

A PRACTICAL ECCLESIOLOGICAL APPROACH IN ADDRESSING HIV AND AIDS IN THE SOUTHERN AFRICA REGION

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I. Introduction: the role of religious beliefs in HIV-AIDS prevention

The church in Africa and Swaziland has the potential to play a pivotal role in responding to the HIV and AIDS pandemic. History shows that religious faith and spirituality have been major resources in promoting health and well being, helping people to cope with the impact of disease. When faith-based teachings are applied positively, they can stimulate individuals, families, and communities to take action for the improvement of quality of life, especially to mitigate the impact of HIV and AIDS. However, faith applied negatively reinforces ambiguous messages, creating false hopes in those infected and affected by HIV and AIDS. This is especially true with young people in sub-Saharan Africa and Swaziland, where religious beliefs play a key role in shaping identities, thought patterns, and perceptions of disease, and decisions made affecting health.¹

II. The HIV and AIDS situation in Swaziland

Swaziland is a small landlocked country in Southern Africa with the highest HIV prevalence in the world, 26 percent among adults aged 15-49. HIV among the population aged 15 and older is 15.3 percent for women compared to 6.3 percent among men. Evidence suggests that all women and 99 percent of men age 15 to 49 have heard of AIDS. However, only half of the men and women had comprehensive understanding of the modes of HIV transmission and prevention.² The same survey showed that 2 percent of women and 23 percent of men age 15 to 49 had two or more sexual partners during the 12 months preceding the survey.

Among the youth age 12-14 who participated in the Demographic and Health Survey (2007), 97 percent had heard of HIV and AIDS and 64 percent expressed abstaining from sex as a means of protecting themselves from HIV. Almost half of the youth were using condoms, 19

¹ G. Byamugisha, L.Y. Steinitz, G. Williams, and P. Zondi, "Journeys of Faith: Church based response to HIV and AIDS in three Southern African Countries," in *Strategies for hope* No.16 (Albans: TALC. 2002), 6.

² Swaziland demographic and health survey; Central Statistical Office (Mbabane: Ministry of Economic Planning and Development, 2006-2007).

percent mentioned avoiding blood transfusion, 15 percent reported being faithful to one partner and 50 percent knew where to go for HIV testing.³

The government of Swaziland responded to the HIV pandemic when the first case of AIDS was discovered in 1987. This was followed by establishing structures, strategies, interventions, policies, and guidelines which were supported by a national policy, legislation, and resources to ensure that education, treatment, care, and support are accessible to the general population. In sub-Saharan Africa, including Swaziland, churches have often been in the forefront of efforts to reduce the impact of HIV and AIDS. They are demonstrating practically that they feel "called to care" for those who are infected or affected by the AIDS pandemic. They have pioneered ways of making basic health care available to people living with HIV and of providing children orphaned by AIDS with education, social support, and health care.⁴ Although progress has been made regarding prevention and access to treatment, these efforts have been hampered by the non-responsiveness of the church in Swaziland to HIV and AIDS prevention. Because of this vacuum, strange hyper-faith teachings purporting miraculous healing have mushroomed. Many church leaders in Africa – and elsewhere in the world – regard HIV infection as the consequence of individual sin. According to G. Byamugisha and others, "People already infected with HIV are exhorted, therefore, to repent of their sins and to pray for healing through faith. HIV prevention is reduced to a simplistic emphasis on returning to 'traditional' moral values and standards of sexual behaviour."⁵

III. Thesis statement

The AIDS pandemic is one of the greatest health and development challenges facing the countries of sub-Saharan Africa including Swaziland. Our church has not been spared of its impact. On the contrary, our congregations are as affected by HIV and AIDS as any other section

³ Demographic and health survey, 2006-2007.

⁴ Lubaale Nicta, *Community Action on HIV and AIDS: Organization of African Instituted Churches and Strategies for Hope Trust*, Called to Care issue 5 (Oxford: Strategies for Hope Trust, 2008), 5.

⁵ G. Byamugisha et al., "Journeys of Faith," 6.

of the society.⁶ Some churches have contributed in misleading their members about the HIV and AIDS pandemic. For the church in Swaziland, this is compounded by some church groupings that do not believe in conventional prevention and treatment measures against HIV and AIDS, practicing only prayer for the healing of the sick. With such beliefs, women and children become affected the most, since they have no say in their own health decisions.⁷

Swaziland has made strides to reduce the HIV pandemic; however, these efforts have been hampered by the lack of a practical ecclesiological approach to preventing HIV transmission among youth. Evidence suggests that faith-based organisations play a crucial role in increasing access to health care. For example, a malaria prevention programme in the Synod of Livingstonia, Malawi illustrated how congregations can be mobilised to promote behaviour change to improve health and save lives. Another pilot project in Uganda revealed how Protestants, Catholics, and other religious health care providers and communities worked together from household- to- hospital levels to improve health outcomes.⁸

IV. Justification of thesis statement

The focus on youth is the key to prevent the spread of HIV and totally eliminate HIV and AIDS. In 2011, all countries made a United Nations Political Declaration to eliminate HIV and AIDS by 2015.⁹ To realise this Political Declaration, countries have to ensure that young people remain at the epicentre of every country that signed this commitment. The young are a crucial resource to turn the tide of the HIV pandemic. They respond better to HIV prevention programmes and are effective promoters of HIV action. In light of this observation, the church is called upon to look for approaches to save this resource.

⁶ Lubaale Nicta, *Pastoral Action on HIV and AIDS: Organization of African Instituted Churches and Strategies for Hope Trust*, Called to Care issue 4 (Oxford: Strategies for Hope Trust, 2008), 1.

⁷ "Church Leaders in Campaign on Accelerated Reduction of Maternal Mortality in Swaziland," a paper presented on 13 March 2013 at the *Church Forum on AIDS: Bringing Wholeness and Hope to Every Person*, held in Swaziland at the SADC Gender Protocol Summit.

⁸ S. Chand and J. Patterson, *Faith-Based Models for achieving Maternal and Newborn Health* (USAID: Maternal and Child Health Division, 2007).

⁹ UNAIDS. *Countdown to zero: Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* (Geneva, UNAIDS, 2011), consulted 05 June 2013, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Planelimination-HIV-Children_en.pdf.

V. Methodology and literature review

The review of literature in this paper followed a systematic approach that Webster and Watson defined as one that “creates a firm foundation for advancing knowledge.”¹⁰ The literature review followed a sequential step process of searching by key concepts, followed by backward searching and finishing with forward searching to ensure that the literature search was not limited to electronic data sources. In addition, the literature review involved analysis, synthesis, and evaluation of articles.

The first step in the literature search involved the following key words:

1. HIV and AIDS
2. Faith
3. Youth

Backward Search

To complement the *key word search*, the researchers used *backward and forward searches*. The backward literature search helped locate literature that would not have been easy to find through word search alone. This step of backward searching involved reviewing references of reviewed literature, searching frequently cited authors from references of cited references, and using commonly used key search words.

Forward Search

The paper used forward search from additional articles published as a follow up to the located literature to find more current knowledge about the subject under review.

Literature sources

The location of literature on HIV and youth in sub-Saharan Africa and Swaziland was systematically retrieved using PsychInfo, EBSCOInfo, and HINARI sources. The search from PSYCHOInfo using the key words "HIV and Youth in Africa" located 12, 906 articles. The search was further narrowed down to 319 after using the words "HIV and Faith teachings" and "Youth in Africa." The final list was obtained through using the key words "HIV and faith Teaching" and "Youth in Swaziland" which retrieved 59 articles. Out of the 59 only four related

¹⁰ J. Webster & R.T. Watson, "Analyzing the past to prepare for the future: Writing a literature review," (2002) *MIS Quarterly*, 26 (2), 13-23.

articles were found. The articles from EBSCOinfo and HINARI were not relevant to the topic being investigated. The outcome of this search provided scant literature on the subject investigated. The review also included books and reports from organizations and governments of Swaziland. The review criteria eliminated newspaper articles, brochures, and those articles that were not in English language or Siswati.

Key concepts defined

Several concepts needing definition include: HIV/AIDS, Faith, hyper-faith, Ecclesiology and New Age Movement. The literature review will further discuss the implications practical ecclesiology has on the prevention of HIV/AIDS youth and society in Swaziland.¹¹

HIV -human immunodeficiency virus that causes (AIDS),

AIDS- acquired immunodeficiency syndrome

Faith- This is the voluntary assent that humans give to the revelation of God and the self-committal or trust of the entire person to the control of such truth. The Hebrew word *aman* means “to be firm, steadfast, and trustworthy.”¹² Faith can also play an important role in promoting safer sexual behaviour, and in motivating large numbers of volunteers involved in HIV/AIDS care, treatment, and support. In a study conducted among women living with HIV and AIDS in Swaziland, they found reliance on spiritual resources for strength and willpower.

Hyper- According to the *Webster New World College Dictionary* (4th ed.) "hyper" means over, or more than normal or excessive.¹³ Thus, the prefix hyper describes that which has gone over or is blown out of proportion. Thus, adding the prefix “hyper” and “faith,” indicates faith out of balance.

Ecclesiology- The etymology of this word and its significance in Christian usage is derived from the Greek *ecclesia* meaning “the called out” or “the assembled.” It derives from the Greek compound *ek*, meaning “out of” or “from,” and *kalein*, meaning “to call.”¹⁴

¹¹ F. Abbott, *Teaching Health Care Workers*. (London: Macmillan Education Ltd., 1987), 250.

¹² See "faith" in Richard S. Taylor et al., eds., *Beacon Dictionary of Theology* (Kansas City: Beacon Hill Press of Kansas City, 1983).

¹³ See "hyper" in *Webster New World College Dictionary*, 4th ed. (Wiley publishing, no date).

¹⁴ W.T. Purkiser, Richard S. Taylor, and Willard H. Taylor, *God, Man & Salvation* (Kansas City: Beacon Hill Press, 1977), 567.

New Age Movement- This movement teaches belief in a higher self which they refer to as the Christ so that Christ is within all people and all people are potential Christs.¹⁵

Theology - In Greek, *theos* means God and *logos* means Word. Thus, "theology" simply means the discourse about God.¹⁶

Youth - According to the Swaziland National Youth Policy, youth is defined as young men and women aged from 15 to 35 years.¹⁷ For comparative purposes and ease of reference, this research paper uses an age bracket of 15 to 24 years.

Many scholars have discussed the HIV and AIDS pandemic in sub-Saharan Africa. However, there is scanty evidence on what the Swazi church has done to prevent the spread of HIV and AIDS among youth. This paper will examine the existing evidence on the ecclesiological approach in addressing HIV prevention among young people in Swaziland. In this review, the focus will be critical analyses of the hyper-faith teachings and their implications, and the position of the Church of the Nazarene with regard to the practical solutions to mitigating HIV and AIDS. The paper will also propose solutions to the prevention of HIV among youth in Swaziland.

VI. Hyper-faith teaching

History has it that false teachings have been with the church since its inception. Throughout the Old and New Testaments, these dangerous teachings have robbed many from knowing the truth. Currently, hyper-faith teachings are becoming more pronounced in our society especially with the emergence of non- curable diseases such as HIV and AIDS. Adeleye Femi described our society and the events and trends within the church as evidence that we live in dangerous times.¹⁸ Femi observed: "These are times in which it is becoming more difficult to differentiate between faith and fantasy, between devotion to Christ and religious delusion."¹⁹ We live in times when people wholeheartedly follow strange teachings and philosophies even within

¹⁵ J. Peter Horrobin, *Healing Through Deliverance: The Practical Ministry* (Tonbridge: Sovereign World Ltd, 1995), 286.

¹⁶ Michael Lodahl, *The Story of God, a narrative theology* (Kansas City: Beacon Hill Press of Kansas City, 2008), 14.

¹⁷ Swaziland National Youth Policy, Kingdom of Swaziland, No. 7 (undated document)

¹⁸ Adeleye B. Femi, *Preachers of a Difference Gospel: a Pilgrim's Reflection on contemporary Trends in Christianity* (Grand Rapids, Michigan: Hippobooks, 2011), 5-6.

¹⁹ Femi, 11.

the church, times when leaders feed their flock with false doctrines as stipulated in 2 Timothy 3:1-5. Warren Wiersbe noted: "In recent years, the church has had too many celebrities and not enough servants, too many people with plenty of medals but not scars. To look at their lives and listen to their messages, you would never know that the gospel was about a humble Jew who was poor, rejected, and crucified..."²⁰

According to Kenneth Hagin, "Man was created in terms of equality with God, and he could stand in God's presence without any consciousness of inferiority...God made us as much like Himself as possible...He made us the same class of being that He is Himself...Man lived in the realm of God. He lived on terms equal with God. The believer is called Christ...That is who we are; we are Christ"²¹ This deification of humanity is also supported by M. Scott Peck who says, "God wants us to become himself. We are growing toward godhood."²²

Those who believe in hyper-faith teachings point to Psalm 82:6 which declares that "I said, You are 'gods'; you are all sons of the Most High." The hyper-faith teachers ignore the context of the verse. For example, Pastor Justice Dlamini in his book titled *Ejecting Sickness From Your Life* affirmed: "I know without a doubt that after one is born again and filled with the Holy Spirit, it becomes an insult to God for that person to remain sick. Every child of God has a God-given, Christ-purchased right to be healthy all year round."²³ Though Justice claimed that he is not against the use of medication, teachings like his do not help the church to curb HIV. He continued: "The only people who should be victimised by sickness and disease are those who have not entered into a union with Jesus Christ, the fountain of life."²⁴ According to Justice, divine health, peace, and joy is an inheritance for all who believe, by the courtesy of Jesus Christ and hence sickness is a violation of that covenant.²⁵ These teachers claim that spoken words – whether from true Christians or unbelievers – activate God. When we do not use our words to activate God, He cannot help us. When we use our confession according to the proper formulas, He is then bound to act on our behalf.

²⁰ Warren W. Wiersbe, *The Integrity Crisis* (Nashville, Tennessee: Oliver-Nelson Books, 1988), 46-47.

²¹ Kenneth Hagin, *Zoe: The God-kind of Life* (Tulsa: Faith Library Publication, 1989), 35.

²² M. Scott Peck, *The Road Less Travelled* (New York: Simon & Schuster, 1978), 270.

²³ Justice S. Dlamini, *Ejecting Sickness From Your Life* (Mbabane: Spirit and Truth Publication, 2005), 9.

²⁴ Dlamini, 7.

²⁵ Dlamini, 2.

They claim Proverbs 6:2 as a proof-text: "If you have been trapped by what you said, ensnared by the words of your mouth..." But the verse has nothing whatsoever to do with the activation of faith laws by our confession. Examined within its context, it is clearly a teaching on making ill-advised promises. The hyper-faith theology is indeed not the gospel of the New Testament and is not the faith once delivered to the saints; in fact, it is another or a different gospel (Galatians 1:6).

The study of the kingdom of the cults has taught the people many profitable lessons, and this is one of them—error begets error; heresy begets heresy and always in the name of truth, and always in the name of the gospel.²⁶

Today's church is being swept by a revival of New Thought, now called Positive Thinking, Possibility Thinking, Positive Confession, Positive Mental Attitude, and Inner Healing. We are very concerned by the New Age ideas perpetuated among evangelical churches resulting in confusion and seduction. The trend is that people are no longer attracted to Jesus for who he is or because they need a saviour to save them from their sins. Rather, they are lured to Jesus for the blessings or benefits they can claim from him.²⁷ There has been a paradigm shift from a Christocentric gospel to one that appeals to the satisfaction of our appetites, producing an "adulterated" or "fraudulent" Christianity.²⁸ The church is surrounded by preachers who twist the Word of God to suit their desired ends. These are strange times in the body of Christ. Adeleaye Femi called these "Times when one can be 'born again' and not be a new creature in Christ. These are times when one can claim to be 'spiritual' and yet show no evidence of this in one's character, conduct, value system, relationship or lifestyle."²⁹ These are the days in which clear truths from the Scripture are considered outdated and new revelations and experiences are sought with all gullibility. The church is engulfed with teachings that life is meant to be trial-free if one is in Christ.

Word-Faith teachers are famous for the "name it and claim it," "confess it and possess it" theology. Richard Taylor acknowledged that John Wesley's teaching on faith insists that "there is an inseparable connection between the three points—expect by faith, expect it as you are, and

²⁶ H. Ray Dunning, *Grace, Faith, and Holiness: A Wesleyan Systematic Theology* (Kansas City: Beacon Hill Press 1988), 253.

²⁷ Femi, 2.

²⁸ Femi, 3.

²⁹ Femi, 6.

expect it now. But he does not surrender the 'expect' even with his 'now.' He does not say 'claim it now.' "³⁰ Yet the real trust is not in the Word as an independent power—that would be bibliolatry—but in the God of the Word.³¹ "Word" in the Word-Faith movement does not mean the Word of God, the Bible. It means the words of men and women, who are in their view, divine. W.T. Purkiser cautioned: "Faith in any other god is misdirected, and as such is idolatrous, delusive, and impotent."³²

The gallery of faith-saints displayed in Hebrew 11 is a panorama of lives lived confidently, that what God said, God would do. However, when and how was God's prerogative.³³

VII. Implications for the church of hyper faith teaching

It is no doubt that what the church is fed with, becomes her way of life and her belief. So, here are some of the implications that are likely to affect the church since she has not been practical in addressing HIV and AIDS in the Southern Africa Region:

1. Christian standards will greatly be lowered and compromised because people will always think that they will name it and claim their healing from God. If they do not receive healing, they will blame God again.
2. As a result of the same teaching, those Christians who are already HIV positive will delay seeking medical treatment because they believe they will "name it and claim it." The same people seek late treatment when their condition is complicated, increasing the mortality rate in the church and multiplying orphans. On the other hand, those Christians who are already taking ARVS stop treatment, worsening their condition. Further, another problem emerges, i.e. a new and dangerously resistant HIV virus untreatable with the normal ARVS.³⁴
3. When faith is misplaced, it potentially causes suffering. For example, a family in Swaziland refused to take their child who was suffering with an HIV related illness to the hospital for treatment and eventually the child died. The parents had claimed, by faith, that their child would be okay. Certainly, the Lord is able to heal, but most of us realize that healings do not always take place by faith alone. Sometimes we need to, by faith, thank God for and use medical science, knowing that all good things come from the Lord.

³⁰ Richard S. Taylor, *Exploring Christian Holiness, Vol. 3: The Theological Formulation* (Kansas City: Beacon Hill Press of Kansas City, 1985), 178.

³¹ Taylor, 178-179.

³² *God, Man and Salvation*, 419.

³³ *God, Man and Salvation*, 418.

³⁴ *HIV/AIDS: Everything You Need to Know* (Nairobi: ICRC, 2005).

4. The faith of people who refuse medical science is hyper or out of control. Their faith is actually in their faith rather than in the Lord. In the Word-Faith movement, the normal blessing all Christians have of trusting God is twisted and taken to an unbiblical extreme. Word-Faith teachers claim humans can control God by their confessions and thereby ascend to godhood. In contrast, when faith is applied properly, it can play an important role in promoting safer sexual behaviour and motivating volunteers involved in HIV/AIDS care, treatment, and support. In an exploratory study conducted among women living with HIV and AIDS in Swaziland, they found deep reliance on spiritual resources for strength and willpower³⁵.

VIII. The position of the Church of the Nazarene on HIV/AIDS and divine healing

In the 2009-13 *Manual* of the Church of the Nazarene, paragraph 903.18, the church addresses the HIV/AIDS pandemic: "In view of the deep need of HIV/AIDS sufferers, Christian compassion motivates us to become accurately informed about HIV/AIDS." The church encourages all its members to find a way to communicate Christ's love and concern for those who are infected and affected by the disease. On the other hand, according to Article of Faith XIV, the Church of the Nazarene believes strongly in the Bible doctrine of divine healing and "urges its members to seek to offer the prayer of faith for the healing of the sick. We also believe God heals through the means of medical science."

The Church of the Nazarene in Swaziland has established a holistic approach, assisting people living with HIV and AIDS and vulnerable children. Nazarenes offer a range of activities including prevention, care, support, and mitigation. Likewise, the Roman Catholic Church and many others are using a similar approach in dealing with HIV and AIDS. This approach is lacking in shaping the behaviour of among youth in preventing of the transmission of HIV.³⁶ The Church of the Nazarene uses Sunday school literature for young people as a spiritual formation tool. The Nazarene Youth International (NYI) has activities targeting the physical, social, psychological, and spiritual needs of youth. Although these activities are uplifting to the young mind, they lack relevance to the practical realities of HIV and AIDS. Camp meeting is one of the

³⁵ Nhlengethwa Winnie, N.T. *An Exploratory Study on Health and Social Needs of Women with HIV/AIDS in Swaziland, 2006*. Unpublished Thesis submitted to the University of Manchester for The Degree of Doctor of Philosophy in the Faculty of Medicine, Dentistry, Nursing and Pharmacy.

³⁶ *Annual Report-Nazarene Health and Evangelism HIV and AIDS Task Force, 2008*.

forums where youth get gather annually for worship services , where issues of HIV are discussed. However, the time allocated for deliberation on issues of HIV prevention is limited.

IX. Proposed practical approach to the prevention of HIV among young people in Swaziland

Here are four recommendations designed to improve the prevention of HIV among Swazi youth:

1. A study should be done to bring about best approaches on prevention of HIV among young people in Swaziland.
2. The Sunday school literature used to teach youth lacks solutions of how a young person should deal with realities of life such as HIV. It should be revised to include this practical approach.
3. The church should create forums where HIV and AIDS education will be promoted in the church among young people. This can be done through *peer education* which would make the environment more conducive for young people to talk about HIV and AIDS.
4. To counteract the prevailing hyper-faith teachings, the church should continually teach the Wesleyan holiness perspective to empower youth with a deep understanding of biblical truth.

X. Summary and conclusion

Evidence considered in this paper suggested that faith-based organisations in other African nations have played a crucial role in increasing access to health care.

While Swaziland has made strides to reduce the HIV pandemic, these efforts have been hampered by the lack of church involvement in preventing HIV transmission among youth.

Young people have been brainwashed to believe that they can claim their healing from HIV and AIDS. This paper has revealed scant literature in this area, underscoring the need to carry out an in-depth study on a practical ecclesiological approach to addressing HIV and AIDS among the youth of Swaziland.

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