TOWARDS AN HIV AND AIDS COMPETENT CHURCH

an ecumenical handbook for defining hiv and aids competency

A joint publication by the CUAHA network and Tumaini University Iringa University College
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Hannu Happonen,
Tomi Järvinen,
Juha Virtanen (Eds.)

A joint publication by the CUAHA network and Tumaini University, Iringa University College

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Copyright CUAHA
CUAHA (Churches United Against HIV & AIDS in Eastern and Southern Africa) is a network that was initiated as an appeal from churches of various denominations seeking to find a common voice to share their concern and heart for reaching out to everyone in our world of HIV and AIDS.

Since its inception in 2002, CUAHA has developed into a vibrant ecumenical network representing churches and faith-based organizations cooperating to face HIV and AIDS in their communities. The network includes over 40 churches and organizations of Anglican, Catholic, Lutheran, Methodist, Orthodox and Pentecostal denominations in Finland and 13 African countries (Angola, Botswana, Ethiopia, Kenya, Malawi, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe).

CUAHA’s goal is to build the capacity of its partners to become HIV and AIDS competent. The CUAHA network was made possible by the development cooperation funding for non-governmental organizations provided by the Ministry for Foreign Affairs of Finland. In this era of HIV and AIDS, there are numerous networks and organizations that have focused on addressing issues on HIV and AIDS, including measuring their own capacity to operate. CUAHA has recognized that there are gaps in finding appropriate and relevant methods that churches can use to evaluate their own competency in issues relating to HIV and AIDS.

The book has been in progress for numerous years to ensure that it has received adequate input and revision by the experts who are committed and focused on being HIV and AIDS competent from among our CUAHA members and other partners. These include, but are not limited to, MAP International, EHAIA, OASIS, ANERELA, and others who were involved in the 2008 International AIDS Conference in Mexico.

On behalf of all our CUAHA members, I sincerely convey my gratitude and heartfelt thanks to the team of authors who compiled this book.

This book is CUAHA’s contribution to the global discourse on HIV and AIDS. The central ethos of CUAHA is captured in the following words: “Joint action creates hope. Hope creates joint action!”

We are convinced that through determined and strategic joint efforts, the ecumenical family can take its next big steps towards ‘being HIV and AIDS competent.’

Sincerely,

Birgitta Rantakari
CUAHA Chairperson

Religious leaders hold an important position in African societies, regardless of what religion or denomination they belong to. Their message is heard, sought after and appreciated. Their role has never been restricted to religion or spirituality as such, but has covered all aspects of human life including relationships, health, culture, sexuality, and values. Religious leaders have always functioned as appreciated counsellors.

This role and appreciation naturally means responsibility. How well are Christian leaders – pastors, evangelists, lay leaders and others – equipped to counsel in matters of HIV and AIDS? The earliest responses often reflect a non-constructive attitude, which has not honoured the most elementary Christian message of love, mercy and forgiveness. It has, on the contrary, brought isolation, devastation and rejection to many infected people.

HIV and AIDS is a predominantly sexually transmitted disease. Due to that fact, it has many times put church leaders in “dis-ease / un-ease” – how to talk about sex and issues related to sexuality openly, what would be the right teaching on it, is it proper to break the taboo of not talking about sex openly? This handbook aims at building an HIV and AIDS competent church through its leaders. It claims that there are no such issues that the church and its leaders should not address. It claims that church leaders should be in the first frontier to bring liberating messages to all people, to empower them, and erase the stigma and shame which are associated with HIV and AIDS. Instead of causing stigma, the church has to function actively and purposefully to take the side of the infected and sick. Church leaders should build true competence in this matter.

This book is a valid, sound, and practical toolkit for every church leader. It includes chapters on facts about HIV and AIDS, sexuality, prevention, stigma, advocacy, empowerment, leadership, healing, liturgy and sacraments, counseling, testing, networking and caring. Throughout the book, there are sections where a reader can check his/her competence in the aforementioned topics. It is an excellent resource for theological training at Tumaini University Iringa College, as well as for HIV and AIDS related outreach projects carried out by the college.

All churches and Christian communities, which together make a living, wounded body of Christ on earth, have been entrusted a unique position to demonstrate the holy message of salvation, fullness of life, beauty and goodness of God’s creation and his love towards mankind, as well as love for one another. It is a challenge for every church leader to make these spiritual gifts a tangible, concrete reality to all, regardless of their HIV status. In Christ, disease does not create boundaries. In Christ, His abundant blessing can even take the form of an incurable disease.

Rev. Dr. Kati Kemppainen (“Empowering Education – Processing Diaconia”) Project Manager, Tumaini University at Iringa, Tanzania

Dr. Bukaza Chachage Director of Publications, Research, and Postgraduate Studies Tumaini University at Iringa, Tanzania
DISCLAIMER:
The competency definitions appearing in the general section of the book and at the beginning of each article have been approved by the members of the network. The opinions and theological interpretations in the articles represent the views of the author(s).

ACRONYMS

AIDS  Acquired immunodeficiency syndrome
ARV  Antiretroviral drugs
CUAHA  Churches United Against HIV and AIDS
in Southern and Eastern Africa
EHAIA  Ecumenical HIV and AIDS initiative in Africa
FBO  Faith Based Organization
HIV  Human immunodeficiency virus
STD  Sexually Transmitted Disease
UNAIDS  Joint United Nations Programme on HIV/AIDS
VTC  Voluntary Testing and Counseling

GLOSSARY

ASYMPTOMATIC  Without symptoms. For example, an asymptomatic infection is an infection with no symptoms.
BODILY FLUIDS  Fluids that are found in human body. They can be excreted or secreted. Here it refers especially to fluids that can and cannot be vectors for human immunodeficiency virus (HIV).
MUCUOUS  The membrane lining various canals and cavities of membrane the body.
OPPORTUNISTIC  Infections that take advantage of weakness in the immune defenses are called opportunistic.
INFECTION  The growth of a parasitic organism within the body. (A parasitic organism is one that lives on or in another organism and draws its nourishment from it.)
PREVALENCE  The number of cases of a disease existing in a given population at a specific period of time (period prevalence) or at a particular moment in time (point prevalence).
SAFER SEX  Practicing sex in a way that significantly reduces the risk of catching a sexually transmitted disease.
SEROSTATUS  Status with respect to being seropositive or seronegative for a particular antibody (HIV serostatus).
SYMPTOM  Any subjective evidence of disease.

1 As defined by MedTerms (http://www.medterms.com/script/main/art.asp?articlekey=12923)
2 As defined by MediLexicon (http://www.medilexicon.com/medicaldictionary.php?t=72024)
3 As defined by Merriam-Webster (http://www.merriam-webster.com/medical/serostatus)
Rev. Dr. George Mwita
**Counselling**

Rev. George Johannes Mwita is a trained librarian, theologian and Bible translator currently based in Dar es Salaam working as a missionary with Wycliffe International Africa. Prior to joining Wycliffe Africa in 2007, George served as the Coordinator for Partnership Development with the Uganda-Tanzania Branch of the Summer Institute of Linguistics International since 2003. During this period, he served as the Regional Coordinator for CUHA. From 1996 to 1999, he worked as the principal of Free Pentecostal Churches of Tanzania (FPCT) Bible College in Central Tanzania. He has also served as the Administrative Officer and Coordinator of Projects at the FPCT. Rev. Mwita holds a BA in Bible Translation from Pan African University, and an MA in Religion from Africa Nazarene University in Nairobi. He is currently a PhD candidate in Biblical Studies at Trinity Theological Seminary and Bible College, Newburgh, Indiana.

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Rev. Dr. Peter Okaalet, MD
**Facts**

Dr. Peter Okaalet, a Ugandan Physician, is Senior Director for Health, HIV & AIDS Policy at MAP International. He holds Masters Degrees in Divinity and Theology from NEGST, Nairobi, Kenya. He serves on the international faculty at Haggai Institute and is a member of several boards, including CORAT Africa, Centre for Biblical Transformation, Daystar University, Life in Abundance, and ALARM. Dr. Okaalet has more than 20 years of experience in reproductive health, specializing in advocacy, policy formulation, research design, and implementation of HIV and AIDS programs. In February 2002, he appeared before the U.S. Senate Foreign Relations Committee, on “The Role of Faith-Based Organizations in the Fight Against HIV and AIDS”.

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Rt. Rev. Dr. Johannes M Ramashapa
**Leadership**

Rt. Rev. Dr. Johannes M Ramashapa is the Presiding Bishop of the Evangelical Lutheran Church in Southern Africa and a Bishop of Botswana Diocese. He has been a Professor of New and Old Testament Studies at the University of the North (now Limpompo) for 19 years. He worked as HIV/AIDS Officer with the Lutheran Commun in Southern Africa (GLCUSIA) for three years. Bishop Ramashapa currently serves as the co-chairperson of Churches United Against HIV and AIDS in Eastern and South-Eastern Africa (CUHA).

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Dr. Juha Virtanen, PhD
**Advocacy, Healing, co-author Testing**

Dr. Virtanen is working for World Vision Finland as a Manager for the African Region and a specialist in HIV and AIDS related issues. He has been living in Africa for five years serving as a Project Coordinator for Fida International. He was instrumental in establishing the CUHA network. In 2008, he defended his Doctoral Dissertation on Symbolic Understanding and Experiences of Tanzanian Youth on Development Cooperation.
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LIST OF REFERENCES
It has been debated whether it is more appropriate to use the term "HIV competence" or "AIDS competence." For the purposes of this handbook, the CUAHA partners felt that using one or the other term would be too limiting or too specific. Churches should not only be competent in dealing with the final stage of HIV infection, but also with HIV. It is obvious that in the text of this handbook a sentence or a question may refer to HIV or AIDS, or at times, to both. Therefore, in this document the term "HIV and AIDS competence" is used.

Terminology
Definition of HIV and AIDS Competence

Competency is defined in various ways. CUHA suggests that an HIV and AIDS Competent church:

1. UNDERSTANDS THE HIV AND AIDS CHALLENGE AT HAND;
2. HAS THE ABILITY AND CORRESPONDING SKILLS RELATED TO HIV AND AIDS; AND,
3. IS ABLE TO RESPOND TO THE PANDEMIC.

An HIV and AIDS Competent Church

HIV and AIDS affects everyone in today’s African society, including the church. Churches should understand that HIV and AIDS is a complex issue that relates to a number of factors such as poverty, socioeconomic status, gender, sexual ethics, and culture. Churches must be ready to challenge their own way of thinking, listen to experts, and learn from people living with HIV. For example, many churches propagate the message that marital faithfulness protects spouses from HIV infection. Yet in some countries, married couples are the group at greatest risk for new infections.

Churches must also understand their role and unique position in responding to this challenge. They often enjoy a prominent status in society; have significant human and financial resources at their disposal and a large network that can help disseminate sound information to masses of people.

When there is understanding, positive disposition, and skills related to HIV and AIDS, it should lead to a response. The church’s response can be manifold. For example, it can mobilize people to counsel, care, and advocate for the marginalized. Churches can preach, teach, and discuss HIV and AIDS. It plays a key role in reducing stigma and discrimination.

The church’s response includes an implemented HIV and AIDS policy. The policy contains principles and a clear framework for proper action. It gives a timeline for responding. The church’s policy should be monitored and the responsibility to monitor the implementation of the plan should be clearly assigned.

While it is important that churches respond to HIV and AIDS, they must remember that they are not responding alone. Rather, the response should be a collective effort. Government agencies and other institutions and organizations should be consulted and taken into account when responses are planned and implemented.
HIV AND AIDS COMPETENCE

Aspects of the CUAHA
Definition of HIV and AIDS Competence

In order to develop into an HIV and AIDS competent organization, an organization needs to take stock of where it is and where it aims to be. This handbook is intended to help an organization understand HIV and AIDS competence in the context of faith-based organizations and offer ideas for assessing its current status. The definition helps to mirror what is being done and identify areas that could be improved. Furthermore, the aspects of CUAHA HIV and AIDS competence definition can be used as a tool in planning, training, activities, and responses. It encourages churches to network, share best practices, establish partnerships, and cooperate with other organizations.

The CUAHA network identified 13 key aspects that constitute HIV and AIDS competency in a faith-based organizational context.

FOUNDATIONAL ASPECTS
1. Facts
2. Sexuality

STRATEGICAL (RESPONSE) ASPECTS
3. Prevention
4. Stigma
5. Advocacy
6. Empowerment
7. Leadership
8. Healing

ECCLESIASTICAL ASPECTS
9. Liturgy and Sacraments
10. Counselling
11. Testing
12. Networking
13. Caring

Why involve the church?

Why should issues related to HIV and AIDS be addressed in religious institutions and by religious leaders? These matters affect everyone in our societies and need to be addressed. UNICEF and UNAIDS have pointed out that “Religious leaders are in the unique position of being able to alter the course of the epidemic” and that “there is undoubtedly still untapped potential within faith-based communities to contribute to the AIDS response.” For example, religious leaders can:

- shape social values;
- increase public knowledge and influence opinions;
- support enlightened attitudes, opinions, policies and laws;
- redirect resources for spiritual and social care and raise funds for prevention, care and support; and,
- promote action from the grass roots up to the international level.

Pastors and church leaders have a ready audience. If church leaders see the importance and relevance of speaking and educating people about HIV and AIDS, they do not need to search for a receptive audience. There are no additional costs to educate members who come to the church on Sundays and during the week. In some African communities, people do not have access to a counsellor, psychologist, family planning counsellor, or a medical professional. In such circumstances, people have been turning to religious leaders for help. Bishop Felton May has pointed out: “Churches cannot conquer AIDS alone, but it will not happen without us.”


Once these aspects of competency were identified, the network formulated “CUAHA Competence Statements.” Each statement expresses the important issues that churches and faith-based organizations should take into consideration in relation to that aspect.
ECCLESIASTICAL ASPECTS

9. Liturgy & sacraments
HIV and AIDS are in the church. The church is an excellent platform for addressing HIV and AIDS. The church includes HIV and AIDS related topics in sermons, prayers, teaching, and education. HIV positive people are entitled to participate in liturgies, sacraments and ordinances of the church.

10. Counselling
The church is a caring community bringing hope and unconditional acceptance. The church plays an active role in HIV and AIDS counselling. The workers are adequately equipped to deal with issues related to HIV and AIDS.

11. Testing
The church encourages voluntary HIV testing. Church workers are strongly encouraged to be tested and speak for the importance of testing. The church promotes access to testing.

12. Networking
No one church can respond to AIDS alone. The response is a concerted effort. The church harmonizes its response with other stakeholders. Churches share their proficiency and learn from the experience of others.

STRATEGICAL (RESPONSE) ASPECTS

3. Prevention
Ethical and moral issues are at the heart of the church. In its ethical and moral teaching, the church takes into account that factors such as poverty, socio-economic status, gender, culture, etc. increase the vulnerability to infection. The church provides knowledge about the best methods of preventing the transmission of HIV.

4. Stigma
HIV infection is a medical condition. AIDS is not a plague sent by God. The body of Christ (the church) has HIV positive members. HIV positive persons are fully integrated into the church. The church does not stigmatize, discriminate or violate human rights.

5. Advocacy
The church acts for and with those infected and affected. They have the right to live a life of dignity. HIV infection may lead to vulnerability. The church should seek ways and provide means for vulnerable people and groups to defend their rights.

6. Empowerment
Churches should be empowered to address HIV and AIDS related issues. Empowerment relates to motivation, ability to identify and solve problems, utilization of available resources, and multiplication of intervention efforts. Training, education, cooperation, and networking are key means of empowerment.

7. Leadership
Church leaders speak openly and empathetically about HIV and AIDS. The leaders participate in HIV and AIDS activities. A person’s HIV status is not a hindrance for full integration into church leadership. The church leaders allocate resources to HIV and AIDS ministry. The leaders ensure that there is an implemented HIV and AIDS policy.

8. Healing
A HIV and AIDS competent church believes in divine healing. Healing is understood holistically. Medicine is a part of healing. Healing is tied to the will of God. Falling ill is not the result of unbelief.

FOUNDATIONAL ASPECTS

1. Facts
The HIV and AIDS response must rest on facts. Understanding the modes of HIV transmission, the impact of HIV and AIDS, and methods of prevention are essential in containing the spread of the virus. The church addresses cultural practices and religious beliefs that relate to HIV and AIDS.

2. Sexuality
God created sex. Sex is a natural and positive thing. HIV is primarily spread through sexual contact. The church promotes safer sexual practices. The church deals openly and frankly with the issue.

HIV and AIDS Competence Statements
FOUNDATIONAL ASPECTS

- Facts
- Sexuality
CUAH STATEMENT ON FACTS

The HIV and AIDS response must rest on facts. Understanding the modes of HIV transmission, the impact of HIV and AIDS, and methods of prevention are essential in containing the spread of the virus. The church addresses cultural practices and religious beliefs that relate to HIV and AIDS.

SCRIPTURE READING

As he went along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” “Neither this man nor his parents sinned,” said Jesus, “but this happened so that the works of God might be displayed in him. As long as it is day, we must do the works of him who sent me. Night is coming, when no one can work. While I am in the world, I am the light of the world.” Having said this, he spit on the ground, made some mud with the saliva, and put it on the man’s eyes. “Go,” he told him, “wash in the Pool of Siloam” (this word means “Sent”). So the man went and washed, and came home seeing. (John 9:1–7)

Jesus was walking with his disciples. On the way, they met a blind man. He had been blind from his birth. For some unexplained reason, the disciples held that his blindness was caused either by the sin of the man himself or his parents. Jesus told them that his sickness has nothing to do with sin. On the contrary, his sickness was to display the work of God in his life.

Unfortunately, we find similar thinking in the context of HIV and AIDS. We may be interested in how a person became infected because in our minds we want to pass moral judgment on them. Have they “sinned” and thus are HIV positive? Why is it that we do not ask first that how we can help? How we can support the person? Could God be glorified in this situation?

WHAT IS HIV?

The letters H, I, and V (HIV) are an acronym for Human Immunodeficiency Virus. It is “human” because the virus causes sickness only in people; “immunodeficiency” because the immune system normally protects a person from becoming weak; “virus” because HIV is a small living thing which causes illness in people. When the virus enters into a person, it affects the immune system and starts multiplying. The resulting
**The Four Stages of HIV Infection**

There are four stages of HIV infection. HIV infection progresses sequentially from one stage to the next. The primary infection stage may have no symptoms. However, some people may have flu-like symptoms. The asymptomatic stage has few signs of infection. During the symptomatic stage, a person becomes sick with various illnesses (opportunistic infections) because their immune system is weakened. The final stage is called AIDS. This is when a person is very ill.

**Viral Load**

Viral load refers to the amount of HIV in the blood. The higher the level of HIV in a person's blood, the faster their immune system is being destroyed. The lower the viral load, the stronger the immune system is.

A viral load test can provide important information about the likely course of HIV infection. There are different viral load tests available. Each of them uses a different technique to measure the amount of HIV in the blood. The results tell you whether the viral load is low medium or high.

**What Is AIDS?**

The letters A, I, D, and S (AIDS) are an acronym for “Acquired Immune Deficiency Syndrome.” AIDS is the final stage of the HIV infection (AIDS and HIV are not the same thing). This stage is characterized by opportunistic infections that are difficult to treat. AIDS is not transmitted from one person to another, but the virus is. People do not die of AIDS itself, but of opportunistic infections, cancers, and organ failure as a result of a failed immune system. Some people die soon after becoming infected, while others may live for many years.

**How Is HIV Transmitted?**

HIV infection is relatively hard to contract and can be avoided. There are three possible ways to become infected with HIV: sexual intercourse with a HIV-positive person; transmission from an infected mother to child; and, through HIV contaminated blood. The most common way the virus is spread is through sexual intercourse with a person living with HIV.

**How HIV Is Not Transmitted**

One cannot become infected with HIV by day-to-day contact with people who are HIV positive. The virus is not transmitted in normal social settings, schools or in the workplace. You cannot be infected by shaking someone's hand, by hugging someone, by using the same toilet or drinking from the same glass. You can play sports with someone who is HIV positive without risk of infection. A person cannot become infected by being exposed to coughing or sneezing by a person living with HIV.


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**Check Your Competence**

Check the correct stand on the following propositions from the article on Facts.

1. HIV is a sexually transmitted disease.
2. HIV is primarily transmitted through men who have sex with men.
3. Being married absolutely protects a person from HIV infection.
4. HIV may be passed from a mother to her child.
5. AIDS is a group of diseases caused by HIV infection.
6. HIV can spread sharing a meal with people living with HIV.
7. One must have HIV in order to develop AIDS.
8. HIV can be spread from one person to another through contaminated blood.
9. HIV is another word for AIDS.
10. A person may be infected with HIV without becoming sick immediately.

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**Notes:**
2. SEXUALITY

Rev. Hannu Happonen

CUALHA STATEMENT ON SEXUALITY

God created sex. Sex is a natural and positive thing. HIV is primarily spread through sexual contact. The church promotes safer sexual practices. The church deals openly and frankly with the issue.

SCRIPTURE READING

It is not good for the man to be alone. I will make a helper suitable for him (Genesis 2.18).  

Sex is not evil or bad. It is not something to be ashamed of. According to the Bible, God created sex. When God finished the creative activity, he looked at what he had done and evaluated it as “very good” (Genesis 1.31). However, there was one thing that was not good: “It is not good for the man to be alone. I will make a helper suitable for him.” Eve became the partner that rescued Adam from his loneliness.

In one of the early churches (Ephesus) there was a problem with false teachers. Amongst their diabolical heresies, they “forbade people to marry” (1 Timothy 4.3). To correct this false teaching, Paul states that whatever God created is good and should not be rejected but received with thanksgiving.

Sexual relations are part of the marriage relationship. “A man will leave his father and mother and be united to his wife, and they will become one flesh” (Genesis 2.24). Paul instructs people to get married in order to fulfil their sexual desires. God created marriage and sex. Whatever God has created is good, it is beautiful, it is fun, and it is a gift from God.

One of the purposes of sexual intercourse is procreation. God’s blessing of Adam and Eve is followed by the command: “Be fruitful and increase in number” (Genesis 1.22). Children were considered to be a blessing and a gift from God. However, sex is not intended only for procreation. It is meant for enjoyment: “may you rejoice in the wife of your youth ... may her breasts satisfy you always, may you ever be intoxicated with her love” (Proverbs 5.18-19).

However, HIV is transmitted mainly through sex. Many cultures and churches do not speak about sex and sexual behaviour openly. Sometimes it is not considered appropriate to address the issue. This makes it difficult to deal with HIV and AIDS. “Without frank discussion of what exactly people are doing in bed and behind bushes, it will be impossible to curb the epidemic.”

Marriage itself is not a guarantee of protection from HIV. In Uganda, the majority of new HIV infections take place within a marriage relationship. The risk of HIV infection will be greatly reduced if there is mutual faithfulness. The biblical teaching is that the marriage vows should be followed ‘forsaking all others’ being ‘faithful to him/her as long as you both shall live,’ and the marriage bed ‘kept pure.’

14 The other biblical references that are referred to in the article are: 1 Tim 4.1–5; Gen 2.24; Mt 19.1–6; Mk 10.7–8; Col 1.7; 1 Cor 7.3–4.
CELIBACY

There were people (such as John the Baptist, Jesus, and Paul) who were single and never married. Paul spoke of his singleness as a “gift from God” (charisma) (1 Corinthians 7.7). This gift allowed him to concentrate on “how he can please the Lord” (1 Corinthians 7.32). His ministry, calling and gifting allowed him to do this. According to Paul, a married person is “concerned about the affairs of this world – how he can please his wife – and his interests are divided” (1 Corinthians 7.33-34). At the same time, marriage did not hinder others like Peter and Priscilla and Aquila from doing the work in the ministry.

When Paul speaks about his own singleness, he states that “one has this gift, another has that” (1 Corinthians 7.7). If one cannot abstain from sex, Paul states that one should find fulfillment for his or her sexual desires in marriage.

Since HIV is primarily spread through sexual intercourse, abstinence will greatly reduce the risk.

SAFER SEX

The term “safe sex” has been replaced with “safer sex” because protection can never be absolute. Safer sex refers to sexual practices in which participants protect themselves from viral transmission. Generally, safer sex is sexual activity in which there is no mucous membrane contact or bodily fluid (semen, vaginal fluids, blood, etc.) exchange between partners. Safer sex protects from HIV as well as other sexually transmitted diseases. Often, the term is used exclusively to denote the use of condoms but it can also refer to other risk-reducing practices.

The best way to be protected from becoming infected with HIV through sexual contact is through abstinence. If one chooses not to abstain, then a mutually monogamous sexual relationship involves minimal risk of HIV infection. If a couple is not involved in risky behaviour and they are faithful to one another, there is no risk of HIV transmission (provided that they have not been living with HIV before the relationship). However, if one of the persons does have other sexual relations, such behaviour increases the risk.

In the early days of HIV prevention, the focus was on preventing new infections. Recently, the need for people living with HIV and AIDS to practise sex has been acknowledged (positive prevention). A number of churches have also struggled to discuss this aspect of prevention. A competent church will address this issue.

SEXUAL ETHICS

Some argue that “no one has any right to say anything about my sexual behaviour. It is my own business, just as long as I am not hurting anyone.” However, certain issues need to be considered. Everything we have is a gift from God, including our sexuality. It is not only a private matter, in which we can decide what is appropriate for me only, but an individual’s sex life also involves others. What I am doing may hurt my partner even though I am unaware of it. God has created sexual and family structures into which my individual life should fit.

Check Your Competence
Check the correct stand on the following propositions from the article on Sexuality.

1. Marriage is an absolute way to protect oneself against HIV infection.
2. Sexual abstinence is “out of date” as a way to protect oneself from HIV prevention in the modern world.
3. Sexual debut should be experienced as early as possible.
4. Faithfulness is a basic biblical principle that also significantly reduces the risk of HIV infection.
5. Having multiple sexual partners in no way increases the risk of HIV infection as long as condoms are used.
6. Condoms should be used when there is a significant risk of getting infected.
7. Using condoms makes sex 100% safe.
8. Commercial sex is not a high-risk behavior if condoms are used.
9. God created sex mainly for procreation and it should not be enjoyed.
10. HIV is mainly spread through same sex (homosexual) relationships.

Notes:
FOUNDATIONAL ASPECTS

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STRAEGICAL (RESPONSE) ASPECTS

- Prevention
- Stigma
- Advocacy
- Empowerment
- Leadership
- Healing
Some of the prevalent teachings of the church are simplistic, if not misleading. For example, churches have fiercely promoted the AB (Abstain and Be Faithful) or ABC-method (Abstain, Be Faithful, Use Condom) of prevention. It means that if one abstains from sex, is faithful to one partner, and if one cannot abstain from sex, then one should use condoms. However, one can be faithful and still be infected with HIV. The AB and ABC teaching touch only infections through sexual contact. Yet, the virus can be transmitted through other means, such as blood transfusion. The new prevention models emphasize safer practices and are more comprehensive.

**CUAHA STATEMENT ON PREVENTION**

*Ethical and moral issues are at the heart of the church. In its ethical and moral teaching the church takes into account that factors such as poverty, socio-economic status, gender, culture, etc. increase the vulnerability to infection. The church provides knowledge about the best methods of preventing the transmission of HIV.*

**SCRIPTURE READING**

Designate a place outside the camp where you can go to relieve yourself. As part of your equipment have something to dig with, and when you relieve yourself, dig a hole and cover up your excrement. For the LORD your God moves about in your camp to protect you and to deliver your enemies to you. Your camp must be holy, so that he will not see among you anything indecent and turn away from you. (Deuteronomy 23.12–14)

While wandering in the wilderness, God was interested in the welfare of his people. He promised to protect them and to deliver them from harm. It was not only God who did all the work; the Israelites were also responsible to follow the instructions God gave them. God gave his people information on how they could prevent various ailments that would come from an unsanitary environment. It was not God who protected the Israelites from disease, but he gave them the instructions on how they could protect themselves.

There is a saying that “prevention is better than cure.” Prevention is important because there is no cure for HIV infection. The world is being consumed by a disease that is preventable. Prevention is the most cost-effective way to bring HIV and AIDS under control and to save lives. However, while prevention methods work, prevention is not working. HIV is still spreading and people are becoming infected. People may learn the essential facts but they do not practice what they learn. They do not do what they know. Prevention involves hearing the message and putting it into practice.

**CORRECT AND RELIABLE INFORMATION ON PREVENTION**

Some of the prevalent teachings of the church are simplistic, if not misleading. For example, churches have fiercely promoted the AB (Abstain and Be Faithful) or ABC-method (Abstain, Be Faithful, Use Condom) of prevention. It means that if one abstains from sex, is faithful to one partner, and if one cannot abstain from sex, then one should use condoms. However, one can be faithful and still be infected with HIV. The AB and ABC teaching touch only infections through sexual contact. Yet, the virus can be transmitted through other means, such as blood transfusion. The new prevention models emphasize safer practices and are more comprehensive.
### BIBLICAL ETHICS FOR PREVENTION

The church is involved in ethical and moral issues. For the church to be competent in HIV and AIDS, its response must be based on correct values. The foundational ethic for the church is the great commandment: love God and love your neighbour. They cannot be separated from each other. Once a person experiences God’s love, they will reciprocate it to others. “We love because he first loved us” (1 John 4.19). “Christ’s love compels us” (2 Corinthians 5.14) to act. Love compels one to act with respect and to seek justice. When seeking the best way of prevention, these ethical principles should determine the best course of action.

One Sunday morning, I was ready to preach a sermon in a small structure made of papyrus mats and tarpaulins donated by the UN. I would be addressing a small group of believers that were part of the approximately 2 million Internally Displaced Persons (IDPs) who were gathering in this temporary structure in the relative “safety” of the town. 94% of the population of northern Uganda has been displaced because of the 20 year old war. They were crammed into over 200 IDP camps, some with a population density of 1,700 people per hectare. At the height of the insurgency, people were killed every day as a result of violence and the conditions in the camps. People were facing the constant and immediate threat of assault, murder, rape, defilement, mutilation, torture, and forced labour (some abducted children told me stories of serving as “trailers” – they were forced to trek through the wilderness carrying heavy loads acting as lorry trailers for the rebels). Around 25,000 children had been kidnapped and forced to kill, maim, commit unspeakable atrocities, or forced to serve as sex slaves. Almost all of the people in the north were living in absolute poverty (on less than $1.00 USD per day).

One beautiful young woman, a church member came and shared her heart-breaking story with us. When the rebels came, they were forced to move into the IDP camps. Her husband disappeared and she was left with two children. She told us that soon their money and food had run out and there was nothing left to sell. She was unemployed and had no means of earning a living. On the way to church that Sunday, a soldier approached her and asked to have sex in exchange for money. She asked us for advice: “What should I do? If I do not, my children might die within a few days. I know I should not have sex with him, but if I refuse, what will happen to my children?”

### ETHICAL CONSIDERATIONS

This lady was bold enough to share her dilemma with us. What about those many other church members and people in the IDP community, living in absolute poverty, who are too ashamed to share their predicament with us and others? How many others are forced into survival sex? Is it better to choose life or death? If she did have sex with the soldier, would she be choosing the lesser of two evils? Is the end justifying the means? Is it a case of “doing evil so that good may result”? To what lengths should a person go to stay alive? What about the circumstances that are beyond her control that have driven her into this unfathomable situation? Can anything be done about them?

#### METHODS OF PREVENTION

The church needs to provide knowledge about the best methods of preventing the transmission of HIV. The two basic methods of prevention are:
1. Preventing those who are not infected from becoming infected;
2. Preventing those who are infected from infecting others (positive prevention).

There are only three known ways in which HIV could be spread from one person to another:
1. Sexual intercourse with a HIV positive person;
2. From infected mother to child; and,
3. Blood containing HIV.

The HIV and AIDS competent church will address all three of these issues and empower people to avoid infection. All relevant information and methods need to be provided for people to make personal ethical choices.
Check Your Competence
Agree or disagree with the following statements to check your understanding.
(See the article on Prevention to check your answers.)

1. Sexual abstinence prior to marriage is a commendable principle.
2. Being faithful, consistent use of condoms, engaging in safer sex, and avoiding commercial sex are principles that significantly reduce the risk of getting HIV infection.
3. Voluntary counselling and testing is a private matter and has nothing to do with the wider issue of HIV prevention.
4. It is recommendable to inject drugs as long as the needles are sterile.
5. Use clean needles and syringes (demand to see that the medical practitioner opens the seal so that you can see)
6. Violence against women has nothing to do with HIV prevention.
7. Greater acceptance and involvement of people living with HIV is needed to improve prevention.
8. The HIV prevention messages should target the youth only.
9. There is little we can do to prevent mother-to-child transmission of HIV.
10. Economic living conditions, cultural practices, and gender issues do not contribute to the spread of HIV pandemic as long as one genuinely wants to lead a moral life.

Notes:

4. STIGMA

Rev. Dr. Veikko Munyika with Dr. Tomi Järvinen

CUAHA STATEMENT ON STIGMA

HIV infection is a medical condition. AIDS is not a plague sent by God. The body of Christ (the church) has HIV positive members. HIV positive persons are fully integrated into the church. The church does not stigmatize or discriminate against persons with HIV or AIDS, nor does it violate human rights.

SCRIPTURE READING
When a Samaritan woman came to draw water, Jesus said to her, “Will you give me a drink?” The Samaritan woman said to him, “You are a Jew and I am a Samaritan woman. How can you ask me for a drink?” (For Jews do not associate with Samaritans) (John 4:7, 9)

The biblical account of Jesus and the Samaritan woman is well known. Jesus met with a person that was stigmatized and excluded. The woman was a Samaritan and therefore the Jews were not supposed to associate with her. Yet Jesus did not choose to conform to traditional expectations and opinions. He took a bold step and approached the woman. He publicly associated with her, risking damage to his own reputation. The churches and individual Christians today are called to approach and associate with the stigmatized, marginalized and the excluded, including people living with HIV.

STIGMA AND THE CHURCH

Churches have responded differently to the emergence of the HIV and AIDS pandemic. They have reached different levels of competence. One of the indicators of a church’s competency is the way it deals with the issues of stigma and discrimination.

Stigma is labelling someone as being unworthy of inclusion in the community. It often leads to discrimination and the violation of human rights. An HIV and AIDS competent church does not stigmatize or exclude people living with HIV. Stigmatization refers to negative attitudes towards people living with HIV while discrimination relates to actions taken against them. An HIV and AIDS competent church teaches that every person, including the infected and the affected, bears the image of God. Consequently, they should be neither stigmatized nor excluded.

Some churches have tended to reinforce rather than challenge the stigma. A church with a low level of HIV and AIDS competence can hold, for example, that HIV infection is a divine punishment for sin. Such a church is quick to defend and justify negative attitudes and actions against the infected and the

A church with a low level of HIV and AIDS competence focuses on the transmission of the virus itself without due consideration of the person. Consequently, some people living with HIV have been excluded from fully participating in the church. Some are not allowed to participate in communion. In some churches HIV positive people cannot be married. Still others are disqualified from holding office due to their HIV status.

CONSEQUENCES OF STIGMATIZATION

Stigmatizing an individual is sinning against one’s neighbour and God. It is to relate wrongly to those who have been created in the image of God. Stigmatizing attitudes may be unintentionally verbalized. In other cases, people do not verbalize their stigmatizing attitude, but may exhibit it. Those living with HIV may be blamed, shamed, judged, condemned and excluded. To quote Canon Gideon Byamugisha:

“It is now common knowledge that in HIV and AIDS, it is not the condition itself that hurts most, but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with.” 18

Because of stigma and discrimination, many of the infected and the affected have been isolated, experienced self-imposed celibacy, become depressed, and even committed suicide. Stigmatization is a key reason why there is a reluctance to disclose one’s status. It prevents people from going for voluntary counseling and testing, and seeking health care. Some HIV positive mothers are unwilling to seek medical assistance which could prevent their unborn child from becoming infected. Stigma is one of the most powerful barriers to the prevention of HIV transmission and effective treatment.

THE CHURCH’S RESPONSE

Supporting the fight against stigma and promoting inclusiveness is a sign of a high level of HIV and AIDS competence. The competent church puts the fight against stigma and discrimination on top of its priority list. It promotes theological reflections on the experience of HIV and AIDS-related stigma and discrimination.20 The fight against stigmatization saves lives. It relieves suffering, and it greatly increases the quality of life even in situations where effective medication is not available.

The church is seen as a key player in overcoming the HIV and AIDS pandemic. As such “…the most powerful contribution [she] can make to combating HIV transmission is the eradication of stigma and discrimination.” 21 Like Jesus, the church has an obligation to “encounter and accept” the stigmatized and the discriminated (Matthew 8:3; John 4:7; Mark 2:14; Matthew 9:22).

Check Your Competence

Agree or disagree with the following statements to check your understanding. (See the article on Stigma to check your answers.)

1. HIV infection is always a result of immoral living and AIDS is a punishment for it.
2. There are clear biblical passages that suggest that AIDS is caused by demonic forces.
3. AIDS is a disease of immoral persons.
4. There are HIV positive people in the church.
5. The church should not marry people who are HIV positive since it may lead to lower moral standards.
6. People who are HIV positive have become infected because they have committed a sin.
7. People who are HIV positive should not have children.
8. Since a number of secular organizations address HIV and AIDS, the church has little or no role in containing the pandemic.
9. If a church member is HIV positive, the most important thing is to know how he or she became infected.
10. The church should be a place where a person could share their HIV status with others if they so choose.

Notes:

20 Ibid, p. 4.
5. ADVOCACY

Dr. Juha Virtanen

CUAHA STATEMENT ON ADVOCACY

The church acts for and with those infected and affected. They have the right to live a life of dignity. HIV infection may lead to vulnerability. The church should seek ways and provide means for vulnerable people and groups to defend their rights.

SCRIPTURE READING

Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow. (Isaiah 1:17)

Religious leaders are central figures in African communities. They are perceived not only as advisers in spiritual matters but are also turned to when seeking answers to questions about everyday life. At best, they serve as the cornerstones of the community – as psychologists, sociologists, educators, family planning counsellors, and theologians. When a religious leader speaks, people listen. He or she enjoys a unique position in defending the rights of the most vulnerable.

THE ROLE OF THE CHURCH IN ADVOCACY

A part of the mission of an HIV competent church is to be a voice for the rights of the weak and discriminated (Matt 3:23-28). The church endeavours to live actively among the people living with HIV and AIDS and seeks to understand the conditions under which they are forced to live. A competent church is able to challenge its own way of thinking. It is only by listening to people living with HIV that it is able to communicate and deliver the right message. Advocacy is based on the comprehensive understanding of the living conditions of people living with HIV. Poverty, the state of women, attitudes towards the children, and harmful cultural practices should be considered while the church addresses HIV and AIDS. The plight of women, widows, orphans, children, prisoners, and refugees and other vulnerable groups should be at the top of the church’s advocacy agenda. The demand for psycho-social counselling from religious leaders is increasing as the HIV-pandemic has multiplied the stress of people in Sub-Saharan Africa.

EMPOWERING WOMEN AND ADVOCACY

In many African countries, women are very vulnerable. Vulnerability is a result of a number of factors. For example, due to cultural reasons women have little or no say in how sex is practised. Some churches may promote theology that suppresses women and hinders them from expressing themselves in family and marital matters. In addition, too often women
The HIV competent church encourages people living with HIV to live positively. They are fully integrated into all activities of the church. In its advocacy work, the church listens and gives a special place to the voices of the people living with HIV. A competent church gives the people living with HIV opportunities to share their experience with the congregation. The church is motivated by compassion, not condemnation.

A church with a low HIV and AIDS competence believes that speaking on behalf of and with those infected with the virus is not part of their mission. The church has no HIV and AIDS policy. The only way the pandemic has changed their work is in having to conduct more and more funeral services. The prevention message of a church with low competency is limited to the AB-model (emphasizing only abstinence and being faithful).

POSITIVE HIV MESSAGE OF THE CHURCH

Check Your Competence
Agree or disagree with the following statements to check your understanding (See the article on Advocacy to check your answers).

1. People living with HIV should have the same rights as all other people.
2. A person who is living with HIV should not be involved in church activities.
3. There is no reason why the church should be involved in the response to HIV and AIDS since so many other organizations are already involved.
4. Living conditions and economic status have nothing to do with vulnerability to HIV infection.
5. The church should only promote abstinence and faithfulness as acceptable methods of HIV prevention.
6. The church should have an HIV and AIDS policy.
7. The church should never allow anyone to speak publicly about their HIV status since it is not good for the public image of the church.
8. It is best to limit the role of the church leader to spiritual matters only since they usually do not have any capacity to advocate, influence public opinion, and mobilize resources for social work.
9. Since children do not practice sex, they can be excluded from the advocacy efforts.
10. Biblically speaking, women should submit to their husbands and they should not have a say in sexual matters.

Notes:
CUAHDA STATEMENT ON EMPOWERMENT

Churches should be empowered to address HIV and AIDS related issues. Empowerment relates to motivation, ability to identify and solve problems, utilization of available resources, and multiplication of intervention efforts. Training, education, cooperation, and networking are key means of empowerment.

SCRIPTURE READING

Meanwhile, the Philistine, with his shield bearer in front of him, kept coming closer to David. He looked David over and saw that he was little more than a boy, glowing with health and handsome, and he despised him. He said to David, “Am I a dog, that you come at me with sticks?” And the Philistine cursed David by his gods ...

Reaching into his bag and taking out a stone, he slung it and struck the Philistine on the forehead. The stone sank into his forehead, and he fell facedown on the ground.

So David triumphed over the Philistine with a sling and a stone; without a sword in his hand he struck down the Philistine and killed him. (1 Samuel 17.39–51)

EMPOWERMENT IS ABOUT WHAT WE HAVE, NOT ABOUT WHAT WE DON’T

The Bible is a treasury of great stories. The story of young David going against the seasoned warrior Goliath is one of them. The task David, a young shepherd, faced seemed impossible. Yet, he managed to overcome the fight that seemed impossible. In the battle, he did not use the most sophisticated armour of his day. He chose to use weapons that he had and knew how to use. When David faced the mighty Goliath, he had nothing but a staff, sling, and a stone.

Empowerment is about putting into practice what we have and know. As churches and leaders of churches and related organizations, we have a lot that can be used to halt the spread of HIV and to relieve its consequences. Churches have, among other things, people, networks, influence, and financial resources. It is time to make the best use of them.

AN EXAMPLE OF EMPOWERMENT

Having worked for more than 12 years with people living with HIV and AIDS, I have felt many times that the task is overwhelming. The emotional pain, scarce resources, complex medical issues, and the multiple effects of HIV and AIDS combined seem to create a mental Goliath that is difficult to tackle. Yet, there are
people who face the Goliath, survive and, more than that, live life to the fullest. One of them is Peter. He lives less than a hundred kilometres from Nairobi, the Kenyan capital. Having lost his wife and struggling to provide for his children, he had come to the point of losing hope. At that time, my wife and her Kenyan co-worker met him. They counselled him, trained him, and provided him with a small incentive to start a business. He developed a simple business plan and gave it a try. Today, Peter is, as he puts it himself, a “triple” businessman. He runs a community phone, shoe shine, and kiosk business. The children are back in school and he is proud of what he is doing.

THE TWO SIDES OF EMPOWERMENT

The story of Peter and emerging research suggest that empowerment has two sides to it. It relates to our emotions, motivation, and the way we think about ourselves and the world around us. Secondly, it relates to the social relationships we have and to the environment we live in. The former factors can be called internal factors and the latter external. It seems that both aspects are crucial to empowerment. For example, a person may be talented, intelligent, motivated, and skilled for a task, but the environment may not be supportive. As a result, the person will fail in his or her task or achieve less than expected. On the other hand, the environment can be enabling, but the person is not motivated and therefore fails. Peter was lucky. He had a desire to change his condition. All he needed was a little encouragement, information, and a small financial boost. In his case, the external and internal factors were in place.

EMPOWERMENT AND ORGANIZATIONS

Organizations either catalyze or hinder empowerment. It is widely believed that traditional, policy-oriented, hierarchic, and rigid organizations hinder empowerment. Traditional organizations tend to emphasize tradition at the expense of innovation and relevancy, sticking to their old ways of doing things. Their past easily becomes more important than their future. A disempowering organization tries desperately to regulate all aspects of its mission and activities. Its desire to manage and control easily suffocates innovation and turns passion into routine. As organizations grow and establish themselves, hierarchies tend to form. Such development is natural. However, hierarchies may create a problem if they become more important than the purpose they serve. Rigidity is the result of a number of factors including those discussed above. Rigid organizations find it hard to adapt to new situations. They do not attempt to work proactively or change their operational environment.

Empowered organizations seek new ways to address problems. They do not settle for things as they are. They innovate new ways to look at things, envision a better state of affairs and take steps to strive for something better. At times, the steps are unorthodox, risky, and pioneering. Empowered organizations train, encourage, and challenge their people to enable them to reach their full potential. Empowered organizations have clear goals and strategies to reach them. The workforce is encouraged to think for themselves and they find fulfillment in achieving something together.

Churches and other Faith-Based Organizations’ state of empowerment is tested by HIV and AIDS. Faced by challenges brought by HIV and AIDS, disempowered organizations shrink under their turtle shells and put on their defensive armour. They push the issues related to HIV and AIDS aside or address them only if they have to. An empowered church or religious organization sees the presence of HIV positive people and the consequences of AIDS as an opportunity to serve people and minister to them holistically. They rethink their theology, ministries, services, teaching, and response to the environment in the light of the pandemic. To an empowered FBO, HIV and AIDS is not a threat but an opportunity to develop, grow, and influence positively.

EMPOWERMENT AND LEADERSHIP

Leaders have a crucial role in empowerment. The current research on leadership suggests that it is about influencing people through a relationship. Church leaders and leaders in religious organizations should influence people to act on HIV and AIDS. Several leaders have managed to organize rallies, workshops, and other beneficial activities that relate to HIV and AIDS. However, empowering leadership goes beyond short-term influence. An empowering leader aims to evoke long-term commitment among the people within his or her sphere of influence. HIV and AIDS will remain an issue in the church, and the world at large, for years to come. Empowering leaders allocate human and financial resources to HIV and AIDS related activities. They ensure that churches and organizations have written policies to follow in HIV and AIDS activities.

Although the emphasis in leadership studies shifts every now and then, one aspect has remained unchallenged. The greatest way to influence people is to set an example. Exemplary church leaders integrate people with HIV into church activities. People living with HIV can serve in any position in the church. Leaders do not tolerate stigmatization to any degree. Rather, they work with HIV positive people to ensure that they are accepted unconditionally and encourage others to do the same.

EMPOWERMENT AND FAITH–BASED ORGANIZATIONS

Faith-Based Organizations are unique in terms of empowerment. They are unique since they have a basic philosophy or theology that promotes philanthropy, love for people. Philanthropy, solidarity, love for one’s neighbour, or whatever term one wants to use, are at the core of Christianity. The church holds every human being to be a creation of God. Therefore, each person is valuable. This belief is at the core of Christian theology and thought. If properly understood and applied, it feeds a long-term commitment to address the needs of people.

Churches and related organizations form a network that is not artificially created to address issues related to HIV and AIDS. People living with HIV need counselling, information, support, and unconditional acceptance. In many ways, the churches and other faith-based organizations are in a better position to provide all this than many other organizations. Counselling is a core ministry of the church and unconditional acceptance should be at the core of its theology. Pulpits, Sunday Schools, small groups, and other regular activities of the church provide a unique platform for sharing information. The churches and faith-based organizations have the prerequisites of empowerment: information, theology, philosophy, people, platforms, networks, leadership, and a recognized position in the society. It is time to draw from these resources and put them into action.
Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Empowerment to check your answers).

1. The church should train its members in HIV and AIDS issues.
2. An effective way to build the capacity of church leaders is to mainstream HIV and AIDS issues into training programs of ministers and volunteers.
3. A written policy on HIV and AIDS does little good to church ministries since they are seldom implemented in churches.
4. Leaders should be extremely careful when integrating people living with HIV into church activities since it may create so many problems.
5. The church should not collaborate with other organizations in response to HIV and AIDS since it may distract them from their original vision.
6. The church has a unique opportunity to make use of its people, networks, influence and resources to respond to HIV and AIDS.
7. The church does not need a separate strategy to respond to HIV and AIDS since it happens automatically as the Word of God is preached.
8. HIV and AIDS is an opportunity for the church rather than a threat.
9. Women should be encouraged to protect themselves from HIV.
10. Cultural issues have little to do with empowerment and HIV.

CUAHA STATEMENT ON LEADERSHIP

Church leaders speak openly and empathetically about HIV and AIDS. The leaders participate in HIV and AIDS activities. A person’s HIV status is not a hindrance for full integration into church leadership. The church leaders allocate resources to HIV and AIDS ministry. The leaders ensure that there is an implemented HIV and AIDS policy.

SCRIPTURE READING

The apostles and the believers throughout Judea heard that the Gentiles also had received the word of God. So when Peter went up to Jerusalem, the circumcised believers criticized him and said, “You went into the house of the uncircumcised and ate with them.” Starting from the beginning, Peter told them the whole story: “I was in the city of Joppa praying, and in a trance I saw a vision. I saw something like a large sheet being let down from heaven by its four corners, and it came down to where I was. I looked into it and saw four-footed animals of the earth, wild beasts, reptiles and birds. Then I heard a voice telling me, ‘Get up, Peter. Kill and eat.’ “I replied, ‘Surely not, Lord! Nothing impure or unclean has ever entered my mouth.’ ” The voice spoke from heaven a second time, ‘Do not call anything impure that God has made clean.’” (Acts 11.1–9)

Apostle Peter faced a challenging situation. He had preached to the Gentiles (i.e., those who we not among God’s chosen people Israel in the Old Testament). This was unheard of. To the Jews, Gentiles were not to be associated with; they were to be excluded. Peter had to change his whole way of thinking. What he had believed, taught to others and based his life upon was about to change. It took courage to change his mind. His conscience that had been shaped by Jewish religion and tradition had to be altered. Many religious leaders face a similar situation in relation to what they think about HIV and AIDS. In order to fulfill their calling, some leaders may need to change their attitudes, step out of their comfort zones, and rethink their theology.

CHURCH LEADERS AND STIGMATIZATION

The Human Immunodeficiency Virus (HIV) was discovered decades ago. Yet, we have not managed to substantially reduce its spread. Instead, we are still struggling with its consequences. A number of factors have contributed to the meager success in slowing down the spreading of the pandemic. The initial reaction of religious leaders to the fact that the virus is usually contracted through a sexual encounter was not always very constructive. In fact, it has been suggested that the contrary is true. Some religious communities and leaders acted and still act as if the discovery itself, and HIV and AIDS were a curse from God.
It is quite amazing that some religious communities and leaders are eager to stigmatize people living with HIV and AIDS, but not, for example, people who have other sexually transmitted diseases. In some religious communities, the misunderstanding that God or the Devil causes AIDS resulted in judgmental practices, denial and stigmatization.

**STRATEGICAL (RESPONSE) ASPECT**

God has endowed this world with religious and political leaders. The mission of religious leaders is the proclamation of the good news to all. The mission cannot be fulfilled if the leaders are not present in the lives of those living with or affected by HIV and AIDS. The absence of leadership results in confusion and despair. Faith must be manifested in practice as faith without action is no faith at all.

Paul Mumo Kisau writes: “The world has been devastated by the advent of the HIV and AIDS pandemic and the Church bears the brunt of its menace as it mediates between the dying and the living.” This is an affirmation that the church truly deals with matters of life and death. The primary mission of the Church is to bring life and sustain it in all its fullness (cf. John 10.10b). HIV and AIDS threaten life. The seriousness of the issue calls for raising and training leaders that are ready to face the challenge.

**POSITIVE CHURCH LEADERSHIP**

Religious leaders should learn from the South African struggle against apartheid. Progressive religious leaders assumed a prophetic role and played a significant part in bringing apartheid to its end. They articulated the theological basis, on which the churches opposed apartheid and declared it a sin against humanity. Committed church leaders inspired communities to identify themselves with the church. People admired leaders who made the church a caring and healing community. As a result, the church was able to mobilize its members and communities, cool destructive tempers, comfort the distressed and bring hope to the hopeless. The church spoke for the discriminated and the dehumanized.

Biblical history teaches that God loves and cares for his creation unconditionally. Whenever man made or natural disasters threatened peace and the well-being of God’s people, he appointed leaders to deal with the issue. In the Old Testament, they were the Patriarchs, Prophets, Kings, and Judges. For example, Moses freed the people of God from slavery. On the other hand, when the latter kings of Judea failed to listen to God, the nation was taken into Babylonian exile.

Church leaders and churches are found even in the remotest places of Africa. Yet, HIV and AIDS have struck the African continent most severely. This is striking since Africa as a whole, and especially the church, has both material and human resources to meet the challenges posed by the virus. However, many religious leaders and communities remain silent. A number of church leaders and communities tolerate, and at times even contribute to stigma and judgmental attitude that imposes guilt on many. In many cases, people living with HIV have left or have been forced to leave the church.

Church leaders should meet the challenges posed by the virus. However, church, has both material and human resources to striking since Africa as a whole, and especially the continent most severely. This is because Africa is the most remote places of Africa. Yet, HIV and AIDS have struck the African continent most severely. This is because Africa as a whole, and especially the church, has both material and human resources to meet the challenges posed by the virus. However, many religious leaders and communities remain silent. A number of church leaders and communities tolerate, and at times even contribute to stigma and judgmental attitude that imposes guilt on many. In many cases, people living with HIV have left or have been forced to leave the church.

**LOVING AND DETERMINED LEADERSHIP**

An HIV and AIDS competent church has focused leadership that unconditionally reaches out to people living with HIV and AIDS. A competent leader listens to people, accepts them unconditionally, and does not turn his/her back on the challenges he/she faces in the present. Competent church leaders associate with and support people living with HIV and AIDS.

Church communities are expected to be modern day ‘Noah’s arks’. The ark became a home where lives were protected and saved. Noah was the captain who spoke and acted promptly as God commanded (Genesis 6.22). He obeyed God and made no excuses of not having enough time or resources. He was a father, a husband, and a community leader. Yet, he took on the God-given boat-building assignment. Noah is an example of a good religious leader. He did not lose his focus. He did not hide behind excuses and the dignity of his religious position. He toiled to save lives. He sacrificed to help others.

**CHURCH LEADERS SHOULD MEET PEOPLE’S NEEDS HOLISTICALLY**

Church leaders should follow Jesus’ example of meeting people’s needs holistically. Jesus visited villages, preached the Kingdom of God and healed the sick. At times, when the crowd was hungry and tired at the end of the day, he provided them with food. He was moved as people were worried and helpless. When he felt that people were lost like the sheep without a shepherd, he took action. He did not turn his back on the needs of the people. He did not walk away untouched. Rather, he acted and met their needs. Inspired by his example, Church leaders should mobilize people and allocate resources to address HIV and AIDS related issues. They are expected to provide vision and inspiration to the church so that it will not remain indifferent to HIV and AIDS, but will take appropriate action.

**THE CHURCH’S MISSION DOES NOT ONLY RELATE TO AFTERLIFE**

My personal experience as a Pastor and Bishop in my church is that we are inclined to define the role of the church in God’s mission as only saving souls for heavenly life. Yet, we do have a mission to serve those who suffer here and now. The office of leadership in the church entails many things. It is about the willingness of the leaders to protect the distressed and marginalized against abuse by the unscrupulous majority. It is about giving a clear message of unconditional acceptance for people living with HIV and AIDS. It is about publicly challenging cultural practices that hinder communities from taking action. Leaders need to contribute to the halting and eradication of the pandemic instead of adding to its spread.
Check Your Competence
Agree or disagree with the following statements to check your understanding (See the article on Leadership
to check your answers).

1. The competent church allocates resources for HIV and AIDS work.
2. To properly equip church leaders, HIV and AIDS education should be a part of the curriculum in Bible schools,
   seminaries, and theological institutions.
3. If church leaders speak openly about HIV and AIDS, they set a positive example for others to follow.
4. It is enough that church leaders talk about HIV and AIDS, they need not participate in HIV and AIDS activities.
5. HIV positive people should not be fully integrated into the church since it may have a negative effect on
   the moral stance of the church.
6. A sign of a competent church leader is that he or she takes a voluntary HIV test and encourages others to do so.
7. The church has an implemented HIV and AIDS policy.
8. Church leaders should create forums for discussion about HIV and AIDS.
9. Church leaders should not actively challenge cultural practices that may fuel the spread of HIV since it
   may create confusion.
10. Stigmatization and negative attitudes towards people living with HIV have been eradicated and
    therefore the pandemic has been almost contained.

Notes:

8. HEALING
Dr. Juha Virtanen

CUAAH STATEMENT ON HEALING
An HIV and AIDS competent church believes in divine healing. Healing is understood holistically. Medicine is a part of healing. Healing is tied to the will of God. Falling ill is not the result of unbelief.

SCRIPTURE READING
While Jesus was in one of the towns, a man came along who was covered with leprosy. When he saw Jesus, he fell
with his face to the ground and begged him, "Lord, if you are willing, you can make me clean." Jesus reached out
his hand and touched the man. "I am willing," he said. "Be clean!" And immediately the leprosy left him. Then Jesus
ordered him, "Don’t tell anyone, but go, show yourself to the priest and offer the sacrifices that Moses commanded
for your cleansing, as a testimony to them." (Luke 5.12-14)

At the beginning of the century, I worked for five years in East Africa with Pentecostal churches. I felt that in the
charismatic churches, there was an overemphasis on divine healing. In addition, the understanding of divine
healing varies greatly from one church to the next. Being ill is a very sensitive issue. Churches should carefully
monitor how they speak about illnesses and healing.

An HIV competent church believes in a God who has the authority to heal. Healing is dependent on the will of
God ("I am willing" Luke 5.13). When there is too much emphasis on healing, it results in stress for those who
are ill. An HIV competent church understands healing holistically. Healing includes many aspects such as inner
healing, psycho-social healing, and life management. The various activities of churches may create a supportive
environment for healing. Healing can take place in many ways. For example, a peer-group or a professional
counsellor may be instrumental in healing.

All persons should feel accepted in churches. Acceptance should not depend on the person’s level of faith or
state of health. A person living with HIV can easily feel rejected. Feelings and thoughts of rejection can over-
whelm people who live with HIV. Praying together with others publicly or in private is a way to experience
spiritual and mental healing.

If healing is understood in a limited way, it points to low competence. If the Church overemphasizes healing
through miracles, there is a danger to narrow down the concept of healing too much. In some public church
meetings, the will of God is declared beforehand: “Come today and receive your miraculous healing. Today God
will heal you from AIDS.” Healing is the work of God and is subject to His will. A church of high competence will
not promise healing on behalf of God. Healing should always be subjected to medical scrutiny (“as a testimony
to them” Luke 5.14).
HEALING AND MEDICATION

At the beginning of the second millennium, many individuals and institutions campaigned and struggled to avail medical treatment for those who are living with HIV. Advertisements in the media caught the attention of people and increased the demand to make medicines affordable and available to people. Unfortunately, the churches were not that active in these efforts. Perhaps the churches felt that HIV medication is not their business.

However, medicine and healthcare are a part of healing. A competent church understands the development of medicines as God’s providence. A church leader does not have to be a medical doctor to advise and guide a person living with HIV to find correct medical treatment. A part of holistic healing is achieving an improved physical condition through medicine. The church should have some basic knowledge of medication relating to HIV and AIDS and know how to access medical help. If at all possible, the church should assist in making medication available to all. For the church staff, the primary question should not be how a person became infected with HIV but are they receiving the proper care.

If a church views the use of medicines as a sign of unbelief or a lack of faith, it points to low competency. For some, divine healing and healing through medicine are seen as mutually exclusive. In the worst case, people who are on antiretroviral drugs are seen as those whom God cannot help due to their unbelief. At times, church workers simply do not know what medication is available and how to access it.

Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Healing to check your answers).

1. God can heal a person living with HIV.
2. God can heal a person through the use of medicines and doctors.
3. The church should not pray for healing for people who are living with HIV since it creates false hopes.
4. The church should send people who are living with HIV to seek medical attention once all other means of treatment and healing have been exhausted.
5. When God heals a person, the healing should be medically confirmed.
6. The church prays regularly for researchers, doctors, nurses and others who work in the area of HIV and AIDS.
7. The church must have medical professionals in order to help a person living with HIV.
8. Seeking medical care and usage of ARVs is a sign of unbelief.
9. Churches should promise immediate healing to all those who are living with HIV.
10. Churches cannot do much to make proper medication available to people living with HIV.

Notes:
ECCLESIASTICAL ASPECTS

- Liturgy and sacraments
- Counselling
- Testing
- Networking
- Caring
CUAHA STATEMENT ON LITURGY AND SACRAMENTS

HIV and AIDS are in the church. The church is an excellent platform for addressing HIV and AIDS. The church includes HIV and AIDS related topics in sermons, prayers, teaching, and education. HIV positive people are entitled to participate in liturgies, sacraments and ordinances of the church.

SCRIPTURE READING

As he taught, Jesus said, “Watch out for the teachers of the law. They like to walk around in flowing robes and be greeted with respect in the marketplaces, and have the most important seats in the synagogues and the places of honour at banquets. They devour widows’ houses and for a show make lengthy prayers. These men will be punished most severely.” (Mark 12.38–40)

Will the LORD be pleased with thousands of rams, with ten thousand rivers of oil? Shall I offer my firstborn for my transgression, the fruit of my body for the sin of my soul? He has shown all you people what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God. (Micah 6.7–8)

TRUE WORSHIP AND RELIGION

Religion is powerful. Billions of people still turn to religions and religious representatives to make sense of the changing world and seek peace, comfort, and hope. People are turning to religion to make sense of the times we are living in. They also seek to find answers in the context of HIV and AIDS.

Liturgy and sacraments are at the heart of the practice of Christian religion. Their purpose is to mediate God’s presence. Within churches there are people who are living with HIV. At times, they have been denied the chance to participate in liturgies and sacraments.

Biblical religion is a religion of the heart. In the scripture references above, Jesus and the prophet Micah reminded their contemporaries of this fact. Jesus pointed out that people should watch out for religious leaders that perform their duties to satisfy their own selfish desires. Such selfishness took the form of public appearances, taking advantage of widows, and praying lengthy prayers for show.
Micah pointed out that an outward act of sacrifice is futile if it is not accompanied with a life that seeks justice, and demonstrates humility and mercy.

THE ROLE OF LITURGY AND SACRAMENTS IN THE CHURCH

Liturgy and sacraments play an important role in the life of the church. They are vehicles that God uses to direct our minds to Him. Preaching and teaching the Word of God, prayers, reflection, sacraments, music, and other related things can be a source of great comfort and hope. On the other hand, they can be misused to abuse, control, and stigmatize people. Liturgy and sacraments evoke strong feelings, shape attitudes, provoke thought, and invite self-reflection.

STIGMA, DISCRIMINATION, AND EXCLUSION IN THE CONTEXT OF LITURGY AND SACRAMENTS

The church has been accused of promoting judgment rather than justice. It has been accused of being a source of stigma and discrimination rather than healing and comfort. Unfortunately, some of the accusations stem from practices and attitudes that are exemplified in liturgies and the administration of sacraments.

The church must break the silence and address HIV and AIDS. It is a natural part of their services and daily activities. How can we use in our liturgy. Some may create an “us” and “them” mentality – those “others” who are HIV positive and those of “us” who are not. Sometimes people who are living with HIV are not allowed to participate in communion. In some churches, people who want to be married are forced to be tested for HIV and to disclose their status. If they are found to be HIV positive, they cannot be married.

People who seek prayer for healing from HIV infection are burdened by guilt by those praying for them. They are told that they need more faith if they want to be healed. “You are sick because you have sinned” implying that they have gotten what they deserve. If a person has died because of AIDS, a church official may use the occasion to accuse, moralize, and warn the grieving relatives of the “consequences of sin.” The following excerpt reminds us of the sad reality still prevailing in many churches:

God’s will for us is to be blessed, loved, forgiven, cared for, and protected, and that is the responsibility of the church. When we come to church we want love and acceptance. Instead we are judged, we are reminded that we are sinners, cursed, and some pastors go to the extent of telling us that we will burn in hell. Very few of us are being told that in Christ there is a new beginning, that our past is wiped away.

The church should be a place where people feel comfortable sharing their pain. It should be a place where people can cultivate an atmosphere of love and acceptance. It is a place where there are many members living in various circumstances, with many different conditions. The body of Christ is where members share their joys and pains. Each member “should have equal concern for each other” (1 Corinthians 12.25)

The church should be a place where people feel comforted. It should be a place where people can cultivate an atmosphere of love and acceptance. It is a place where there are many members living in various circumstances, with many different conditions. The body of Christ is where members share their joys and pains. Each member “should have equal concern for each other” (1 Corinthians 12.25)

HIV and AIDS COMPETENT LITURGY

A number of small things can be done by the clergy and laity alike to fully integrate people living with HIV and AIDS into the church’s daily life. Visible signs of support, such as ribbons and posters, displayed in church buildings and expressed during services help to convey a message of acceptance and support to church goers. Supportive and factual messages can easily be carved into church liturgy. Messages, teaching, prayers, music, and drama are just a few examples of liturgical elements that can be, and have been, used to bring comfort, hope, and healing to people living with HIV and AIDS and those who have been affected by HIV and AIDS in some way. People living with HIV and AIDS have emotional, social, physical and spiritual needs. These should be addressed in liturgies.

The HIV and AIDS response and its place in liturgy should be planned. Otherwise the response will not be sustained in the long run. Some of the themes that should be addressed in liturgies and taken into consideration when planning them are:

1. Proper theological understanding of HIV and AIDS
2. Facts (scientific) about HIV and AIDS
3. Encouragement for voluntary testing
4. Marital counselling of couples
5. Access to church activities and sacraments (full inclusion)
6. Medical issues (nutrition, home based care)
7. Proper use of condoms and theological understanding about it
8. Family planning
9. Family management
10. Human rights
11. Mobilization of people to act for and with people living with HIV and AIDS

The purpose of planned integration of HIV and AIDS related themes into liturgy is to create a supportive, open, transparent, and advocating environment. Such a course of action requires bold leadership. Taboos, fears and theological misconceptions are still rampant in the church. Church leaders, be they clergy or laity, need to become positive role models. This means that they must provide space for people living with HIV and AIDS to fearlessly discuss their issues in the churches. People living with HIV and AIDS should not only be passive participants in church, but active contributors to it. They should be free to assume any position in the church.

Competent church leaders visit people living with HIV and AIDS, and advocate for them and with them. Competent church leaders do not limit their messages to speaking about abstinence and the moral implications of HIV and AIDS, but understand the complexity of the issue. Focusing only on abstinence and ethical implications may reinforce stigma and perpetuate the spread of disease.

One must remember that most of the people living with HIV and AIDS have a strong commitment to God and find solace in prayer and reading scripture. A competent church is one where the infected are visited and prayed for. Unfortunately, many of them testify that they do not get prayer from the church. But, since prayer is the core business of the churches, a competent church is one which develops a more systematic approach to ensuring that those who need it are able to access prayer support within regular church services.
Check Your Competence
Agree or disagree with the following statements to check your understanding (See the article on Liturgy and Sacraments to check your answers).

1. Observing World AIDS Day is a way for the church to address HIV and AIDS.
2. The church should include HIV and AIDS in sermons, prayers, teaching and education.
3. People living with HIV cannot fully participate in liturgies, sacraments, and ordinances of the church since there is a risk of spreading the virus.
4. The competent church should develop specific liturgies for funerals, marriages, and confirmation that are HIV sensitive.
5. The church should not pray for healing for people who are HIV positive.
6. The church should pray regularly for researchers, doctors, nurses and others who work in the area of HIV and AIDS.
7. Since churches promote love towards our neighbour, people living with HIV do not need any special attention.
8. The best way to address HIV and AIDS in the church is to preach about abstinence and the moral implications of AIDS.
9. Supportive and advocating messages can be integrated into liturgies quite easily.
10. At times, churches have promoted judgmental attitudes towards people living with HIV.

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10. COUNSELLING

Rev. George Mwita

CUHA STATEMENT ON COUNSELLING

The church is a caring community bringing hope and unconditional acceptance. The church plays an active role in HIV and AIDS counselling. The workers are adequately equipped to deal with issues related to HIV and AIDS.

SCRIPTURE READING

“For the lips of a priest ought to preserve knowledge, and from his mouth men should seek instruction—because he is the messenger of the LORD Almighty. But you have turned from the way and by your teaching have caused many to stumble; you have violated the covenant with Levi,” says the LORD Almighty. (Malachi 2:7)

The Bible has many texts that encourage ministers to be counsellors. People should be able to go to a priest to learn about God. A priest should be the Lord’s messenger to the people as stated in Malachi’s text. Church ministers are to have the ability, readiness and relevant skills to cope with the needs and challenges that people living with HIV and AIDS face in their daily lives. A number of biblical passages suggest that it is the moral obligation of a competent church to see to it that its ministers seek accurate information and strive to be competent in HIV and AIDS related counselling.

CHURCH – A PLACE OF REFUGE OR REJECTION?

There is a true story about a group of women in a Tanzanian town seeking space in a church to hold their fellowship meeting. They were all living with HIV. Unfortunately, they were turned away at two churches before being accepted at the third one. The incident exposes the stigma and the negative attitude that still prevails in some of our churches towards people living with HIV. The two churches were not HIV and AIDS competent. Many times, the church ministers and workers are afraid to listen to and counsel people living with HIV because they do not have accurate information about HIV and AIDS. Christian counsellors, pastors, elders, and all other church ministers should seek information to be able to counsel people living with HIV. Churches that fail to respond to the cries and pleas of those in need are not fulfilling their biblical mission. Jesus associated with those in need and listened to their pleas, offering help and assistance. Counselling people living with HIV is an area that needs more attention in the church. There are church members who are or have relatives and loved ones living with HIV and need counselling. The counselling task should not be limited to church members or people who attend services. The church is called to serve anyone in need. Church ministers should see HIV and AIDS related counselling as an integral part of their ministry.
An HIV and AIDS competent church understands the importance of counselling for the spiritual and psychological wellbeing of a person affected or living with HIV. It should be able to facilitate proper and relevant counselling for them. Proper counselling is both biblical and clinical.

Counselling is a basic ministry of the church. For example, pre-marital counselling sessions, youth camps, home visits, and other church ministries provide good opportunities for HIV and AIDS counselling. Counselling could be divided into two major areas of biblical and clinical counselling. Biblical counselling is spiritual counselling given to a person living with HIV, based on the teaching of the Bible. A Christian counsellor applies biblical principles to HIV and AIDS related issues. Clinical counselling in an HIV and AIDS context is related to medical counselling. A person living with HIV receives attention and guidance from the counsellor from a medical point of view. The HIV and AIDS competent church endeavours to integrate both counselling methods. Counselling should address such areas as voluntary testing and counselling, accurate information on HIV and AIDS, information about testing, how to prevent infection and infecting others, and safer sexual practices.

The HIV and AIDS competent church will include the ministry of counselling for both people living with HIV or families taking care of people living with HIV in its programming. The HIV and AIDS competent church will have relevant counselling materials available and, if necessary, prepare contextualized materials for ministers to use. The church leadership must ensure that ministers are properly trained in HIV and AIDS related counselling and cooperate with clinical counsellors. A number of churches have volunteers and deacons that make home visits. Their training and role is crucial. HIV and AIDS competent churches include HIV and AIDS related counselling and information into the training of ministers and laymen. Prayer, biblical counselling, and teaching are essential parts of HIV and AIDS counselling. They are not in opposition to clinical counselling and medical care. Rather, they supplement each other.

Check Your Competence
Agree or disagree with the following statements to check your understanding. (See the article on Counselling to check your answers).

1. The church should be actively involved in spiritual counselling but have nothing to do with clinical counselling.
2. The pre- and post-marriage counselling is a natural and effective way to offer people counselling.
3. The church should encourage voluntary counselling and testing in pre-marital counselling.
4. The training programs of ministers should include basic information on HIV.
5. Prayer has no room in professional HIV and AIDS counselling.
6. Some church ministers may fear to counsel people living with HIV because they do not have adequate information.
7. Jesus was careful not to associate with the needy to protect His reputation.
8. It is best to limit counselling to church members.
9. Churches no longer stigmatize people living with HIV.
10. HIV and AIDS counselling should involve the following aspects
   - HIV and AIDS information
   - Information about testing
   - Safer sexual practices
   - The need to prevent infection and infecting others
   - Behaviour change
   - People living with HIV are unconditionally accepted
CUAHA STATEMENT ON TESTING

The church encourages voluntary HIV testing. Church workers are strongly encouraged to be tested and speak for the importance of testing. The church promotes access to testing.

SCRIPTURE READING

“See that you don’t tell this to anyone. But go, show yourself to the priest and offer the sacrifices that Moses commanded for your cleansing, as a testimony to them.” (Mark 1.44; Matthew 8.4; Luke 5.14)

When a church-going Christian discovers that he or she is HIV positive, the news is devastating. The person knows that there is no cure. He or she fears stigmatization. Many Christians living with HIV will also go to the church to seek healing and comfort through prayers. It is sad to see that the church may mislead the person seeking help. Church leaders may be ignorant or have a poor interpretation of the scriptures and give the wrong impression to the person. There are many examples of churches giving false hope of healing to people living with HIV. The person is simply told to have faith and they will be healed. There is no room for medical care and testing.

In the scripture passage above, Jesus subjected a miraculous healing to testing. He respected the “medical” practice of his time. In the same vein, the competent church encourages testing for HIV. HIV testing is one of the most important ways to control and halt the HIV-pandemic. When a person knows his or her status, they then can take measures to avoid infection or infecting others. One of the major reasons for the rapid expansion of the pandemic is that those who do not know their status are unintentionally spreading the virus to others.

VOLUNTARY TESTING AND STIGMA

Voluntary Counselling and Testing (VCT) services must be confidential. Test results must be revealed only to the person being tested. Everything discussed between a counsellor and a client, both pre- and post-test, must be confidential. The decision to make use of voluntary counselling and testing services must also be voluntary. All clients accessing these services should be offered both pre- and post-test counselling. Clients who test HIV positive must not be discriminated against. Clients should be given access to ongoing prevention, care and support services.

An HIV and AIDS competent church understands that there is a relation between stigma and the...
confidentiality of testing. Unfortunately, stigma and stigmatization still exist. Due to the possibility of becoming stigmatized, many hesitate to take an HIV test. Therefore, confidentiality in HIV testing is a crucial factor. An HIV and AIDS competent church actively promotes testing and integrates this message into its activities. For example, pre-marital counselling is a good opportunity to promote testing. Testing should never be forced, since it will only fuel stigmatization.

The HIV and AIDS competent church understands that testing should be recommended for everyone, including church members and workers. The church leaders should lead by example and be tested for HIV. Testing should not be recommended only for those who engage in high-risk behaviour. There should be no room for denying Christians from being tested. Taking a test does not indicate a lack of faith.

There are three “Cs” to testing:

1. Consent – testing should only be conducted with informed consent. The person being tested should be informed and they must submit to it voluntarily.
2. Confidential – Test results must be revealed only to the person being tested. Everything discussed between a counsellor and a client, both pre- and post-test, must be confidential unless the client decides otherwise.
3. Counselling – testing must be accompanied by counselling.

**BENEFITS OF TESTING**

When a person knows their status, he or she can act accordingly. If a person tests positive for HIV, he or she can change his or her sexual behaviour to avoid transmission to sexual partners or other people. It is important to share one’s HIV status with one’s sexual partner in order to make appropriate changes in sexual behaviour. If a mother knows she is HIV positive, she can take preventive measures to ensure that her child will not be infected. She can make informed decisions about whether or not to have children.

For those who test HIV positive, testing is a way to receive available services. If a person is found to be HIV positive, he or she can seek appropriate medical care. This includes ARV therapy, treatment and prevention of opportunistic infections, as well as testing for other infections that are associated with HIV. Furthermore, a person can make informed decisions about family planning. The infected person can seek counselling, support that is needed, information about positive living, and nutritional advice. HIV testing also helps a person to plan for the future and perhaps seek legal advice concerning patient and human rights, for example.

**THE CHURCH PROMOTES VOLUNTARY COUNSELLING AND TESTING**

An HIV and AIDS competent church promotes access to voluntary testing and counselling services. It can also play a part in recruiting and training professional counsellors. Counsellors may come from a variety of backgrounds including health care workers, social workers, lay volunteers, people living with HIV or AIDS, or members of the community (such as teachers, village elders, or religious workers/leaders). Among other things, the counsellor should help the client to assess the risks of having contracted HIV and help make an informed decision on whether to test or not. The counsellor prepares the client to receive the HIV test results. Counselling is a helping and supporting relationship between a counsellor and the person being counselled.

**CULTURE, TABOOS, AND CHURCH**

It is often difficult for both men and women to discuss HIV testing in general, and their own HIV status in particular, because of cultural and social taboos surrounding the discussion about sexual issues. Without an open discussion of HIV status, it is difficult to make permanent changes in sexual behaviour to prevent HIV transmission. Churches can play a crucial role in opening a frank discussion on sexual behaviour and the importance of testing. The church encourages couples to take a test together. Difficulties may compound if people are tested alone and feel unable to share their test result with their partner.

Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Testing to check your answers).

1. A competent church encourages testing for its workers.
2. A competent church is involved in making access to VCT available to all.
3. A good opportunity to talk about voluntary counselling and testing is pre-marital counselling.
4. A competent church teaches about and sensitizes people to the benefits of testing.
5. The church should assist in seeking medical advice.
6. The church understands the importance of counselling and confidentiality.
7. The “3 Cs” of testing are confidentiality, counselling and comfort of the patient.
8. The church should promote for forced testing.
9. If a Christian goes for HIV test, it is a sign of unbelief.
10. The medical facility that offers voluntary testing and counselling has the legal right and obligation to inform the employer of the person being tested.

**Notes:**

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Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Liturgy and Sacraments to check your answers).

1. Observing World AIDS Day is a way for the church to address HIV and AIDS.
2. The church should include HIV and AIDS in sermons, prayers, teaching and education.
3. People living with HIV cannot fully participate in liturgies, sacraments, and ordinances of the church since there is a risk of spreading the virus.
4. The competent church should develop specific liturgies for funerals, marriages, and confirmation that are HIV sensitive.
5. The church should not pray for healing for people who are HIV positive.
6. The church should pray regularly for researchers, doctors, nurses and others who work in the area of HIV and AIDS.
7. Since churches promote love towards our neighbour, people living with HIV do not need any special attention.
8. The best way to address HIV and AIDS in the church is to preach about abstinence and the moral implications of AIDS.
9. Supportive and advocating messages can be integrated into liturgies quite easily.
10. At times, churches have promoted judgmental attitudes towards people living with HIV.

12. NETWORKING

Dr. Tomi Järvinen

CUARA STATEMENT ON NETWORKING

No one church can respond to AIDS alone. The response is a concerted effort. The church harmonizes its response with other stakeholders. Churches share their proficiency and learn from the experience of others.

SCRIPTURE READING

Now about the collection for the Lord’s people: Do what I told the Galatian churches to do. On the first day of every week, each one of you should set aside a sum of money in keeping with your income, saving it up, so that when I come no collections will have to be made. Then, when I arrive, I will give letters of introduction to the men you approve and send them with your gift to Jerusalem. (1 Corinthians 16.1–3)

APOSTLE PAUL – THE APOSTLE OF NETWORKING

We live in an era of individualism. The church worldwide is scattered and is split over minor issues. Some churches and faith-based organizations find it difficult to cooperate, network, share information, and be accountable to others. Unwillingness to network, learn from one another, and collaborate in responding to HIV and AIDS results in overlapping responses, poor coordination, unprofessionalism, and many other harmful consequences.

Apostle Paul was a man of vision, calling, and apostolic mission. He was a great spiritual leader. Yet, he was accountable and sought the advice of fellow apostles. He networked with churches, and shared information about how other churches are doing. He informed them about what he himself was doing or was about to do. Paul was a networker. Jerusalem was the place where the church initiated. Yet, when it faced a crisis, Paul exhorted other churches that were younger and even needy, to help others. The present church has a lot to learn from Paul’s way of establishing networks and to be a servant of others rather than a master.

WHAT IS A NETWORK?

There are a number of definitions for a network. In this context, we define a network as a voluntary structure of individuals and/or organizations that are tied together by a common vision and desire to address HIV and AIDS in a competent and relevant way. The structure of a network is usually loosely defined. An organization, such as a church, can be a part of a number of networks relevant to its mission and vision. An HIV and AIDS relevant church should be a part of a network or networks that address HIV and AIDS issues. It is crucial that churches should not limit their networking to religious, theological, and spiritual aspects of the pandemic. While it is true that the HIV and AIDS pandemic has spiritual and religious implications, they cannot be over-em-
phasized at the expense of emotional, medical, and social implications. Religiously and spiritually motivated HIV and AIDS networks must be holistic by nature and take into account all scientific and research-based information and expertise that is available on the issue.

AN EXAMPLE OF NETWORKING

A decade ago it would have been impossible to imagine the Lutheran Church in Kenya, The Coptic Church, The Kenyan Orthodox Church, and the Full Gospel Churches of Kenya to come together for constructive ecumenical discussion, let alone to plan together. Today, the CUAHA (Churches United Against HIV and AIDS in Eastern and Southern Africa) Kenya network consisting of these churches meet regularly to plan, share information, write proposals, reflect on HIV and AIDS theology, evaluate each other's work, and conduct training sessions and seminars together. What has made all this possible? The key has been the initiation of the larger CUAHA network in Eastern and Southern Africa.

WHAT ARE THE BENEFITS OF NETWORKING?

Networking demands both human and financial resources. Therefore, it is understandable that organizations with scarce resources question the benefits of networking. However, there are a number of things that speak for the importance of networking. Among other things, networking:

1. Helps in identifying and sharing resources
2. Increases the credibility of an organization
3. Enables organizations to speak with a stronger voice to impact policies and political decision making
4. Creates a sense of accountability to other stakeholders
5. Gives an opportunity to contribute to the work of others
6. Offers a chance for benchmarking
7. Helps to align responses with global, national, and sector strategies
8. Provides an opportunity for mutual learning
9. Gives a platform for sharing information and ideas
10. Helps in identifying and sharing resources
11. Increases the credibility of an organization
12. Enables organizations to speak with a stronger voice to impact policies and political decision making
13. Creates a sense of accountability to other stakeholders
14. Gives an opportunity to contribute to the work of others
15. Offers a chance for benchmarking
16. Helps to align responses with global, national, and sector strategies
17. Provides an opportunity for mutual learning
18. Gives a platform for sharing information and ideas

Many networks are very informal and at times it happens quite naturally. Even a casual discussion may be a start of a small-scale network. However, if the network is planned, meets regularly and is properly understood, it will lead to the best results. If networking is not planned, there is a great danger that lessons learned and information gathered remains with the delegates and is not disseminated.

Beneficial networking does not “just happen.” Rather, it calls for transparency, willingness to tolerate differing views, the ability to process and evaluate information, and long-term commitment. An HIV and AIDS competent church is able to contribute to the work of others and humble enough to learn from them. The seriousness of the HIV and AIDS pandemic calls for the church to act in harmony with all the relevant organizations, be they spiritual or secular.

Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Networking to check your answers).

1. The church should not work with other organizations in response to HIV and AIDS since they may not come from a faith-based background.
2. A competent church promotes the Millennium Development Goals.
3. Churches should learn from the experience of others.
4. The church promotes the government’s national strategic plan for HIV and AIDS.
5. A competent church is involved in ecumenical church services.
6. Any network is automatically beneficial to the church.
7. A competent church is not afraid of being evaluated by others.
8. Since most networks are quite informal, they consume little or no resources and are beneficial even without planning.
9. A benefit of networking is access to relevant information and an opportunity to evaluate different practices and responses.
10. Networks tend to promote unnecessary competition.

Notes:
CUAHA STATEMENT ON CARING

The church takes an active role in caring. Care is provided unconditionally. Caring is not used for proselytizing but is faith in action. Caring ministry is multi-dimensional including nutrition, support, treatment, counselling, advocacy, and empowerment.

SCRIPTURE READING

One day as Jesus was teaching, the Pharisees and teachers of the law from Galilee, Judea and Jerusalem were sitting before him. The power of God was present for Him to heal the sick. Some caring men came with a paralytic person on a mat and tried to take him to the house to lay him before Jesus for healing. They were not able to reach where Jesus was because of the crowd. The men took the sick person to the roof and lowered him right in front of Jesus. When Jesus saw the men’s faith, He told the sick person that his sins were forgiven. Jesus healed the man and commanded him to take up his mat and go home. Immediately the healed man stood up, took what he had been lying on and went home praising God. (Luke 5.17-25)

AN EXAMPLE OF CARING CHURCH

In Kenya, a Full Gospel Church branch is ministering to a community living in a poorly developed rural area. The area is one of the coldest highlands of Kenya along the Aberdare range at 9,000 feet above sea level. The area often experiences frost and has regular cold seasons. The months between June and September are the coldest and child mortality is increased during that time. The elderly struggle to survive and the people living with HIV are especially prone to catching opportunistic infections during the cold season.

Every year before the cold season, the church, through its lay leaders visit homes that have children who are under two years old, senior citizens, and people living with HIV and AIDS to identify their physical and health needs. In this way, the church helps them to prepare for the cold season ahead. The church then mobilizes local resources and buys warm clothes, blankets, food and firewood to keep...
the vulnerable warm throughout the season. In case of any sickness, the church supports the affected to meet the costs of treatment. For five years, the church has continued to provide such a care and support service to the needy, including a family of five persons living with HIV. Many untimely deaths have been avoided and the community has realized and felt the presence of the church.

CAREGIVING CHURCH – RELEVANT CHURCH

In Sub-Saharan Africa, where 67% of all people living with HIV globally are found, it is only the caring churches that can be relevant to the communities they serve. Government and private institutions alone cannot address the overwhelming need for services for people living with HIV. The church, as part of the community, must take an active role in caring.

A competent church provides services through a community-based approach which focuses on the causes and effects of HIV and AIDS. This approach is similar to home-based care services. It is care for people living with HIV that is extended from the hospital to the patient’s home through family participation and community involvement. The theology of loving and caring is found throughout the Bible. Care should be extended to all regardless of health status, gender, religion, culture, ethnicity, or socio-economic status. The Bible instructs us that love is above all other virtues (Colossians 3:14). A competent church should be able to provide counselling and psychospiritual care to the people living with HIV and their family members. Care reduces stress and anxiety and promotes positive living. It also helps people to plan for the future by enabling them to make informed decisions.

The biggest challenge to African churches is still inadequate information on the causes and consequences of the pandemic. For many years, HIV and AIDS has been understood as God’s punishment for immorality or associated with witchcraft. It took a long time before a group of religious leaders accepted the truth of the matter and called for forums to discuss the pandemic. It was not until recently that a few church leaders were motivated to raise HIV and AIDS awareness and speak on behalf of people living with HIV.

The fact is that HIV transmission is preventable and HIV and AIDS can be managed. When a person living with HIV understands the importance of maintaining good health by eating nutritious food, the worry for depletion of the immunity level after being infected by HIV will lessen. The church should have the capabilities and knowledge to educate the communities on prevention and management of HIV and AIDS in a sustainable way.

Since most churches in the Sub-Saharan region cannot have all the required resources to adequately respond to HIV and AIDS, it is advisable that the church forms partnerships and networks to share resources and acquire information. The church is the ‘body of Christ’ that has many members. All the members have a gift. The various kinds of gifts, talents and abilities provided help to respond to the plight of people through innovative, cost-effective, and relevant ways. Networking and partnerships increase and strengthen an organization’s operational capacity through the transfer of skills, experiences and resources. A church that partners with others increases its value and capabilities. For example, if one church is providing counselling and testing services, it can refer the clients to another organization that provides HIV and AIDS treatment or clinical care.

SUMMARY

Caring for the people living with HIV is a core ministry of the church. Regular home visits make people living with HIV feel accepted and included. Churches have finances that can be mobilized and used to access care and medication. Even in the rural areas, food is produced and can be shared with people that cannot labour themselves. The positive example of the church will encourage others to associate with people living with HIV. If the church does not have the necessary expertise needed in care, it can help to access service providers that have it.

Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Caring to check your answers).

1. The Bible suggests that the church should only care for church members.
2. The church should concentrate on the spiritual care of people living with HIV.
3. Since antiretroviral therapy (ART) is very expensive, the church can do nothing to help people access it.
4. Proper nutrition is an exaggerated way to manage HIV and AIDS.
5. Home-based care is an insignificant way to address HIV and AIDS.
6. A part of caring is to help the people living with HIV and AIDS to plan for the future.
7. There are very few networks that will benefit the churches in their caring ministry.
8. To be a part of caring ministry one needs to be a highly trained professional.
9. A way to care for the people living with HIV and AIDS is to visit them in their homes and associate with them in public.
10. The poor rural churches cannot be expected to do anything to care for the people living with HIV.

Notes:


Notes:

Lane, Tim and Herminia Palacio (2003), Safer-Sex Methods. Website accessed on 26.7.2009


TOWARDS
AN HIV AND AIDS
COMPETENT CHURCH

an ecumenical handbook
for defining hiv and aids
competency

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