International Journal of Humanities Social Sciences and Education (IJHSSE)
Volume 9, Issue 2, February 2022, PP 78-87
ISSN 2349-0373 (Print) & ISSN 2349-0381 (Online)
https://doi.org/10.20431/2349-0381.0902009
www.arcjournals.org

Pentecostal Churches' Care and Support for People Living with HIV and AIDS: A Case Study of North Mead Assembly of God and Gospel Outreach Fellowship in Zambia

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Abstract: *The study examined Pentecostal churches' care and support to people living with HIV and AIDS in Zambia. Using qualitative method, a descriptive study was undertaken at Northmead Assembly of God and Gospel Outreach Fellowship churches where a model of home-based care was implemented that links hospitals, clinics, and home-based care in a continuum. Data were collected from people living with HIV and AIDS, their caretakers, health care workers, and community members using semi-structured interviews, observation, and recording of conversations. The study revealed that Pentecostal churches are actively involved in the care and support of people living with HIV and AIDS through education, the establishment of clinics, provision of testing and counselling services, antiretroviral drugs and operation of orphanages. However, the study revealed that there was no transparency and accountability in the way resources from donors were utilized or raised from within the programmes operated by the churches. The study also revealed that most people paid huge sums of money to access services offered by the church even though the Church publicised the provision of such services for free. The study recommends that Pentecostal churches should do more in the care and support of people living with HIV and AIDS as their current work was limited in scope and magnitude. The study also recommends that future research should examine in-depth the systems of accountability and transparency in the way resources are utilised in the Church in order to prevent personal enrichment among Church leaders.*

Keywords: *Pentecostal church, PLWHIV, care, support.*

1. INTRODUCTION

The Church in sub-Saharan Africa and Zambia in particular has often been maligned, vilified, ignored and praised for their role in the fight against HIV and AIDS. Such divergent reactions from scholars, activists, and development officials are unsurprising given the diversity of church responses to people living with HIV and AIDS (Patterson, 2011). For instance, Chitando (2008) places HIV and AIDS within a larger context of poverty, poor governance, and underdevelopment in Zambia by arguing that both government and the church should pay greater attention to people being decimated by poverty and disease. In contrast, Jesuit Centre for Theological Reflection (2007) takes a narrower approach by stating that AIDS is a question of individual morality. It contends that condom use provides a false sense of security and does not fit into the rubric of fighting the pandemic since it facilitates the continuance of multiple sexual relations or pre-marital sex.

The above can also be compared to the actions of Prophet Peter Bolowade, a Nigerian national, operating a church in Zambia. The prophet insists that he cures his followers of HIV and AIDS through prayer and healing services (Njokotoe, 2010). His actions illustrate the belief in the power of the indivisible, spiritual realm to overcome the physical world's problems (Patterson, 2011). In contrast to this, consider the Catholic Church's response to the immediate physical needs of people living with HIV and AIDS in Zambia. This approach is premised on the understanding that a combination of physical and spiritual support can improve the quality of life of people living with HIV and AIDS (PLWHA).

A study by Gerkin (1997) observed that it is the role of the church members to help AIDS patients to see themselves worth in the eyes of God by ensuring that churches have their own health care systems

which should be used by their congregants. Pastoral care is also offered and involves the ministry of the anticipated oversight and nature offered by religious leaders to its community including acts of discipline, support, care, comfort and celebration. He added that in a community riddled with HIV and AIDS and strong belief in God, pastoral care plays an integral role in alleviating the suffering of PLWHA.

Another study by Kaiser Family Foundation (2009) demonstrated that the Mother of Mercy is one of the HIV and AIDS hospices in Zambia operated by the Catholic Church. Due to the good reception and care it has provided, the hospice was overburdened as a lot of people were requesting for hospice care. This prompted the Catholic Church to come up with other hospices in Lusaka such as Our Lady's in Kalingalinga and Mother Theresa's in Mtendere and other Zambian towns. Reformed Church in Zambia (2011) also stated that the role of the church is to empower the church members with practical skills so that they can earn a living through it. In this context, the church sees the PLWHIV and its congregants as individuals who are supposed to contribute to the growth of the nation through their acquired skills. Klinken(2011) also agreed that empowering PLWHIV with practical skills especially women bring about development at family and community level

In addition, the Salvation Army (2008)stated that The Salvation Army HIV and AIDS approach in Africa has expanded over the many years with the help of participatory programme designs coordinated by a regional (inter-country) facilitation team. The team facilitates concepts transfer rather than activity transfer, based on the belief in community capacity to determine its own response. Further, a study by Chitando and Gunda (2007) found that counselling and testing was one of the components which was used in church to support the members through counselling. HIV patients have to be encouraged that life is precious and they have to live positively to keep their children. With such encouragements coupled with prayer, many families have been put back to the right track and they are living a Christian life full of encouragement.

In Zambia, Manchingura(2012) demonstrated that the role of the church is to ensure that Christians are supported during their difficult and happy times with food. This is especially the vulnerable who are supposed to be encouraged with social and not only spiritual support. Meanwhile, Dube (2008) in Zimbabwe stated that some projects strive to rescue, rehabilitate and reintegrate street children and children orphaned by AIDS. He added that the Pope's position also is widely accepted and is the dominant thinking for most Christian groupings especially Pentecostals.

It was also argued by Kelly (2010) that the Pentecostal churches responded to a range of across cutting issues of prevention, care and support, treatment and rights, and are often holistic in nature, attending to the physical, social, emotional and spiritual dimensions of individuals. They are perceived to be contributing to health, wellbeing and the struggle against HIV and AIDS in both tangible and intangible ways. Later, Manchingura (2012) stated that the fidelity teaching sounds noble but it does not address the practical issues faced in marriages because the church prescribes fidelity and yet this does not address married women yoked to non-believing husbands who do not subscribe to the fidelity and moral uprightness teachings of the church.

People living with HIV and AIDS need care and support. This may vary according to many factors which include stage of illness, personal responsibilities, number of dependents, residential location, socio-economic status, level of stigma in community, and availability of healthcare services (Thandizani, 2007). Their needs include assistance with such domestic chores as cooking, cleaning, laundry, and fetching water or firewood and with such personal tasks as bathing, dressing wounds, help with exercise and transport to health centres. These are some of the needs which no other institution than the Church can adequately deal with in Africa (Anglican United Nations Office, 2007). In addition, Mkandawire (2009) argues that the Church is an influential institution in Africa, operating a number of health centres and schools. It is strategically positioned to tackle the HIV and AIDS pandemic owing to the following factors:

a) **Compassionate Ministry**: The Church's mandate in mitigating HIV and AIDS is from God. According to James Chapter 1 Verse 27, "True religion that pleases God is to take care of orphans and widows in their hour of need."

b) **Grassroots Structure**: The Church in Africa and Zambia in particular has permanent structures present at grassroots level in most of the communities, unlike other Non-Government Organizations or even the government.

c) **Holistic Approach**: HIV and AIDS is not only a health issue but also include economic, social and spiritual dimensions. Therefore, there is no other institution than the church with an advantageous position to holistically and effectively tackle the problem from all these fronts.

d) **Behavioural Change Message**: It is generally agreed that behavioural change is probably the only sure solution to deal with the HIV and AIDS crisis. The Church, being a strong advocate for high moral principles, is the best vehicle to effectively address this.

The role of Churches in mitigating the spread and impact of the HIV and AIDS pandemic is therefore very crucial. As such, this study examined Pentecostal churches' care and support for HIV and AIDS patients in Zambia.

This study, therefore, aims to explore the nature of Pentecostal churches' care and support for HIV and AIDS patients and those orphaned because of AIDS with specific reference to the work of Northmead Assembly and Gospel Outreach Fellowship churches.The aim of the study was to undertake an examination of Pentecostal churches' care and support for HIV and AIDS patients in Zambia.

2. OBJECTIVES OF THE STUDY

The specific objectives of the study were:

i) To establish Pentecostal churches' programmes designed to support HIV and AIDS patients.

ii) To assess the methods used by Pentecostal churches to carefor HIV and AIDS patients in Zambia.

3. METHODOLOGY

The study used a constructivism paradigm to understand the how the Pentecostal churches' care and support for HIV and AIDS patients in Zambia. A qualitative approach was adopted while using a descriptive research design on the population of Pentecostal churches. The sample included two purposively sampled Pentecostal churches in Lusaka district. A sample of 2 bishops, 30 congregants participated in the focus group discussions. 10 PLWHIV were sampled using snowball and participated in a focus group discussion. The total sample was 42 participants which was enough to avoid data saturation which is common with qualitative research. Data was analysed thematically through data transcription and sorting. Data sorting involved selecting data from the bulky data to come up with meaningful content to respond to the research questions. After that, data was presented under emerging themes in the findings. The researcher assured the participants that the data was used for academic purposes, the names of the participants were not indicated anywhere in the study, the study findings would benefit the public and the PLWHIVA in the Pentecostal churches in Zambia.

4. FINDINGS AND DISCUSSION OF FINDINGS

The study findings on the Pentecostal churches' care and support for HIV and AIDS patients in Zambia are presented under the following themes clinical management and care, education, prevention and counselling and palliative care and social support.

4.1. Clinical Management and Care by Go Centre and Circle of Hope Clinic

The findings revealed that Go Centre has two clinics, one of which is a mobile clinic while the other one had permanent infrastructure in Kalingalinga area in Lusaka. The stationary clinic is concerned more with providing ART and VCT services to public and church members. To a less extent, some medical services such as malaria treatment and treatment of other diseases related to HIV and AIDS such as tuberculosis are also provided. One participant stated that:

> Our church provides clinical services to church members and the public of various medical conditions. The clinics are not restricted to church members but are also open to those who wish to seek treatment from there.

The stationary clinic commonly known as Chreso Ministries ART and VCT centre runs like any other clinic in Zambia with qualified staff. The findings further revealed that the clinic has 5 qualified nurses who work on contract basis and are paid per month. There is also a qualified medical doctor who visits the clinic on appointment. Furthermore, the clinic relies on clinical officers who assume the responsibilities of a doctor where necessary. The clinic also has qualified counsellors and community health workers (diploma holders) who assist the patients in times of need. All these are paid by the Church. The staff at the clinic stated the following with regards to free provision of food to HIV and AIDS patients:

> Where resources are available, the Church also provides nutritional foods such as soya porridge (commonly known as herpes) and soya beans. In the event that there are limited resources, the Church often is unable to provide food.

Another participant added that:

> In the clinics run by the church, we provide even nutritional care to enable them become healed faster since nutrition is part of the healing process. In such cases, the Church would divert the scarce resources to those patients who barely can afford to buy food. Those deemed capable of purchasing food are advised the different types of nutritional food they could buy to ensure that the patients remain healthy.

The study also revealed that the clinic offers free consultations, medication, laboratory investigations (CD 4, Viral Load, HBC and GOT). The patients who go for laboratory investigations are given their results as soon as possible.One patient described the services at the clinic in the following words:

> The environment is very clean and medical workers are always available such that patients are not subjected to long queues. There are chairs and benches where patients sit as they wait for their turn to come. The medical staff are friendly and attentive in dealing with us.

Another patient expressed satisfaction by stating that:

> I had lost hope of living when I tested HIV positive because I thought all was lost. I thought I would die soon but here I am. I am grateful to the professional conduct and services at the clinic. I think the frustration most people go through in government hospitals would have taken a toll on me…I don't think I would still have had the hope to live again and have a positive attitude towards life.

The Church's mobile clinic provides services at the doorstep of people. A special vehicle is used to carry all the necessary equipment and medication for the VCT team. The study further showed that clients that often use the mobile clinic are registered to the clinic and are allowed to call the clinic if they are very sick and will be followed at home and receive treatment or will be picked and taken to the hospital.

The study findings are in tandem with Gerkin (1997) who observed that it is the role of the church members to help AIDS patients to see themselves worth in the eyes of God by ensuring that churches have their own health care systems which should be used by their congregants. Pastoral care is also offered and involves the ministry of the anticipated oversight and nature offered by religious leaders to its community including acts of discipline, support, care, comfort and celebration. He added that in a community riddled with HIV and AIDS and strong belief in God, pastoral care plays an integral role in alleviating the suffering of PLWHA. Through this commitment, we have seen a number of churches providing care for the sick through church clinics and paramedics.

The study further established that at the forefront of the church's response to HIV and AIDS epidemic has been the Circle of Hope Clinic. The clinic is located in a sparsely populated area in Makeni, South-East of Lusaka. One participant said:

> Stereological concern which is the belief in the eternal conscious bliss of the true believers in Christ and also in the eternal conscious punishment in the lake of fire of all Christ rejecters

The clinic operates just like any other clinic albeit a private clinic and it is mainly donor funded. However, some family members indicated that they paid a fee for some of the services provided at the clinic although administrators claimed that the services were free.

The study revealed that the clinic provides counselling and treatment, and organises community outreaches to sensitise people and promote behavioural change. They provide care and free special treatment to a small group of people though they claimed that when they had sufficient funding they could care for more than six thousand people and three thousand five hundred on free special treatment. The study also revealed that the clinic has a well-equipped laboratory with special equipment for detecting CD4 (glycoprotein that is found primarily on the surface of helper T cells) and X-ray machines with well qualified laboratory technicians.

The foregoing findings are supported by Kaiser Family Foundation (2009) who demonstrated that the Mother of Mercy is one of the HIV and AIDS hospices in Zambia operated by the Catholic Church. Due to the good reception and care it has provided, the hospice was overburdened as a lot of people were requesting for hospice care. This prompted the Catholic Church to come up with other hospices in Lusaka such as Our Lady's in Kalingalinga and Mother Theresa's in Mtendere and other Zambian towns. All these have provided care and support to the HIV congregants and beyond. Such help the community and congregants to have faith in the churches and their work since the social services are now extended to the people who are in need.

4.2. Vocational Training

Vocational skills training programmes started way back in the early 1990s at the inception of the church. The Ladies Department of the Church organised courses in catering, tailoring and designing. However, in 2000 the Church went commercial by registering with the Ministry of Science and Technology to provide training in accredited courses and programmes. The participant said:

> The institution is open to all who qualify and can afford to pay the school fees. Running such an institution is very expensive. So, to have it run smoothly, the institution is commercially run.

This therefore means that all the students who are enrolled at the centre pay fees. The Church has however, allowed some widows to learn free of charge. Others who are benefitting from this institution are the former pupils from GOCA and Fountain Gate who obtained school certificate. Once they make a grade 12 certificate, they are given an opportunity to acquire skills from this institution free of charge. The study further revealed that currently the institution is running courses in Hotel and Catering Management, Food Production, Food and Beverage, and Tailoring and Designing as well as courses in Cookery. They also offer skills training and short courses in Computers. One participant said:

> Our children are given the opportunity to learn in the institution for free until they finish. This has actually helped the some of us to ensure that we acquire some of these skills like tailoring to enable us earn a living.

Another participant stated that:

> The other courses like Hotel and Catering Management, Food Production, Food and Beverage were paid for courses which brought some income to support the vulnerable sponsored learners on the program.

Another participant noted that:

> We have some students paying and others not paying in the programs running in this institution. Therefore, not every course is free to everyone but some pay while others do not. In this case, we have managed to be funded and make the education also accessible to the none vulnerable people at a small fee compared to other commercial institutions.

Therefore, the church institutions provided education to the community and the public. The study findings have been supported by the Reformed Church in Zambia (2011) who also stated that the role of the church is to empower the church members with practical skills so that they can earn a living through it. In this context, the church sees the PLWHIV and its congregants as individuals who are supposed to contribute to the growth of the nation through their acquired skills. Klinken (2011) also agreed that empowering PLWHIV with practical skills especially women bring about development at family and community level. With such skills planned for the vulnerable, it was clear that skills were planned for the congregants and needed to be imparted in the community for their development and self-sustaining.

4.3. Prevention, Care and Counselling

The study found that the churches provided holistic care and support to the PLWHIVA. The findings showed that the Church's holistic care helps the terminally ill have regained strength. The Church has achieved this through weekly visits to the homes of patients. Through home-based care, patients receive personalised care and support. It was observed that family members who lost their sick relatives often thanked the clinic and church administrators for their services. A member of staff said:

> We have a team of members who have been working with the terminally ill to make them realise that they are still loved by the church. They are visited every week three times to support them and their daily needs where need arises.

Another participant said:

> We have managed to encourage our church members to come back to life after providing care for them in their difficult times. This has been done through physical and social support instead of just prayer and prayer without food.

The findings are supported by the Salvation Army (2008) who stated that The Salvation Army HIV and AIDS approach in Africa has expanded over the many years with the help of participatory programme designs coordinated by a regional (inter-country) facilitation team. The team facilitates concepts transfer rather than activity transfer, based on the belief in community capacity to determine its own response. They have managed to build a solid church network which believes in helping the need in the community and in church especially.

4.4. Voluntary, Counselling and Testing Centre

The researcher found that Gospel Outreach has a big clinic with a well organised VCT room. One participant said that:

> HIV and AIDS counselling is one way which can assist people come to terms with reality of knowing their status. It is very difficult decision to make yet becomes a burden remover once one knows their status and accepts the situation. For this reason, the centre offers psychological and pastoral counselling. It provides HIV and AIDS education and awareness campaigns in schools, churches, companies and prisons.

Another participant said:

> Our make sure that the members have access to counselling and HIV testing in the church facilities so that they can easily open up and be assisted. This has helped our members to be full of life and happiness. It is within our church that the counsellors come from and they ensure they keep church ethics.

The study findings are supported by Chitando and Gunda (2007) who also found that counselling and testing was one of the components which was used in church to support the members through counselling. HIV patients have to be encouraged that life is precious and they have to live positively to keep their children. With such encouragements coupled with prayer, many families have been put back to the right track and they are living a Christian life full of encouragement. To this, it should be noted that most of the Pentecostal church preachers are armatures in their artistic display of people living with HIV and AIDS as a 'cursed lot' which should not be the position of the church. Its role is to encourage congregants and live a good family life without stigmatisation.

4.5. Home Based Care Services

The church offers home-based care services to HIV and AIDS patients. It was revealed that when the patient was sent home after receiving treatment, a trained care-giver would be assigned to that patient so that he or she continued helping the family to take care of the patients. It was also observed that home-based care services are limited to ensuring that patients take medication on time and live in a clean environment. Care-givers would in their individual capacity help with food but there was no institutional programme to provide nutritious food to patients to accompany the uptake of drugs. One participant explained that:

> The church stopped providing food owing to limited funding to its cause of providing home-based care services. As a result, the church has had to scale down on most of the home-based care services. Given an increase in funding, the church would introduce most of the activities and perhaps add more people on its programme.

As a result, some church members in their individual capacity and out of Christian charity would help patients with food. Another participant explained that:

> When we see that the family has no food, some of us provide food to patients in our individual capacity. At times we extend a hand of help to those suffering and destitute based on conviction, belief and in-working of the Holy Ghost. It is Christian duty to do so and every child of God should be a blessing to others.

The findings are disputed by Manchingura (2012) who observed that the role of the church is to ensure that Christians are supported during their difficult and happy times with food. This is especially the vulnerable who are supposed to be encouraged with social and not only spiritual support. The church has not learnt anything on this aspect of stigmatisation and the fight for the welfare of those living with HIV and AIDS because its role is to support the members in whatever circumstances they are found.

4.6. Lazarus Project

Alongside the clinic there is the Lazarous Project which strives to rescue, rehabilitate and reintegrate street children and children orphaned by AIDS. Bishop Joshua Banda had this to say about it:

> We as a Church have compassion for street kids because they are vulnerable to infections. So, the Church had to find ways of bringing these children closer to the Church. As a way of rescuing them, the Church thought of opening homes to help them have shelter and food. The Church started with only ten homes in the catchment to accommodate these children. Since the number of street kids was increasing by the day, the Church saw the need of looking for other homes to accommodate them.

It remains unclear if the project is still in existence as those interviewed indicated that there was such a project but there was nothing to show on the ground on the existence of the project.

These findings are supported by Dube (2008) who stated that some projects strive to rescue, rehabilitate and reintegrate street children and children orphaned by AIDS. He added that the Pope's position also is widely accepted and is the dominant thinking for most Christian groupings especially Pentecostals. It is good that the Pope spoke on behalf of the broader Catholic Church but it is women who are the most affected hence projects are supposed to be used to build the women and their position in society.

4.7. Operation Paseli

In the Northmead area where the Assembly of God church building is located, it was discovered that NAOG reaches out to sex workers through Operation Paseli, named after the road where the church is found and which at night becomes a prostitution zone. Bishop Joshua Banda explained as follows:

> This project aimed at helping women and rescuing them from their kind of work. The Church believed that this kind of work would definitely lead people to spreading HIV and AIDS. For prevention's sake, the Church came in to sensitise people to stop their way of life.

The research also revealed that the Church was running a mothers' programme which was meant to empower women with skills. Women rescued from prostitution and who benefitted from the programme. The participant said:

> We appreciate the skills acquired from the Operation Paseli Project as we are able to live positively. The Church managed to incorporate us in projects that were beneficial to our livelihood. We are able to make different things such as scones and cakes for sale and made money at the end of the day and are able to support our families. Others have become tailors and make various outfits such as suits, ladies Chitenge wear, uniforms for different schools and other items which they sell and earn a proper living.

From the findings, Manchingura (2012) stated that the fidelity teaching sounds noble but it does not address the practical issues faced in marriages because the church prescribes fidelity and yet this does not address married women yoked to non-believing husbands who do not subscribe to the fidelity and moral uprightness teachings of the church. It is in this vain that the women who are mostly vulnerable are mostly uplifted by the church to cement their position both physically and spiritually in the church. To add on, church programs which aim at helping members with social support are enhanced to make congregants be closer to each other all the time.

4.8. Palliative Care, Social Support Holistic Care

Holistic care involves providing the patient with the physical, psychological, social, spiritual and cultural gifts and needs which are special to that person. All these are met in one way or another by pastors who have special days when they share the word of God with the patients. Some church members in their individual capacity also visit the sick and take food and toiletries to them. The patients are also counselled by psycho-socio counsellors and at times by pastors. In an effort to provide holistic care to HIV and AIDS patients, church administrators are also part of the staff running the affairs of the church clinics. One participant said:

> The care through the provision of drugs and nutritious food is not limited to HIV and AIDS patients. It transcends to patients suffering from different ailments related to autoimmune and mimesis diseases among others.

Since the clinic is small and unable to admit patients, those who are very sick are put on observation for hours during which a drip is administered. When the patient gets better, he or she is discharged. If the condition worsens, the patient is then referred to the University Teaching Hospital. The patients interviewed reported that the care they received from the church was better than the care they received from government clinics. One participant said:

> The environment inside and outside the clinic premises is so clean and that personalised care is always given whenever they visit the clinic. The pastor or church leader would in a caring tone greet you and ask you how you are doing. He would then proceed to find out if we have been taking our medication promptly and if we have been praying. The pastor would then ask that we pray with him after which he would read a bible passage and give us words of encouragement. An opportunity is then given to us to express our thoughts and opinions on what we are going through. Thereafter, the pastor would ask us to remain positive and adhere to the prescriptions.

Another participant said:

> Sometimes, some patients would have tantrums nurses and the pastors usually remain so helpfully and understanding. They would respond in a caring manner and constantly reassure us that all will be well.

Another participant stated that:

> Staff at the clinic were so caring and spoke with us [patients] with compassion, care and encouragement. They never spoke to us with intense harshness as one would experience in a government clinic.

The foregoing findings are supported by Kelly (2010) who established that the Pentecostal churches responded to a range of across cutting issues of prevention, care and support, treatment and rights, and are often holistic in nature, attending to the physical, social, emotional and spiritual dimensions of individuals. They are perceived to be contributing to health, wellbeing and the struggle against HIV and AIDS in both tangible and intangible ways. It is this combination that distinguishes them and gives them strength. The tangible features include compassionate care, material support and curative interventions, while the intangible refer to spiritual encouragement, sharing of knowledge and moral formation.

5. CONCLUSION

It can be concluded that the Pentecostal churches have programs where congregants are actively involved in the care and support of people living with HIV and AIDS through education, the establishment of clinics, provision of testing and counselling services, antiretroviral drugs and operation of orphanages. It can be concluded that there was no transparency and accountability in the way resources from donors were utilized or raised from within the programmes operated by the churches. From the study, some people paid money to access services offered by the church even though the Church publicised the provision of such services for free. The study recommends that Pentecostal churches should do more in the care and support of people living with HIV and AIDS as their current work was limited in scope and magnitude. The study also recommends that future research should examine in-depth the systems of accountability and transparency in the way resources are utilised in the Church in order to prevent personal enrichment among Church leaders.

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Citation: *Noreen Mwila Phiri. "Pentecostal Churches' Care and Support for People Living with HIV and AIDS: A Case Study of North Mead Assembly of God and Gospel Outreach Fellowship in Zambia" International Journal of Humanities Social Sciences and Education (IJHSSE), vol 9, no. 2, 2022, pp. 78-87. doi: https://doi.org/10.20431/2349- 0381.0902009.*