

The letter of information should give the participants comprehensive information concerning the purpose of the study and the process. Thereafter, the participants were given the consent form which is made available in both English and isiZulu to ensure that they understand the consents before signing (Annexure 5A and 5B). The participants were given the choice to participate or not without any coercion and they

were also given the option to withdraw from the study at any time without acquiring any negative consequences.

The researcher further ensured ethics of the study by applying the following ethical principles, namely, respect of persons, beneficence, justice, consent and confidentiality. Respect of person's principle embraces the right of self-determination and full disclosure (Polit and Beck, 2012). Self-determination indicates that an individual participant is autonomous; the individual holds the right to decide to or not to partake in the study without jeopardizing any unfortunate conduct. Full disclosure means that the researcher has fully labelled the nature of the study, the participant's right to refuse participation, the researcher's responsibility and likely risks and benefits involved. Deception and concealment of information are to be avoided at all costs (Polit and Beck, 2012). The participants were all volunteers. Full information was given about the study, for example, the aims, benefits, and risks associated with the study.

Autonomy relates to the liberty to choose what to do (Burns and Grove, 2009). Participants were told that even if they have consented on being the part of the study, they have the right to withdraw from the study at any time without giving a reason. Beneficence was also applied which means that the researcher has a duty to minimize harm and discomfort and maximize the benefits. By harm, it can either be physical, psychological, emotional, spiritual, economic, social or legal (Polit and Beck, 2012).

This study had no physical discomforts for the participants and no financial burdens as the study was conducted in the participant's free time and in their respective homes. Justice denotes to the participant's right of fair selection, fair treatment and privacy. Participants who accepted to participate in the study have the right to expect that information collected from them or about them would remain anonymous and confidential (Burns and Grove, 2009).

All information shared by the participants is treated as confidential. In all transcripts, the original personal details of the participants do not appear. Code names and numbers were used instead of the names for participants. An informed written consent was attained from the participants before the research was carried out. Participants were fully informed about what was going to happen including the rights of the participant, voluntary participation and the risks and benefits of the study. The understanding of all

this information was ensured by eliminating all technical terminology and professional jargon (Burns and Grove, 2009). Written consent was obtained in languages that the participants understood.

Lastly, confidentiality was maintained throughout the study, it was ensured by excluding personal information of the participants that will link them to their responses during the study (Moule and Goodman, 2014). Data from the study was placed in an envelope and sealed. The researcher put the envelope in a lockable cupboard to ensure that no unauthorised persons access the data. All data collection instruments including interview guides, tape recorder and field notes are kept in a lockable cupboard and were only removed by the researcher during data analysis. The researcher will keep the key for the period of 5 years. Furthermore, data stored in the computer is protected by a password. All field notes, interview guides and transcripts will be shredded, and the audiotape and the computer stored data will be deleted after 5 years have lapsed.

3.12 CHAPTER SUMMARY

This chapter explained the research methodology that was employed in the study and also provided simplicity on numerous aspects of the research method, including research design, sample size and population, ethics, trustworthiness and the process of data collection and data analysis. The next chapter (Chapter 4) presents the findings of the study.

CHAPTER 4

PRESENTATION OF THE STUDY FINDINGS

4.1 INTRODUCTION

In the previous chapter (Chapter 3), the methodology applied in this study was discussed. The numerous aspects of the research methods were explained, comprising of research design, sampling, sample size of the population, ethics, trustworthiness and the process of data collection and data analysis. The themes and sub-themes that emerged during analysis of data on church going youth are presented in this Chapter 4 and supported with verbatim statements of participants.

4.2 SAMPLE REALISATION

Purposive sampling was used to select the sample of the study. According to Greene (2015), a purposive sample refers to a non-probability sample, which is chosen based on the features of the given population and also based on the main objectives, which the study seeks to explore. Ten (n=10) youth Christians between the ages of 19 and 32 years from one village at Nquthu voluntarily participated in the individual face-to-face unstructured interviews about the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu. There were seven (n=7) females and three (n=3) males who participated in the study. The participants were the members of different churches in ND village. The churches were given code as follows: A, B, C, D, E, F and G church, this was done to ensure anonymity and confidentiality. One (n=1) participant was a member of A church, one (n=1) member of B church, two (n=2) members from C church, one (n=1) member from D church, two (n=2) members from E church, one (n=1) member from F church and two (n=2) members from G church. Data saturation occurred on the 7th interview and three more interviews were done to confirm data saturation. The **Table:** 3 below presents the sample realisation.

Table 3: Sample realisation (n=10)

CHURCHES	PARTICIPANTS	TOTAL
A	AP1	01
B	BP2	01
C	CP3, CP10	02
D	DP4	01
E	EP5, EP9	02
F	FP6	01
G	GP7, GP8	02
Total		**10**

4.3. DEMOGRAPHIC DATA

Demographic data is used by researchers to examine the quantifiable statistics of a particular population (Connelly and Lynne, 2013). The demographic data was necessary in this study for the determination of whether the participating individuals are a representative sample of the target population. The study was conducted at Nquthu in ND village. In this study, all ten (n=10) participants were Africans and Christians. Seven (n=7) participants were females and three (n =3) participants were males. All ten (n=10) participants were single. There were four (n =4) participants with Grade 12, two (n=2) participants with Higher Certificates, three (n=3) participants with Degrees and one (n=1) participant with a Diploma. Among these participants, six (n=6) were employed and four (n=4) were unemployed. The age groups of the participants were ranging from nineteen (19) to thirty-two (32) years. Two (n=2) participants were 19 years old; two (n=2) participants were 21 years old, one (n=1) participant was 22 years old, one (n=1) participant was 23 years old, there was one (n=1) participant aged 27 years old, one (n=1) participant aged 30 years old, one (n=1) participant was 31 years old and one (n=1) participant was 32 years old. The **Table:** 4 below presents the demographic details of the participants.

Table 4: Demographic details of the participants (n=10)

Participants	Age (years)	Gender	Race	Marital status	Religion	Level of education	Employment status
AP1	30	Female	African	Single	Christian	Higher Certificate	Employed
BP2	32	Female	African	Single	Christian	Higher Certificate	Employed
CP3	21	Female	African	Single	Christian	Grade 12	Unemployed
DP4	31	Female	African	Single	Christian	Diploma	Employed
EP5	22	Female	African	Single	Christian	Grade 12	Unemployed
FP6	27	Male	African	Single	Christian	Degree	Employed
GP7	21	Male	African	Single	Christian	Degree	Employed
GP8	19	Female	African	Single	Christian	Grade 12	Unemployed
EP9	19	Male	African	Single	Christian	Grade 12	Unemployed
CP10	23	Female	African	Single	Christian	Degree	Employed

4.4. THEMES AND SUB-THEMES

4.4.1. Major themes

Five major themes emerged from the interviews with the participants. These included the following:

1. Churches contribution to HIV/AIDS prevention
2. Health awareness
3. Churches' involvement in sexual education
4. Churches' partnership with stakeholders
5. Human and financial resources

4.4.2. Sub-themes

Several sub-themes emerged in line with each major theme. The sub-themes are presented against each major theme in **Table 5.**

Table 5: Themes and subthemes that emerged from the interviews

Themes	**Sub-themes**
Theme 1 Churches contribution to HIV/AIDS prevention	1. Contribution of youth groups in HIV/AIDS prevention 2. HIV/AIDS testing, counselling and care
Theme 2 Health awareness	1. Commemoration of World Aids Day
Theme 3 Churches' involvement in sexual education	1. Abstinence 2. Faithfulness 3. Condom use 4. Prevention, support and treatment
Theme 4 Churches' partnership with stakeholders	1. Partnership with the Department of Health 2. Church and community leaders' partnership
Theme 5 Human and financial resources	1. Lack of financial support

4.5. PRESENTATION OF FINDINGS

4.5.1. Major theme 1: Churches contribution to HIV/AIDS prevention

The church is perceived by participants as an important institution and a place of safety. Most participants stated that a church exerts a powerful influence in the communities where they operate and has credibility in the society, and in that way, it can influence decision making of the youth in preventing the spread of HIV/AIDS. Several contributions of church with regards to HIV/AIDS prevention was highlighted by the participants which included contributions of youth groups in HIV/AIDS prevention, HIV/AIDS testing, counselling and care as sub-themes that emanated from the interviews.

Sub-theme 1.1: Contribution of youth groups in HIV/AIDS prevention

Most of the participants verbalised that in the church, they have youth groups which are led by their fellow youth leaders. These youth groups help to keep them occupied and away from the streets where they might find themselves in wrong doings. During youth activist at church, the groups engage in different topics including HIV/AIDS. The youth leaders guide debates, discussions and understanding what HIV/AIDS is including how they can prevent themselves from being infected. This is evident in the following statements:

> *"In my church we have youth meetings every Saturdays after a normal church service. In those meetings we are led by youth leaders and we discuss about issues that affects us as youth like HIV/AIDS…. We are taught about the benefits of HIV/AIDS prevention like having strong immune system and better quality of life to eliminate chances of being sick."* FP6

> *"Uh …Yes, we do hold youth groups' meetings every Wednesday from 18H00 to 19H30 in the evening where we have a session called Life skills …. As youth we meet and talk about different topics including HIV/AIDS and we learn about the importance of prevention against HIV."* CP10

> *"Umfundisi wethu ungudokotela, okwenza ukuthi njalo uma ekhona ngemihlangano yabantu abasha asifundise mayelana nezempilo Kanye nezindlela zokuzivikela kwisandulela ngculaza negciwane layo."* BP2

> *"Our church Pastor is a Medical doctor, so during youth sessions when he is available, he often to educate us about health related issues including HIV/AIDS prevention."* BP2

Sub-theme 1.2: HIV/AIDS testing, counselling and care

The research participants shared that some of their churches value the importance of HIV/AIDS testing, counselling and care. They were of an opinion that it encourages youth in the church to know about their HIV/AIDS status. Other participants verbalised that their churches are used as testing sites in their communities. This was extracted from the following excerpts:

> *"Our church is often used as a testing site for HIV/AIDS by healthcare workers from Department of Health. They usually come and place their tents outside our*

church and provide services like HIV testing and counselling that means our church play a role in HIV/AIDS prevention."GP8

"……. *Mam…. we do receive HIV/AIDS testing and counselling include support at our church. The healthcare workers during their visit at our church they encourage us to do tests for HIV/AIDS so that we know our statuses*." CP3.

4.5.2. Major theme 2: Health awareness

During the interviews, the participants mentioned that in their churches they do have health awareness where information about HIV/AIDS is disseminated to the church members most the youth. The Commemoration of World Aids Day was mentioned by most participants as their health awareness day. This emerged as a sub-theme.

Sub-theme 2.1: Commemoration of World Aids Day

Participants revealed that World Aids Day gives them the opportunity to unite as a church in the fight against HIV/AIDS; to raise the awareness about the existence of HIV/AIDS, to show support for people living with HIV/AIDS and to commemorate those who died due to AIDS-related illness. Concerning the World Aids Day most participants verbalised that in their churches they invite health care workers or people who are knowledgeable about HIV/AIDS to come and teach the youth church members. This was apparent in the following accounts:

"*Um… During the World Aids Day in my church, the leaders invite the HIV/AIDS activists who have lived with the disease for many years to educate us about the importance of HIV/AIDS prevention and how to take care of yourself if you are already infected*." GP8.

"At my church we commemorate the World Aids Day by lighting candles in memory of those that died due to AIDS-related illness, we also engage in discussions about how to prevent the spread of HIV/AIDS. Sometimes there are speakers invited to teach us about HIV/AIDS prevention and support." BP2.

"*The awareness campaigns like World Aids Day commemoration are very helpful to us as youth because on this day we perform poems and drama about HIV/AIDS prevention to spread knowledge to our fellow youth. This encourages us as church youths to be aware of HIV/AIDS."* AP1

4.5.3. Major theme 3: Churches' involvement in sexual education

Most participants verbalised that sexual education is a common subject in their churches, especially during youth sessions. Participants highlighted several church sexual teachings which included abstinence, faithfulness, condom use, prevention, support and treatment. These were the sub-themes that emanated from the interviews.

Sub-theme 3.1: Abstinence

Abstinence was explained by the participants as the practice of refraining from sexual activity. Most of the participants concurred that church has historically encouraged and guided youth in practising abstinence prior to marriage. The participants verbalised that their pastors and elders preach and condone abstinence from sexual activities during their youth groups' discussions which assist them to learn abstinence as an effective method of HIV/AIDS prevention. This was extracted from the following excerpts:

> *"…Uhm…okunye okuhle ngesonto lethu ukuthi Umfundisi wethu uyabafundisa abantu abasha ngobuhle bokuzingcina ungayi ocansini ukuze kwehle izinga lokuthola igciwane lesandulela ngculaza."* AP1

> "…*Uhm ...Another good thing about our church is that our Pastor teaches youth about the benefits of abstaining from sexual practices to reduce the risk of contracting HIV/AIDS."* AP1

> "*In my church the elders are very strict when it comes to sexual education, they always teach us about abstaining from sexual activities until we are married. They say that abstinence can prevent us from unplanned pregnancies and HIV/AIDS"* CP3

> *"Isonto lidlala enkulu indima ekufundiseni abantu abasha mayelana nokungayi ocansini bengashadile. Sisi wami, lokhu kuhle ngoba kwehlisa izinga lokubhebhetheka kwezifo zocansi Kanye naso isandulela ngculaza."* EP5

> "*The church plays an important role in teaching youth about abstinence from sex before marriage. My sister…. this is good because it prevents the spread of sexually transmitted diseases including HIV/AIDS."* EP5

Sub-theme 3.2: Faithfulness

The research participants verbalised that in their churches they are taught about being faithful in relationships. Most of the participants verbalised that the couples who are about to get married are also taught during counselling sessions about being faithful to one another in their marriages to prevent contracting diseases such as HIV/AIDS. This was apparent in the following accounts:

> *"In my church we are taught about the importance of faithfulness in life generally and faithfulness to one's partner. Married couples are taught that extramarital relationships can lead to contracting HIV/AIDS, therefore, being faithful to one partner is important*." AP1

> *"…. Umh… Our church condemns promiscuity, therefore, as youth we are taught about faithfulness. These teachings are important to curb the spread of HIV/AIDS, especially if both partners can be faithful to one another"* DP4

> *"Our Pastor usually say faithfulness is not only about having one partner but also disclosing of one's HIV/AIDS status to their partner is part of faithfulness. This protects the other partner from contracting the disease."* BP2

Sub-theme 3.3: Condom use

The participants verbalised that they are taught about condoms and condom usage in their churches by the healthcare workers who conduct youth programmes and also some pastors and church leaders do teach youth about condom use. This was evident in the following statements:

> *"……Uh….. During the HIV/AIDS awareness campaigns, in my church the church leaders and healthcare workers do teach us about using a condom when engaging in sexual activities to prevent being infected by HIV/AIDS and other diseases*." AP1

> *"In my church… Mam, we are encouraged by church leaders that if you are sexually active, you should make sure that you use a condom during sexual activities because when condoms are used correctly and consistently, they are a reliable method of protecting both partners from HIV/AIDS and other sexually transmitted illnesses."* FP6

"……My sister, I hope you do remember that I said our Pastor is a Doctor right...So basically, he provides us with information about the importance of condoms and he believes that condoms are by far the best protection for anyone who is sexually active. This information helps us as youth to make informed decision and protect ourselves from contracting HIV/AIDS." BP2

Sub-theme 3.4. Prevention, support and treatment

It was evident from the responses of the participants that church leaders are in the unique position of being able to preach the prevention of the cause of HIV/AIDS because they can shape social values and increase church member's knowledge not only about HIV/AIDS prevention, but also support and treatment in those that are already infected by HIV/AIDS. This was extracted from the following excerpts:

"You know.... Uh….. I can say that a church is important in disseminating educational information on HIV/AIDS prevention. During the youth sessions we learn about the importance of supporting those who have disclosed that they are already infected by HIV/AIDS, these health talks help in reducing the new HIV/AIDS infections among youth." GP8

"Our Pastor and other elders of the church always advocates prevention and support among those who are living with HIV/AIDS, youth is also encouraged that if one is HIV positive, they should not be ashamed of taking treatment." FP6

"……Mam… in our church, HIV/AIDS prevention messages are always accompanied by messages regarding the importance of support and treatment. Our youth leader teaches us that care and support is important to facilitate immediate access to treatment when the person is infected with HIV/AIDS and also to support adherence to treatment. This in turn helps in prevention of new HIV/AIDS infections." CP10

4.5.4. Major theme 4: Churches' partnership with stakeholders

Most participants verbalised that the feasible method to combat the effects of HIV/AIDS is to encourage partnerships and networking with other stakeholders. They believe that partnership is the most important tool for any form of sustainable initiative. They were of the view that churches need to collaborate with other stakeholders for beneficial programmes to curb the spread of HIV/AIDS among youth. Therefore, sub-themes that

emanated included partnership with the Department of Health, churches and community leaders' partnership.

Sub-theme 4.1: Partnership with the Department of Health

Most of the study participants indicated that in their churches invite the health workers to lead the discussions in HIV/AIDS awareness youth workshops. This is imperative because health care workers are highly trained in the field of HIV/AIDS, so they can give accurate information to the youth in churches. It was also evident from the participant's responses that in some churches there are HIV/AIDS programmes that were initiated with the help of the health care workers from the Department of Health. This is extracted from the following statements:

> *"Yebo, abanye abasebenzi bezempilo bayinxenye yesonto lethu kodwa ke uma sinemicimbi emikhulu yokufundisa ngezempilo, Umfundisi wethu uyaye ameme abasebenzi basemtholampilo oseduze, ukuze bazodlulisa ulwazi olumayelana nesandulela ngculaza."* AP1

> *"Yes, other health care workers are members of our church but if we have big conferences or awareness campaigns, our Pastor invite managers of the nearest clinic and they send healthcare workers to come and share HIV/AIDS related information."* AP1

> *"In my church, our leaders requested the healthcare workers to give us pamphlets that contained HIV/AIDS prevention methods, this initiated a good relationship with our church and the healthcare workers from our nearest clinic in such a way that they also helped us to start an HIV/AIDS awareness campaign in our church."* CP3

> *"Ma'am…As I have mentioned in your previous questions that our church is often used as a testing site for HIV/AIDS by healthcare workers from Department of Health. They usually come and place their tents outside our church and provide services like HIV testing and counselling that means there is partnership between our church and the Department of Health*." GP8

Sub-theme 4.2 Church and community leaders' partnership

The participants verbalised that church exert a powerful influence in the communities where they operate and have credibility in the society. Therefore, partnership of community leaders and church leaders is crucial in communicating HIV/AIDS prevention message to the youth. Some participants mentioned that their Pastors engage with community leaders to be able to reach out to the youth in their communities and spread the HIV/AIDS prevention messages. The participants shared their experiences on this in the following statements:

> *"Umh… We all know that the church is situated within the community, so the church leaders liaise with the community leaders every time when there will be HIV/AIDS awareness campaigns in church. The community leaders share that information with the youth in the community during the community meetings. This partnership helps to spread HIV/AIDS prevention information to more youth in the community.*" AP1

> *"Both the church and the community leaders' partnership help in reaching the large masses of youth in the community. In my church, the Pastor communicates with the community leaders when the Department of Health is planning to come to provide HIV/AIDS related services, and the community leader invites other youth in the community who are not our church members to attend the sessions."* GP7

4.5.5. Major theme 5: Human and financial resources

Most of the study participants concurred that the church, just like any other organisation need human and financial resources in order to function properly. Most churches rely on the generous donations of its members. Other participants also mentioned that they have limited financial resources which makes it difficult to maintain their HIV/AIDS prevention programmes and they also do not have trained people to manage their finances and distribute them accordingly. The sub-theme that emerged from the interviews was the lack of financial support.

Sub-theme 5.1 Lack of financial support

It was evident from the responses of the interviewed participants that most churches are often challenged with ensuring that there is continued funding to support their

programmes like HIV/AIDS prevention programmes. This was apparent in the following statements:

> "*The only source of funding that we have in my church is the donations from the church members but most of them are unemployed, so sometimes we lack money to conduct and maintain HIV/AIDS prevention programmes."* GP8
>
> *"What I have noticed in my church is that the funds that are given to the youth to support their programmes are always insufficient. I think the problem is due to the unavailability of funds. Therefore, we end up cancelling other events because of the lack in financial backing."* CP3

4.6. CHAPTER SUMMARY

Chapter 4 presented the findings on data analysis. Five major themes and several Sub-themes that emerged on data analysis were presented. Discussion of the study findings, conclusion, limitations and recommendations are presented in the next chapter (Chapter 5).

CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

In the previous chapter (Chapter 4), data collected during the interview of the participants was analysed. This chapter is anticipated to discuss and interpret the study findings in the context of the existing literature and the application of Donabedian framework as a theory guiding the study. This chapter also discusses the study limitations, conclusion and recommendations.

5.2. OVERVIEW OF THE RESEARCH DISCUSSION

The aim of the study was to explore and describe the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal. In this study, a qualitative descriptive phenomenology research approach was applied to collect data from the participants. In order to ensure bracketing, the researcher identified what they expected to discover and then deliberately puts the idea aside, thus 'bracketing out' any preconceived ideas so that they can consider every viable perspective. In this study, bracketing was ensured by the use of a reflective journal. The researcher used the reflective journal to write down her preconceptions throughout the research process. The reflective journal also helped the researcher after data analysis is completed to reflect on how the findings were written and to reflect on whether the literature review truly supported the findings.

The discussion was based on the themes and sub-themes that emerged from data analysis. The major themes that emerged from the study findings included churches' contribution to HIV/AIDS prevention, health awareness, churches' involvement in sexual education, churches' partnership with stakeholders and human and financial resources. The themes and associated sub-themes are discussed and interpreted below, and they are validated by the relevant literature. The purpose of this study was to attain the following study objectives:

- To explore the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.
- To describe the factors influencing the involvement of religious organisations in HIV/AIDS prevention.

5.3. DEMOGRAPHIC INFORMATION

The demographic data of the study participants contained the ages, race, gender, and marital status, and religion, level of education and employment status of the participants. Connelly and Lynne (2013) explain the demographic data as the information that is being used by researchers to examine the measurable figures of a particular population. The demographic data was necessary in this study for the determination of whether the participating individuals are a representative sample of the target population. In this study, the researcher interviewed ten (n=10) participants. All ten (n=10) participants were Africans and Christians. The majority of the participants were females (n=7) and three (n =3) participants were males. All ten (n=10) participants were single. There were four (n =4) participants with Grade 12, two (n=2) participants had Higher Certificates, three (n=3) participants with Degrees and one (n=1) participant had a Diploma. Among these participants, six (n=6) were employed and four (n=4) were unemployed. The age groups of the participants were ranging from between nineteen (19) to thirty-two (32) years. Two (n=2) participants were 19 years old, two (n=2) participants were 21 years old, one (n=1) participant was 22 years old, one (n=1) participant was 23 years old, there was one (n=1) participant aged 27 years old, one (n=1) participant aged 30 years old, one (n=1) participant was 31 years old and one (n=1) participant was 32 years old.

5.4. DISCUSSION OF FINDINGS

5.4.1. Churches' contribution to HIV/AIDS prevention

The church has a potential to contribute to the fight against the spread of HIV/AIDS in the communities. This was supported by the participant's responses during the interview sessions where several sub-themes that emerged confirmed that the church does contribute to HIV/AIDS prevention among the youth. Most of the study participants mentioned that in their churches there are youth groups, and these youth groups engage in different topics including HIV/AIDS. The contribution of youth groups in HIV/AIDS prevention was therefore a sub-theme that emerged from the interviews of the inquiry. The study participants also mentioned that during youth groups, their youth leaders help them to debate, discuss and understand what HIV/AIDS is including how they can prevent themselves from being infected. Findings of this study correlated with those of the study that was done by Errikson (2014), where approximately 73% of the young people who were interviewed mentioned that they had received information about

sexuality and HIV/AIDS in church youth groups, and that their leaders were reliable as teachers on sex education. Ochillo, van Teijlingen and Hind (2017) attested to the notion that church youth groups are crucial for gaining relevant and up-to-date information about HIV/AIDS and in turn lead to behavioural change. According to Joint United Nations Programme on HIV/AIDS (UNAIDS, 2018) when young people partake meaningfully in the development and implementation of programmes that affect their health, services are more efficiently tailored to their needs and their health outcomes improve. This shows that the contribution of church youth groups to HIV/AIDS prevention is important. Likewise, development programmes that focuses on youth are most effective when it is the youth that contribute in executive spaces about interventions that affect their lives, and their contributions are meaningfully taken into account (UNAIDS, 2018).

This study adopted Donabedian's framework as a theoretical lynchpin. The Donabedian framework model is a conceptual model that provides a framework for examining health services and evaluating the quality of care (Donabedian, 1980). The model classifies three significant influences on care quality and these are structure, process, and outcome (Donabedian, 1980). The contribution of youth groups in HIV/AIDS prevention falls under “process”. In the context of this study, ‘process’ referred to the HIV/AIDS prevention strategies and the knowledge of youth leaders about HIV/AIDS, and implementation of such strategies in the churches. Under process there is a determination of needs, likewise during the youth groups the youth leaders determine the information that they must share with the youth about sexuality and HIV/AIDS prevention. Furthermore, process include participation and co-operation, as the participants mentioned that they engage and debate about HIV/AIDS during youth groups that means they do participate and co-operate in the process.

HIV/AIDS testing, counselling and care was also mentioned by the participants as part of the churches’ contribution to HIV/AIDS prevention. The majority of the participants were of the opinion that the church contributes to HIV/AIDS prevention by advocating for HIV/AIDS testing, counselling and care. Their opinions were that it encourages youth in the church to know about their HIV/AIDS status. Other participants verbalised that their churches are used as testing sites in the communities. The findings of this study

were similar to those of Van Dyk (2017) which revealed that churches that conduct HIV/AIDS prevention programmes provide pre-and-post counselling, which provides emotional support and care to the youth. Similarly, to the study conducted by Burchardt (2013) discovered that encouraging people to get tested is part of the ordinary acts of religious organisation counselling in Khayelitsha, Cape Town, South Africa. Many churches also collaborate with local clinics by sending counsellors to their testing sites (Burchardt, 2013). The prevailing purposes of the pre-HIV/AIDS testing sessions in the church are to prepare youth for the HIV/AIDS test and to support their conviction that they are doing the right thing despite what the results might be (Derose, Kanouse, Grifin, Haas and Williams, 2015).

In most churches the HIV/AIDS test is followed by post-HIV/AIDS test counselling which aims at guiding people on how to deal with the results and also to provide care to those who are infected (Wringle, Moshabela, Nyamukapa, Bukenya and Ondenge, 2017). HIV/AIDS church counselling innovatively combines religious knowledge with medical expertise and communication skills together this could help in curbing the spread of HIV/AIDS among youth (Van Dyk, 2017). According to Derose *et al.* (2015) church members were more open to church-based HIV/AIDS testing if they were younger and had discussed about HIV/AIDS at church. This means that youth benefit from the HIV/AIDS prevention services rendered by their churches.

According to Donabedian (1980) framework, HIV/AIDS testing, counselling and care can be classified as the “structure”. In this study, ‘structure’ refers to the relatively stable characteristics of the physical and organisational setting in which HIV/AIDS prevention programmes are held and includes resources and tools that they currently have in churches which may help in HIV/AIDS prevention. Under structure, there is a church with skilled congregants, likewise in order for HIV testing to take place there should be a skilled person to do the test as other participants mentioned that in their churches, they invite the HIV/AIDS counsellors to conduct HIV tests. The church is sometimes used as a testing site as some participants of the study stated. Therefore, it provides the physical setting for HIV/AIDS testing. Additionally, the resources like correct and sufficient testing equipment are required. HIV/AIDS counselling need to be done in a

safe and comfortable place. Similarly, the “structure” includes facilities with regard to comfort.

5.4.2. Health awareness

Health awareness addresses various health issues affecting the communities which includes among others the prevention of HIV/AIDS. These study findings revealed that most churches do have health awareness programmes where they share information about various illnesses including HIV/AIDS which is supported by the church leaders in a form of youth church programmes. These findings correspond with the findings of the study that was conducted by Coleman, Tate, Gaddist and White (2016) which revealed that it was evident from the church leaders’ responses that there is a sentiment that the church has an exceptional role it plays and a responsibility of raising the levels of awareness about HIV/AIDS within the community.

The Commemoration of World Aids Day was mentioned by most participants of this study as their health awareness day. On this day the research participants mentioned that they get educated about HIV/AIDS where their churches also invite professional people who are knowledgeable about the disease. Coleman, Tate, Gaddist and White (2016) reveal that many churches collaborated to jointly host events to mark the National HIV/AIDS testing day and the World AIDS Day. Coleman *et. al.* (2016) further attests to the notion that the World AIDS Day is a chance for the church to fight the dread, preconception, and discrimination that affect those living with HIV/AIDS and also curb the spread of the disease.

Van Dyk (2017) found that the church leaders used the opportunity provided by the special awareness days like World AIDS Day to talk to the youth about sexuality and HIV/AIDS prevention. This is further supported by Blevins (2015) who alludes that church leaders wear red ribbons during certain Sundays to remind the congregation including the youth that HIV/AIDS is still predominant. Nunn, Parker, McCoy, Monger, Bender, Poceta, Harvey, Thomas, Johnson, Ransom, Coats, Chan and Mena (2018) discovered that, when African American church leaders were asked about the role of the church in implementing health programmes, they reported that they valued their position as health advocate and were willing to promote HIV/AIDS awareness and to

participate during the World Aids Day. These findings conclude that most churches have awareness programmes to try and curb the spread of HIV/AIDS among the youth.

The commemoration of World Aids Day is regarded as the “Process” according to Donabedian’s theory that guides this study. In this context, the ‘Process' refers to the HIV/AIDS prevention strategies, knowledge of HIV/AIDS by religious leaders and implementation of such strategies in the churches. Therefore, the commemoration of World Aids Day is regarded as the process because it is an HIV/AIDS awareness day which aims at preventing the spread of HIV/AIDS. During this process there is determination of youth needs which is the knowledge about HIV/AIDS. There is also participation and co-operation of the youth and the church leaders which make the Commemoration of World Aids Day a process.

5.4.3. Churches’ involvement in sexual education

Most churches are involved in disseminating sexual education among their members. This was supported by the participant’s responses during the interview sessions where several sub-themes that emerged confirmed that the church does contribute in HIV/AIDS prevention through sexual education. In this study, most participants verbalised that sexual education is a shared subject in their churches, especially during youth sessions. Abstinence, faithfulness, condom use, prevention, support and treatment were the sub-themes that emerged from the interviews.

From the findings of this study, abstinence was mentioned by most participants as the main effective method of HIV/AIDS prevention that they learn from the church. The study participants revealed that their pastors and elders of the church teach and condone abstinence. Similar outcomes were found in the study that was conducted by Van Dky (2017) that the main HIV/AIDS prevention message that most pastors were willing to share was of abstinence or “your body is the temple of God” only. Scholars who work in a field of religion, youth and sexuality agree that the main message of the church to young people on how to curb the spread of HIV/AIDS infection is common a message of “abstinence only” before marriage (Erikson, 2014; Blevins, 2016).

Furthermore, Mukoro (2017) attests to the notion that most sexuality education across African churches merely encourages sexual abstinence until marriage as a strategy for

HIV/AIDS prevention among youth. In the study that was conducted by Bompani and Brown (2015) in Uganda, the Pentecostals voiced that abstinence messages can lead to reduced HIV/AIDS infections. Moreover, according to the Catholic Church doctrine, sex is only permitted within the context of marriage (Baron, 2017). Likewise, the study that was conducted by Munguri, Kunihira, Oyella, Mugerwa, Gift, Aceng, Abolo and Pule (2021), found that the majority of participants (approximately 85%) reported that their church leaders advocate for abstinence. Therefore, abstinence is perceived by the church as the most effective method of HIV/AIDS prevention among youth.

According to Donabedian's framework (Donabedian, 1980) 'Process standards' refers to the HIV/AIDS strategies by the department of health, knowledge of religious leaders and implementation of such strategies in the churches. In the current study's context, the 'Process' referred to the HIV/AIDS prevention strategies and knowledge of HIV/AIDS given by religious leaders disseminating relevant HIV/AIDS prevention information through abstinence to the church members, especially the youth. Therefore, abstinence messages fall under process because there is determination of needs, which is the need of knowledge about HIV/AIDS and there is also participation and co-operation of youth during the sexual education on abstinence.

Faithfulness/fidelity was mentioned as one of the sexual education topics that is shared in most of the study participants' churches. Most participants verbalised that in their churches they were taught about being faithful in relationships. This was attested by most of the participants that in their churches couples who are about to get married are taught during counselling sessions about being faithful to one another in their marriages to prevent contracting diseases such as HIV/AIDS. The findings of this study correlate with those of Van Dyk (2017) who also found that most church leaders encourage their members to be faithful in their relationships to prevent being infected by diseases such as HIV/AIDS. Munguri, Kunihira, Oyella, Mugerwa, Gift, Aceng, Abolo and Pule (2021) further agrees to the notion that the church leaders advocate for faithfulness as one of the HIV/AIDS prevention strategies as being faithful among the married were the most encouraged HIV/AIDS prevention strategies by religious leaders. Therefore, the findings of this study are consistent with what other researchers have witnessed elsewhere

where mutual faithfulness is mostly encouraged, like the study conducted by Munguri *et al.* (2021).

According to Aja and Umahi (2020) in 1990, the Seventh-day Adventist church released an official statement on HIV/AIDS that the church promotes biblical model of sexuality which includes but not limited to monogamous marital relationship and faithfulness within the relationship. Generally, the Pentecostal churches in Botswana have highlighted sexual fidelity within marriage or faithfulness as a strategy to avoid contracting HIV/AIDS (Mpofu and Nkomazana, 2014). Furthermore, the study that was done by Usadolo (2019), it was apparent that most church leaders advocate for behavioural change HIV/AIDS prevention strategies which includes faithfulness in relationships. In the same vein, evidence from South Africa suggests that individuals belonging to certain behaviourally strict denominations such as Pentecostalism and certain African Independent Churches which exhibited lowered risk of HIV infection (Trinitapoli and Regnerus, 2016). Therefore, the findings of this study posit that faithfulness is one of the common sexual education topics taught to the youth in churches to prevent them from contracting HIV/AIDS.

According to the Donabedian's framework (1980), faithfulness as a HIV/AIDS prevention message is regarded as a structure because the structure in this study includes religious leaders, congregation, and the availability of HIV/AIDS prevention tools which may include information or knowledge of HIV/AIDS. Therefore, for faithfulness message to be shared in the church, there should be the availability of people who are knowledgeable about the topic, which are the church leaders; and there should be the audience which include the youth of the church and that forms the structure that assist in educating the youth about the preventive measures to be taken by the youth against HIV/AIDS infection.

Although there is a controversy about the issue of condom use in churches as an HIV/AIDS prevention method, but the participants of this study verbalised that they are taught about condoms and their use in their respective churches by the healthcare workers who conduct youth programmes and also some pastors. Similar findings were reported in the study that was conducted by Ralte (2021) who discovered that the church

leaders were willing to disseminate sex education including the use of condoms to their youth. Approximately 80% church leaders reported that condoms prevent HIV/AIDS and they passed that message to their congregants (Ralte, 2021). Likewise, Munguri, Kunihira, Oyella, Mugerwa, Gift, Aceng, Abolo and Pule (2021) discovered that some church leaders were able to advise their congregants, especially youth about the use of condoms even though they said, “it is against the beliefs of their religion”. Furthermore, Ochillo, Teijlingen and Hind (2017) found that condom use was the most conversed sexual behaviour and some church leaders cautiously approved condoms use to their church members. Oluduro (2013) revealed that after a funded workshop conducted by the United Nations Population Fund (UNFPA), six Christian denominations in Zimbabwe announced that condoms could be used within the family to prevent HIV transmission. Therefore, the findings of this study are similar to those of other scholars who found that the church leaders are willing to educate the youth about condom use in order to combat the spread of HIV/AIDS.

Prevention, support and treatment was also mentioned by the research participants as the strategy of the church for combating the spread of HIV/AIDS. It was evident from the responses of the research participants that church leaders are in the unique position of being able to preach the prevention of the cause of HIV/AIDS and also give support and encourage the taking of treatment to those that are already infected by HIV/AIDS. The study that was conducted by Ralte (2021) found that most religious leaders expressed their willingness to contribute to HIV/AIDS prevention and give support to those who are already infected by the disease. In addition, William, Derose, Haas, Griffin and Fulton (2018) discovered that there are variety of activities that churches have implemented, including: encouragement to taking of treatment, care and support for people who are living with HIV/AIDS as well as dissemination of prevention messages to the youth by the church leaders.

Donabedian’s framework (1980), refers to the outcome as the achievement of objectives, effect on clients’ outcome and the effect on clients’ care and satisfaction. Therefore, the state of prevention, support and treatment offered by the church leaders to the youth is regarded as an outcome. In this regard, those who are already infected by HIV/AIDS are being supported and encouraged to continue to adhere to taking of the

treatment. This is regarded as the outcome of the support that they get from the church leaders without being stigmatised.

5.4.4. Churches' partnership with stakeholders

The feasible method to combat the effects of HIV/AIDS is to encourage partnerships and networking with other stakeholders. The importance of partnerships between marginalised communities and support agencies such as churches, the public sector, private sector and civil society is a pillar of HIV/AIDS management policy (Nair and Campbell, 2008). This emanated from the participant's responses during the interview sessions where several sub-themes that emerged confirmed that partnership between the church and other stakeholders can help to prevent the spread of HIV/AIDS among youth. Most research participants were of the view that churches need to collaborate with other stakeholders for beneficial programmes to curb the spread of HIV/AIDS among youth. Therefore, sub-themes that emerged from the interviews included partnership with the Department of Health, churches and community leaders' partnership.

The study participants indicated that there is partnership between their churches and the Department of health. In their churches they invite the health workers to lead the discussions in HIV/AIDS awareness youth workshops. This is imperative because health care workers are highly trained in the field of HIV/AIDS, so they give accurate information to the youth in churches. The findings of this study correlate with those of Gangarova and Bakambamba (2019) who found during their study that in Germany the African Pastors collaborated with the AIDS service organisations, public health authorities and researchers in a community-based participatory health project that aims in combating the spread of HIV/AIDS among youth. It was also evident from the participant's responses that in some churches there are HIV/AIDS programmes that were initiated with the help of the health care workers from the Department of Health. Similarly, a mobile training sequence on HIV/AIDS for African Pastors was established with the support of medical doctors (Gangarova and Bakambamba, 2019). In the same vein, Nunn, Jeffries and Foster (2019) were of an opinion that there is a remarkable public health opportunity to work collaboratively with churches to address HIV/AIDS epidemic in the communities.

In the study that was conducted by Lanzi, Footman, Jackson, Ayara, Ott, Sterling, Davis and Kaiser (2019), it was evident that collaboration between stakeholders is imperative. This is because healthcare workers collaborate with the church leaders in a community - based project to teach about HIV/AIDS and most of the participants reported that church leaders are prepared to implement awareness activities in their respective churches. Partnering with the church leaders presents vital and exceptional opportunities to reduce HIV disparities. Nearly all church leaders believed that the technical support with biomedical HIV prevention such as pre-exposure prophylaxis will improve their ability to form partnerships with local community health centres (Arnold, Haynes, Foster, Parker, Monger, Malyuta, Cain, Coats, Murphy, Thomas, Sockwell, Klasto-Foster, Galipeau, Dobbs, Smith, Mena and Nunn, 2021).

Likewise, in a study that was conducted by Wingood, Lambert, Renfro, Ali and DiClemente (2019) in Atlanta Georgia, the university researchers formed a collaboration with health agencies and churches to implement multilevel intervention for HIV/AIDS prevention. Kamaara, Oketch, Cherise, Coats, Thomas, Ransome, Willie and Nuun (2019) revealed that pastors and healthcare providers agreed about the significance of increasing pastor's involvement in HIV/AIDS prevention partnerships. Furthermore, pastors expressed interest in collaborating with clinical practitioners to spread awareness about HIV prevention methods especially to the youth (Kamaara *et al.*, 2019).

Churches exert a powerful influence in the communities where they function and have integrity in the society. This was evident from the study participants as most alluded that their churches are influential in engaging youth in HIV/AIDS programmes in partnership with the community leaders such as the ward councillors. Some participants mentioned that their pastors engage with community leaders to be able to reach out to the youth in their communities and spread the HIV/AIDS prevention messages. In the study conducted by Williams and Brewer (2019) revealed that various collaborative, community-based associations involving the community leaders and the Black church have been successful in promoting positive health behaviours and preventing the spread of HIV/AIDS among youth. Additionally, in Tanzania the religious leaders co-joined with community leaders and taught about the importance of male circumcision as

a prevention major against HIV, and that caused a much higher uptake of services (Stewart, Thompson and Rogers, 2016). As the religious leaders gained knowledge, they also transferred that knowledge about circumcision to their youth congregants and also the community leaders passed the same message to their youth members during community meetings, which could impact positively in HIV/AIDS prevention.

In both the United States and in African countries, the ordained priests and the community leaders are beginning to work together to form faith-based programmes to reduce HIV/AIDS and reduce the stigma that is associated with the disease (Collins, Phields and Duncan, 2017). Likewise, Elifson, Klein, and Sterk (2015) agree that most religious leaders and community leaders see HIV/AIDS as an important public health issue and recognise the need for collaboration in HIV/AIDS-related education among their communities especially the youth. In addition, the findings of the study that was conducted in Zambia indicated that partnership between the religious leaders and community leaders who attended trainings gained and shared scientific insights about HIV/AIDS which motivated their action in personal, social, and religious contexts (Wiginton, King and Fuller, 2019). This assisted them in contributing positively in HIV/AIDS prevention as a church and as a community at large.

Moreover, the study that was conducted in Mopani District of Limpopo South Africa, concluded that involving religious leaders as well as community leaders in HIV testing programmes in the communities has a positive outcome in reaching men, in particular, for HIV testing (Jobson, Khoza and Mbeng, 2019). Therefore, the Department of Health should consider partnership with religious leaders and community leaders to encourage more youth to undergo HIV testing and in turn reduce the spread of HIV/AIDS. Therefore, church leadership and community partnership are imperative in the reduction of HIV/AIDS among the youth within the church and the community at large.

According to the Donabedian's framework which is a theory that guides this study, churches' and community leader's partnership is regarded as an outcome. Donabedian's theory describes outcome as the achievement of objectives. In the outcome there is participation and co-operation, in the same instance, partnership between the church and community leaders requires cooperation between the two

parties. Additionally, the outcome also includes improvement of skills, this can take place when the two parties collaborate and share ideas. Also, after collaboration between the church and the community leaders there should be the achievement of objectives which are to combat the spread of HIV/AIDS among youth.

5.4.5. Human and financial resources

The human and financial resources is one of the factors that influence the involvement of religious organizations in HIV/AIDS prevention. Every organisation including churches need human and financial resources in order to function properly. Most churches are going through financial difficulties as they do not have a stable financial resource but mostly depends on donations from the good Samaritans and some members of the church. The study participants mentioned that they have limited financial resources which makes it difficult to maintain their HIV/AIDS prevention programmes. Similar findings were reported by Pichon, Powell, Ogg, Williams and Becton-Odum (2016) who state that acquiring financial resources makes it feasible for pastors to implement HIV/AIDS prevention activities. While, Powell, Weeks, Illangasekare, Rice, Wilson, Hickman and Blum are of an opinion that churches have inadequate and inconsistent financial resources, which makes implementing HIV/AIDS prevention programmes a challenge. Moreover, Robinson, Atkins-Girouard, Andrews, Shegog and Lee (2018) revealed that lack of financial support was mentioned by the church leaders as one of the barriers that hinders the implementation and maintenance of HIV/AIDS prevention programmes.

In the same vein, Stewart, Hong and Powell (2018), agreed with later that most church leaders were of an opinion that they do not have enough funding for maintaining HIV/AIDS church-based programmes, therefore they only preached the message of HIV prevention in the pulpit. Asekun-Olarinmoye, Fatiregun, and Fawole (2013), argues that the Pastors are knowledgeable about HIV/AIDS and have positive attitudes towards disseminating HIV/AIDS prevention message to their congregants, especially youth. However, they are in a dire need of financial support in order to control the programmes and activities for HIV/AIDS prevention. Therefore, it is evident that to sustain and implement a successful HIV/AIDS programme to the youth at churches it requires sufficient financial support.

According to Donabedian's framework, a structure is regarded as an administrative of the organisations including management, economic and environmental conditions of the environment (Donabedian, 1980). Therefore, lack of financial support which is an economy affects the implementation of various programmes in the church including HIV/AIDS to the youth. For the structure to be complete there should be adequate funding and resources which will lead to the effective implementation of HIV/AIDS prevention programmes.

5.5. CONCLUSION

The purpose of the study was to explore the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal, and also to describe the factors influencing the involvement of religious organisations in HIV/AIDS prevention. The study participants revealed that churches play significant roles in HIV/AIDS prevention among youth. The five major themes and several sub-themes emerged from the responses of the participants about the roles of religious organisations in HIV/AIDS prevention. The major themes included churches contribution to HIV/AIDS prevention, health awareness, churches' involvement in sexual education, churches' partnership with stakeholders and also human and financial resources. The study findings revealed that churches do play a role in curbing the spread of HIV/AIDS especially among church going youth.

The programmes such as youth groups, awareness days and teachings by the Pastors and elders available in most churches plays important roles among the youth in curbing the HIV/AIDS pandemic. Furthermore, the findings of the study achieved the aim and objectives of the study; and the successfully made recommendations for implementation by various stakeholders who are involved in the prevention of the HIV/AID among youths in various churches.

5.6. THE STUDY LIMITATIONS

A qualitative descriptive and explorative phenomenological study was conducted using unstructured interviews with the participants that were purposefully selected. Therefore, the findings of this study cannot be generalised based on the fact that the sampling size was relatively small. Furthermore, only the youth at selected churches in Nqutu were included in the study, the study could have yielded different findings if the pastors,

church leaders and the congregation formed part of the inclusion on the study sample. In order to overcome the study limitation about generalising the findings of the study, the sample size could have been increased by including the youth in all churches at Nquthu not in one area.

5.7. RECOMMENDATIONS

Recommendations to the church Leaders/Pastors

- The church leaders/Pastors need to strengthen their collaboration with stakeholders such as the Department of Health, Non-Government Organisations and the community to ensure that their programmes regarding HIV/AIDS prevention amongst the youth are sustainable.
- The church leaders should involve all the congregants in HIV/AIDS prevention programmes.
- Church leaders should seek out for relevant up to date HIV/AIDS information to be given to the youth and the congregations from the Department of Health to ensure that the information is current and relevant.
- Church leaders should ask for assistance like distribution of condoms from their nearest health facilities if they are hosting HIV/AIDS prevention awareness.
- Church leaders/Pastors should continue to give support and encouragement to people who are already infected by HIV/AIDS to adhere to the treatment.
- The church leaders/Pastors should continue to pass strong messages to the youth regarding abstinence, use of condoms and impact negotiate skills about sexual affairs.

Recommendations to the community leaders

- The community leaders should work together with the church leaders/Pastors in the fight against HIV/AIDS to promote and sustain available youth programmes in the community and in church.
- The community leaders must form collaboration with the churches and allow them to use the community infrastructure including the community hall for hosting their HIV/AIDS prevention awareness.

- The community leaders should use their authority in the community to promote HIV/AIDS prevention programmes done by the churches in the community by announcing these programmes during the community meetings.
- Community leaders should attend and encourage the youth in the community to avail themselves for HIV/AIDS programmes hosted by the church to show support.

Recommendations to the youth

- Youth should attend the youth the available church groups in full capacity and participate during HIV/AIDS prevention activities.
- Youth should encourage and invite their peers to attend the youth church meetings to learn more about the prevention of HIV/AIDS.
- The youth should be encouraged to practice what they are being taught in church regarding the prevention of HIV/AIDS.
- Youth at churches should be encouraged to attend short courses regarding the prevention of HIV/AIDS.
- Youth should be mentored to be HIV/AIDS champions who will take a lead in teaching their peers about the prevention of HIV/AIDS.

Recommendations to the Department of Health

- The Department of Health should organise workshops to keep religious leaders abreast of the new developments in HIV/AIDS prevention.
- The church leaders should be provided with free condoms to distribute to their youth in their churches and the congregants.
- The Department of Health should visit churches and encourage them to be involved in HIV/AIDS prevention programmes.
- There should be collaboration between churches and the Department of Health and services for HIV/AIDS counselling, testing and treatment should be offered in churches.

Recommendations to the policy makers and policy implementers

- More updated policies should be developed or revised with new available information regarding the prevention of HIV/AIDS amongst the youth.

- More youth friendly policies should be developed and implemented regarding the prevention of HIV/AIDS.
- Policies that can be used in churches to promote the prevention of HIV/AIDS among the youth should be developed and implemented.
- Involvement of the church leaders and youth during policy development that pertains to the prevention of HIV/AIDS should be encouraged.

Recommendations for future research

- Further research is required to document the outcomes of the work done by churches in HIV/AIDS prevention.
- More research is still needed on the interfaith collaboration to curb the spread of HIV/AIDS.
- Further research should be conducted to explore more churches involvement in HIV/AIDS prevention from the broader population of the church.

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ANNEXURE 1: ETHICAL CLEARANCE

UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE
(Reg No: UZREC 171110-030)

RESEARCH & INNOVATION
Website: http://www.unizulu.ac.za
Private Bag X1001
KwaDlangezwa 3886
Tel: 035 902 6273
Email: ViljoenD@unizulu.ac.za

ETHICAL CLEARANCE CERTIFICATE

Certificate Number	**UZREC 171110-030 PGM 2020/29**							
Project Title	**The roles of religious organizations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal, South Africa**							
Principal Researcher/ Investigator	S Khanyile							
Supervisor and Co-supervisor	Dr S.T Madlala							
Department	Nursing Science							
Faculty	Science and Agriculture							
Type of Risk	Low Risk – Desktop, field work or laboratory							
Nature of Project	Honours/4th Year		**Master's**	x	Doctoral		Departmental	

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection as from the date of this Certificate, using the certificate number indicated above.

Special conditions:

(1) This certificate is valid for 1 year from the date of issue.
(2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date- 08 September 2022]
(3) Principal researcher must submit a report at the end of project in respect of ethical compliance.
(4) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.

The UZREC wishes the researcher well in conducting research.

Professor Nokuthula Kunene
Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation

08 September 2021

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30
08 -09- 2021
RESEARCH & INNOVATION OFFICE

ANNEXURE 2(A): REQUEST LETTER TO GATEKEEPERS

Faculty of Science and Agriculture

Department of Nursing Science

University of Zululand
PO Box X1001
KwaDlangezwa
3886

To: The Acting Municipal Manager (Nquthu)

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a student registered for a Master degree in the Department of Nursing Science at the University of Zululand under the supervision of Dr. S.T Madlala

The proposed topic of my research is: The roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

The study objectives are as follows:

- To explore the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.
- To describe the factors that influence the involvement of religious organisations in HIV/AIDs prevention.

I am hereby in quest of your consensus to conduct a research project in your community. Should you require any further information, please do not hesitate to contact me or my supervisor.

Our contact details are as follows:

Researcher: Miss S. Khanyile (Master Degree student) KwaDlangezwa Campus 083 5825 871, **Research supervisor:** Dr. S.T Madlala KwaDlangezwa Campus-madlalas@unizulu.ac.za Upon completion of the study, I agree to offer you with a bound copy of the dissertation.

Your consent to carry out this study will be greatly cherished.

Yours sincerely

Signature…….
Name: Ms S. Khanyile
Student number: 201413031

ANNEXURE 2 (B): INCWADI YESICELO YEZIPHATHIMANDLA ZASENQUTHU

Faculty of Science and Agriculture

Department of Nursing Science

University of Zululand

PO Box X1001

KwaDlangezwa
3886

To: Iziphathimandla zomkhandlu waseNquthu

Ngiyabingelela Mnumzane

ISICELO SOKWENZA UCWANINGO ENDAWENI YENKOSI

Ngingumfundi owenza iziqu zeMasters degree emnyangweni wezempilo ogxile kwaNursing, eNyuvesi yaKwaZulu eNyakatho nesifundazwe saKwaZulu-Natal. Lolucwaningo ngilwenza ngisizwa nguthisha wami uDokotela u S.T Madlala. Isihloko socwaningo lwami sithi: Iqhaza elidlalwa abezenkolo noma amasonto ekulwisaneni nokubhebhetheka kwesifo sesandulela ngculazi kanyenegciwane layo kubantu abasha baseNquthu.

Imiphumela elindeleke ngalolucwaningo imi kanje:

Ukuthola nokuchaza kabanzi Iqhaza elidlalwa abezenkolo noma amasonto ekulwisaneni nokubhebhetheka kwesifo sesandulela ngculazi kanyenegciwane layo kubantu abasha baseNquthu.

Ukuchaza kabanzi izimo ezibangela ukuthi abezenkolo bekwazi ukubamba

Iqhaza ekulwisaneni ne sandulela ngculazi kanye negciwane laso. Bengicela imvumo yokwenza Lolucwaningo.
Uma kukhona okunye odinga ukukwazi ngalolucwaningo, ngicela uthinte mina noma uthishela wami. Nazi izinombolo zethu zocingo ngezansi:

Umcwaningi: Miss S. Khanyile (Master Degree student) KwaDlangezwa Campus 083 5825 871, **Uthishela:** Dr. S. T Madlala KwaDlangezwa Campus- madlalas@unizulu.ac.za Uma ngiqeda ngalolucwaningo ngiyathembisa ukunilethela ikhophi yemiphumela.

Ngiyothokoza uma isicelo sami samukelekile.

Ozithobayo

Signature…….
Name: Ms S. Khanyile
Inamba yokufunda: 201413031

ANNEXURE 2(C): PERMISSION LETTER FROM GATEKEEPERS

NQUTHU MUNICIPALITY
UMASIPALA WASE NQUTHU
Private Bag X5521, NQUTHU, 3135
Tel: +27(0) 34 271 6100, Fax: +27(0) 34 271 6111

30 November 2020

University of Zululand
Private Bag X1001
KwaDlangezwa
3886

THE ROLES OF RELIGIOUS ORGANISATIONS IN HIV/AIDS PREVENTION AMONG YOUTH AT NQUTHU KWAZULU-NATAL, SOUTH AFRICA.

Permission to collect data at Nquthu under the above mentioned topic is hereby granted to Ms S. Khanyile.

Communication about the outcome of your study will be much appreciated.

Wishing you all the best in your studies.

Thank you

NQUTHU MUNICIPALITY
2020 -11- 30

S.B.MTHEMBU
Acting Municipal Manager

ANNEXURE 3 (A): LETTER OF INFORMATION

KWAZULU NATAL DEPARTMENT OF HEALTH RESEARCH ETHICS COMMITTEE (KZNDOHREC)

Thank you so much for agreeing to participate in this study.

Title of the Research Study: The roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

Purpose of the research: To explore and describe the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal, this will enable the researcher to gather information about the involvement of the religious organisation in HIV/AIDS prevention and recommendations will be made thereafter.

Principal Investigator/s/researcher: S Khanyile
Supervisor: Dr S. T Madlala

Outline of Data Collection Procedure: An unstructured in-depth individual interviews will be used to collect data from the consented participants. Participants will be interviewed on a face-to-face encounter for 30 minutes and audiotape will be used for recording of the interview.

Risks or Discomforts to the Participant: The study and the procedure will have no potential risks and no physical discomfort to the participants. The participants have a rightful consent to withdraw from the study if they feel threatened or uncomfortable.

Benefits: This study intends to add knowledge to the existing literature. Positive aspects of the study will be highlighted and challenges will be identified. Develop recommendations to facilitate HIV/AIDS prevention in churches.

Remuneration: There will be no monetary or compensation given the participants that will be involved in the study.
Costs of the Study: There will be no costs for participating in a study.

Confidentiality: Information provided by the participants will remain strictly confidential. No names of participants will be written on the research documents. Data collected will be coded so that it is not linked to the participant. Data that will be collected during the study will be stored in a secure locked cupboard. The researcher will keep the key for 5 years and the collected data, collection tool and field notes will be shredded thereafter. Computer stored data will be protected by a password and will be destroyed together with audiotaped information after 5 years have lapsed.

Research-related Injury: Nil

Individuals to contact in the occasion of any complications or queries: Please contact me, the researcher: Sethembile Khanyile 0835825871 or at sethembilekhanyile@gmail.com my supervisor Dr S.T. Madlala during office hours at madlalas@unizulu.ac.za

ANNEXURE 3(B): INCWADI YOLWAZI

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KWAZULU NATAL DEPARTMENT OF HEALTH RESEARCH ETHICS COMMITTEE (KZNDOHREC) LETTER OF INFORMATION

Ngiyabonga ukuthi ube yingxenye yalolucwaningo

Isihloko socwaningo: Iqhaza elidlalwa abezenkolo noma amasonto ekulwisaneni nokubhebhetheka kwesifo sesandulela ngculazi kanyenegciwane layo kubantu abasha baseNquthu.

Isizathu sokwenza lolucwaningo: Ukuthola nokuchaza kabanzi Iqhaza elidlalwa abezenkolo noma amasonto ekulwisaneni nokubhebhetheka kwesifo sesandulela ngculazi kanyenegciwane layo kubantu abasha baseNquthu. Ukubheka kabanzi izimo ezibangela ukuthi abezenkolo bekwazi ukubamba Iqhaza ekulwisaneni ne sandulela ngculazi kanye negciwane laso.

Umcwaningi: Sethembile Khanyile
Uthishela: Dr S.T Madlala

Indlela yokwenza ucwaningo: Imibuzo ehleliwe izobuzwa labo abazovuma ukuba yingxenye yocwaningo. Laba abazoba yingxenye yocwaningo bazobuzwa umuntu ngamunye kuze kube isikhathi esilinganiselwa kumaminithi angamashumi amathathu, uhlelo lwemibuzo nezimpendulo luzoqoshwa

Ubungozi bocwaningo: Abukho ubungozi noma ukungaphephi okungahle kwehlele abazobamba iqhaza kulolucwaningo.

Inzuzo yokwenza lolucwaningo: Lolucwaningo luzokwandisa ulwazi olukhona mayelana nalesisihloko.
Okuhle okuzovezwa yalolucwaningo kuzobekwa kucace kanye nezinkinga ezikhona zizovezwa obala.

Iholo: Alikho iholo noma inzuzo ezotholwa yilabo abazobamba Iqhaza kulolucwaningo.
Izindleko: Azikho izindleko abazobhekana nazo ababambi beqhaza balolucwaningo.

Ubumfihlo: Yonke imniningwane yabantu abayingxenye yocwaningo izoba yimfihlo, angeke kubhalwe phansi amagama abantu. Lonke olwazi oluzobe lutholakele kanye nezinkulumo eziqoshiwe kuzovalelwa ekhabetheni elikhiyekayo. Ukhiye uzogcinwa umcwaningi. Ngemuva kweminyaka eyisihlanu yonke ingxoxo emayelana nocwaningo izocishwa lapho eqoshwekhona, okungamaphepha kuzoshiswa.

Ukulimala okuhambisana nocwaningo: Akukho

Abantu ongaxhumana nabo mayelana nalolucwaningo: ungaxhumana nami umcwaningi:Sethembile Khanyile 0835825871 noma sethembilekhanyile@gmail.com, uthisha wami Dr S.T Madlala ngezikhathi zomsebenzi madlalas@unizulu.ac.za

ANNEXURE 4: PERMISSION FROM KZN-DoH RESEARCH

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:
Health Research & Knowledge Management Unit

Postal Address: Private Bag X9050
Physical Address: 330 Langalibalele Str; PM Burg; 3201
Tel: 0333953189/3123/2805 Fax: 033-3943782
Email address: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

NHRD Ref: KZ_202101_022

Dear Ms S Khanyile
(University of Zululand)

Approval of research

1. The research proposal titled **'The roles of religious organizations in HIV/AIDS prevention among youth at Nquthu in Kwa Zulu-Natal, South Africa.'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby **approved** for research to be undertaken among the community at Nquthu Community.

2. You are requested to take note of the following:
   a. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
   b. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
   c. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
   d. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za*
   e. *Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.*

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 16/04/2021

ANNEXURE 5(A): INFORMED CONSENT DECLARATION

PARTICIPANT'S DECLARATION

Name of Participant: ..... Date: .....
Name of Researcher: Khanyile Sethembile
Institution: University of Zululand

PROJECT TITLE: The roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in KwaZulu-Natal.

Sethembile Khanyile, a Master Degree student in the Department of Nursing, University of Zululand has invited me to participate in the above-mentioned research project. The nature and the purpose of the research project and this informed consent declaration have been explained to me in a language that I understand.

I am mindful that: The purpose of the study is to explore and describe the role of churches in HIV/AIDS prevention among the youth. The procedures to be followed during the interview include using a tape recorder to record the interview. There are no risks of any nature that will arise from this study. The findings of the study will help other religious organisations to improve on HIV/AIDS prevention and also help public health professionals on how they can work together with religious organisations. I may quit from participating in the study at any time. There is no financial compensation for participating in this study. My personal information will not be exposed.
The researcher proposes to publish the research results by the means of a research paper. Though privacy and discretion of records will be preserved and my details will not be exposed to anyone who has not been involved in the conduct of the research.

I will be given feedback through workshops conducted by the researcher concerning results attained throughout the study.

Any additional inquiries that I might have regarding the research or my participation will be responded to by Dr S.T Madlala at the University of Zululand, contact number (e-mail: madlalas@unizulu.ac.za).

By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies. A duplicate of this informed agreement declaration will be given to me and the original will be reserved on record.

I ……. have read the overhead material and everything was clarified to me in a language that I comprehend and I am mindful of this document's contents. I am fully aware of what is anticipated of me during the research.
I have not been forced in any way and I have freely agreed to participate in the abovementioned project.

Signature of the Participant ……..... Date…….

Signature of the researcher…… Date…….

ANNEXURE 5(B): ISIVUMELWANO SOKUZIBOPHEZELA

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IZIFUNGO

Igama leParticipant: ..... Usuku: .....

Igama lomcwaningi: Khanyile Sethembile
Isikhungo sokufunda: University of Zululand

ISIHLOKO SOCWANINGO: Iqhaza elidlalwa abezenkolo noma amasonto ekulwisaneni nokubhebhetheka kwesifo sesandulela ngculazi kanyenegciwane layo kubantu abasha baseNquthu.

USethembile Khanyile, umfundi weMasters degree yakwaNursing eNyuvesi yaKwaZulu ungimemile ukuba ngibe yingxenye yocwaningo lwalesisihloko esingenhla.
Ngichazelekile ngolwimi engiluqondayo mayelana nesizathu sokwenza lolucwaningo, indlela oluzokwenziwa ngalo kanye nangalesisivumelwano.

Ngiyazi ukuthi: Isizathu sokwenza lolucwaningo ukuthola ulwazi kabanzi mayelana neqhaza elidlalwa amasonto ekuvimbeleni ukubhebhetheka kwesifo sengculaza Kanye negciwane layo kubantu abasha baseNquthu. Izingxoxo zemibuzo nezimpendulo esizoba nazo zizoqoshwa. Abukho ubungozi banoma yiluphi uhlobo olungavela ngalolucwaningo. Imiphumela yalolucwaningo izosiza amasonto ukuba azithuthukise mayelana nezinhlelo zokuvimbela ukubhebhetheka kwesifo sesandulela ngculazi negciwane layo, nabasebenzi bezempilo basemphakathini bazosizakala ngokuthi babambisane nabamasonto ukuze kunqotshwe lesisihlava. Ngingayeka ukuba yingxenye yocwaningo nanoma yinini mangithanda. Akukho nzuzo noma imali engizoyithola ngokubayinxenye yalolucwaningo. Imininingwane yami izofihlwa.

Umcwaningi uthi kungenzeka ashicilele iphepha ngemiphumela yalolucwaningo, Khona kunjalo imniningwane yami ayizukutholwa abantu abangebona abaphathi balolucwaningo. Umcwaningi uzonginika ulwazi mayelana ngemiphumela ayitholile kulolucwaningo. Uma kukhona engingakutholi kahle noma nginemibuzo mayelana ngalolucwaningo, ngivumelekile ukuxhumana no Dokotela u S.T. Madlala wase University of Zululand. (E-mail: madlalas@unizulu.ac.za). Ngokusayina lezizibophezelo zesifumelwano angisho ukuthi kunezibopho zabomthetho. Ngizonikezwa ikhophi yalesisivumelwano, nomcwaningi uzosala neyakhe azoyigcina.

Mina …….Ngiyifundile lemibhalo engenhla ngayiqonda, konke kuchazwe ngolwimi engiluqondayo. Ngiyakwazi okulindeleke kimi ngokuba yingxenye yalolucwaningo. Angiphoqwanga ukuba yingxenye yalolucwaningo, ngizivumele mina ngokuthanda kwami.

Kusayina iparticipant:…..…….... Usuku……

Kusayina umcwaningi…… Usuku ……...

ANNEXURE 6 (A): INTERVIEW GUIDE

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THE ROLES OF RELIGIOUS ORGANISATIONS IN HIV/AIDS PREVENTION AMONG YOUTH AT NQUTHU IN KWAZULU-NATAL.

Date----------

Participant no:

Section A: Demographic data

Age ---------- Gender----------

Race----------

Church……..

Section B: The following tour guide question will be asked during an interview:

1. Tell me more about your views and experiences regarding the roles of religious organisations in HIV/AIDS prevention among youth at Nquthu in Kwazulu-Natal?

Any other probing questions following the participants' responses will be used to facilitate the discussion.

ANNEXURE 6(B): UHLELO LWEMIBUZO NEZIMPENDULO

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IQHAZA ELIDLALWA ABEZENKOLO NOMA AMASONTO EKULWISANENI NOKUBHEBHETHEKA KWESIFO SESANDULELA NGCULAZI KANYENEGCIWANE LAYO KUBANTU ABASHA BASENQUTHU.

Usuku---------- Inombolo yozobamba Iqhaza:

Isigaba A: Imniningwane Yakho

Iminyaka ---------- Ubulili----------

Ubuhlanga---------- Igama lesonto……..

Isigaba B:

Umbuzo omkhulu ozobuzwa ngesikhathi sengxoxo yocwaningo:

1. Ngicela ungixoxele kabanzi mayelana nombono wakho kanye nesipiliyoni onaso mayelana neqhaza elidlalwa ngabezenkolo noma amasonto ekulwisaneni nokubhebhetheka kwesifo sesandulela ngculaza kubantu abasha baseNquthu kwaZulu-Natal.

ANNEXURE 7: EDITOR'S LETTER

University of Zululand
KwaDlangezwa Campus

Faculty of Arts
Languages and Communication Studies
Department of English

UNIVERSITY OF ZULULAND

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Private Bag X1001, KwaDlangezwa 3886
Cell: 0614556808
E-Mail: rataun@unizulu.ac.za

11 December 2021

TO WHOM IT MAY CONCERN

This letter serves to certify that I have conducted a language editing of research dissertation entitled: **THE ROLES OF RELIGIOUS ORGANIZATIONORGANISATIONS IN HIV/AIDS PREVENTION AMONG YOUTH AT NQUTHU IN KWA ZULU-NATAL,**

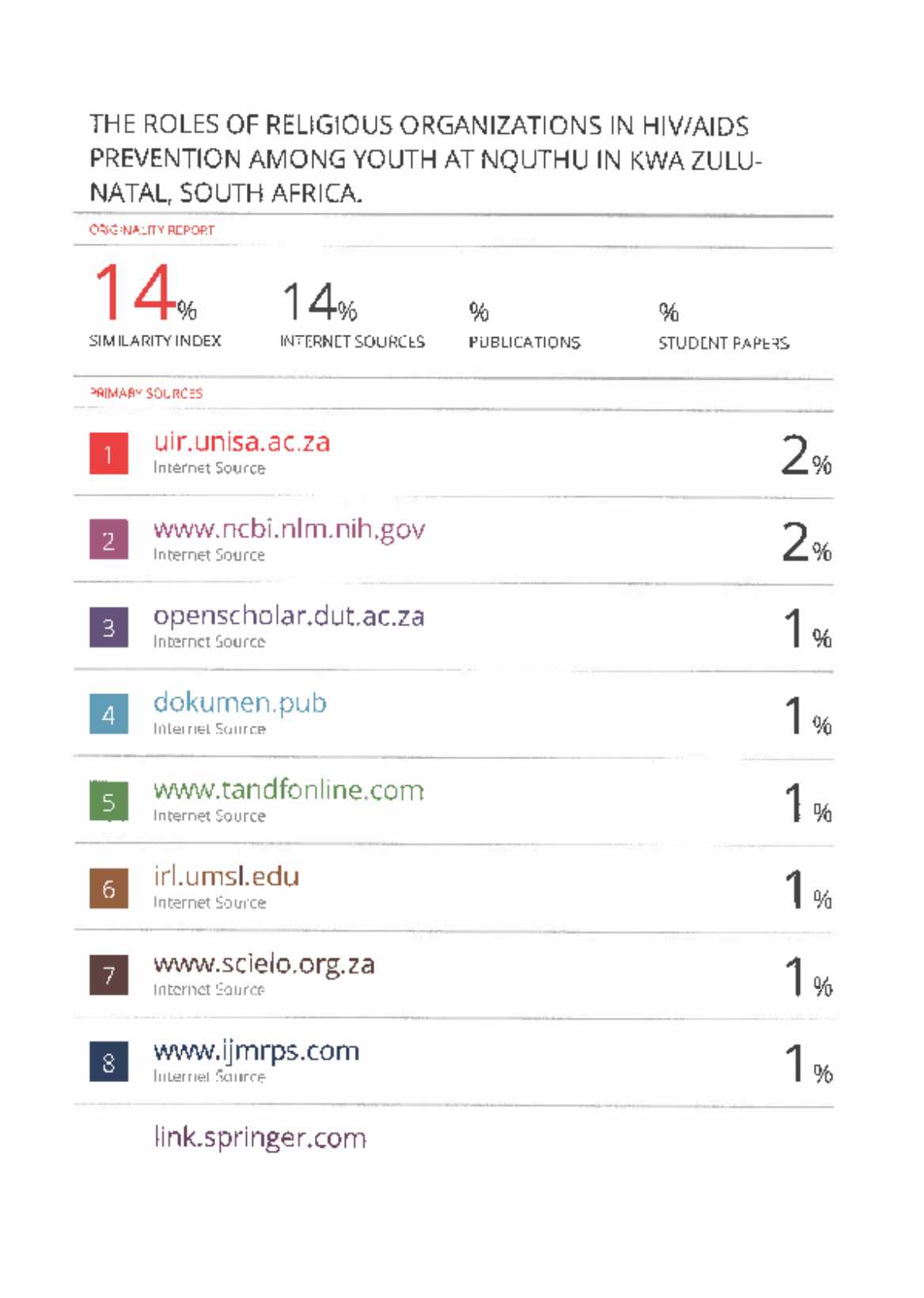
SOUTH AFRICA, by **Ms. Khanyile Sethembile (Student Number: 201413031)**. To my knowledge, the work has been thoroughly edited. Unless tampered with prior to your reception of the edited work, I trust you will find the editing quality in order.

Regards

nelson

_____ **Mr. NS Ratau (Editor)**

ANNEXURE 8: TURN IT IN REPORT



THE ROLES OF RELIGIOUS ORGANIZATIONS IN HIV/AIDS PREVENTION AMONG YOUTH AT NQUTHU IN KWA ZULU-NATAL, SOUTH AFRICA.

ORIGINALITY REPORT

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