

**MEDIA USE AND PENTECOSTAL CHURCHES' RESPONSE TO THE HIV and AIDS
EPIDEMIC IN JOHANNESBURG**

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DECLARATION

I solemnly declare that this work is my own and no plagiarism whatsoever was done. Every source used has been acknowledged and authors of such work have been correctly referenced in this research report.

Signature:

Date:

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I would like to thank God Almighty for His grace, mercy and guidance He has been my rock throughout my life

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Abstract

Nigerian charismatic Pentecostalism has become a permanent feature of South African urban society. This Pentecostalism has had considerable influence on local churches in South Africa. Nigerian Pentecostal churches have also greatly influenced how other churches in South Africa respond to the HIV and AIDS epidemic. This study sought to understand how these South African churches that are linked to Nigerian Pentecostalism are responding to the HIV and AIDS epidemic. To achieve this objective, the researcher conducted an ethnographic study at the Church for Christ Ministries (CFC) based in Johannesburg. This church has strong connections to the famous Nigerian charismatic leader TB Joshua. Results from this study show that, the use of media technology has become an integral part of the CFC's efforts against the HIV and AIDS epidemic. The CFC combined together their doctrinal teachings and HIV and AIDS programmes with the use of media technology, to address the HIV and AIDS epidemic in Johannesburg. These doctrinal teachings and programmes have been merged with the use of video-media technologies to come up with a formidable response to the HIV and AIDS epidemic in Johannesburg. The study combined together Michel Foucault's concept of bio-power and Erving Goffman's concepts of stigma and the dramaturgical perspectives, to come up with a framework that can be used to understand the impact of merging video media technology to existing church strategies against the HIV and AIDS epidemic.

This study made use of a qualitative research design. Data was collected using interviews, participant observations, document analysis, reviewing of video footage and review of the church's Facebook page. Snowball, purposive sampling and Facebook sampling were utilized as sampling techniques by the researcher. Finally, the study made use of thematic content analysis as a way of analysing data.

Keywords: Nigerian Pentecostal churches

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

Nigerian Pentecostalism is one of the fastest growing brands of Christianity across the globe. This brand of Pentecostalism has already taken root in South Africa, with most churches setting up shop in Johannesburg (Ukah, Ogunbile & Akintunde, 2010). The growing presence of Nigerian Pentecostalism in South Africa has been met with the persistence of the HIV and AIDS epidemic. This is problematic for churches characterised by this brand of Pentecostalism because they serve communities that are hugely affected by the HIV and AIDS epidemic. Using the CFC as a study site, the aim of this study is to understand how Nigerian Pentecostals are responding to the HIV and AIDS epidemic in South Africa.

A review of existing literature exposed the fact that, there is inadequate literature regarding the use of the visual media to aid Pentecostals efforts in addressing the HIV and AIDS epidemic. Major debates in the field of Religion and HIV focus more on the positive and negative effects of strategies used by FBOs to respond to the HIV and AIDS epidemic. The impact of media technology in the field of religion is viewed in isolation to FBOs responses to the HIV and AIDS epidemic.

The role of FBOs in responding to the epidemic has in the past been received with suspicion. Scholars such as Van Dijk *et al.* (2016) point out that the role of religious organisations has generally been received with mixed feelings mainly because Faith Based Organisations' (FBOs) responses to the HIV and AIDS epidemic have been viewed as both positive and Negative. On one hand Van Dijk *et al.*'s (2016) study shows that FBOs have been criticised because they are perceived to be obstacles to HIV prevention. For example, In Mozambique some Pentecostal churches have launched campaigns against projects that promote condom use (Pfeiffer, 2004:90). Furthermore, scholars such as Smith (2004) and Zou *et al.* (2009) point out that the messages that are spread by some Pentecostal churches promote the stigmatisation of people with HIV. In Uganda Pentecostal youths of the Joseph Generation are believed to be promoting the stigmatisation of infected people by spreading messages that portray HIV as a divine punishment for immoral sins committed by the older generation (Gusman, 2006:75).

In contrast another strand of literature has also highlighted the positive strategies adopted by FBOs to address the HIV and AIDS epidemic. Studies by Becker & Geissler (2009); Dilger, Burchardt & Van Dijk (2010); Van Dijk et al. (2016) show that in countries like Mozambique and Tanzania FBOs are responding to the HIV and AIDS epidemic by getting involved in the distribution of condoms and Anti-Retro Viral Treatment (ART) and. In Uganda Pentecostal youths of the Joseph Generation are also promoting HIV prevention by teaching their followers the importance of premarital abstinence (Gusman, 2006:75).

In South Africa Nigerian Pentecostal churches like the Christ Embassy have been criticised for publicly claiming to possess the power to miraculously cure HIV. The pastor of Christ Embassy has also been featured on South African's entertainment television eTV, curing congregants with HIV in dramatic fashion (Bateman, 2010). At the same time scholars such as Garner (2000) have argued that indoctrination strategies that Pentecostal churches use on their converts, make these churches the best hope for preventing against HIV and AIDS in South Africa. Though FBOs have generally received mixed reactions from academics and activists regarding their responses to the HIV epidemic. There is limited research on how the use of video technology has impacted on Pentecostals response to the HIV and AIDS epidemic in South Africa. This research aims to contribute to existing knowledge on religion and HIV and AIDS by focusing on the ways by which Pentecostals with ties to Nigerian churches have embedded video technology with existing church interventions to address the HIV and AIDS epidemic in Johannesburg. I argue that video-media technology has become an integral part of Pentecostal churches' response to the HIV and AIDS epidemic.

To answer the research question, I used a qualitative approach. This approach helped me to get an in-depth understanding of the doctrines and programmes used by the CFC to respond to the HIV and AIDS epidemic. Themes such as condom use, abstinence healing and deliverance and the CFC's use of video-media, emerged as the dominant themes in the study. Some of the findings in this study showed that there is a link between the church's doctrinal teachings and stigmatisation of people with HIV. Other findings were related to the use of the video-media to amplify efforts to address the HIV and AIDS epidemic.

The emerging themes were unpacked using the concept of stigma, dramaturgy and bio-power. The relationship between these three concepts and the research findings is that, bio-power enables the CFC to deploy doctrinal teachings that regulate the moral behaviour of its congregants. Some of these doctrinal teachings portray HIV as a disease caused by the devil.

This promotes stigma because it associates having HIV with immorality. To manage the stigma, HIV positive congregants have to find ways to act in the presence of others. This relationship between bio-power, stigma and performances is also experienced by the outside world when the church exports its teachings to the outside world through television, CDs and DVDs.

1.2 Statement of the problem and rationale of the study

The HIV and AIDS epidemic is a global menace with the potential to derail South Africa's development efforts. The World Health Organisation (2015) estimates that over 7 million people in South Africa are living with HIV. Faced with such a ruthless disease, many South Africans looked to the government to find solution to this new menace. However, the negligent HIV and AIDS policies under President Mbeki prompted many FBOs to join the fight against the HIV and AIDS epidemic (Burchardt, 2014).

Though FBOs have emerged as key players in the fight against HIV and AIDS, their role in the epidemic has not been fully celebrated (Van Dijk et al., 2016). According to Dilger, Burchardt & Van Dijk (2010) though FBOs have taken a leading role to address the HIV and AIDS epidemic, their role has not been consistently beneficial to efforts against HIV and AIDS (Becker & Geissler, 2009 ; Manglos & Trinitapoli, 2011; Van Dijk et al., 2016). Studies in countries such as South Africa and Nigeria by Adogame (2007); Garner (2000) and Sandgrove (2007) highlight the important role of FBOs especially Pentecostals in HIV prevention, care and support. However, studies conducted in Mozambique and Nigeria by Pfeiffer (2004) and Smith (2004) show that some Pentecostal are an obstacle to HIV prevention. Some churches preach against condom use. Such teachings expose church members, especially women to the risk of contracting HIV.

Smith's (2004) study also shows that some of the Pentecostal church teachings against HIV and AIDS promote the stigmatisation of people with HIV and AIDS. Smith (2004) goes on to argue that, claims by Pentecostal churches that they can cure HIV through prayer are detrimental to the fight against HIV because these teachings discourage many HIV patients from seeking proper medical treatment.

In South Africa existing literature is also divided on whether to celebrate the role of FBOs in response to the HIV and AIDS epidemic. Garner's (2000) study shows that Pentecostal

church doctrines such as indoctrination makes Pentecostals the best FBOs to fight against the HIV and AIDS epidemic. Studies by Mbotho, Cilliers & Akintola (2013) also show that strict moral codes regarding issues such as premarital abstinence by Pentecostals in South Africa can potentially aid HIV prevention efforts. Similarly, Burchardt (2009) also sees the important role of religion in the area of HIV and AIDS counselling in South Africa. However, negativity towards religious organisations in South Africa has mostly been directed towards African religion. Some scholars accuse Africa religion of influencing public perceptions that HIV is a disease caused by witchcraft (Ashforth, 2002). Dube, Nkomo & Khosa's (2017) also show that because of the patriarchal structures promoted by African religion, women are exposed to high risk of contracting HIV. To further show the negative impact of religion in South Africa Van Dyk & Van Dyk's (2007) study also shows that some FBOs tend to shape their congregants' perceptions regarding HIV and AIDS especially perceptions against the use of condoms. This increases church member's risk of contracting HIV. The arrival of Nigerian Pentecostalism in South Africa has not eased the suspicion regarding the role of FBOs in addressing the HIV and AIDS epidemic. The post 1990 era in South Africa was characterised by the influx of Nigerian Pentecostals. Most of these churches set up shop in Johannesburg (Ukah, Ogungbile & Akintunde, 2010). With the coming of these churches' topics around miracle healing and prosperity became central to Pentecostal discourses (Ukah, 2007). It did not take long for the presence of these churches to be felt in the field of HIV and AIDS mainly because of their increased use of the media.

In 2011, a Nigerian Pastor who heads one of the biggest churches in South Africa grabbed the headlines when he appeared on news 24 following a court action that banned his healing programme from appearing on a South African Television network eTV. There were claims coming from HIV and AIDS activists that Pastor Chris was misleading people by claiming that he could cure HIV (City Press, 2011). Pastor Chris of the Christ Embassy was featured on a weekly programme on national television. This programme featured this Nigerian pastoral figure performing miracle cures for people with HIV. This led HIV and AIDS activists to advocate against the airing of such a programme on national television, amid fears that it gave people with HIV false hope (Bateman, 2010). The above arguments show that Pentecostals response to the epidemic can be positive as well as detrimental to efforts against HIV. But the extent to which these responses can harm or aid HIV and AIDS efforts can be amplified by the use of Video technology in their responses to the HIV and AIDS epidemic. Scholars such as Gaiya (2002) ; Meyer (2006) and Ukah (2007) have discussed extensively

about the ever-growing impact of media technology in modern evangelism. Scholars such as Asamoah-Gyadu (2005) demonstrate how the use of television and the internet especially by Nigerian Pentecostals, has reshaped the way people worship in the modern era. Ukah's (2007) study also shows how the influence of Pentecostal Christianity on the video film industry in Nigeria has reshaped religious spaces. This discussion shows that literature about the impact of video technology and literature on Pentecostals response to HIV is being studied separately. But the example of pastor Chris of the Christ Embassy shows that video-media technology is also crucial to Pentecostals response to the HIV and AIDS epidemic. Therefore, this study seeks to show that the impact of video technology on religion cannot be studied in parallel to Pentecostals responses to the HIV and AIDS epidemic. This study seeks to address this gap by showing that video-media technology has been embedded in Pentecostal churches response to the HIV and AIDS epidemic in Johannesburg. The study will use Pentecostal churches located in Johannesburg who have ties to Nigerian churches that use the media to mediate the Christian gospel. I chose to focus on South African Pentecostals linked to Nigerian Pentecostal churches after considering the view by Ukah (2007) and Gaiya (2002) that, the increased use of the media by FBOs has become more pronounced because of Nigerian Pentecostalism. Ukah et al. (2014) further argues that Pentecostals coming out of the Nigerian City of Lagos are having great influence on other churches across the globe, this including South Africa. Hence the need to study churches linked to Nigerian Pentecostals.

Asamoah-Gyadu (2005) even describes Nigerian pastors such as Chris Oyakhilome, Enoch Edeboye and TB Joshua as heavy weights in televised Christianity (Asamoah-Gyadu, 2012 :127). All these pastors have great influence on South African religious spaces and HIV and AIDS responses as I have shown above by using the example of Pastor Chris of the Christ Embassy.

Therefore, studying how video technology has been embedded in the HIV and AIDS efforts of churches influenced by Nigerian Pentecostals, will go a long way in understanding the impact of video technology in FBOs responses to the HIV and AIDS epidemic in Johannesburg

1.3. Case study of CFC Ministries

I conducted this study at CFC Ministries. I chose the CFC as a study site because of the strong its strong ties to the Nigerian prophet TB Joshua. The Church for Christ (CFC) pseudo name is a church located in the city of Johannesburg. The church is run by a Malawian pastor with strong ties to the famous Nigerian faith healer TB Joshua. The church was founded in the year 2000. It started with only 12 members but now the church boasts of having over 5000 church members. The church is located in one of the busiest malls in Johannesburg. The CFC is strategically located in this area because the area is known for having a high crime rate and prostitution. The CFC believes they have a duty to deliver d=such places that are seen as hubs of sin. The church is also located near two-night clubs, one of the night clubs is directly opposite the church whilst the other one is situated two metres away from the CFC. Again, this is in line with the aim of the church, to destroy sin by tackling diseases such as HIV and immoral behaviour such as prostitution.

Overseer prophet Uchowo heads the CFC. According to sources in the church prophet, Uchowo gained his healing powers when he visited the Synagogue Church of all Nations in Nigeria in 2011. Before then, he was just an ordinary pastor. Video footage shown in the church feature the prophet when he received the anointing of God through Prophet TB Joshua. Now prophet Uchowo is the spiritual son of the Nigerian prophet. Since his anointing of the CFC oversee by TB Joshua, he has been able to perform many miracles. These miracles rage from casting out demons to curing diseases such as HIV and cancer. He has also prayed for people to get jobs and to start successful businesses. Every year the prophet returns to Nigeria for a spiritual retreat with Prophet TB Joshua. According to many of the congregants at CFC the prophet goes to Nigeria to rejuvenate his healing powers. It was also brought to my attention that whenever the prophet returns from Nigeria, he is more powerful than when he leaves for Nigeria hence the church is always full during this period. Upon Uvhowo's return from Nigeria, word of his return spreads like wild fire. This increases the number of people that come to the CFC for miracle deliverance. People who are not members of the CFC church also come to receive healing and deliverance. Among them are those believers that seek healing from HIV and AIDS. Because the church is always fully packed after Uchowo's return from Nigeria, congregants that fail to secure a seat in the main church have to settle for a place at rooms they refer to as overflows. In these rooms congregants have to watch the service on television screens.

To help the overseer, there are three junior pastors. Two of the junior pastors are from Nigeria whilst the other one is from Cameroon. The duties of the junior pastors are to oversee the day to day running of the church. These pastors also conduct church services when overseer Uchowo is not around. The junior pastors also oversee the media brand of the church which is responsible for running the TV station and producing films and music DVDs that are sold by the church. Some of the pastors oversee home visits and other ministries such as the youth ministry and the women's ministry. Elders work under the junior pastors. There are 15 elders at CFC. These elders are some of the wealthiest people at the church. Each elder oversees a certain department. At the CFC there are departments such as finance, logistics, transport, sales and television. Each elder is placed in a department that matches their career professions.

Most congregants attending church at CFC are migrants. Zimbabweans, Malawians and Nigerians form a large part of the church's congregations. The CFC conducts three church services per week. Sunday is the day of the main service and the Sunday service is divided into three services. These services start at 8 am and end in the evening at 6pm. On a Wednesday there is a midweek service that takes place in the evening from 6-7pm. On Friday there is a youth meeting. Young man and women meet once every month because of work commitments. On the last Saturday of the month there is an all-night prayer and the man focused of this all-night prayer is healing and deliverance. The church has a healing programme whereby people come in every Saturday and register for healing. Those that register are then enrolled in a healing class in preparation for the actual day when the prophet prays for them.

The Nigerian influence is very visible at the CFC, video clips of Tb Joshua are screened before the church service starts and during church breaks. Pastor Uchowo even speaks and conducts healing in the same manner as his spiritual father. In many of pastor Uchowo's teachings, he refers to the Nigerian faith healer's teachings. According to church members, pastor Uchowo does not want his church members to go directly to TB Joshua because he believes there is a chain of command, His congregants are told to seek assistance from him alone since he is their spiritual father. In turn he can seek spiritual assistance from TB Joshua because he is the spiritual son. Every year the birthday of the Nigerian faith healer is celebrated publicly by the CFC. The description of the CFC helps to set the tone for the section on the research questions.

1.4. Research question

•How do Nigerian Pentecostal churches address the HIV and AIDS epidemic in Johannesburg?

1.4.1. Sub-questions

What doctrinal teachings are being used by the church to tackle HIV and AIDS issues?

Does the Church have programmes that are meant to address the HIV and AIDS epidemic in Johannesburg?

1.5 Overview of Research design

The study employed a qualitative approach. A qualitative approach was used because of the need to have in-depth knowledge on how Nigerian Pentecostals deal with HIV and AIDS. The study used qualitative data collection methods such as, interviews, and participant observations to gain in-depth knowledge about the CFC's responses to the HIV and AIDS epidemic. The study also used qualitative sampling techniques such as snowball and purposive sampling to get the data needed for the study.

1.6. Organisation of the research report

This report is divided into five sections. The current section is the introduction. The second section is the review of literature. The literature section uses existing literature to show that the role of video-media technology has been ignored in studies that focus on how Pentecostal churches are responding to the HIV and AIDS epidemic. The third chapter describes the methodology undertaken by the researcher to collect and analyse data. This chapter also contains information on the data collection methods and the sampling techniques used by the researcher. This section also details the challenges faced, lessons learnt, and new methods adopted during the course of the study.

Chapter four describes and analyses the findings of this study while chapter five summarises the research findings. Some of the findings discussed in chapter four and five indicate that video media technology is an important part of the CFC's efforts against HIV and AIDS epidemic.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The devastating effects of the HIV and AIDS epidemic continue to plague many countries around the world. Religious responses to this problem have remained at the centre of HIV discourses (Adogame, 2007; Garner, 2000). This section of the paper analyses literature that discuss how religious institutions have dealt with the HIV and AIDS epidemic. This literature review will also look at the growth in the use of video media by Pentecostals. This is necessary to show that FBOs responses to the HIV and AIDS epidemic have been studied in parallel to the growing impact of video media on Pentecostal evangelism. Key debates on religion and HIV have focused more on the positive and negative impact of FBOs responses to the epidemic. These responses are brought about by the need to exercise biopower on the bodies of church converts. The themes that have emerged from these debates draw attention to the influence of FBOs in the construction of meanings about HIV. Dominant themes that have taken centre stage in these debates include church doctrines of immorality and HIV prevention. Under doctrines of morality debates mainly focus on the impact of doctrinal teachings about abstinence, fidelity and condom use, in the prevention of HIV (Pfeiffer, 2004; Sadgrove, 2007; Rigillo, 2009). Other dominant themes that have dominated literature focus more on the controversies surrounding the availability of ART and the growth of faith healing in Pentecostal churches. The literature review will also look studies that analyse the adoption of video filming by FBOs especially Pentecostal churches. All these themes will be discussed with the aim of showing gaps within existing literature. One of these gaps is that existing literature pays little attention to the links between the use of visual media and strategies adopted by Pentecostal churches in response to the HIV and AIDS epidemic. Existing literature also fails to analyse the link between bio-power, stigma and dramaturgy that manifests when one looks at the relationship between church doctrines, stigma and performances by congregants.

To have a general understanding of Nigerian Pentecostal churches in South Africa, this literature review will give a brief account of the emergence and spread of Pentecostal churches in the USA and Nigeria.

According to Ukah (2007) Pentecostalism can be classified into two groups, classical and new forms of Pentecostalism. Classical Pentecostal churches can be traced back to Europe in the 19th century. Pentecostal churches are believed to have started in Kansas City, in the United States of America. The global spread of early Pentecostal churches has also been linked to western colonialism (Anderson, 2013).

In Nigeria the historiography of Pentecostalism is highly debatable. Scholars such as Gaiya (2002) and Ukah, (2007) tend to agree that the roots of Nigerian Pentecostalism can be traced to African Independent Churches (AIC). They both provide a history that partly links the emergence of Pentecostalism in Nigeria to the work of an Anglican Church leader called Garrick Sokari Braid. This Anglican leader was arrested by the colonialists because he fought to Africanise Christianity by establish independent African churches that were self-governing, churches that responded to the specific cultural needs of African Christians (Ukah, 2007: 9).

According to Gaiya (2002) and Ukah (2007) another account of the development of Nigerian Pentecostalism is that in the 1930s leaders of the Aladura, a group of AICs made contact with a European Pentecostal church. This led to many Pentecostal churches making their way to Nigeria. One of these churches is the Assemblies of God which came to Nigeria in 1939. This is believed to be the dawn of Pentecostalism in Nigeria (Gaiya, 2002: 6; Ukah, 2007: 10). According to Ukah (2007) though many features of early Pentecostalism are still visible, Nigerian Pentecostalism has since developed. The post-civil war era in Nigeria in the 1970s saw the emergence of a new brand of Pentecostalism pioneered by Nigerian churches (Ukah, 2007: 12). The adoption of neoliberal policies such as privatisation and cutting state expenditure resulted in loss of jobs, hunger ill-health and many other social and economic challenges. There was a vacuum for churches that could respond directly to these challenges. The adoption of neoliberal policies also led to the expansion of education in Nigeria. This gave rise to a group of educated religious leaders with university degrees. These leaders were keen to embrace modernity and use it to offer religious solutions to the suffering masses (Ukah, 2007: 11).

According to Ukah (2007) one of the major characteristics of churches belonging to this unique brand of Pentecostalism is their emphasis on issues of prosperity, healing, speaking in tongues, being born again and spiritual gifts. Gaiya (2002) also states that another important characteristic of these churches is the location of their places of worship. These churches are

mostly located in urban areas and they turn Cinema halls, shops, unoccupied houses, abandoned warehouses, bars, brothels, restaurants and night clubs into places of worship (Gaiya, 2002: 3). According to Gaiya (2002) and Ukah (2007) another unique characteristic of Nigerian Pentecostalism is their increased use of the media to spread the Christian gospel. They argue that media presence has never been more pronounced than what is happening in the era of Nigerian Pentecostal dominance. They use media channels such as radio, television, newspaper, posters, electronic mail and the internet. They affirm that this new brand of Pentecostalism is so modernised to the extent that people can become members of a church in the comfort of their homes (Denson, 2011). People can become part of a church by logging on to their computers (Gaiya, 2002: 4).

Over the past decade Nigerian Pentecostalism has affirmed its self as a dominant form of religion. Churches from Nigeria are expanding rapidly across the globe (Ukah et al., 2014). One of the countries that has experienced this rapid expansion of Nigerian Pentecostalism is South Africa (Ukah, Ogungbile & Akintunde, 2010). According to Ukah (2010), the development of Nigerian Pentecostalism in South Africa has been characterised as being rapid. The influx of Nigerian Pentecostal churches into South Africa has been attributed to the huge demand for religious products. In 1996, the first Nigerian Pentecostal church, Zoe Ministries, was established in South Africa. This church was founded, headed and controlled by Nigerians (Ukah, 2010: 333). Ukah (2010) went on to say that, the establishment of the first Nigerian church in South Africa was followed by a scramble for the untapped South African religious market by Nigerian Pentecostals. By 2009 there were over 250 Nigerian churches in South Africa, 150 of these churches were located in Johannesburg. (Ukah, 2010).

2.2. Religion and the construction of meanings about HIV and AIDS

The development of the HIV and AIDS epidemic is engulfed in complexities. These complexities are mainly because of the different traditions of knowledge that continue to shape public understandings about HIV. According to Becker & Geissler (2009); Manglos & Trinitapoli (2011) and Van Dyk et al. (2016) biomedicine, traditional healing and faith healing are the three traditions of knowledge that continue to influence the construction of meanings about HIV and AIDS (Manglos & Trinitapoli, 2011: 107). Van Dijk et al. (2016) also points out that in the early days of the HIV and AIDS epidemic when HIV treatment was not available, FBOs dominated discourses on HIV and AIDS. In these early days the HIV prevention discourse became central to many Christian organisations. HIV was seen as solely

a behavioural problem whose remedy was prescriptive moral codes such as abstinence and fidelity (Van Dijk et al., 2016: 1).

In Sub-Saharan Africa Traditional healing played a big role in the way people understood HIV. Traditional healers influenced beliefs that HIV and AIDS was linked to witchcraft. Such beliefs are still influential among many local communities in South Africa (Ashforth, 2005: 213). Both Pentecostals and traditional healing share similar understandings about HIV and AIDS. Shared beliefs that portray HIV as a disease caused by demons or witches are common among Pentecostals and traditional healing (Manglos & Trinitapoli, 2011b). These conceptions contrast with the biomedical notions of HIV infection through transmission (Van Dijk et al., 2016). According to Manglos & Trinitapoli (2011) Pentecostal churches have since overtaken traditional healing and claimed supremacy over knowledge about HIV even though many locals still visit traditional healers. Many Pentecostal teachings share the belief in supernatural causes of HIV and therefore offer spiritual solutions in the form of healing and deliverance. This has often set them on a collision course with many activists and scholars who believe such claims are an obstacle to HIV prevention and treatment (Smith, 2004; Dilger, Burchardt & Van Dijk, 2010). According to Van Dijk et al. (2016) conceptions that viewed HIV as a product of immorality were the first to take centre stage. Some FBOs taught that HIV was a punishment resulting from promiscuity and sin (Smith, 2004; Gusman, 2009, 2013; Van Dijk et al., 2016).

In Africa FBOs are seen as late responders to the HIV and AIDS epidemic (Van Dijk et al., 2016: 4). Even though religious organisations were late responders to the epidemic, most of the early literature on the matter focused more on the negative impact of FBOs doctrines on the prevention and treatment HIV (Van Dijk et al., 2016: 4).

In the early days of the epidemic many FBOs associated HIV infection with immoral sexual conduct. Because of these conceptions' HIV was viewed as a problem of sexuality. At these early stages of the epidemic Christian churches became more active in promoting strict prescriptive sexual conduct among their congregants (Van Dijk et al., 2016). FBOs became more focused on promoting abstinence before marriage and fidelity within marriages as a way of preventing against HIV and AIDS. According to Dilger, Burchardt & Van Dijk (2010) many researchers criticised the use of such frameworks to understand HIV because they precipitated stigma and discriminations of people infected with HIV. These teachings also exposed church members to a high risk of getting HIV. Interpreting HIV as a problem of

sexuality and immorality also raised criticism because it promoted a gendered way of viewing the epidemic. Some FBOs blamed HIV on prostitution and exposure to foreigners through tourism. Women were seen as the culprits behind the spread of HIV (Van Dijk et al., 2016: 4).

The availability of ART in Africa marked a new era on how HIV was conceptualised. Becker & Geissler (2009) describe this turning point as “the prescriptive turn in religious life”. The availability of ARTs has been greatly linked to the deployment of biopower to manage the threat of HIV/ Elbe (2005) makes a Foucauldian interpretation of biopower, he defines biopower as the power exercised over people as living beings. This kind of power is exercised over people not because of political civil or economic affiliation but because they are living human beings. According to (Elbe (2005) the availability of ART saw a shift in the way HIV is conceptualised. Many countries and international aid agencies began to frame HIV not just as a development issue but a security issue. The justification for this way of thinking about HIV was the high death toll of people resulting from HIV related causes across the globe. Framing HIV as an international security issue, facilitated the conceptualisation around the government of human life. Conceptualising HIV as a security issue challenged states to prioritise efforts against HIV, this set the stage for political management of life and placing biology in the domain of politics.

The deployment of biopower to address HIV has taken the form of governments and international aid agencies monitoring population risk factors and even sexual behaviours. This is all done to come up with strategies to better govern population as a political strategy against HIV and AIDS. The deployment of biopolitics tends to involve other social actors within society, hence institutions like churches have also took it upon themselves to biopolitical manage their church population. Elbe (2005) argues that the exercise of biopower has negative consequences on human life. It can create a form of racism. As governments try to preserve and enhance life, they also have the power to decide the lives worth preserving. Elbe (2005) argues that governments may feel the need to let the infected die with the view that this will lessen the infection of healthy populations thereby enhance life. Guta, Murray & Gagnon (2016) also discusses the deployment of biopower by international organisations to promote behaviours around HIV testing and treatment. Through biopower technologies such as social marketing approaches many people across the globe have begun to see HIV testing and having a low viral load as something to be proud of. This has resulted in many people getting tested for HIV and adhering to treatment. All this helps track HIV rates and

the effectiveness of HIV treatment. Nguyen (2009) discuss the implications of hospitals and NGOs when they govern human lives as a political strategy to address the HIV epidemic. He argues that technologies such as contraceptives, ART and psychological counselling are all technologies that are being used to govern the sexual behaviour of human bodies (Nguyen, 2009: 204). In countries like Tanzania prevention programmes have been used to create discourses that favour talking openly about sex with one's partner as a way to prevent HIV. Mediums such as radios and television are used to spread these messages and this has some impact on how youths in Tanzania approach issues of HIV and AIDS. (Dilger, 2012: 69).

Despite the promising results of biopower to combat HIV and AIDS Dilger, Burchardt & van Dijk, (2010) also note that the governing human body did not achieve the expected success rates. In many African countries many people enrolled in HIV testing and adhered to HIV treatment prescriptions, but this did not translate to bodily discipline. Dilger (2012: 80) further argues that the link between biopower and behaviour change is not clear cut. There are many factors within communities that play a part in producing behaviours of care, prevention and treatment. One of these factors is kinship relations that he observed in rural Tanzania.

FBOs involvement in the rollout of ART has also been linked to the need to strengthen biopolitical management of the human body. According to Nguyen (2009) international aid agencies has spent a lot of money funding religious projects on HIV. This facilitated the sharing of responsibilities regarding the governing of human bodies.

(Dilger, Burchardt & van Dijk, 2010: 378). In countries such as Tanzania FBOs began merging doctrines on HIV prevention, morality and biomedical discourses on the use of ART and being sexually responsible (Dilger, 2007; Zou et al., 2009; Van Dijk et al., 2016: 5). In countries such as Zimbabwe many FBOs including Pentecostals become more involved in the

ART roll out and providing access to condoms. Some Pentecostals have become champions of the poor by mobilising funds to increase poor communities' access to ART (Kaunda, 2016). Dilger, Burchardt & van Dijk (2010) further affirm that the era of ART also saw some Pentecostal churches seizing the opportunity to play an active role in responding to the HIV and AIDS epidemic. Notions that HIV is product of moral dissidence were rejuvenated under newer Pentecostal churches and the notion around being born again and being saved became consistently linked to HIV (Van Dijk et al., 2016: 5).

This trend is also seen in Uganda where emerging Pentecostals have seized the opportunity to partake in efforts against HIV and AIDS. Gusman's (2009) study in Uganda shows that youths of the Joseph Generation are influencing public knowledge about HIV. They teach that, the only way to save Uganda from the plague of HIV is by getting rid of HIV through conversion to a born-again status, and by adhering to strict moral conduct. Such beliefs of immunity from HIV by faith of antagonise biomedical conceptions of HIV transmission and treatment (Van Dijk et al., 2016).

The construction of meaning about HIV in South Africa is slightly different from other contexts. Political constructions have also played a part in shaping knowledge about HIV and AIDS in South Africa. According to Garner (2000: 45) the development of the HIV epidemic has had a negative impact on the economic and social development of the country. Due to the high death toll caused by the pandemic the cost of continuously training new workers for jobs became a heavy burden for many companies. According to Garner (2000) productivity decreased because of HIV related illnesses and deaths. Household income declined during the early stages of the pandemic. Many households lost their bread winners to the epidemic resulting in increased poverty amongst South African households. The development of the epidemic in South Africa is not without its fair share of controversies. Politics, religion, culture and stigma have all played a part the development of the HIV epidemic in South Africa. Many commentators say that the lack of political will in South Africa has been the major issue in the fight against the pandemic during the period of 2001-2008. The reign of President Thabo Mbeki is highly significant in analysing the controversial HIV policies in South Africa. According to Garner (2000); Burchardt (2014 and Van Dijk et al. (2016) the South African government under president Mbeki and the then health Minister Manto Tshabalala-Msimang denied the causal relationship between of HIV and AIDS. They

opposed the use of ARVs and HIV prevention drugs such as Nevirapine despite strong recommendations from the scientific community. They argued that ARVs were not effective and has very serious side effects. The then health minister also encouraged the use of alternative remedies in the form of traditional herbs such as garlic. This denial of HIV created a gap for religious institutions to become the champions against the epidemic (Burchardt, 2014: 61). This later changed under the rein of president Jacob Zuma. Government policies began to invest in providing ART to HIV patients. Many religious organisations became part of HIV activism campaigns. FBOs started mobilising resources to help their church members access much needed resources such as ART (Burchardt, 2014: 60).

2.3. Debates and contestations about HIV and religion

Debates on religion and HIV have focused more on FBOs responses to the epidemic. Scholars are preoccupied about the positive and negative impact of FBOs especially Pentecostals, in addressing the HIV epidemic. However, existing literature has not analysed the use of video technology as part of Pentecostals response to the HIV and AIDS epidemic. One theme that has caught the attention of many scholars is the issue of pastoral governance and behaviour change. There has been debates on whether Pentecostal churches have the potential to influence behaviour change. Scholars such as Garner (2000), Parsitau (2009) and Gusman (2009) Pentecostal churches prevent church members from contracting HIV because they maintain strict control over their congregants, through church doctrines and programmes. For example, the Deliverance Church in Kenya organises regular church conferences and music concerts for youths at the church. Every Sundays and week days there are youth programmes where youths are taught about issues such as abstinence. These programmes are too many and take up much of the congregants' time. This means that church members spend more time at church under the pastoral gaze with other Christians. This church also has a policy on mandatory testing of church members who wish to get married. Such policies are viewed by Parsitau (2009) as having a strong impact on the how church members behave hence, they help reduce church members' risk of contracting HIV. Scholars such as Garner's (2000) also show Pentecostal churches in South Africa also manage their congregants by enforcing strict moral codes. Strategies such as indoctrination are used to maintain control over church members and their behaviour (Garner, 2000: 49). The ability of the church to exercise bio-power over its congregants made Garner (2000) to conclude that Pentecostal churches are the best religious group to address the HIV epidemic effectively.

Despite studies that show that strong pastoral management reduces the risk of HIV through behaviour modification, some scholars have argued that behaviour modification is difficult to measure. Congregants may adopt behaviour that reduces their risk of contracting HIV because of other factors that are not related to pastoral management of church members. Scholars such as Mbotho, Cilliers & Akintola, (2013) argue that crediting church governance for members' change in behaviour is rather a simplistic way of viewing the complex nature of the relationship between the church and its converts. They argue that people have different levels of religiosity and this could explain why other congregants engage in behaviour that puts them at risk of infection and others do not. Literature on Pentecostal churches and behaviour change remains divided. Scholars cannot agree if Pentecostal churches can influence behaviour change as a response to the HIV and AIDS epidemic.

Issues of gender justice are also key in unpacking literature on Pentecostal churches and HIV and AIDS. However, issues of gender justice, religion and HIV and AIDS are mostly analysed in isolation to the use of video media technology. Some studies have shown that Pentecostal churches expose women to greater risk of HIV by promoting patriarchy. Scholars such as Chitando (2007) show that Pentecostals that address issues of masculinity amongst men are key in addressing the HIV epidemic because they protect women. Chitando (2007) argues that patriarchy exposes women to risk of HIV. He shows that male representation of their masculinity poses a challenge to curbing the HIV epidemic. In his view men represent their masculinity by having multiple sexual partners and inflicting violence against women. However, Chitando's (2007) study shows that, there are Pentecostals in Zimbabwe that are addressing issues of masculinity by emphasising on what he calls "progressive masculinity" (Chitando, 2007: 121). This involves teachings that influence men to express their masculinity in the right ways. For example, showing masculinity by being faithful (Chitando, 2007). He argues that Pentecostals are coming up with programmes such as men's fellowship. These programmes address the issues faced by men while at the same time dealing with masculinity issues. Therefore, the risk of HIV associated with women is reduced.

In contrast, scholars such as Kaunda (2016: 17) argue that Pentecostal doctrines have been hijacked by patriarchal structures that disadvantage women. Discourses of submission and

male domination have reinvented themselves in Pentecostal churches. Church doctrines are interpreted to suit patriarchal inequalities

Kaunda (2016:72) argues that some Pentecostal doctrines teach push ideas that men are heads of households and women are limited to roles of submission. This exposes women to greater risk of getting HIV. According to Núñez (2015) teachings about sexuality and immorality are divided along gender lines in many Pentecostal churches. Through the pastor's wife married women are taught to be good wives. Domestic education is aimed at teaching women how to take care of their husbands and how to obey and be submissive to their husbands. Women are taught to submit to their husbands unconditionally even in face of aggression. Similarly, single women are taught how to find good husbands and how to be submissive and obedient in order to keep their husbands. (Núñez, 2015: 160). Teachings that emphasise on total submission by women puts them at risk of contracting HIV. These teachings leave women vulnerable to their husbands especially those with husbands that do not attend the church. The teachings render women powerless to negotiate condom use because they are taught to be submissive and obedient always. This means that women are more likely to get infected by HIV as compared to men as a result of Pentecostal church doctrinal teachings (Kaunda, 2016). Taking into consideration the growth in the use of the media by FBOs, most of these teachings on HIV and patriarchy are exposed to the world through media channels. Hence the need to analyse Pentecostal church doctrines in relation to video media channels.

The promotion of premarital abstinence is another issue that has sparked debate about the responses of Pentecostals to the HIV and AIDS epidemic, yet this issue has not been looked at in connection to the use of video technology. According to Sadgrove (2007) many Pentecostal churches have strict moral codes that do not allow those that are not married to engage in sexual activities. This helps to prevent HIV among church congregants. Gusman's (2009) study highlights that in Uganda doctrines of promoting premarital abstinence by Pentecostals were a direct response to the HIV epidemic facing Uganda. The desire to create a Christian state and the threat of the HIV led Pentecostals to come up with doctrines that they believed would save the country from the epidemic. These doctrines were also meant to erect new leaders that are free from HIV. According to Gusman (2009, 2013). In the early 90s Uganda has been dominated by the Abstinence Be-faithful and Condom use (ABC) approach which was pushed by many international donor agencies in Uganda. But because

the government at the time was against condom use, condom use became less emphasised within the ABC approach. This also facilitated the growth in Pentecostal messages on abstinence and being faithful only (Gusman, 2009: 73). What is interesting about Gusman's (2009) study is that the abstinence approach seems to be championed by politics rather than Pentecostals (Gusman, 2009, 2013). Secondly doctrines on abstinence seemed to be gendered. In the Pentecostal discourse on abstinence women are mostly seen as morally weak hence much of the teachings are targeted towards women (Gusman, 2009: 76). Studies in Kenya and Nigeria show that despite church teachings against abstinence many born again Christians were still engaging in sexual activities (Nweneka, 2007: 969; Sadgrove, 2007). Some church members were even having sex with other church members despite the church emphasizing on teachings against premarital sex (Sadgrove, 2007: 128). Mbotho, Cilliers & Akintola (2013) also posit that despite failing to abstain church members were likely to present themselves as abstainers because that is what the world expects of people who are born again. This affirms the importance of using Eving Goffman's dramaturgical perspective as to understand literature on religion and HIV and AIDS. Mbotho, Cilliers & Akintola (2013) also argued that despite church teachings on abstinence, congregants weighed the costs of abstinence against those of engaging in sex and this influenced their decision. The fear of being punished by God and the benefits of reward by God was crucial when church members make decisions about abstaining (Mbotho, Cilliers & Akintola, 2013). This shows that being a member of a Pentecostal church does not reduce one's risk of contracting HIV. Despite the extensive discussions about premarital abstinence and Pentecostals, this literature fails to acknowledge the growth in media use by Pentecostal churches to spread these teachings on abstinence. Existing literature still views issues of abstinence in isolation to the use of video technology. This exposes the inadequacy of existing literature regarding FBOs responses to the HIV and AIDS epidemic.

Debates on condom use as a means of HIV prevention have also been analysed in isolation to the use of video technology by FBOs to respond to the HIV epidemic. According to Parsitau (2009) the promotion of condom use as a method of preventing against HIV has been received with mixed feelings by many Pentecostals in Africa. In many countries Pentecostals have fought against the idea of promoting condom use while on other countries Pentecostals are leading in the forefront in promoting condoms. This leaves the debates on condom use unresolved when looking at the positive or negative impact of Pentecostals on the HIV and

AIDS epidemic. In Mozambique some Pentecostal churches launched a campaign against the Jeito project, a project championed by Population Service International (PSI). This programme was aimed at preventing HIV in Mozambique by promoting access and use of condoms. (Pfeiffer, 2004:90). Members of these Pentecostal churches are discouraged from using condoms because of the belief that the use condoms promote promiscuity (Smith, 2004; Gusman, 2009; Parsitau, 2009).

In South Africa these doctrines against condom use have striking resemblance to African religion. In societies in South Africa, the use of condoms is strongly discouraged especially among women thereby increasing their vulnerability to HIV (Dube, Nkomo & Khosa, 2017: 2). Such linkages between Pentecostal doctrines and African religion regarding condom use pose important questions as to whether doctrines such as condom use are borrowed doctrines whose roots can be traced to local communities in which these churches operate. Smith (2004) further argues that, the issue of condom use has strong implications on how members of certain Pentecostal churches perceive. HIV and AIDS risk. It is critical to understand here that, doctrines against condom use are in line with Pentecostal churches' teachings against promiscuity, monogamy pre and extra-marital affairs and the promotion of abstinence. These teachings are crucial to HIV and AIDS prevention efforts. Criticism has however been made against Pentecostal churches by aid agencies, NGOs and HIV and AIDS activists, who argue that teachings against condom use expose members of these churches to greater HIV and AIDS vulnerability (Kaunda, 2016). Studies conducted in Zimbabwe, Kenya, Mozambique and Uganda by Pfeiffer (2004); Smith (2004); Nweneka (2007); Gusman (2009); Parsitau (2009); Rigillo, (2009) and Mantell et al. (2011) show that despite church teachings against promiscuity, some church members continue to be promiscuous and they frequently visit brothels hence, not using condoms increases church members' vulnerability to HIV infection (Smith, 2004).

Though teachings against condom use continue to receive criticism, not all Pentecostal churches are against the use of condoms. According Parsitau, (2009) and Kaunda (2016) many Pentecostal leaders have apologised for their ignorance on issues related to HIV. These leaders are now at the forefront of HIV prevention programmes such as forced HIV testing and condom use. According to Kaunda (2016), in Zimbabwe the International Ministries

Church has begun to give spiritual meaning to condoms by praying for them. These condoms are then distributed amongst church members. These condoms are popularly known as “anointed condoms” (Kaunda, 2016: 73). These contrasting, yet compelling arguments have left the literature on Pentecostal churches and HIV and AIDS at an impasse, one that is not likely to reach a consensus soon.

To further unpack the relationship between religious organisations and the HIV and AIDS epidemic a wide range of literature has focused on how Pentecostal churches interpret HIV as a disease. Many studies show that many Pentecostal churches view HIV and AIDS as a product of sin. Studies by Smith (2004); Gusman, (2009) and Parsitau, (2009) shows that some Pentecostal churches teach their congregants that HIV is a spiritual problem resulting from immoral behaviour. In some Pentecostal churches HIV and AIDS is associated with sin, the devil and is portrayed as a divine punishment from God (Smith, 2004; Núñez, 2015). In Uganda youth of the Joseph generation teach that HIV is a punishment for sins committed by the older generation (Gusman, 2009). In some instances, diseases such as HIV are even seen as emanating from evil spirits from one’s past. Some scholars contend that such teachings encourage the stigmatisation and discrimination of infected church members. Treating HIV and AIDS as a punishment from God excludes infected church members who are in greater need of church support (Gusman, 2009; Parsitau, 2009). This again becomes an issue of contention. On the one hand, treating HIV and AIDS, as a product of immorality is being ignorant, misguided and shows lack of knowledge by some Pentecostal churches. It perpetuates discrimination and exclusion of people with HIV and AIDS, which is a setback in the fight against the deadly epidemic. On the other hand, one would be amiss to undermine the potential power of such teachings on risky sexual behaviour such as prostitution, premarital and extramarital affairs. The literature therefore remains divided on whether Pentecostal churches can play a productive or counterproductive role in the fight against HIV and AIDS. I again argue that the impact of such teachings needs to be looked at in relation to the use of visual media because many Pentecostals are using visual media channels to spread these teachings.

Faith healing is another critical area that is linked to the HIV and AIDS epidemic. As the epidemic progressed the power and influence of faith healers also continued to grow. This

prosperous era for faith healings is mostly attributed to poverty. Though nowadays faith healing is strongly associated Pentecostal churches many religious organisations across the world have for long been practising faith healing though it may not have been as pronounced as what is being experienced in modern Pentecostal churches (Manglos & Trinitapoli, 2011). According to Manglos & Trinitapoli's study (2011: 4) conducted in Malawi and Dilger's (2007) conducted in Tanzania show that faith healing provides a cheaper and free service an alternative to other highly costly forms of treatment such as clinics and traditional medicine. The issue of faith healing is also a controversial issue in the literature on Pentecostal churches and HIV and AIDS. According to Ucheaga & Hartwig (2010); Smith (2004) and Ukah (2007) another common feature of charismatic Pentecostal churches, is the idea of HIV and AIDS healing, through miracles. Studies show that, many Pentecostal churches are using the idea of prophetic healing as a way to attract more converts to their churches thus the first act that seeks the relationship between Pentecostal churches and new converts is believed to be the miraculous exorcism of evil forces and illnesses that torment the new convert (Dilger, 2007: 67).

The idea of healing through miracles is a difficult concept to understand. Scholars such as Bergunder (2001) have tried to analyse it. According to Bergunder (2001) there are many accounts of people who claim to have been miraculously cured of HIV and AIDS after being prayed for by pastors from Pentecostal churches.

Some pastors from Pentecostal churches are healing people through television services and objects of healing such as holy water. Many Nigerian pastors operating in South Africa claim or believe that they were sent by God, to provide healing to South Africa. Many Nigerian churches have since emerged in South Africa promising a cure for HIV and AIDS through prayer and deliverance (Ukah, Ogungbile & Akintunde, 2010). Some churches offer healing services through live television services while others sell pre-recorded discs and religious objects that are said to contain healing powers (Ukah, Ogungbile & Akintunde, 2010: 338). Smith (2004); Ukah, Ogungbile & Akintunde (2010) dismiss the idea of a miraculous cure for HIV and AIDS. They argue that the promise of a cure for HIV and AIDS by Pentecostal churches promotes promiscuity and prostitution. If people believe they can be cured of HIV and AIDS through miracles, they are likely to engage in risky sexual behaviour. Furthermore, it is difficult to prove that miracle cures of HIV and AIDS exist. The idea of HIV and AIDS healing is therefore seen by Smith (2004) as dangerous because it undermines efforts against the HIV and AIDS. This idea of miraculous healings is another reflection of the controversies

surrounding issues about Pentecostal churches and HIV and AIDS. Scholars such as (Núñez, 2015) also tries to unpack the reasons why beliefs about healing have gained momentum in modern Pentecostal churches. (Núñez, 2015) argues that the strength of beliefs around healing and deliverance in modern Pentecostals owes a lot to the African traditional culture. Matters of spirituality, magic and the supernatural realm are more common in the African tradition and this makes it easy for Pentecostal churches to sale these ideas to its followers.

Literature on religion and HIV and AIDS also point to the supportive role that religious institutions have played through the course of the epidemic. The church's supportive role during the epidemic has largely taken two forms, acts of charity and spiritual counselling and support (Burchardt, 2009). As Dilger (2007) notes the church's role as the provider of spiritual support can be traced back to the early days of the epidemic when there was no known treatment for HIV. The church played an important role of preparing infected church members for inevitable death. Throughout the course of the epidemic this role continued to be part of the services of many religious institutions. According to Loue (2012) there is a strong correlation between HIV testing and church attendance. The assumption is that people are more likely to attend church after they are diagnosed with HIV because religious organisations help church members manage the disease and give them hope (Loue, 2012: 347). Religious institutions also provide support to their church members by conducting charity work (Ukah, Ogunbile & Akintunde, 2010: 338). According to Adogame (2007) churches like the Redeemed Church of God organise fundraising campaigns to assist those suffering from HIV and AIDS. This activity of helping people infected by HIV and AIDS helps to ease the criticism of some Pentecostal churches because charity work can play an important role in addressing the stigmatisation of people with HIV and AIDS. Providing support for the infected demonstrates acceptance of HIV and AIDS. This is a positive sign because church members attending these churches are more likely to adopt values of acceptance toward those infected with HIV and AIDS.

As argued earlier in this paper there is a strong relationship between Nigerian Pentecostal's response to the HIV and AIDS epidemic and the use of video technology by FBOs, yet literature tend to study this relationship separately from the HIV epidemic. The adoption of visual media by many Pentecostal churches is also a subject of contention. Many scholars

have expressed their scepticism about the involvement of churches in the realm of the entertainment industry. When writing about the new forms of Pentecostal mediation in Ghana, Meyer (2006: 5) admits that Pentecostal churches had become an entertainment resource. Pentecostals had taken over Ghanaian cinema business together with their audience. Meyer (2006) affirms that, the use of Video and film had attracted resulted in many Pentecostals attracting a huge following from Christians and non-Christians alike. (Meyer, 2006: 11; Gaiya, 2002).

This use of television and other forms of media to minister the Christian gospel has been linked to Charismatic churches especially Nigerian churches. However, literature has not analysed this link in the context of the HIV and AIDS epidemic. Scholars such as Denson (2011:77) analyse the phenomena of prayer rituals conducted by touching the screen. He argues that conducting church through rituals not only tests the faith of believers but is also shows the willingness of churches to submit to technological dominance. According to Gaiya (2002) and Tofa (2014) in Nigeria globalisation has made possible the ability of churches to reach believers from across the globe through digital media. In his view attending church has become as easy as watching a film on television. Pentecostal churches are dominating the entertainment industry; they are offering very attractive religious services to believers all over the world. According to Asamoah-Gyadu (2005) in countries like Ghana Pentecostal churches such as the Miracle Life Gospel Ministry preach heal and deliver people through television. The leader of this church affirms that, the words they say on television carry an anointing that changes the lives of those tuned in to their television stations (Asamoah-Gyadu, 2005: 22). Believers from across the globe tune in to their favourite channel or inset a CD to watch and to receive healing and deliverance from diseases such as HIV (Asamoah-Gyadu, 2005; Ukah, 2007). According to Gaiya (2002) and Ukah (2007) the phenomena of miraculous healing seems to have evolved under globalisation and Nigerian Pentecostalism and more people are now coming in the open claiming to be miraculously cured from diseases such as HIV and AIDS through television sets, DVDs and internet platforms like YouTube and Facebook. In his study about the impact of televangelism in shaping modern religion Asamoah-Gyadu (2005) and Schultze (2003) argues that the adoption of media technology such as the television to mediate the religious gospel means that religious rituals such as prayer are no longer confined to the physical structures of the church. Asamoah-Gyadu (2005) shows that long standing Christian rituals whereby the pastor physically lays hands on believers as a way to perform the miraculous healing are now conducted through

television. Believers from across the globe are now being healed just by holding their television screens during prayer (Gaiya, 2002: 3).

Though these ideas of healing and televised miracles remain highly debatable, they show the potential impact of using media channels to address the HIV and AIDS epidemic. The ability of methods such as televangelism to command participation from many people across the globe is a sign that these methods are having a great impact on religious responses to the HIV and AIDS epidemic. Therefore, this study seeks to bring together and analyse as one, Pentecostal responses to HIV and the adoption of visual media by FBOs.

When discussing the cultural importance of video filming in Nigeria Ukah (2003) establishes the link between Nigerian Pentecostal churches and the entertainment industry in Nigeria. He argues that the growth in video filming in Nigeria has been infiltrated by Pentecostal religion (Ukah, 2003: 204). Asamoah-Gyadu (2005: 127) also points out that many of the films produced in Nigeria depict varying characteristics of Pentecostals. This is a sign of the inseparable relationship that has grown between Pentecostals and the entertainment industry. According to Ukah (2003) Nigerian Pentecostals such as the Redeemed Christen Church of God and Winners Chapel have become more involved in film production and these churches have branches in South Africa. (Ukah (2003). Further analyses various film production in Nigeria and the common Pentecostal themes embedded in these Nigerian films. Some films depict the idea that Pentecostals have the answer to all the problems in life because every convert that goes there is helped to overcome challenges through prayer while some show the power of Pentecostals in the field of healing and deliverance (2003: 214). I again argue that the same ethos portrayed by Nigerian Pentecostals in Nigeria, especially the use of video filming to mediate religious evangelism has been exported to South Africa and this character is manifesting in the way South African churches linked to Nigerian Pentecostals are responding to the HIV and AIDS epidemic in Johannesburg. Existing literature however, continues to study the relationship between Pentecostals and the use of video filming separately from FBOs response to the HIV epidemic. Popular Nigerian pastors such as Pastor Chris of the Christ embassy have relocated to South Africa and continue to run strong media empires (Asamoah-Gyadu, 2012: 127). These religious flows have greatly influenced the churches in Johannesburg to adopt Nigerian Pentecostalism.

Previous studies have done a great job in analysing how Christian religious institutions have shaped the HIV and AIDS epidemic across the globe. What these studies have not been able

to achieve thus far is to pay specific attention to the brand of charismatic Pentecostalism coming from Nigeria to South Africa specifically the media influence associated with this form of Pentecostalism. The Nigerian brand of Pentecostalism brings along new ways to think about the HIV and AIDS epidemic. Issues of miracle cures televised prayer and healing services have become more pronounced under this brand of Pentecostalism. Studies by Ukah (2007); Ukah, Ogungbile & Akintunde (2010); Ukah et al. (2014) have gone to great lengths to show the unique features of Nigerian Pentecostalism and its impact on South African society. The impact of this brand of Pentecostalism in relation to the HIV epidemic is still under researched. Current studies on HIV and religion in South Africa have either focused on mainline churches or on Pentecostal churches as a homogenous group. The uniqueness of the Nigerian brand of charismatic Pentecostalism in shaping the HIV and AIDS epidemic in South Africa has not been explored.

2.4. Theoretical framework

The literature review has shown that FBOs response to the HIV and AIDS epidemic cannot be separated from issues such as church governance and stigma. I argue that the best way to analyse these issues is by looking at the links between Erving Goffman's concepts of stigma and the dramaturgical perspective together with Michel Foucault's concept of bio power. This section discusses the links between these concepts and how they helped the researcher to answer the research questions.

The dramaturgical perspective by Goffman (1959) provided this study with another way to look at the links between Pentecostal churches and HIV and AIDS. Goffman's (1959) work on the presentation of self the way in which people interact using symbols. Goffman firmly believed that human interactions were nothing more than performances. Goffman (1959) argues that the world is a stage, a platform for performances. Interactions consist of social actors who act to portray a desired image to the next person (Goffman, 1959). According to Goffman all interactions are determined one's perception about the type of audience to whom the performance is directed towards and one's perception on how the targeted audience may interpret the behaviour (Goffman, 1959: 12). Therefore, Goffman believes people interact differently with different people across diverse situations and social settings. Performances are all about making the audience believe the actor possesses whatever image they are trying to portray. In Goffman's view many human interactions involve actors who firmly believe

they are not performing, observers tend to accept the performance as reality. Goffman (1963) argues that performances are made perfect by rehearsal, so individuals learn to be a certain way by continuously interacting in the same way with many people overtime. The study shows the actions of the CFC ministries pastors as they conduct miracles.

The study also discusses televised broadcasts depicting the prophet's performing miraculous healings of diseases like HIV and AIDS by placing his hands on people's heads or on broadcasting cameras as a sign of televised healing. Every Sunday the CFC pastors are seen claiming to be wrestling demons as a way to deliver their congregants from spirits of HIV. Goffman (1959) views these actions as performances that are meant for observers'/church audience. According to Goffman, when one puts up a performance they expect their audience to respond in a certain way hence if observers are satisfied with the performer, they are asked to accept the performance as the person's reality and respond to him appropriately. Again, this helped to understand how people get to believe in the actions of the CFC pastors. Church members are impressed by the actions of the pastor as he performs miracles. The pastor shouts, kicks and punches what he claims are spiritual entities. At the end he even sweats profusely to show that the work he was doing was tiring. Congregants then respond by clapping and praising the lord because they strongly believe they are in the presence of a holy man.

These healing services are highly documented on television and the way the church pastor conduct these healings services serves to attract the audience. The touching of heads, spiritually wrestling invisible spirits and demons, people speaking in strange voices as a sign of possession can all be seen as public spectacles meant to attract more church members.

In order to show that human beings are always acting in social situations Goffman (1963) argues that the performance of actors depends on whether they are being observed or not. He defines the actions that humans do while they are being watched by others as the front stage (Goffman, 1963: 13) In the front stage a person knows they are being watched hence their performances are managed. This explains why the CFC pastors is always fighting demons every service because that is what he feels is expected of a powerful prophet in that social situation. Also, those church members that are being delivered of HIV there was a tendency to fall on the ground when the pastor lays his hands on them. Some church members even confessed that they just felt the need to fall on the ground when the pastor laid hands on them. According to Goffman (1963) this behaviour is performed because people being prayed

for feel that that is what is expected of them hence falling on the ground upon touch from the pastor is now like a ritual that every person being prayed for does. Goffman also terms that behaviour that humans do when they believe that they are not being watched as the backstage. Because the pastor of the CFC knows his life is on the spotlight he always tries to act in a certain way. His actions around congregants are well managed. Not much is known about how he behaves at home where the back-stage performances mostly occur. This theory helped the researcher to understand how charismatic church leaders of the CFC ministries have become some form of television celebrities, acting out healing and deliverance in a manner that attracts audiences from all over the world.

The idea of performances also extends to church members who are infected with HIV. Because some of the CFC's doctrines promote stigma church members try to manage this stigmatization through various performances. Goffman (1963) describes stigma as a discrepancy between the virtual and actual social identity. Virtual social identity refers to what people are seeing, and actual identity refers to societal expectations on the attributes that a person belonging to a certain category must possess. Goffman (1963) argues that stigma is a social construct. It is society that categorizes different groups of people and set aside unwritten norms on how to respond and address each person based on the category they are classified. The attributes expected of an individual by society virtue of belonging to a certain social category is referred as social identity (Goffman, 1963). According to Goffman (1963) if a person belonging to a certain category is believed to be possessing expected characteristics. If these expectations are not met and the characteristics that others, see appear to less desirable in comparison to other people who are in the same category the person is viewed by society as a discrepancy or an anomaly. In Goffman's view stigma points to attributes that are very discrediting resulting in differential treatment from society. Goffman (1963) argues that a stigma is the relationship between attributes and stereotypes (Goffman 1963:4). The people who become victims of stigma are then looked down upon in comparison to others. Every aspect of their life is undermined. Society even sees it fit to isolate the stigmatized individual because they are perceived to be unfit to be classified under people that are considered as desirable.

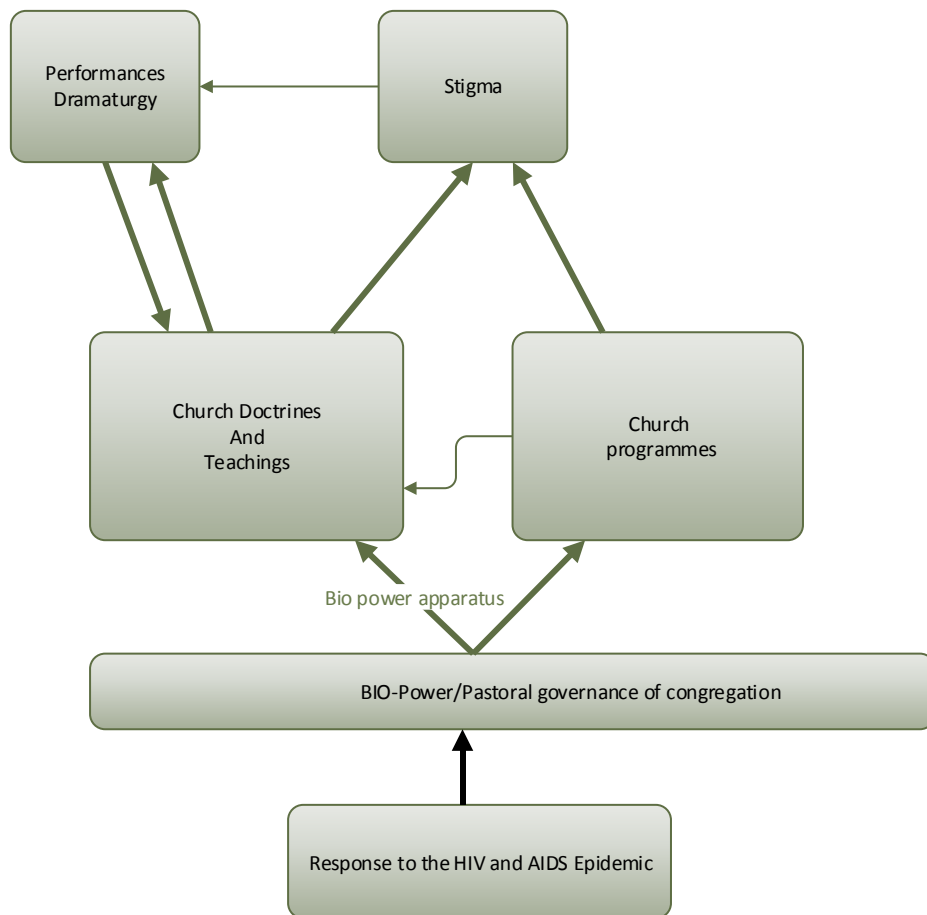
Goffman is also concerned about how a stigmatized individual tried to manage the spoiled identity. He argues that one of the ways to do this is to try and correct the blemish or work on

areas that he/she is believed to be inferior. Managing stigma is all about performances that is why this theory was used in conjunction with the dramaturgical perspective. The concept of stigma helped the researcher to understand CFC teachings that promoted the stigmatization of people infected by HIV. Teachings that portrayed HIV and AIDS as the devil's special weapon are used to govern church members' moral conduct hence they represent what Foucault refers to as bio-power. This links to Goffman's concept of stigma because these teachings promote stigma. Some of the people infected with HIV then try to manage the stigma by hiding their HIV status from church members or by confessing that they have been miraculously healed of HIV. Some of the church members only divulge information about their status when testifying that they were healed. This idea of seeking healing or testifying to have been healed in order to manage stigma is in Goffman's view a performance hence Goffman's concept of dramaturgy is a product of the relationship between his concept of stigma and Foucault's concept of bio-power.

Another concept that was used to analyse how Pentecostal churches deal with issues of HIV and AIDS is the idea of bio-power by Michel Foucault. In Foucault's (1978) book on the history of sexuality he talks about the way power is exercised over individuals and collectives. Foucault (1978) discusses two ways by which power was exercised, right of death and power over life. He describes the power over death as juridical power (Foucault, 1978:136). Foucault (1978) describes juridical power as a traditional form of sovereign power that is characterized by the control that those in power have over the death of their subjects Foucault criticized juridical power because he felt juridical power could only be expressed by taking life hence it was very deductive as compared to power over life which sought to preserve life. Foucault (1978) further argues that even though juridical power still exists, mechanisms of power have transformed and gave rise to a new form of power focused on the need to multiply life not to subtract it. This kind of power involves the governance of human bodies in the name of life preservation (Foucault, 1978). According to Foucault the power over life was deployed in two forms anatomo-politics and bio politics. Anatomo-politics refers to discipline over the human body to multiply its productive capacity while bio-politics refers to the regulation over populations. This form of power is concerned with the policing of populations (Foucault, 1978: 139). According to Foucault this form of power is more concern with mechanisms such as overall health, births and mortality of the population. Surveillance of this population is exercised through interventions and regulations of control.

Katsaura (2017) uses this concept to analyze pastoral power in urban settings through the lenses of what he terms “theo-urbanism”. Katsaura (2017) analyses the key ingredients that reinforce pastoral governance among urban followers of Pentecostal churches. In this study the concept of bio-power was instrumental in helping the researcher to address questions on the church’s teachings and programmes. The CFC ministries preached against premarital and extramarital sex. Church members were told to be disciplined with regards to sexual matters. Even extra marital affairs are forbidden at CFC. There is tight surveillance at the church to ensure that church members especially the youth do not misbehave at church. This strong monitoring of church members and how they use their bodies is referred to by Katsaura (2017) as the ‘pastoral gaze’. The pastoral gaze refers to the fact that church members tend to assume that their actions are being monitored all the time hence they condition their behaviour to the behaviour that is acceptable at the church. This against reinforces the relevancy of the concept of dramaturgy through performances. Secondly the churches use church programs. As highlighted in the literature review churches use programmes like conferences and concerts as tools to deploy and reinforce regulatory laws that prevent against HIV and AIDS and uses its church programmes to protect members from contracting HIV. This management of the church population is what Foucault describes as bio-power.

Diagram Theoretical Framework



The diagram above shows how that the CFC response to the HIV epidemic through strong management of its church population/bio power. The concept of bio-power is linked to stigma in the sense that, the apparatus of bio-power such as the church's programmers and doctrines that view HIV as a sin also perpetuate the stigmatization of infected congregants. Teachings that portray HIV as the devil's disease act as regulatory teachings that prohibit people from engaging in behavior that exposes them to HIV infection. Congregants at CFC are afraid of contracting HIV because of the stigma attached to it. No one wants to contract the devil's disease therefore stigma/ acts as one of the mechanisms used to exercise bio-power at CFC. Pastoral governance of church members at CFC does not only lead to stigma but it results in the production of certain performances. At the CFC performances manifest in two forms, pastoral performances and performances by congregants. as way of managing stigma those church members that are infected with HIV seek healing from the pastor and later testify of their HIV free status as a way of avoiding being stigmatized. When I attended

the healing services at CFC I noticed that the whole healing process is like a movie script. All congregants that are touched by the pastor end up falling on the ground to signify that healing has taken place. Those infected with HIV feel the need to convince the audience/church members that healing has taken place by falling on the ground otherwise they continue to be stigmatized. Also, because congregants want to avoid being stigmatized at all cost they start taking church teachings on HIV very seriously. Church members' especially new members begin to adopt new behaviors that does not expose them to HIV. These behaviors are reinforced by being continuously performed until they become natural to church members.

Secondly pastoral performances result from the need to continuously reinforce church doctrines. The pastor of CFC needs to continuously perfume miracles and prophecies that strengthen his bio-power. Every Sunday at CFC the pastor takes time to speak to HIV demons, wrestle them and exorcise the. These serves to reinforce and justify church doctrines and teachings such as those that view HIV as a disease of the devil. Again, the view that proceedings at CFC resemble those of a well-rehearsed script come to the fold. The pastor summons a demon believed to be tormenting a church member. He wrestles with it and commands it to go. This is all concluded by the healed person falling on the ground, vomiting strange substances or screaming fire. At times I could see one of the junior pastor pushing a congregant so hard so that she eventually loses balance and falls. If one does not fall, it is all blamed on the devil that is presumably possessing the church member

Also, the idea of bio-power is linked to the concept of dramaturgy in the sense church members tend to follow church regulation on HIV because they feel they are under the pastoral gaze. New church members are told to regulate their sexual urges as a way to prevent against HIV. As church members continuously try to follow such rules they eventually internalize these rules. Using a dramaturgical framework, this amounts to performances.

Conclusion

In conclusion, the literature reviewed above is very useful in understanding how Pentecostal churches address issues of HIV and AIDS. The literature has explored religious institutions and the construction of meaning about HIV and AIDS. The literature has also analysed key debates regarding the positive and negative impact of religious interventions in dealing with the HIV and AIDS epidemic. Considering the prominence of Nigerian churches in South Africa very little research has been done on how they address the HIV and AIDS epidemic.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

In this chapter I discuss the methodological approach I used to conduct this study. I reflect on the reasons I chose to use purposive sampling and snow ball and the challenges that I faced specifically with purposive sampling, which led me to also use snowball as a supporting technique. In this chapter I will also discuss my data collection experiences. I will share how I had to adopt different interviewing methods because the method had planned to use in the beginning chosen were not adequate to help me get the data I needed. I will also discuss how I gained sanction to the church and the various strategies I had to employ to get information. I will further discuss the challenges I had to endure whilst conducting this study and how I overcame these challenges.

Most of the studies on religion and HIV and AIDS are divided along the positivist and interpretivist methodologies. Qualitative. However, this study is also looking at media technology hence the argument by Campbell (2012) captured my attention. He raises important methodological issues about merging the fields of religion and media studies. Campbell (2012) argues for the need to borrow and utilise visual methods and mass communication methods to produce quality research on religion and media. (Campbell, 2012 :225) In this study, I adopted the use of Facebook and reviewing of YouTube footage as a way to collect data. This shows my intent to fully take advantage of the media technology for my data collection.

3.2. Research strategy

This research used a qualitative approach to data gathering. This researcher used a qualitative approach because it wants to obtain in-depth knowledge on how Pentecostal churches originating from Nigeria handle issues of HIV/AIDS in Johannesburg

The demographics of the research participants varied. Church members that attend church at CFC come from different countries so I had a chance to observe people of different nationalities. Most of the church members at the CFC come from Zimbabwe, Nigeria and Malawi. Even in the interviews I conducted many of the participants were from Zimbabwe and Malawi. All of the people interviewed including key informants were black. The majority

of the participants were women. All the interviews were conducted with participants above the age of 18 while observations were not limited to age group.

In this study I used purposive sampling and snowball and Facebook sampling. Initially when I drafted the research proposal, I had intended to use purposive sampling. During the pre-test phase I visited the CFC and establish that purposive sampling would get me the participants I needed for data collection.

As it turned out the church leadership gave me no assistance in helping me get participants or by helping me to integrate well into the church set up. I found that the majority of the congregants were migrants and were unwilling to be interviewed. I also found that many church members were not regular church goers they would watch the church service on television and only come to church for healing services and all night prayers. I did not plan to use snow ball. When the church's shop keeper referred me to a woman who was in the ushering department and another young man in the prayer warriors' team, I found myself utilising snowball. The snowball technique helped me to get those participants that feared to be interviewed because of their status as migrants. I found that once I had been referred by someone from the church fellow church members, were willing to talk to me. Some of the church members at CFC were undocumented migrants. This group of people was suspicious of doing interviews hence the researcher had to get participants that would be interested in interviews by using snowball. The researchers' initial contact and key informant was the first participant and she led the researcher to other church members and church officials.

Purposive sampling was also used for those participants that attend church services at the church's physical location. The inclusion criteria were, all Christians, staying in Johannesburg, who identifies themselves as, belonging to CFC ministries. Most of the participants that were obtained through this technique were South African citizens or church members with permanent residence status.

Because data collection was very slow I decided to use Facebook to sample a group of the church's population that frequently commented on the church's Facebook page. I found this more helpful because I managed to get seven interviews from Facebook. I also manage to talk to one of the church pastors and I was able to learn a lot about the church and its teachings. I even requested some of the church members and was able to track what they post and their views regarding HIV and church teachings. This showed me that in the field researchers

should not be rigid and use existing methods of data collection when they are not working. As researchers we should learn to be flexible and responsive to the needs of different contexts

Data was collected until the researcher reached saturation. Morse, (1995); Guest, Bunce & Johnson (2006); Fusch & Ness (2015) make the argument that saturation is a standard measurement that helps to determine whether the research managed to collect enough data to answer the research question. The CFC was the church that I used as a case study for this research. This church is located in Johannesburg.

3.3.Data collection

My data collection was comprised of a mixture of methods. Some of these methods I adopted them after I had begun data collection. When I arrived at CFC ministries, I had hoped that I would start interviewing the pastoral leadership church members. I believed they would help me to find research participants for interviews. I had also planned to sit in on all church services and functions to observe how issues related to HIV and AIDS manifest and how they are dealt with. I believed that, once the church had allowed me to conduct my research, they would also assist me in finding participants for interviews. The permission to conduct research was verbally given, and no further assistance was offered by the church leadership. I had to start inserting myself as a member of the church and start formulating relationships. Initially I had planned to collect data using one on one in-depth interviews and participant observations. Every time I tried to talk to church members about my research, they would politely give excuses, but no one was agreeing to be interviewed. Even participant observations were very challenging because the church is very big, and everyone seemed busy all the time, life at CFC was fast and for a new person it becomes difficult to get into that system. One of the strategies I used to help myself was to buy things at the church shop. The church shop became my point of entry, I would visit the shop at least twice a week to buy books and other items. I remember on the third week of attending church service at CFC, I bought a prayer handkerchief, prayer bracelet and an anointed umbrella. I introduced myself as a new convert, to the church's shop keeper. This lady would spend a lot of time assisting on which books to buy and the kind of prayer objects that are more powerful. Within a month we had established rapport, she was telling me about the church and introducing me to other church members. These relationships with the church shopkeeper facilitated my integration

and the church and it connected me to many church members. Just standing at the church's shop would allow me to talk to many church members.

My experience with the shop keeper made me realise the need to establish some form of relationships with the participants before telling them about my research. Just asking someone I had just met about issues like the use of condoms among church members was very challenging. At one point a woman originally from Nigeria told me that the church was not a place for joke after I had told her about my research. Initially this lady had agreed to talk to me but after a couple of questions she left. I also got to learn that one on one in-depth interviews were not ideal for CFC. People did not have time to sit and have interviews. Most of the church members were working class people and follow up interview would also not work for them. I found that unstructured interviews were more effective on these settings. Many church members I interviewed would talk to me for a long time if they felt it was just a discussion not an interview.

One of the challenges I also faced was that many of the church members are undocumented migrants. They are very sceptic about talking to people they don't know. I found that revealing that I was a Zimbabwean and that I spoke Shona was very beneficial to me especially if the church members were from Zimbabwe. I made a lot of connection with Zimbabwean church members at CFC and many of them became my informants. I also found that at CFC the easiest way to get information about the church was to target young women. Young unmarried women were always willing to meet new people, hence I utilised this opportunity to learn more about the church. I also found that information is easier to collect if you also actively participate in church activities.

In week two I registered to be on the prayer line where people are delivered and cured from HIV and other diseases. This was a very informative experience because I got to see people falling to the pastor's touch at close range. I remember the pastor claiming that the woman who stood next to me was possessed with snake spirit when she fell on the ground, I ran and stood at a distance while the pastor came to deliver the woman. At CFC the church service was hosted in three rooms. The room upstairs was the main church and the two rooms down stairs were the overflows. At first, I would arrive at the church at 7am to get a place to sit in the main church. I later observed that the overflows were a source of great information. People who sat in the main church were well behaved and unwilling to chat because all

cameras were on them. At the overflows the service was watched over a television set hence, it was easy to engage participants in conversations.

To keep abreast with events in the main church and the overflow, I made use of video footage. Before I left home for church every Sunday, I would set my laptop to record the entire church service of the CFC so that I can watch it when I get back home. Because there were some church programs that I had no access to, such as the prayer warrior meetings which took places every Thursday, I used the friendships I had made to find out the content of these meetings. Recording was also a big challenge for me especially considering that many of the congregants were migrants. Most of the people who agreed to be interviewed were legal migrants or South African citizens. I had to try and write very fast on long interviews. My good memory also helped me to remember some of the important information shared. Carrying a tape recorder was also challenging because the church is near Carlton Centre, a place well known for crime...

During the course of this study I was exposed to bodily harm, I got mugged three times and lost recording devices and cell phones on both occasions. The area where the CFC is situated has a high crime rate. I preferred walking because it always provided me with the opportunity to meet and talk to fellow church members especially after the church when people are walking home. In terms of observations, it became easier to observe when you have people filling in the gaps. I would be the first to arrive in church, but I could not be the last to leave because of transport and crime issues. I made friends with a security guard manning the car park area that helped me to go and stand and chat with him during lunch and whilst observing congregants as they mingle outside the church building. I realised that people like security guards are a source of rich data when collecting data because they know and see everything. Maulisi made a lot of observations and he knew those who were cheating on their wife's and husband, he knew the youths that were dating and many kinds of information that I found useful. I also found it useful to like the church's page on Facebook and follow the posts of the church and the church members. I also used the Facebook platform to engage participants for a discussion. I got seven participants by reading their posts on the church's Facebook page and then tracking them for conversations. I was able to communicate with one of the female pastors of this church via Facebook when I send her a message asking what her opinion on prophetic healing. I also read church books and material on the church's website but the information I got on the Facebook platform was much more in-depth than the website and books.

Data analysis

I used thematic content analysis as a way of analysing data. Thematic analyses refer to the organisation of data into meaningful themes. I used the model by Lewins (2006) to analyse data .

After the collection of data, I organised all transcripts and put them in one place and ensured that every piece of fieldwork was properly labelled with a unique descriptive identifier in form of a number. I also numbered all pages so that the original data from participants themselves can be easily reproduced according to Neuman (2006) organising data helps to avoid haphazardness when analysing data and this helps to increase academic rigour of a research.

The second step I took was to familiarize himself with the data. I revisited the research proposal and the field notes. I then revisited the aims, objectives and methodology of the research. I also read all the transcripts thoroughly to get a feel of the voices of the participants before fragmenting the data to look for patterns. According to Neuman (2006) reading all the transcripts before engaging in data analysis is essential for the research to be reliable. Another reason for the researcher to familiarise himself with the data is to identify initial and recurring themes or concepts that emerge from the data (Lewins, 2006).

After familiarising myself with the data again, I arranged the data into smaller manageable themes. The themes I came up with were those that were unique when compared to the literature review. The themes were given unique colour codes. I was arranging broader themes using colour codes. Each sub theme from the data was placed under the broad theme that it related to. According to Neuman (2006) organising data makes information easy to manage thereby avoiding misplacement of transcripts.

After thematising the data, I then summarised and synthesised the data. I went through all the themes three times to make sure I didn't miss anything. When I went through all the themes, I was looking for patterns, similarities and uniqueness of these findings. Similarities, differences and dominant patterns within these themes. This process enabled me to interpret the data and to answer the research question.

3.5. Ethical considerations

The greatest ethical dilemma that I faced was that of telling people about my research. I noticed that church members had no problem talking to me if they felt I was just a church member making conversation. As soon as I revealed to the church members that I was doing research, they became avoidant. I found that friendly chats whereby I just approach a church member and we start discussing yielded a lot of original information. I decided that I would only tell participants about my research after I meet them for the third time. For participants that agreed to have one-on-one in-depth interviews, I would tell them about the study before the interview. For the interviews I conducted at the church premise, there was no privacy and people were passing back and forth as were doing the interview. With some participants we ended up talking in their cars or going across to Carlton Centre and utilise public chairs.

I used four ways to ensure trustworthiness the four ways are presented on detail below

Credibility and authenticity which refers to the extent to which the researcher gives a plausible or accurate account of what the participants experienced. Credibility and authenticity was achieved by collecting vast data on the how the CFC address issues of HIV and AIDS in Johannesburg.

Transferability refers to the extent to which results can be used to understand other setting (Morse, Barrett, Mayan, Olson, & Spiers, 2002). I worked hard to ensure that the research has transferability by providing a thick description of the findings in chapter four. **Reliability:** I also ensured the research is reliable by providing a detailed description about the instruments and methods utilised for this research. This research was also supervised by a highly experienced supervisor.

Dependability: According to de Wet & Erasmus (2005) dependability refers to the consistency of the research, issues that are considered under is that to what extent can similar findings be replicated if a similar study is repeated with the same respondents, in the same context and with a research with similar expertise (Miles & Huberman, 1994). For this study to be dependable in the methodology chapter I: explained in detail how the research was conducted. I also showed how data was gathered and how the research instruments were designed and utilised \. I also reveal in detail any possible factors which impacted on data collection process.

Conformability: This refers to the extent to which conclusions of the research can be independently confirmed by other researchers, would two independent researchers, presented with the same raw data, come up with the same/similar interpretations, assign meaning or overall confidence to the data (Neuman, 2006). To improve confirmability this study was supervised by an experienced supervisor at Wits University. Supervision helped to identify any personal biases that could have impacted on my interpretation of the results.

CHAPTER FOUR

MAIN FINDINGS

4.1. Introduction

In this chapter, I present a description and analysis of the findings of this study. I present the findings as qualitative themes. I have also used direct quotations to make the results clearer and easy to understand. The findings are also compared with existing literature to show the deficit in existing knowledge regarding the links between the HIV epidemic and the use of media technologies. This report will use the findings to support the claims that (1) visual media has become an integral part of Pentecostal responses to the HIV and AIDS epidemic and, (2) Pentecostal churches' response to the HIV epidemic exposes the strong link between Michel Foucault's concept of bio-power, and Erving Goffman's concepts of stigma and the dramaturgical perspective.

4.2. Using church programmes to respond to HIV and AIDS

4.2.1. Visual media and the HIV and AIDS epidemic

The increased use of visual media by the CFC to mediate matters related to HIV and AIDS shows that visual media has become an integral part of how Pentecostal churches' respond to the HIV and AIDS epidemic in Johannesburg. The CFC owns a media company. This media company manages the church's television channel. The media company is also responsible for the production of short films and converting church activities into DVDs and CDs that are sold at the church.

Some of the short films produced by the church aim to educate church members and the outside world on how to live a Godly life. Many of the dominant themes of these short films teach the audience about the dangers of immorality. After production, a few of these short films are screened on the CFC's television channel whilst many are sold to the public in the form of DVDs and CDs. During my time at CFC I witnessed and talked to many people who bought DVDs and CDs of church films, sermons and healing sessions for spiritual growth and for entertainment purposes. Some of the consumers of the CFC's video productions were not members of the CFC, they had been exposed to other video production of the CFC through family and friends. Most people who came to buy religious commodities at the church's shop were more interested in the DVDs of short films and healing sessions because they consider these products to be entertaining and spiritually fulfilling. One of the films that I watched featured a young woman who contracted HIV because she was living a life of

promiscuity. In this film, the woman eventually realises her evil ways and becomes a born-again Christian. This film is available on DVD and it costs 200 rand each. A two-minute clip of this film is also available on YouTube and Facebook for marketing purposes. People who buy these DVDs and CDs produced by the CFC tend to exchange with family and friends hence many people in Johannesburg are being exposed to the CFC's teachings on HIV and AIDS. The production of short film that touch on issues of immorality shows that the use of visual media is an important part of the CFC's response to the HIV epidemic in Johannesburg. Despite the limitations to biopower technologies that scholars such as Nguyen (2009) and Dilger (2012) that biopower does not necessarily translate to behaviour change, these church members are convinced that exposure to the church's technologies was the sole reason they turned away from a life of immorality.

As I have highlighted earlier the CFC also owns a television channel. The television station was launched in November 2011 barely a year after pastor Uchowo's visit to the Synagogue Church of all Nations in Nigeria. The Synagogue church of all Nations is headed by Prophet TB Joshua. Sources close to the pastor believe that Uchowo's encounter with Prophet TB Joshua led to the establishment of the television channel. This shows a strong connection between the activities of the CFC and the Nigerian prophet TB Joshua. Viewers can access the CFC's television channel through satellite dish or YouTube live streaming. According to the CFC, the main aim of the television channel is to reach more people with healing and deliverance. Most of the church's events are screened on television as live broadcasts. On Sunday the station screens the Sunday church service that starts at 8am and ends at 5pm. Every morning the station broadcasts a Morning Prayer session led by Uchowo himself. During the day the television schedule is populated with testimonies by church members who claim to have received healing and deliverance through the work of pastor Uchowo. The channel also screens repeats of past healing and deliverance sessions on a daily basis. People who testify to have been miraculously cured of diseases such as HIV and cancer are paraded on this station as a way to demonstrate that God is using the pastors at CFC to deliver all people from afflictions such as HIV. The church's philosophy behind televised healing is that by broadcasting on television networks capable of reaching a global audience, change that takes long to be accomplished can be accomplished in a matter of seconds. This means that diseases like HIV that have proved difficult to address can easily be dealt with by using television. That is why visual media has become an important part of the CFC's response to the HIV epidemic. Scholars such as Gaiya (2002); Ukah (2003) and Meyer (2006) have also

discussed the growing use of televangelism by charismatic Pentecostals. Meyer (2006) argued that globalisation has given birth to new and more effective ways of mediating religious messages. She argues that Pentecostals had over the years attracted a huge following because they were quick to embrace media technology. Though many scholars have discussed with interest the growth of televangelism, their discussions pay little attention the impact of televangelism on FBOs response to the HIV epidemic. The use of television by the CFC to spread its teachings against promiscuity, abstinence and fidelity shows that televangelism has reshaped Pentecostals responses to the HIV epidemic hence, the use of visual media by the CFC has become an important part of their response to the HIV epidemic in Johannesburg.

To further ensure that their video products have the desired impact against the HIV epidemic, the CFC employs experienced film production personnel that can produce quality video productions. Within the employment ranks of the CFC, there is a camera operator, television presenter, video editor and producer. These people are key in producing quality broadcasts that capture the hearts of their intended audience. This production team is responsible for ensuring that the teachings that are screened on television are easy for the audience to understand. While the church is underway there is a presenter engaging with the television audience. For example, whenever there are claims of demonic possession or when people are giving testimonies, these skilled presenters are always there with their microphones to probe for information. This is a skill used by this production team to prove that, what the audience are witnessing on television is really happening at CFC. I remember one time I was reviewing video footage of the live church service. There was a man who was believed to be possessed by demons. According to pastor Uchowo, these demons were forcing this man to be promiscuous and to spread HIV. When this man was prayed for, he fell on the ground and vomited strange substances. The camera immediately zoomed in and focused on the man who was vomiting strange substances as a sign that deliverance was taking place. At the same time the presenter narrated to the viewers watching through television, telling them to watch the screen closely so that they can see how God was delivering this man through the prayer of prophet Uchowo. Such skills by the production crew helps to convince audiences that whatever they are watching is real. After watching the CFC's activities on television many people with HIV visit the CFC hoping to receive a miracle cure for HIV. Some of the church members that I spoke to confessed that they had turned away from a life of sin after watching these expertly produced video productions by the CFC. Among the people that became born

again after watching the CFC's television productions, there was a former prostitute and a self-confessed playboy. These two church members gave testimonies in front of the whole church about the immoral lifestyles they were living before they were delivered by pastor Uchowo. The self-confessed playboy gave a testimony that, while at a friend's place he had watched on television as pastor Uchowo exorcised demons from a young man. These demons were supposedly making this man sick and at the hospital they had diagnosed this man with HIV. This motivated him to become born again. The lady who was a former prostitute also testified that she had been exposed to teachings against immorality through a DVD she got from a friend who was also a former prostitute. These testimonies show that the use of television by the CFC to fight HIV and their use of experts in video production to deliver the CFC's video intervention serves to amplify efforts against the HIV epidemic hence visual media is having a greater impact on how Pentecostals address the HIV epidemic in Johannesburg. The use of these forms of media to target people believed to be sinners also shows that video media is part of the technologies being used by the CFC to deploy its biopower as a way to govern church members moral behaviour.



The picture depicts a man who fell to the ground after being delivered by the pastor. The microphone follows this man down as the camera zooms in for the audience watching through television to see (a screenshot taken from the live church broadcast on YouTube)

4.2.2. Singles and couple's seminar

The availability of programmes such as the singles' seminar and couples' seminar on DVDs and CDs shows that visual media is a crucial aspect of the CFC's response to the HIV epidemic in Johannesburg. The CFC uses programmes such as the couple and singles seminar to teach its church members about issues related to HIV. The couples' seminar is a programme meant to address the challenges faced by couples in a marriage. Topics about sex and marital relations dominate the discussions at the couple's seminars. Most discussions and debates centre on issues of condom use, adultery and faithfulness in a marriage. Likewise, the singles seminar is a church programme that addresses issues faced by single adults at the church. Both the singles and couple's seminar are popular church programmes and church members have to pay a fee to attend this event. Those that cannot afford the entrance fee have the opportunity to buy CDs and DVDs of these seminars. The DVDs are also very expensive they cost 250 rand each. Despite being expensive, these DVDs are always out of stock because demand for them is very high. I spend one month going to the church's shop to buy the DVD for the couple's seminar but each time the shop attendant told me that they were sold out and that I should check the following week. According to the CFC shopkeeper many people at church get orders from their friends and relatives to buy these DVDs for them that is why they are always out of stock. What I am trying to show here is that the CFC has always had programmes such as the singles seminar to address the HIV and AIDS epidemic like other Pentecostals, as discussed in chapter two. However, the merging of these programmes with the use of video-media technology has amplified the impact of the CFC's response to the HIV and AIDS epidemic.

Because I had the privilege to attend the singles seminar most of this discussion will be based on the data collected at the singles seminar. The singles seminar is held annually at the church premises. At the singles seminar those church members who are not married get together and receive teachings relating to their status as single men and women. During these seminars, single adults and youth of the church get a chance to discuss the challenges they face regarding relationships. Issues of HIV and AIDS, premarital abstinence and the use of contraceptives dominate the discussions. Based on my experience at the singles seminar I believe that these seminars are the devices used by the church leader to promote in-house marriages as a way to prevent HIV. From what I gathered, there is less risk of members leaving the church if both partners belong to the CFC. I also observed that, encouraging church members to marry one another helps the CFC to exercise its bio-power over church

members. Uchowo believes that church members are less likely to adhere to the church's moral teaching if their spouse do not belong to the same church. Therefore, these seminars also reinforce church doctrines such as abstinence, fidelity and condom use. Also, Uchowo believes that in-house marriages reduce church members' risk of being the devil's victims which in most instances refer to contracting diseases such as HIV and AIDS.

There are two points that I want to clarify here. (1) The CFC uses programmes such as the singles seminar to exert its bio-power on the congregants. However, the CFC is mostly preoccupied with immorality related governance of church members, some of these programmes give rise to stigmatising discourses. For example, the teachings against HIV at these seminars promote the stigmatisation of those infected by HIV. Congregants that are stigmatised then try to manage the stigma by pretending to be miraculously cured of HIV. Hence, CFC's programmes against HIV such as the singles seminar, contribute to the link between bio-power, stigma and performances. (2) The CFC's HIV teachings that promote stigma also spill out to the public through television, CDs and DVDs. That is why some new congregants who come to the CFC claim that they were miraculously cured through the television so that they are not stigmatised. hence this relationship between bio-power, stigma and performances also manifests in the outside world because of the CFC's use of visual media. Several studies have found church programmes to be a useful tool used by Pentecostal to protect their members against HIV. Studies by Zou et al. (2009); Dilger, Burchardt & Van Dijk (2010) and Rijk Van Dijk et al. (2016) show how Pentecostal churches in countries like Uganda use youth conferences, music concerts and other church programmes to keep a tight lid on the behaviour of their congregants thereby, reducing their members risk of contracting HIV. What existing literature has ignored is the impact of church programmes on HIV once they are merged with the use of video-media technology like television CDs and DVDs. The efforts by the CFC to avail their HIV and AIDS programmes show that visual media has become an integral part of Pentecostals response to the HIV and AIDS epidemic.

4.2.3. Miracle treatment and the rise of “urban Hospitals of a deferent kind”



This picture shows congregants awaiting healing on the prayer line. Holding placards detailing why they have come for healing. (this is a screenshot taken from the church services streamed live on YouTube)

I now show that the use of visual media is inseparable from the CFC'S HIV and AIDS healing programme. As part of the church's efforts to address the HIV epidemic, the CFC has a healing programme. The healing programme is responsible for treating sick people using prayer. The healing programme at the CFC manifest in two interrelated forms. There are healing activities that happens at the church's physical space with congregants that visit the church at its physical location and there is miracle healing that is said to takes place through CDs, DVDs and television. Healing through visual media happens when the pastor deliberately prays for people who are watching the event through the television or DVDs. However, the healing that takes place in the confines of the church is inseparable from televised healing because church activities are digitally documented, and they reach the outside world through CDs and DVDs. From what I gathered from the church officials and the congregants, the CFC runs a very strong healing programme. Through the healing programme, diseases such as HIV, cancer, fibroids are cured miraculously. Even illnesses that normally require surgical operations are treated using prayer. Pastor Uchowo oversees the healing programme. Healing sessions by Uchowo himself happen every Sunday and the first Friday of the month. Junior pastors are also there during the week to provide healing to walk in patients. Registration to attend the Sunday and Friday healing services as a patient

take place every week on a Saturday and the first Wednesday of the month. Those that register for healing and deliverance have to go through faith classes where they are taught about faith in God. These classes are meant to prepare congregants for the healing and deliverance service. Every first Friday of the month and on Sundays during lunch time those that registered to be part of the healing service are organised on the prayer line so that they can receive healing through prayer. On the prayer line some hold posters with details of their illness. On the Sunday slot pastor Uchowo quickly moves around the prayer line touching people on their foreheads as a way of healing them. On the all-night prayer that happens on the first Friday of the month, the issuing of prophetic messages, healing and deliverance takes place throughout the night. Those that are watching the church services at their homes do not need to register for healing and deliverance. Whilst Uchowo is praying for those people on the prayer line, the miracles are said to be able to spill over to those watching through the television, CDs or DVDs.

During my time at CFC I also registered to be part of the prayer line. I managed to register for a slot at the Sunday service prayer line to try and walk in the shoes of the participants. After the registration process, we were divided into four groups. Each group was given a junior pastor to teach us about faith in preparation for the healing service. In my group there were people suffering from different illnesses the most identifiable were those in wheel chairs. After the faith lesson we received tags with numbers, these tags were our proof of registration and our entrance pass to the prayer line. On the day of deliverance, we were assembled at the prayer line at lunch. The pastor came to the prayer line and started performing what I believed to be miracles. When the pastor arrived at where I was standing, he just touched my head shook it very hard for about two seconds and proceeded to the next person. The young girl who stood next to me fell to the ground after being touched by Uchowo. There were claims that she had the spirit of a snake. The room was filled with people who were falling to the ground after being touched by the pastor Uchowo. After receiving a vigorous head shake by Uchowo, I wondered if the people falling to the ground were falling due to dizziness or because of the miracle. I must confess that when you are in that space it's difficult to tell whether the dizziness is because of the head-shake or something supernatural.

It was unbelievable to see a woman who was sitting on a wheelchair at the end of the prayer line stand up shouting that she had been cured of paralysis. There was also a woman with a banner written "I am HIV positive" this lady went to ground after receiving a prayer from

pastor Uchowo. When this woman woke up she was also shouting that she felt the HIV leave her body and that she wasn't feeling sick. This means that the woman believed that she had received the miracle cure for HIV. All these activities are accessible to the outside world through visual media hence, the fight against HIV is no longer confined to the physical space of the church. It is also important to point out the similarities of Uchowo's healing programme to that of the Nigerian prophet TB Joshua. All the characteristics described above about Uchowo's ability to cure HIV through the television resemble those of TB Joshua. The similarities between TB Joshua and Uchowo show that the CFC's use of visual media to address the HIV epidemic is a borrowed concept. Also, because the healing programme promotes church doctrines that view HIV as a sin that must be removed through prayer, the healing programme also leads to the stigmatisation of people with HIV. This again leads to performances by church members with HIV as a way to manage stigma. Because of the stigma associated with having HIV, Church members find salvation by testifying that they were miraculously cured after prayer. This is where the idea of performance comes to the fold. Based on the results presented above, it is difficult to separate performances from truth when looking at the healing process. The whole process of seeking healing in front of the entire church and the tendency by church members to fall down every time the pastor lays hands on them is like a well-rehearsed script. Some members fall to the ground as proof to audience that they have been cured so that they are not stigmatised. There is a shared belief at the CFC that falling to the ground after the laying of hands by the pastor signifies that healing has taken place. So, if one does not fall down, they are likely to continue to be stigmatised because people believe they are still HIV positive. The pastors themselves strive to ensure that those congregants they are praying for fall to the ground to show that they have the power to cure people by performing miracles. Considering the way Uchowo shook my head on the prayer line, the idea of congregants falling on the ground out of dizziness or as an act to manage stigma cannot be ruled out. Also, it appears the idea of miracles is a biopower technology used by the CFC to maintain strong control of the church over the congregants. Again, the healing programme exposes the link between bio-power, stigma and dramaturgical performances. Also, considering the use of visual media to expose the healing programme to the outside world, one cannot deny the use of visual media is connected to the link between bio-power, stigma dramaturgy. That is why I argue that visual media has become an integral part of the CFC's response to the HIV and AIDS epidemic.

I also made an interesting observation about the CFC's healing programme. Because of the overwhelming number of people seeking miracle treatment at the CFC, Uchowo has made sure that the junior pastors are always on the church premises to assist those in need of prayer. These pastors take turns to avail themselves during the day. The pastors are assisted by a group of prayer warriors. These are the man and women of the church who are perceived to be in possession of a great anointing from God. Some at the CFC refer to this weekly healing service as the church clinic. Anyone can just walk in anytime if they are sick and they will be treated through prayer free of charge. Again, whether the treatment actually works is a contested subject, but congregants believe they have witnessed great health improvement after visiting this clinic.

This setup whereby people come to seek treatment at the CFC whenever they fall sick has led me to introduce the phrase "hospitals of a different kind" this phrase emanated from the fact that the CFC ministries has becoming more like a hospital or clinic in Johannesburg. Urban dwellers flock to the church to seek treatment just like how sick patients visit the hospital or clinic when they are ill. People are visiting the CFC for treatment of illnesses ranging from headaches to more serious illnesses like HIV and cancer. The church is always open for business and patients can come at any time for treatment. At CFC there is always a prayer representative to assist any patient that wants treatment. Those cases that are serious are then referred to pastor Uchowo who I consider to be the hospital specialist. As I have adumbrated earlier in this chapter, Uchowo is said to be able to cure diseases that normally require a surgical operation. In one of the church services a woman gave a testimony regarding the holy surgery that was performed by Uchowo. According to this woman, when she was pregnant the doctors had told her that the baby inside her womb had turned and a caesarean operation was required in order to save the baby. After this woman received a prayer from Uchowo she went back for check-up and the scan showed that the baby had moved back to the normal position and she could deliver the baby normally. The testimony of this woman shows that Uchowo has assumed the role of a medical surgeon by using prayer to perform medical procedures that are considered to be strictly for medical specialists. In this urban hospitals of a different kind their medicine cabinet is always full of medication such as anointing water, prayer handkerchiefs, prayer bracelets, anointed stickers and key holders, hence I again put forward this idea of "churches of a different kind using "medication of a different kind "to treat patients. These emerging urban "medical centres of a different kind" are utilising their unconventional medicine such as prayer to produce miracle treatment for

diseases like HIV and AIDS thereby replacing the role of conventional hospitals. Though more research needs to be done on the issue, one cannot help but wonder if the transformation of urban churches into holy clinics might trigger the erosion of medical clinics. Scholars such as Zou et al. (2009); Dilger, Burchardt & Van Dijk (2010); Patterson (2010) and Van Dijk et al. (2016) have discussed in-depth different treatment regimes that have emerged during the course of the HIV epidemic. In their discussions, Issues of miraculous cures for HIV are contrasted with the availability of ARTs and traditional medicine. While some churches are involved in ART roll-out programmes some Pentecostals have claimed that religion is superior over all forms illnesses and they have demonstrated that by claiming to possess miracle cures for HIV (Kane, 2012).

. These debates about HIV treatment help to show that the ‘hospital like’ model being used by the CFC to treat patients is not a totally new phenomenon. Furthermore, activities at this clinic are digitally recorded especially testimonies, so that the outside world can benefit from the experiences of others. Some church members have even confessed to have been miraculously cured by watching the testimonies of others on television. This cements the argument that visual media is a huge part of the CFC’s efforts against HIV and AIDS.

4.3. Teachings and doctrines

4.3.1. The church’s teachings on condom use

To further show that visual media is an integral part of the CFC’s response to HIV I will use the CFC’s teachings on condom use to discuss the relationship between stigma, performances and bio-power. Doctrines against condom use are crucial to the CFC’s response to the HIV epidemic. The CFC emphasises on teachings of trust within marriages. These teachings form the basis of the CFC’s argument against condom use. While attending church meetings at the CFC I observed that some church officials preach against condom use. During one of the evening youth meeting one of the church elders used the doctrine of trust in marriage to teach that the use of condoms is wrong before God because condoms are believed to be responsible for sowing seeds of mistrust in marriages. Most people who attended the couples’ seminar also shared the view that woman who force condoms upon their husbands needed prayer because they were being used by the devil to destroy their marriage. This view is generally shared by many church members at the CFC. In one of the church services pastor Uchowo told the congregants that condom use is not right for Christians who are married. The topic of condom use comes up in many of the moral teachings that appear on the CFC’s television channel. Therefore, many people in Johannesburg are exposed to these teachings.

At CFC the issue of condom use was highly gendered. Women who insist on using condoms are portrayed as culprits. I also noticed that many of the women who spoke at the couple's seminar were against condom use. Many of the women were also against other women who insisted on using condoms in a marriage. I also observed that women who believed in the use of condoms were afraid to speak up for fear of being labelled and stigmatised. Though I watched the couple's seminar on DVD, I had a chance to do follow up interviews with some of the men and women present at the seminar, it was surprising to hear that some men and women present at the seminar used condoms at their homes. Some partners whose spouses also attend church at the CFC even confirmed that the decision to use condoms is consensual between them and their partners. When I asked some of these church members why they did not speak their mind at the seminar, they replied that they feared the stigma attached to condom use. One of the women said that many people who attended the couple's seminar were using condoms but were afraid to speak up because of the stigma attached to condom use hence, they end up pretending not to support the use of condoms. This participant said that

If you want to be looked at in a funny way just say this matter in public. My husband will be discriminated against by other man if they find out that we use condoms. As for me they will say I'm too forward and other woman will isolate me, it's always better to keep what happens in your home private

These quotations show that church members are afraid to speak their mind about condom use because of the stigma attached to it. Some at the CFC also believe that condoms are tools of the devil that are there to plant seeds of mistrust in marriages. At the CFC we see that the church's response to the epidemic in Johannesburg has a negative impact on HIV prevention.

The implications of this negativity towards condoms is that it leaves church members vulnerable to HIV infection. Women who go to CFC are highly at risk of contracting HIV because they fear that they will be stigmatised if they use condoms. Because church members fear stigma many of them act as if they do not use condoms so as to gain the approval of other church members. Doctrines on trust within a marriage lead to exploitative interpretations about women and the use of condoms. They also lead to stigmatisation of couples that use condoms. This results in many couples pretending to be against condom use.

This brings to light the idea of performances. Church members acting as if they don't use condoms to avoid stigma. This again shows the link between bio-power, stigma and dramaturgy. Secondly these teachings on condom use are also featured regularly on the church's television programmes. Various church sermons that address this issue are sold on DVDs. Some of the church members appear on the CFC's television programmes giving testimonies and advice to viewers about how they address issues of condom use in their marriage in a manner that pleases God. Considering the potential reach of visual media, the impact of these teachings on the outside world is great.

The issue of FBOs and condom use has received a lot of scholarly attention. Most of the literature on religious organisations and HIV and AIDS prevention cite that teachings against condom use forms part of Pentecostal responses to the HIV epidemic. According to Rigillo (2009) religious organisations have been known to preach against the use of condoms because of the belief that condom use promotes promiscuity. In countries like Mozambique and Uganda Pentecostals have spread messages against using condoms as part of efforts to address the HIV epidemic (Pfeiffer, 2004; Gusman, 2009). Though the CFC is utilising similar doctrines to those alluded to by existing literature, the CFC's use of visual media to spread its doctrines on condom use make their approach unique. This use of visual media needs to be studied together with Pentecostals response the epidemic because using this technology has become an integral part of the CFC's response to the HIV epidemic.

4.3.2. HIV/AIDS as the devil's special weapon

To further show that visual media is an important part of the CFC's response the HIV epidemic, I will discuss the use of visual media to spread teachings that view HIV as a disease sent by the devil. The CFC teaches that HIV is a disease sent by the devil. HIV is seen as part of the devil's plan to perpetrate untold malevolence upon the world. Based on this doctrinal teaching, Immorality is seen as the only cause of the HIV. This teaching is tied to the church's healing programme. The church teaches that the only way to deal with HIV is to cast out the devil through prayer and an exorcism. Every Saturday evening and Wednesday afternoon the CFC broadcasts a healing programme. In many of the broadcasts, the subject of HIV occurs regularly. Viewers watching from home are encouraged to come and be cured of the devil that is troubling their life. In many instances the devil refers to HIV. The CFC

strongly believes that HIV is a disease that is caused by the devil. The church pushes the idea that HIV and AIDS are inseparable from immoral acts that is why the devil deceives believers into engaging in immoral acts so that they can get infected by the mark of the devil meaning HIV. This study showed that the CFC does not give much importance to the scientific causes and treatment of the disease they mainly teach that HIV is a spiritual disease that can be contracted through possession by demonic spirits or by mind control. With regards to mind control, one is believed to engage in risky sexual behaviour such as extramarital affair because the devil has taken over control of their mind and body. Non-believers are seen as passive victims of the Christian bogymen, the devil. Even prostitutes are treated as long term victims of the devil who were enslaved for the sole purpose of spreading HIV onto the world and distracting believers from their faith. In one of the outreach programmes that took place at the Johannesburg Park. One of the junior pastors at the CFC said that HIV is a disease used by the devil to perpetuate misery on God's people. He made a prophecy about a man who was sitting in the crowd who had contracted HIV at a night club. The pastor revealed that the devil had been tormenting this man for a long time. A man came running from the crowd claiming the prophecy was true and that he was the man in question. He begged the pastor to deliver him. As the man stood there the pastor started to preach about HIV, he said that

The devil is at work; the devil is at work in this generation. Many people are dying with diseases that have no cure. How many people come here because they are struggling with HIV? The devil is at work. HIV serves only one master that is Satan himself. HIV is not of God, it's not a normal disease like flue HIV is a tool by the devil to drag you away from God by polluting you with HIV.

Please do not be tempted into immoral things by the devil. You go to drink beer at taverns, there are women there. You forget you have a wife at home, the next morning you are crying ahhh pastor help me I have the virus. That place you were drinking is a house of evil. Those beautiful women you were seeing with beautiful bodies, with beautiful legs. They were in that bad place because they work for the devil. That beauty is what Satan uses to catch you off guard and give you disease. Now you are sick you remember pastor Ebo and you want healing to take place immediately.

There are a lot of people sitting at home taking medicine they know its HIV they watch on tv and say ahhh this pastor is fake. They are busy taking medicine and

preparing to die. What they don't know is that the disease in their body is the devil's way of hindering their progress. It is the same devil that led them to temptation. They sinned against God but God is an all forgiving God. God does not hold grudges. Come and give your life to God and be delivered from the pits of hell. That disease is binding you to the devil it must be removed now

The above quote shows that HIV is being portrayed as a product of immorality and supernatural attack. Also, in one of the healing services, pastor Uchowo a claimed to have delivered a young lady who had been infected with HIV by witches. Below is the conversation Between Uchowo and the demons that possessed the woman.

Pastor: who are you and what have you done to this body, speak in the name of Jesus?

Response: I am the great mother of the sea, she is mine. I have done many things to her, I gave her HIV, she will die, she has gone to many doctors, she doesn't know where she got it, I gave it to her she is mine

Pastor: out in the mighty name of Jesus, your time has expired in this body in Jesus name.

This extract shows that at the CFC HIV is believed to be an evil disease caused by the evil devil. This is the reason why many people hide their HIV status. Because of the stigma, no one wants to be associated with the devil. This church service like all Sunday services was broadcast live on the church's television channel. In the extract above, while pastor Uchowo was having a conversation with the spiritual entity, the camera moved closer and zoomed in on the person who showed signs of possession. Even the audio volume was increased so that all people can hear the conversation between pastor Uchowo and the spiritual entities possessing the woman. The woman's eyes looked greenish and scary. Even her voice was so loud that no one in the church seemed to doubt that it was an evil spirit that had possessed this woman. The conversation above shows pastor Uchowo conversing with evil spirits and eventuality defeats them in front of the all the people watching including those watching through television. This is quite an extraordinary way to pass on the church's doctrines about HIV. Such public displays help to reinforce the teaching that HIV is the devil's disease. When I discussed with some of the church members about their views on the issue that HIV was the devil's disease, many of them kept on using various deliverance sessions as real-life examples to show that the church's teachings were divine and accurate. Pastors at the CFC

use their miracles to reinforce church doctrines as shown by the extract above. Now when the CFC uses visual media to spread its doctrines about HIV, the threat of the devil amplified, and the disgrace associated with having HIV also increases. This means that people with HIV have to manage stigma by testifying that they have been healed of HIV or by pretending that they don't have HIV. Again, this shows how visual media is tied to the link between bio-power, stigma and dramaturgy.

One problem that arises from treating HIV a sin is that those who are infected become victims of stigma. At the CFC one common rumour that circulate is that if one has HIV, it means the devil is feeding on them slowly until they die. The other rumour is that all who are infected are disciples of the devil because true Christians are healed through prayer. Because of such rumours about HIV, some church members found it difficult to disclose their HIV status. When I asked some of the participants if they would disclose their HIV status to fellow church members, they all said no. One of the participants said that revealing his status would give his detractors. in church ammunition to ruin him. I also noticed that most participants who openly hold placards confirming that they have HIV at the prayer line are new congregants. These findings are similar to studies by Smith (2004); Nweneka (2007); Gusman (2009) and Parsitau, 2009) that also analysed the implications brought about by Pentecostal churches when they teach that HIV is a product of sin and that HIV is a disease that is linked to the devil. Such views have raised questions since many activists and scholars in the field of HIV and religion believe that teaching that HIV is a disease from the devil promotes stigma and discrimination of the infected followers. Scholars such as Gusman (2009, 2013) also show that in Uganda teachings that promote the idea that HIV is a product of sin are gaining popularity amongst youth. Youths of the Joseph generation are said to be adopting abstinence as a result of such teachings. What separates these studies from the current study is that the CFC is using visual media to spread this doctrine that HIV is a sin. This means that the impact of this doctrine upon people is now greater as a result of visual media. It shows that visual media is inseparable from there CFC's teachings about HIV.

4.3.3. Doctrines of abstinence and promiscuity

The availability of the CFC's teachings about abstinence on CDs, DVDs and the CFC's television network shows that visual media is an integral part of the church's response to the HIV epidemic. The CFC uses doctrines against abstinence and fidelity to govern church members' moral conduct. These laws tend to result in the stigmatisation of those congregants the have failed to abstain or be faithful in marriage. Ultimately church members tend to act as

if they abstain so that they are not stigmatised. The CFC condemns premarital sex and extra-marital affairs. Despite these teaching not being specifically designed to address the HIV epidemic; these teachings have a strong impact on issues of HIV and AIDS prevention. The CFC teaches that sex before marriage and extra-marital relationships are sins that attract punishment from God. Any church member who breaks this rule is likely to be suspended from church. In one of the church's books titled *a prayer guide to a successful marriage to God* there are passages that teach young people that their body is a vessel of God and should not be polluted by acts of immorality. One of the passages reads

Take away from our lives anyone who would destroy us or try to tempt us. Help me to immediately recognise and resist temptation when it presents itself. May there never be no adultery or divorce in our future, to destroy what you lord have put together.

The above extracts target single people who are planning to get married and those that are already married. It encourages married people to pray in order to avoid promiscuity. Church members who are not yet married are taught to use prayer to overcome temptations of lust. Sex before marriage is seen as a violation of God's laws as inscribed in Christian holy texts. Teachings on delaying sexual encounters until marriage are meant for those church members that are not married. Teachings against extra-marital affairs target the married congregants. Church members are taught that the devil owns the sexual organs of people infected with HIV and he uses those organs to deceive church followers into breaking their abstinence commitment or break their marriage vows. In one of the healing sessions I saw a possessed woman who claimed that she was sent by the devil to infect the Christian men of the church. The woman confessed that she could lure married man to have sexual intercourse with her just by making them look at her legs. I also observed a man who confessed that he has slept with over a 1000 woman and infected them with HIV. This man went on to say that, by sleeping with Christian women she is rewarded at the kingdom of the devil. All these confessions are repeated daily on the church's TV channel. These clips are used to promote teachings against extramarital affairs and premarital abstinence. The CFC uses these testimonies to show that people who engage in extramarital affairs or sex before marriage are succumbing to the devil's temptations. The pastor teaches that the devil uses people to attract married man and woman in church. These confessions cement church laws against fidelity and sex before marriage thereby strengthening pastoral governance of church congregants.

Below is a confession whereby a woman confesses that she targets married man to sleep with as a way to destroy their marriage and initiate them into the kingdom of the devil.

I own her she does my will, I slept with many men, they cannot resist me, even those that think they are strong, I eventually get them once they sleep with me they are finished. They become part of our kingdom. These legs they cannot resist these legs; many have fallen by looking at these legs.

When this lady was asked who she was, she said she was the devil and she was using this woman's body to trap and pollute married men into sin and to initiate them into the devil's kingdom. In the same service the pastor again emphasised against sexual relationships before marriage, he said that

“Why do you want to invite Satan into your life. Why do you allow him to touch you when he is not your husband? When you allow him to touch you in a way that your future husband is supposed to touch you God looks away. Even if God had prepared a good husband for you, he withdraws and gives to someone else because you allow yourself to violet God's temple by allowing someone who is not your husband to touch you”

Based on the quotes above failure to abstain is associated with the devil's handy work. People exposed to the CFC's teachings are taught that teachings about abstinence should not be taken for granted because doing that would invite the devil to utilise his tools to pollute church members with HIV. The implications of the CFC's teachings on abstinence and fidelity is that, a certain kind of stigma is attached to those unmarried church members who have previously engaged in sexual intercourse. These teachings also stigmatise those congregants who are rumoured to be cheating on their spouses. To avoid the stigma attached to fidelity or premarital sex many of the young people who have never married present themselves as virgins even when they are not. Similarly, couples who have been promiscuous pretend that they have never experience this in their marriage. This is meant to avoid stigma. After the youth service I had a conversation with one female youths who told me that her friend was raped three years ago whilst coming a school function and the friend doesn't want anyone at church to know about this. I also witnessed instances were one parent forbade his son from associating with a one of the girls at church. The reason was that; the girl was a bad influence because she fears people will judge her. Upon further enquiry I found that the girl in question had been caught engaging in sexual intercourse with another church member in

the church bus during a youth camp. According to one of the key informants, after the two youths were caught having sex, they were both suspended from church, but the male congregant left the church because of the stigma associated with breaking the abstinence rule.

Existing literature has also analysed the role of teachings about abstinence and fidelity by Pentecostal churches. Scholars such as (Sadgrove, 2007; Parsitau, 2009; Rigillo, 2009; Mbotho, Cilliers & Akintola, 2013) have discussed extensively the importance of teachings about premarital abstinence on HIV prevention. These scholars argue that teachings on abstinence and promiscuity form part of the Pentecostal church's teachings against immorality. Scholars such as (Mbotho, Cilliers & Akintola, 2013) go on to argue that despite Pentecostal teachings on abstinence, church members still engage in sexual activities. Though this debate is interesting, this study is more focused on the much-ignored impact of visual media in aiding responses to the HIV epidemic. This study shows that the CFC has embedded visual media in its response to HIV by using visual media to spread messages that support premarital abstinence and faithfulness in relationships.

As highlighted earlier results show that the CFC's doctrines against premarital abstinence and fidelity lead to stigma. Church members try to manage this stigma by performing the role of virgins or by presenting themselves to the church as perfect Christian couples. These same doctrines are reproduced in the form of sermons, short films and on DVDs and CDs or featured in the church's television channel. One of the DVDs I got from the church contains testimonies of church members who got infected by HIV as a punishment from God for failing to abstain. Some of the television programmes feature church members who survived the threat of HIV because they followed God's word and abstained. The reality is that some of these church members are not abstaining and are pulling out performances to avoid stigma and victimisation by other church members. The testimonies that appear on CDs, DVDs and the CFC's television channel become acted performances. Again we see the link between bio power, stigma and the theory of dramaturgy. Also, because visual media is used to mediate this teaching, it remains a valid claim that visual media is crucial to the CFC's responses to the HIV epidemic.

CHAPTER FIVE

SUMMARY OF FINDINGS

One of the more significant findings of this study is that the deployment of biopower in the form of visual media is a crucial part of Pentecostals responses to the HIV epidemic in Johannesburg. The CFC has embedded the use of visual media in its strategy against HIV and AIDS. Most of the CFC's interventions against HIV utilise visual media to govern the church population so that the impact of their intervention goes beyond the confines of the church.

This study has shown that though there are many elements to the concept of biopower, the CFC's technologies to govern the human body in relation to HIV are targeted towards immorality. This study has shown that there is nothing unique about the church programmes and doctrines used by the CFC to tackle the HIV and AIDS epidemic. However, the use of Visual media in conjunction with these methods makes the CFC's response to the epidemic quite phenomenal. Also, the CFC's response to the HIV epidemic exposes the link between church governance/bio-power, stigma and dramaturgy/performances. The CFC is responding to the HIV and AIDS epidemic in Johannesburg through strong management of its congregants. To address the HIV epidemic, the CFC uses doctrinal teachings and church programmes such as the healing programme. These programmes are meant to prevent and treat HIV and AIDS.

As shown in this study, the CFC conducts programmes such as healing programmes and relationship seminars. These programmes directly or indirectly address issues of HIV and AIDS. The main purpose of these programmes is to treat HIV and to reinforce the church's doctrinal teachings against immorality. People with HIV receive miracle treatment as part of the church's efforts to respond to the epidemic. The healing school reinforces the idea that HIV is the devil's disease and using prayer to cure it is the only remedy for those who are already infected.

Similar programmes such as relationship seminars also reinforce the church's doctrinal teachings. Teachings on abstinence, condom use, and in-house marriages are all reinforced at relationship seminar programmes. These programmes promote stigma leading to performance that are meant to manage the stigma by congregants. However, the use of visual media to aid the impact of these programmes increases the effectiveness of the church's

response to the HIV epidemic. It is critical to point out that the impact of visual media in addressing HIV and AIDS is not one sided. Visual media exposes many people to Pentecostal teachings on HIV this means that those teachings that are deemed to be negative are also exacerbated by the use of visual media. As this study has discussed, doctrinal teachings that views HIV as a disease associated with sin tend to result in the stigmatisation of congregants with HIV. While treating HIV as a disease associated with the devil made congregants at CFC to stay away from acts of immorality, it also exposed those church members that are already infected, to stigma and discrimination. This discrimination is exported to many people across the globe through the use of visual media.

The CFC teaches against premarital sex and fidelity. The CFC regards fidelity and premarital sex as acts of immorality hence they strongly advocate against such behaviour and this reduces the church members' chances of contracting HIV. These teachings are also peculiar to other FBOs across the globe. In countries like Uganda these teachings are proving to be very appealing to the youths which may reduce their risk of contracting HIV. The down side of these teachings is that church member that have engaged in sex before marriage become stigmatised. Some are suspended from church. This removes their moral blanket and leaves them exposed to HIV. All these problems associated with the use of visual media are magnified. Again, this shows that Pentecostal responses to HIV expose the connection between bio-power, stigma and performances.

What was more interesting about these findings is the CFC's involvement in video film production as a way to combat HIV. The CFC owns a media company that is responsible for filming church services and hosting TV programmes. The media company also makes short films and makes church CCDs and DVDs that are sold at the church's shop. The healing services showing people falling on the ground after receiving miracle healing or those that depict HIV as a demonic possession are filmed and broadcasted on the CFC's television network. This shows that the use of visual media is crucial to the CFC's response to the epidemic.

Conclusion

It is evident from the study that there is greater use of visual media to address issues of HIV and AIDS at the CFC. There is nothing unique about most of the CFC's doctrines and programmes against HIV. Many of the CFC's responses to the HIV epidemic are similar to those of other FBOs discussed by existing literature. What makes this study's findings stand

out is the fact that this study analyses responses to HIV together with the use of visual media. That is something that existing literature has not played much attention to. Also, the CFC's responses to the HIV epidemic have exposed a link between bio-power, stigma and dramaturgy. This is because the doctrines used to manage the church populations promote stigma and people have to act out certain performances that allow them to manage this stigma.

Furthermore, the links between bio-power, stigma and dramaturgy cannot be viewed in isolation to the use of visual media. This is because visual media is used by the CFC to export the doctrine to the world through CDs and DVD sold to consumers across the globe or through television. This cements the claim that one cannot look at the impact of Pentecostal responses to the HIV epidemic separately from the use of visual media by Pentecostals because video technology has become an integral part of Pentecostal responses to the HIV epidemic in Johannesburg.

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Appendix A

Participant information sheet

Email: 685283@studemts.wits.ac.za

Cell 0781027311

Date July 2017

Dear Potential participant

Re: request your participation in a research project

I Aldridge Munyoro_request your participation in a research project on, how Nigerian Pentecostal churches in Johannesburg address issues of HIV and AIDS. I am a Masters in Development Studies research student at the University of Witwatersrand.

I would appreciate an opportunity to interview you regarding this study. It is my belief that your contributions will go a long way in advancing knowledge regarding, the potential of religion in addressing the HIV and AIDS epidemic.

Please note that your participation in this study is voluntary and there is no reward for participating or penalty for not participating. Involvement in this study requires your participation in an interview of approximately 45 minutes, which will be scheduled at a time and place that is suitable for you. You will not be obliged to answer any questions with which you are uncomfortable and therefore have the option to decline to respond to any questions asked. You will also have the option of terminating your participation at any stage that you choose.

All data collected through the interview will be treated with the strictest confidentiality. You will also have the option of remaining anonymous in which case all transcripts and reports will be appropriately coded to ensure that your request is fully respected. You will also be provided with the transcripts and research report if requested.

The results of the research will be submitted as part of the requirement for my Masters in Development Studies Research Report. It is my understanding that the study will not pose any risks or result in any benefits for you. However, if you feel that you have concerns regarding the study or if you require any additional information, please contact me or my supervisor Obvious Katsaura on the email, obvious.katsaura@wits.ac.za to discuss these concerns further.

Kind regards,

Aldridge Munyoro

Masters in Development Studies

University of the Witwatersrand Johannesburg

Appendix B

Participant Consent Form:

I hereby confirm that:

I have been briefed on the research that *Aldridge Munyoro* is conducting on, *how Nigerian Pentecostal churches in Johannesburg address issues of HIV and AIDS*

- I understand what participation in this research project means,
- I understand that my participation is voluntary,
- I understand that I have the right not to answer any questions that I do not feel comfortable with,
- I understand that I have the right to withdraw my participation in the research, at any time, I so choose, and
- I understand that any information I share will be held in the strictest confidence by the researchers.

Optional clauses:

I hereby request that I be guaranteed anonymity

I hereby request a copy of the research report

Signed by (Print participant name) on... (Date) at... (Place)

..... (Participant signature)

Appendix C

Consent form for Audio-tape recording

I hereby consent to tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there are no publications.

Pseudo Name for Participant: _____

Participant's Age: _____

Date: _____

Signature: _____

Name of Researcher: Aldridge Munyoro

Date: _____

Signature: _____

Appendix D

Interview schedule

Question

How Nigerian are churches addressing the HIV and AIDS pandemic in Johannesburg?

4.1.Sub-questions

- What doctrinal teachings and programmes are being used by the church to tackle HIV and AIDS issues?
- Do Pentecostal teachings and programmes about HIV and AIDS translate to the behavior change of church members?
- Does belonging to a Nigerian Pentecostal church alter members understanding of HIV

Demographic questions

1. Gender
 2. Place of residence
 3. ethnicity
 4. country of origin
 5. Occupation
 6. Language spoken
 7. Church affiliation
 8. Time period of church affiliation
 9. Age
 10. Born again status
 11. Level of education
- To understand the role of networked religiosity in issues of HIV and AIDS

- 1 Does the church have any programmes related to HIV and AIDS, if so can you briefly share them with me?
- 2 Do these programmes come from the mother church in Nigeria and are they uniform across all churches of the same name.
- 3 Do you think the church's teachings on HIV and AIDS are unique and why?
- 4 What does the church teach you regarding issues of fidelity, premarital abstinence and condom use?
- 5 Do church goers such as yourself follow these teachings always and why
- 6 How does the church assist those that are already infected?
- 7 Is taking ART allowed in your church
- 8 Do you think the church has shaped who you are today from behavior and the way you think about issues of HIV?
- 9 Do you think churches can contribute positively HIV AIDS issues such as prevention and discrimination?
- 10 Does your church conduct healing services?
- 11 Do HIV positive people come for healing
- 12 What do u think is the role of healing in issues of HIV/AIDS?
- 13 Conduct healing services
- 14 Which form of media
- 15 Do u utilize these modes what do you think is the advantage of using these modes to address issues of HIV
- 16 What would you say to skeptics that say the healing done on tv is just fiction

Appendix E

Ethics clearance



SOSS Human Research Ethics Committee

Clearance Certificate

Protocol Number: DEV/17/12/01
Project Title: 'Nollywood churches and HIV and AIDS in Johannesburg'
Investigator's Name: Mr Aldridge Tafadzwa Munyoro
Department: Development Studies
Date Reviewed: December 2017
Decision of Committee: Approved / Unconditionally
Expiry Date: 12 December 2019
Date: 12 December 2017

Head of School 
Professor Mucha Musemwa

CC supervisor: Dr Obvious Katsaura



Declaration of Investigator

To be completed in duplicate and one copy to be returned to Ms. Sarah Mfupa in the School of Social Sciences, Room 152, 1st Floor, Robert Sobukwe Block.

I fully understand the conditions under which I am authorised to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. If any departure from the research procedure as approved, I undertake to resubmit the protocol to the committee.

Student Signature

Date