

Called to Care
No. 1

Positive Voices

**Religious leaders living
with or personally affected
by HIV and AIDS**

**Edited by Gideon Byamugisha
and Glen Williams**





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Positive Voices

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Canon Gideon Byamugisha
Chairperson, ANERELA+

Glen Williams
Series Editor, Strategies for Hope

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANERELA+	African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
ARV	Antiretroviral
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and STIs in Africa
KENERELA+	Kenyan Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
PHA	Person Living with HIV/AIDS
UNERELA	Uganda Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
VCT	Voluntary Counselling and Testing

Preface

About the CALLED TO CARE toolkit

Amidst all the pain and suffering caused by HIV and AIDS, many people find it difficult to discern the face of a loving God. Yet there is a strong Christian tradition that we come truly to know God, not through intellectual effort, but by showing love towards others.

The First Letter of John says: 'Dear friends, let us love one another because love comes from God. Whoever loves is a child of God and knows God.' (1 John 4:7) John's letter continues: 'If someone says he loves God but hates his brother, he is a liar. For he cannot love God, whom he has not seen, if he does not love his brother, whom he has seen. The command that Christ has given us is this: whoever loves God must love his brother also.' (1 John 4:20-21)

Putting this principle into practice, however, is not necessarily simple or easy. On the contrary, it can be extremely difficult to show love towards people whose beliefs, values, behaviour and living standards are markedly different from our own. Yet these differences do not make them any less part of the human family, created in the image of God. And if we do dare to take the risk of showing our love to others, our own knowledge of God's love grows.

Jesus said: 'Love your neighbour as yourself.' In many countries throughout the world, churches and individual Christians are responding to Christ's call by undertaking activities to address the massive challenges of HIV and AIDS within their communities. In sub-Saharan Africa, churches have often been in the forefront of efforts to mitigate the impact of HIV and AIDS. They are demonstrating, in many practical ways, that they feel 'called to care' for those who are infected or affected by the HIV epidemic. They have, for example, pioneered ways of

making basic health care available to people living with HIV, and of providing children orphaned by AIDS with education, social support and health care.

Churches have generally been much less effective, however, in addressing problems such as HIV prevention and HIV-related stigma, shame, discrimination, and cultural and gender issues associated with high-risk sexual behaviour. Denial of the reality of HIV and AIDS within church communities is also widespread. Moreover, although sex is the main means of HIV transmission in most countries, it is rarely discussed in church circles in an open, non-judgemental way.

Yet is this particularly surprising? Most of us find it difficult to talk about issues related to sex, gender and death. While our fears and inhibitions prevent us from addressing - or even mentioning - these sensitive topics, our societies are burdened by problems that have their roots in matters related to sexual health and gender imbalances: sexually transmitted infections, unwanted pregnancies, infertility, domestic violence, sexual abuse and HIV/AIDS. We urgently need to 'break the silence', not only about HIV/AIDS, but also about sex, sexual behaviour, and the unequal relationships between men and women. This applies especially to churches and other faith communities, which often - albeit unintentionally - reinforce HIV/AIDS-related stigma, denial and discrimination.

In fact, churches - especially in sub-Saharan Africa - have enormous potential for empowering individuals and communities with the knowledge, attitudes, skills and strategies they need to deal with issues related to sex, gender and HIV/AIDS. Their institutional infrastructure - extending from the village up to national level - is more extensive than



that of any government department. They have buildings where people can meet; administrative and technical staff; and contacts with community and political leaders, government officials, business people, NGOs and other faith groups. They have their own publications, as well as radio and television programmes. They operate hospitals, clinics, schools and other training and educational institutions which provide information and services to many millions of people. They have pastors, priests, religious sisters and brothers and other leaders trained to provide pastoral care, social support and information to families and communities.

Churches also have long-standing rituals - for example, for birth, marriage, death and sickness - which can provide entry points for new knowledge and skills. Their members are organised into networks of clubs, associations and movements - with their own structures, rules and regulations, office-bearers and activities - for particular sections of the population: children, youth, students, women and men. Moreover, all these social and material assets are already in place, and they are sustainable in the long term. As a whole, churches therefore constitute a huge - but greatly under-utilised - resource for community-based responses to the challenges of the HIV epidemic.

In recent years, growing numbers of church leaders have become aware of the need for a much more concerted effort to address the issues raised by the HIV epidemic in a broader, more comprehensive and open manner. In order to support this effort, the Strategies for Hope Trust is developing the *Called to Care* toolkit. This will consist of a set of practical, action-oriented booklets and mini-manuals on issues related to HIV/AIDS for church leaders (both ordained clergy and lay people), especially in sub-Saharan Africa. The *Called to Care* materials will be designed to enable pastors, priests, religious sisters

and brothers, lay church leaders, and their congregations and communities to:

- ❑ Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion.
- ❑ Overcome the stigma, silence, discrimination, denial, fear and inertia that inhibit church and community action to address HIV/AIDS-related issues more effectively.
- ❑ Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of the HIV epidemic.

The contents of the *Called to Care* toolkit will be 10 print materials of various shapes and sizes, for use with church groups and communities at different levels of awareness and experience in relation to the HIV epidemic.

The *Called to Care* project is being implemented through a process of international, ecumenical collaboration between churches, other faith-based organisations, international church organisations and networks, publishers, distributors and other partners. We invite you to participate in *Called to Care*, not only by using the contents of the toolkit in your congregation or community, but also by writing to us about your experiences, which we would be pleased to post on the Strategies for Hope website: www.stratshope.org.

Yours in faith and solidarity,

Glen Williams
Series Editor
Strategies for Hope Trust



About ANERELA+

The African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+) is a continental network of African religious leaders from different faith backgrounds. ANERELA+ was launched officially in October 2003 in Kampala, Uganda, during the 11th International Conference of the Global Network of People Living with HIV/AIDS. The members of ANERELA+ are

committed to working on an interfaith basis. ANERELA+'s participation in this publication – which features testimonies by 12 Christians and two Muslims – in no way changes that focus. Rather, it reflects the fact that a large part of ANERELA+'s current constituency is Christian. As such, most of the stories told here will be of particular relevance to churches, but they can be adapted for use in other faith contexts.

About World Vision International's HIV/AIDS HOPE Initiative

The Hope Initiative is World Vision's response to the global HIV/AIDS epidemic. Launched in 2001, the Hope Initiative aims to reduce the global impact of HIV/AIDS through a three-track approach of prevention, care and advocacy. The Hope Initiative recognises faith-based organisations as major partners in addressing all aspects of the HIV/AIDS epidemic. A key strategy of the Hope Initiative is therefore the establishment of effective

partnerships with churches and other faith-based organisations. Religious leaders living with or personally affected by HIV and AIDS have the potential to play an important leadership role in the responses of their faith communities to the HIV/AIDS epidemic. Recognising this potential, the Hope Initiative is pleased to be a partner of ANERELA+ and of the Strategies for Hope Trust in this important publication.



Foreword

by the Reverend Canon Gideon Byamugisha

Millions of people throughout the world continue to become infected with HIV and to die of AIDS. Some regions of the world are much more affected than others. Sub-Saharan Africa still accounts for the great majority of new HIV infections, AIDS deaths and children orphaned by AIDS. However, new infections continue to multiply in Asia and Eastern Europe, while Latin America and the Caribbean are not spared either.

The good news is that rapidly rising numbers of new HIV infections and AIDS deaths are not inevitable. On the contrary, new HIV infections can be prevented and HIV/AIDS can be managed, so people living with the virus can not only live longer but can also enjoy a high quality of life. This is entirely possible, providing we can defeat the stigma, shame, denial and discrimination which still prevent meaningful, effective action against the HIV/AIDS epidemic.

At the moment, however, the impact of HIV is greatly exacerbated by the stigma, shame, denial and discrimination with which it is associated, and which heighten individual and collective vulnerability and worsen the impact of HIV infection. Fear of being identified as HIV-positive prevents people from even being tested for HIV, let alone disclosing their sero-status if they test positive. It impedes efforts to break the HIV transmission chain, and discourages people from seeking and utilising all available services for HIV/AIDS prevention, treatment, care and support.

In addition, the emotional pain of individuals, families, communities and nations who are living with HIV is heightened and exacerbated by the fear - and the reality - of rejection, blame, shame, incapacitation and death due to HIV/AIDS. This leads to individual and collective denial of the epidemic, and to inappropriate or inadequate policies, programmes and actions aimed at HIV/AIDS prevention, care, treatment and support at all levels. Ultimately, stigma, shame and blame reduce the life chances of individuals, families, communities, nations and continents through prejudicial attitudes, inaccurate moral judgements and discriminatory policies.

But when members of faith communities see their leaders talking about their own HIV-positive status, it will liberate them. Those living with HIV will cease to feel stigmatised themselves, and the wall of silence within our societies will quickly be breached. Overcoming stigma is just the first phase of a much larger programme - unleashing the full potential of churches and other faith communities in Africa to combat AIDS head-on.

Every story in this booklet vividly depicts the courage, hope and confidence needed to successfully address and defeat both 'self-stigma' and 'societal stigma'. Some of these stories will make you want to weep. Others will make you angry. Some may make you shake your head in disbelief. If these stories help to break the silence surrounding HIV and AIDS in your place of worship, residence, work or education; if they help you to talk, openly and honestly about the myths and misconceptions that still prevent your congregation, community or nation from appropriate and effective action; if they can help you to discuss more and to do better as a group, a congregation or a community; then the efforts of these people, who found the courage to speak out, will not have been in vain.

The Reverend Canon Gideon Byamugisha
Kampala, Uganda



Introduction

This section presents the following information:

WHAT this booklet is about.

WHO this booklet is for.

WHY this booklet was written.

HOW this booklet can be used.

WHAT?

This booklet brings together the experiences of 14 African religious leaders – 12 Christians and two Muslims – who are either living with HIV or are personally affected by HIV and AIDS. They include ordained religious leaders and lay people who have a leading role in their faith community. All attended an international Skills Building Conference for Religious Leaders Living with or Personally Affected by HIV and AIDS, held in Mukono, Uganda, in November 2004.¹ This was an interfaith meeting, organised by ANERELA+ and World Vision International.

Eleven of the people who tell us their stories in this booklet are themselves HIV-positive. The other three have been tested and found to be HIV-negative, but their lives have been profoundly affected by caring for a close relative, friend or colleague who has died of AIDS-related illnesses. In these stories, they describe how HIV has profoundly affected their lives, but also how their religious faith has enabled them to face up to the daunting challenges which the HIV epidemic has brought into their lives. Most of these challenges have their roots in the stigma, denial, discrimination and misinformation about HIV and AIDS which exist within faith communities themselves.

WHO?

This booklet was written primarily for a wide range of church leaders, including priests and pastors; religious sisters and brothers; lay church leaders; staff and students of Bible schools, theological colleges and other church training institutions; staff of church hospitals and health centres; leaders of church-based women's movements, men's fellowships and youth groups; faith-based NGOs; and national, regional, and international church organisations and networks.

It can also be adapted for use by other faith communities, and by non-religious organisations such as Anti-AIDS clubs in schools, colleges and universities; teacher training colleges; as well as NGOs and community groups involved in HIV/AIDS care, support, advocacy and prevention activities.

The booklet is designed so that it can be used without the facilitator having to undergo any special training.

Although all the religious leaders who tell their stories in this booklet are African, their experiences have a relevance which transcends geographical boundaries.

WHY?

This booklet has three main purposes:

First, to enable church groups and communities to discuss HIV and AIDS, health, sexual behaviour, and issues related to religion and culture more freely and openly than is usually the case.

Second, to demonstrate that being HIV-positive is not a cause for shame, despair, fatalism or discrimination.

¹ The Post-Bangkok Conference of Religious Leaders Living with or Personally Affected by HIV and AIDS, held in Mukono Uganda, on 1-7 November 2004, was organised by ANERELA+ and World Vision International. For a report on the conference, please contact ANERELA+, 25 St Ermins Street, Hurst Hill, Johannesburg, South Africa 2092.



Third, to help reduce HIV-related stigma within faith communities by demonstrating that religious leaders too contract HIV, but that they can also live positively and openly with the virus, serving God even more meaningfully and effectively than before.

HOW?

The contents of this booklet are a rich source of inspirational experiences which individual readers can use for personal information, or to refer to in presentations, articles, sermons, interviews or workshops.

However, we also suggest that the booklet can be used by groups of 10-20 people in the following way:

1. Organisation: Each session should last for 60-90 minutes, and should be led by one facilitator.

2. Preparation: The facilitator should select a story for discussion. If possible, photocopy the story, so that each person in the group has a copy.

3. Opening: Start the session with a prayer, asking for God's guidance during our discussions, and the grace to respect different opinions and points of view.

4. Terminology: Using a flipchart, board or large cards, display the following words:

- ♦ Stigma
- ♦ Shame
- ♦ Denial
- ♦ Discrimination
- ♦ Inaction
- ♦ Misaction.

Ask the group to say what they understand by each of these terms in relation to HIV/AIDS, and write these explanations down where everyone can see them, e.g. on a flipchart, board or large cards. Check whether these interpretations match the definitions suggest-

ed in the Appendix of this booklet. Ask what words are used to refer to these terms in the local language or languages, and write these words down where everyone can see them.

5. The story: Hand out photocopies of the story to the participants. Ask three or four people to read out the story aloud. If the participants do not have photocopies of the story, allow them to make notes while it is being read out. Pause to explain anything which might be unclear.

6. Scriptural reflection: Read the passage from the Bible (or the Qur'an) listed at the end of the testimony. What does this passage teach us about the issues raised in the testimony?

7. Discussion: Ask the group the following questions, and write the responses on a flipchart or board:

(a) What does this story reveal about stigma, shame, denial, discrimination, inaction and misaction in relation to HIV/AIDS?

(b) What pains, fears, struggles and anxieties are revealed in the story?

(c) What else strikes you as important about the story?

(d) How could your group or congregation take action on some of the issues raised by the story?

8. Conclusion: Summarise the responses to questions 7 (a) - (d), above, and ask who in the group would like either to:

- become involved in whatever activity was agreed upon after discussing question 7 (d), or
- meet again to discuss another story in the booklet. In the next session, briefly review Step 4 (Terminology) before starting.

9. Final prayer: Finish the session with a prayer of thanks for God's guidance.



Story 1:

Ayano Chule

The Reverend Ayano Chule, from Ethiopia, was trained as a Lutheran pastor and ordained by the Anglican Church in Nigeria. He is currently living in Abuja, Nigeria, where he works as the Regional Coordinator for ANERELA+ in West Africa.

“ I was born in the town of Konso, in southern Ethiopia. I went to school in Addis Ababa, and I was then trained as an electrician. I worked in that trade for several years, until I met a bishop of the Lutheran Church of Christ in Nigeria, who invited me to his country for training in theology. So between 1994-98 I studied for my degree in theology in Nigeria.

In 1998 I married a Nigerian woman and we went to Ethiopia, where I taught at Konso Bible School until December 2000, when my wife gave birth to a boy. At the age of 6 months he had boils that never went away. The doctor referred me to the book *Where There is no Doctor*, where I learned that persistent boils can be a sign of HIV infection. My son was tested for HIV and found to be positive. I was also tested and found to be HIV-positive, but I didn't tell my wife. I suggested we should go back to Nigeria, which we did in 2001, and I got a job in the Anglican Diocese of Jos. I was studying for my Masters in Biblical studies while also teaching theology there.

My wife got sick in October 2002. She was tested for HIV and found to be HIV-positive. Her health deteriorated rapidly and she was hospitalised. I encouraged her to believe that dying was nothing to be afraid of. It just

meant going to be with Christ. I remember the moment when she died, waving goodbye to me, because she was too weak to speak. Before she died she said she had never known anyone who cared for her like I did.

After my wife died my son needed hospital treatment too, but he died on 26 September 2004. I ran up medical bills for my wife's treatment and my son's as well. By the grace of God and with the love and support of the Anglican Diocese of Jos and other friends in Nigeria, those bills have all been paid.

Before my son died, I was invited to meet Canon Gideon Byamugisha at a conference for pastors in Jos. The organisers invited me because they knew my HIV-positive status. I challenged the members of the audience to say how many were HIV-positive, but none had even been tested for HIV so they didn't know. Afterwards, I learned that 25 pastors were tested for HIV. After the conference Gideon visited my home and invited me to Uganda, where I spent six months with different organisations involved in HIV and AIDS work, gaining skills and experience for my present work with ANERELA+ in West Africa.

If religious leaders are able to translate the problem of HIV into ways of serving people



and pleasing God, that will be true worship for every religion, because all religions encourage compassion for other human beings. We must transform HIV into an opportunity for productive ideas and the overcoming of ignorance. But first we must admit our ignorance and create room for caring, loving and supporting people living with HIV.

I have learned that HIV has given me a better opportunity to serve God. Theology, which is my field of study and interest, is about how to deal with what is happening on earth in relation to God. The earth doesn't exist on its own, but has an owner, God. The earth has different religious groups, all owing their existence to God. Human life is the greatest asset which God has.

The theological significance of HIV is not that it's a sign of rejection by God. Nor is it simply an evil to be dreaded, or a curse to be avoided. God provides a solution for every human problem. It's up to us, as religious leaders, to identify God's solution to HIV. If we don't, it's our own fault. We should be able to translate HIV into a better way of achieving God's purpose for human society.

This implies that, for God, there is nothing surprising about HIV. We theologians must transform it into things like compassion, non-discrimination and non-judgementalism in order to alleviate our sufferings. God is there to help us - God helps his subjects - but most Christian theologians don't yet think of HIV in terms of serving human beings in a better way."



Biblical reflection: 'The love of Christ'

Who, then, can separate us from the love of Christ? Can trouble do it, or hardship or persecution or hunger or poverty or danger or death? As the scripture says, 'For your sake we are in danger of death at all times; we are treated like sheep that are going to be slaughtered.' No, in all these things we have complete victory through him who loved us! For I am certain that nothing can separate us from his love: neither death nor life, neither angels nor other heavenly rulers or powers, neither the present nor the future, neither the world above nor the world below - there is nothing in all creation that will ever be able to separate us from the love of God which is ours through Christ Jesus our Lord. (Romans 8:35-39)



Story 2:

Elsa Ayugi Ouko

Elsa Ayugi Ouko is Executive Director of the Kenyan Network of Positive Teachers, and Secretary of the Mothers' Union in the Anglican Church of Kitale, Kenya.



I have been a widow for nine years. When my husband died I tested HIV-positive. First I told my children - not only about my own HIV-positive status, but also that my husband had died of HIV. My nine year-old son accepted it best. In fact he had already guessed that both his parents had HIV.

I also told my relatives but they wouldn't accept it, so I decided to go public, starting with the church. I told my pastor that I wanted to announce my HIV-positive status to the congregation, but he asked me not to. I kept quiet for a while, but it was very hard. I like sharing my experiences, and if I can't I get disturbed. Finally, I decided I had to speak up. So after a service one Sunday, when people were invited to introduce themselves or to say where they had been visiting, I stood up and told the congregation about my HIV-positive status. I just said: 'I would like to use this chance to tell you that I am HIV-positive.' Afterwards my pastor took me aside and I told him I had to tell the truth in order to live a positive life. I wanted to live. I wanted to educate my children. And the only way I could do that was to go public about my HIV-positive status.

The changes in my church since I went public have been tremendous. More HIV-positive people have gone public, and the church has an HIV Desk. I talk about HIV whenever I give sermons. In 1999, Handicap International helped us a lot by sponsoring a group of three HIV-positive women and men to travel to different churches and give testimonies. My church has also sponsored me to attend international conferences, like ICASA² in Nairobi in 2003, and they also support me in the group TIPHA (The Involvement of People Living with HIV/AIDS).

I am now a grandmother and all my children have left home, but they are proud of me. One daughter, whose husband is a doctor in the hospital at Nandi Hills, invited me to give a talk about living positively with HIV to the hospital staff. Another daughter invited me to speak at her secondary school.

But I still want my church to be more involved in the fight against AIDS, so that PHAs can be fully accepted by their church leaders and congregations. This will help PHAs to keep living. Without such changes, stigma and discrimination in the church against PHAs makes

² International Conference on AIDS and STIs in Africa.



most of us die of stress and depression. But if people are open it reduces the spread of HIV within the congregation. Like me, for example - no men approach me because they know my HIV-positive status.

I have never felt tempted to go with a man just to satisfy my sexual needs, because I don't feel such needs. When a loved one dies, you feel stressed and depressed, so you

don't feel like sex and it's easy to abstain. Also, I wanted to preserve my Christian values and the good name of our family. But you can't keep it up indefinitely. Now that I'm living on my own in a big house, I feel the need for companionship, which is a problem for me. Men of my age or older prefer to marry young women, not someone like me, in her late 40s. I want to talk with my pastor about this problem."



Biblical reflection: 'Believers doing things together'

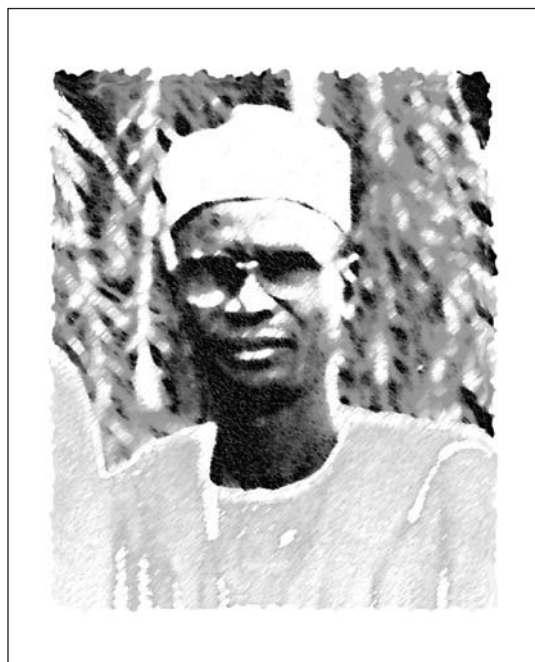
Many miracles and wonders were being done through the apostles, and everyone was filled with awe. All the believers continued together in close fellowship and shared their belongings with one another. They would sell their property and possessions, and distribute the money among all, according to what each one needed. Day after day they met as a group in the Temple, and they had their meals together in their homes, eating with glad and humble hearts, praising God, and enjoying the good of all the people. And every day the Lord added to their group those who were being saved. (Acts 2:43-47)



Story 3:

Mamman Musa Pumta

Alhaji Mamman Musa Pumta is a Muslim and Director of Hope Initiative, an interfaith NGO based in Maiduguri, Borno State, Nigeria. He also works as a planner in the government Ministry of Land and Survey.



“ I’ve been living with HIV since 1993. I went public in 2001, and started antiretroviral treatment in 2002. My organisation, Hope Initiative, works with mosques and churches on HIV/AIDS advocacy and education. There are two other HIV-positive Muslim colleagues from my mosque who are involved in Hope Initiative. They went public after I did.

I decided to go public when I saw how much stigma and discrimination there was in mosques and churches. I declared myself HIV-positive on radio and TV. I was the first person in Northern Nigeria to do that. Some of my extended family rejected me, but all my immediate family supported me. They said that maybe God had a purpose for me. I haven’t suffered much discrimination. When I speak at mosques people say there are so many diseases, so why discriminate against people with this one?

ActionAid Nigeria International have arranged for me to have a weekly half-hour radio programme to help reduce HIV stigma. People come onto the programme and declare their HIV-positive status - there are two or three new people each week. Even the word ‘AIDS’ contains so much stigma here that we decided to use the French word, ‘SIDA’, in

radio broadcasts. There is also a local word, *kanjumo* (= slim), which we decided to avoid using because it is loaded with stigma. Also, the State television station, NTA, used to use an image of a skull in the middle of a heart to indicate stigma, but we argued against that because it reinforces fear and stigma, and they have dropped it.

In July 2004, with the Society for Family Health, and the Reproductive Health Initiative, we organised a three-day conference for 32 religious leaders - about equal numbers of Muslims and Christians. This meeting showed just how little basic knowledge these religious leaders have about HIV/AIDS. There was one sheikh who insisted that anyone with HIV must have become infected through immorality. At the end of the conference all the religious leaders said they needed more information and training in HIV/AIDS counselling. The pastors now send people to Hope Initiative for HIV information and counselling.

Hope Initiative has monthly meetings of a support group, attended by about 40 people on the last Saturday of each month. Our activities are many and varied - reporting back on what members have learned in workshops elsewhere; sensitising members on new



issues; discussing matters such as stigma and discrimination; sharing new ideas; visiting members who are sick and unable to attend meetings; and distributing food supplements.

Whenever we meet, Christians and Muslims sit together and pray for mercy from God. Spiritual counselling is also given through sermons, quoting both the Holy Bible and the Holy Qur'an, and through home visits.

I've been involved in ANERELA+ for only a short time, but I'm glad it exists and is ex-

panding. It has strengthened my conviction that religious leaders can bring about changes in public attitudes towards people living with HIV/AIDS, and so reduce stigma, discrimination and denial. I've learned new skills, like how to do strategic planning through a SWOT³ analysis, and how to write a project proposal. I've also learned about gender balance, which is a very important issue in Nigeria. Religion is not a reason to keep women at home. Nor should religion be used to justify practices such as female circumcision, which makes women more vulnerable to HIV."



Reflection from Hadiths⁴: 'The Ethical Life'

Fear Allah wherever you may be, and follow the evil deed with a good deed so that it may wipe out the evil one, and treat people with good conduct. (Hadith 18)

³ Strengths, Weaknesses, Opportunities and Threats - see *Called to Care* toolkit, book No. 1: *Making it Happen*.

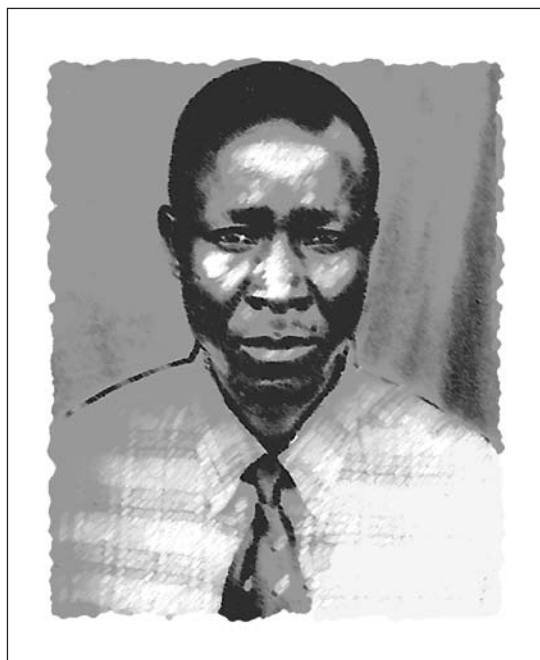
⁴ Islamic holy book, consisting of the sayings of the prophet Muhammad.



Story 4:

Pastor David Balubenze

Pastor David Balubenze is a pastor in a Pentecostal Church in Kamuli District, Uganda.



“ I’m HIV-positive, and I’m also affected by HIV. I lost my first and second children to AIDS, and also my second wife. I’m still nursing our five year-old daughter, who is HIV-positive. My first wife divorced me because we had only one child but we wanted more, and I refused to go along with her wish to consult a witch doctor. I stayed single for three years, and in 1991 I married again in church. My wife and I lived happily together. She was very good to me.

In 1999 my wife became sick and we took her to different hospitals but there was no improvement. We went to Jinja hospital, where we both tested for HIV, and both of us were positive. I didn’t know what to do. I was trained to counsel PHAs and I was doing this with other people. But my training in counselling did help me to cope. I knew the facts about HIV and AIDS, and that these could not be changed. But I was asking myself ‘How will the church react? Should I resign?’ So I went and told my overseer, Pastor Samuel Mugote, who reacted very well. He said no, I shouldn’t resign. I should keep serving God, and maybe God had a purpose for me. He prayed with me and I went home.

I nursed my wife for a year, and she was visited by medical personnel at home. They also taught me how to do home care for her. After a year it seemed as though she was better. When I was invited to attend a training course at Bible College in Kampala, I discussed this with my wife and she encouraged me to attend, so I went. But unknown to me, she became ill after two weeks. After a month I was doing exams at the Bible College. After the exams I was called to the director’s office, where I found many other pastors had already gathered, but they didn’t want to talk with me. Finally, the director informed me that my wife had died in hospital in Jinja.

After I returned home I became sickly, and TASO⁵ told me that I should start antiretroviral treatment, which I wanted to do but I didn’t have enough money for the medicines and the CD4 monitoring. I met some friends from my village and I told them my HIV-positive status. I also told my church elders, and they encouraged me to continue serving as a pastor. I haven’t told people in my church because, as a pentecostal, that’s very difficult. I’m afraid that people will accuse me

⁵ TASO (The AIDS Support Organisation) is a Ugandan NGO which runs an HIV/AIDS clinic in Jinja.



of having done some bad things and having caused my wife's death.

Already, in a village I went to recently, people were saying that the Pentecostals are sinful where sex is concerned. They said that

because they knew my wife died of AIDS. But I've decided that I have to disclose my HIV-positive status to my congregation and even beyond. I also want to insist that people who want to get married should be counselled and tested for HIV beforehand."



Biblical reflection: 'God has a purpose for your life'

Listen, Jeremiah! Everyone in this land - the kings of Judah, the officials, the priests and the people - will be against you. But today I am giving you the strength to resist them; you will be like a fortified city, an iron pillar, and a bronze wall. They will not defeat you, for I will be with you to protect you. I, the Lord, have spoken.' (*Jeremiah 1:18-19*)



Story 5:

Anisia Karanja

Anisia Karanja lives in Nairobi, Kenya. She belongs to the Christian International Church, and is Chairperson of the Kenyan Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (KENERELA+).



I found out I was HIV-positive 16 years ago. I have three children, all HIV-negative. The two eldest both know my HIV-positive status but the youngest doesn't yet. I'm a born-again Christian, and everyone in my church knows my HIV-positive status.

When I tested HIV-positive the doctor told me I had only three months to live. I literally ran out of the hospital and rushed home. I was a virgin when I got married so I thought I must have been infected by my husband. I put the form showing the results of my HIV test in front of his nose and said 'Look, you've killed me.' He was very supportive towards me, and offered to be tested for HIV too, but his result was negative. I suppose I must have been infected through an injection, or childbirth, or an operation.

In those days people who died of AIDS were wrapped in polythene bags for burial. I didn't want that to happen to me. I just wanted to die quickly, without anyone else knowing my HIV-positive status. I stopped eating food and taking medicine, so I would die as quickly as possible. But after a week I heard a voice saying 'Ignore the doctor's report - you're going to live.' It was very clear, like a real human voice. And from then on, I began eating and looking after myself again.

I told my pastor and the women's leaders in my church about my HIV-positive status. They said they would pray for me and they also gave me practical support, like driving me to and from church. They also told me that I shouldn't tell anyone else in the church. But seven years ago I decided I had to tell everyone. So one day, after reading the Bible lesson for that day, I just told the whole congregation that I was HIV-positive. At first people didn't know how to respond. They cried and they hugged me, but later they gave me encouragement and support. Nobody has turned away from me.

In my church I chair the Development Committee and the Ladies' Fellowship, I'm a deaconess and a member of the choir. So far, I'm the only person in our church who has openly declared her HIV-positive status. I've given talks about living with HIV/AIDS in many places - hospitals, schools, groups of pastors, post-test clubs and so on. People tell me that I must have a 'holy' form of HIV because I've had the virus for so long and am still healthy and strong. I haven't started taking antiretrovirals yet.

Some of us have formed a group which takes action when we hear of a pastor who has chased an HIV-positive person out of the



congregation by condemning people with HIV - for example, by using phrases like 'the wages of sin are death'. We go and explain to that pastor that their words and actions are forcing people to desert the church.

In Kenya, only lay church people have come out so far about being HIV-positive. If a pastor admits that he is HIV-positive, he'll be sacked straight away. People will accuse him of being the reason that the church

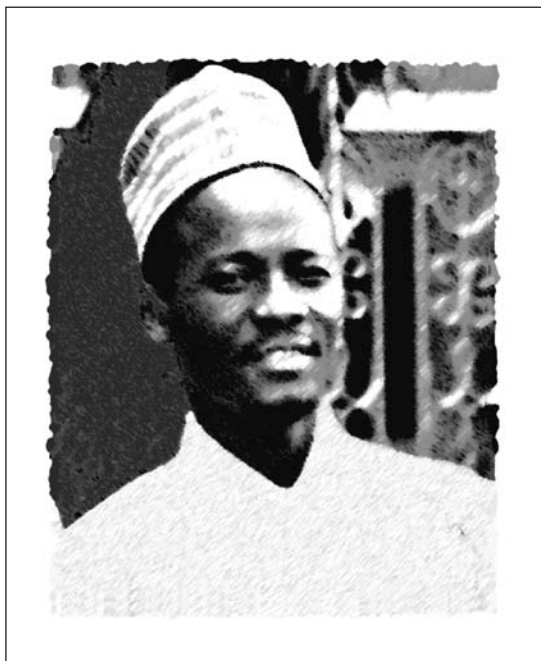
isn't prospering, and they will attack him personally. They'll say things like 'How can you pray for us when you yourself have sinned? True Christians don't get HIV. You don't have enough faith - that is why you are ailing.'

The Bible verse that keeps me going is Psalm 118:17, which says: 'I will not die; instead, I will live and proclaim what the Lord has done.'"



Biblical reflection: 'Life in all its fullness'

So Jesus said again, 'I am telling you the truth: I am the gate for the sheep. All others who came before me are thieves and robbers, but the sheep did not listen to them. I am the gate. Whoever comes in by me will be saved; he will come in and go out and find pasture. The thief comes only in order to steal, kill and destroy. I have come in order that you might have life - life in all its fullness.' (*John 10:7-10*).



Story 6:

Ali Banda

Sheikh Ali Banda is Imam of the Kuomboka Islamic Centre in Lusaka, Zambia. He is also administrator and representative of the Muslim World League in Zambia, and is a board member of ANERELA+.

“ I became involved in HIV/AIDS work through staying with an older relative and his family when I was going to school in Lusaka. His wife fell ill and died, leaving a seven month-old baby, who also became sick and died. Later he took an HIV test, which was positive. The reactions of his relatives were mostly very negative. Even though he didn't disclose his HIV-positive status to them, they guessed it and avoided meeting him. I looked after him at his home, and later in my own home, until he died one-and-a-half years later.

This was back in the early 1990s, when public awareness and understanding of HIV and AIDS were still very low. People suspected me of having picked up HIV from my deceased relative, so they avoided me too. In the end I became worried that perhaps I really was HIV-positive. Finally, in 1997, I went for an HIV test, and it turned out to be negative! I then left for my studies in the Sudan and Saudi Arabia, I was tested again for HIV infection more than once, and I always tested negative.

When I returned to Zambia I became involved in HIV activities, and soon I was being invited to different meetings and forums. I was one of three people from Zambia who attended

an ANERELA+ retreat for religious leaders living with or affected by HIV, which was held in Zimbabwe in 2004. The Muslim community in Zambia is becoming more active in HIV/AIDS activities. For example, in October 2004 we held a national conference organised by the Muslim Youth Forum in conjunction with the International HIV/AIDS Alliance, with international representation, on the theme of a Jihad against AIDS.

ANERELA+'s focus on religious leaders is unique and very important because religious leaders are the custodians of spiritual and moral values. At the moment, religious leaders are major contributors to HIV-related stigma, denial and discrimination. It's tragic when someone with HIV/AIDS goes to their religious leader for support, and is rejected. But if religious leaders were better informed and trained to respond to the needs of people living with HIV, they would know how to respond in a more understanding and supportive way.

The interfaith aspect of ANERELA+'s work is very valuable. Each religion has its own programmes anyway, but when we come together as one force on particular issues, it carries more weight. In many African countries people of different faiths live



side-by-side in their communities, and if we tried to keep things separate it would be more difficult to address the problems which they have in common.

This meeting⁶ has opened up a new dawn for ANERELA+. Through talking with people here, I've found that we agree that the focus on issues like stigma, shame, denial and discrimination is most important for

ANERELA+. Unless we address these issues, people will continue to die prematurely of AIDS. For me, it's been exciting to see how people are taking a holistic approach to HIV/AIDS, and how everyone agrees on the need to provide religious leaders with relevant and accurate information. Religious leaders are zealous to know more about HIV/AIDS, and with more information we'll be able to fight the epidemic more effectively."



Qur'anic reflection: 'Love for God and humanity'

Righteousness does not consist of whether you face towards the East or the West. The righteous man is he who believes in the Last Day, in the angels of the Book and the Prophets; who, though he loves it dearly, gives away his wealth to kinsfolk, to orphans, to the destitute, to the traveller in need and to beggars, and for the redemption of captives; who attends to his prayers and renders the alms levy; who is true to his promises and steadfast in trial and adversity and in times of war. Such are the true believers; such are the God-fearing. (*Holy Qur'an, chapter 2, verse 177*)

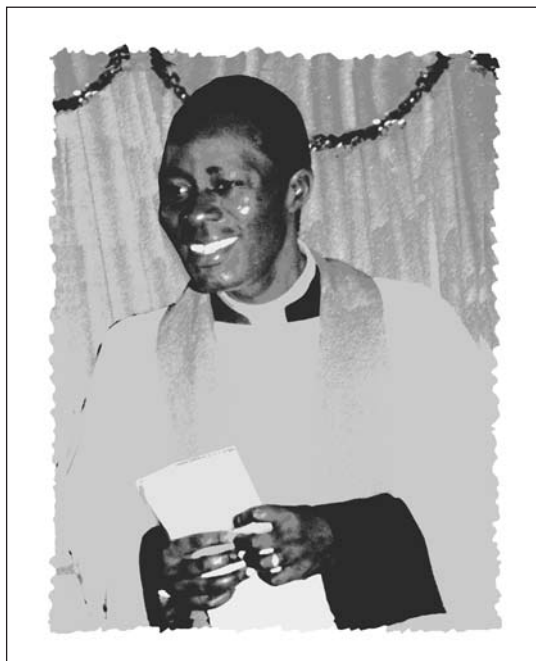
⁶ The Post-Bangkok Conference of Religious Leaders Living with or Personally Affected by HIV and AIDS, held in Mukono, Uganda, on 1-7 November 2004. The conference was organised by ANERELA+ and World Vision International.



Story 7:

Paul Muwanguzi Sentamu

The Reverend Paul Muwanguzi Sentamu is an Anglican parish priest in Kampala, Uganda.



“ I am from a family of pastors and I’m a born-again Christian. When I was young I was very shy and I didn’t know any woman until my marriage to Sarah. I was made a deacon in the Church of Uganda in 1982. I married in 1983, and I was ordained in 1984. Sarah was an accountant and an evangelist.

In 1986 I became diocesan treasurer. Sarah had a gynaecological problem and was operated on in 1984, 1990 and 1995. In the 1980s people used to donate blood, and it would be used in the hospital without being tested for HIV. It was found that one of Sarah’s three blood donors had died of AIDS three months after the operation. She was almost certainly infected in that way. I suggested an HIV test but Sarah refused, and I didn’t have the heart to insist, or even to have a test myself, without telling her. So I didn’t.

On Maundy Thursday, 2000, Sarah fell ill and was in bed all day from Good Friday until Easter Monday, when she went into hospital. She died a week later.

I thank God for my late wife, Sarah, with whom I was very happy, though we had no

children. In October 2000, after talking with the doctor, I was tested for HIV and was found to be HIV-positive. Two days later I went to see my bishop, who said he was very sorry and wanted me to get treatment as soon as possible. I went to Mildmay Hospital and was prescribed medicine, which I am still taking. I prayed for an hour that the medicine would be effective, and it has been so.

Rev Gideon Byamugisha learned about my situation and visited me. We talked about living with HIV as a priest. That helped me to accept myself as I am, with HIV. Even Jesus was nailed to the cross, which was a death for murderers. I’m a parish priest and I pray for others, and they get well. So I pray to God for myself as well. But I have much to be thankful for already. Gideon told me that I should not stay alone for too long. I didn’t think I would be able to remarry, but I have, and Beatrice is a wonderful wife. May God bless her.

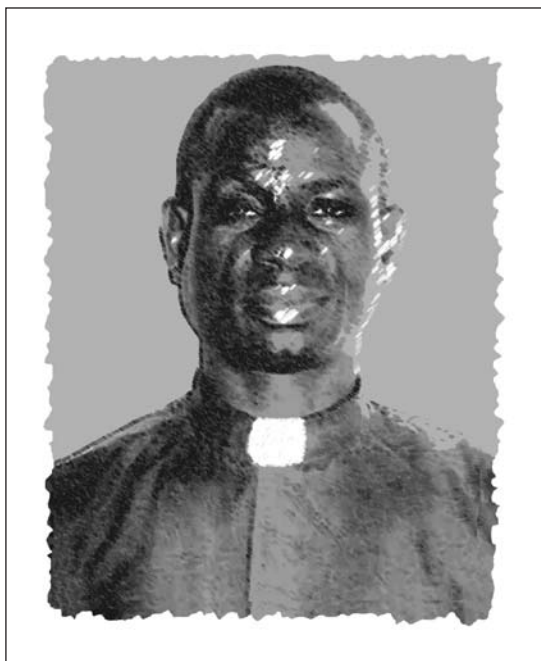
I pray that people living with HIV and AIDS accept their situation, seek treatment and live a productive life, trusting in God, who is able and willing to handle our problems provided we trust in Him.



Biblical reflection: 'Health in body and spirit'

My dear friend, I pray that everything may go well with you and that you may be in good health - as I know you are well in spirit. (3 John:2)

As Jesus was walking along he saw a man who had been born blind. His disciples asked him, 'Teacher, whose sin caused him to be born blind? Was it his own or his parents' sin?' Jesus answered, 'His blindness has nothing to do with his sins or his parents' sins. He is blind so that God's power might be seen at work in him.' (John 9:1-3)



Story 8:

Ephraim Disi

Pastor Ephraim Disi is Director General of Brethren in Christ, an evangelical church in Blantyre, Malawi.

In 1993 I returned from studies in Nigeria and found that my wife was sick. She was diagnosed HIV-positive but she also had a heart problem. I stayed with her until she died in 1995, and then I withdrew into myself. I was in a huge dilemma because in Malawi to be known as someone with AIDS is a cause for shame and disgrace.

In July 1996 a friend encouraged me to be tested for HIV, and I was found to be positive. I kept the information to myself, but I thought I was dying and there was no point continuing as a pastor, so I told my church leaders that I wanted to resign. In fact I'm the Director General of my church, so the people I disclosed to were below me in the church hierarchy. However, that didn't make disclosure any easier. What I feared most was feeling ashamed, because in the public mind HIV/AIDS is associated with sexual promiscuity.

Some church leaders urged me to remarry and continue in the ministry. I met a woman who was willing to marry me but I insisted we both be tested for HIV. I thought she would withdraw when she found that I was HIV-positive. But then we both tested positive, and we got married anyway!

In 1999 I had very bad shingles and my CD4 count was down to 143, but I kept working. In 2001 one church leader said I should resign but later he withdrew the suggestion. In January 2002 I attended a retreat in Zimbabwe called 'Turning adversity into opportunity', which was organised by Rev Gideon Byamugisha. There were about 40 religious leaders there. Canon Gideon shared his vision of a network of religious leaders living with or personally affected by HIV/AIDS. This meeting eventually led to the formation of ANERELA+.

In March 2003 I decided to stand up and share my HIV-positive status with my church leaders. I had already informed my family and some close friends. After I made the announcement to my church leaders there was stunned silence - they were completely shocked. I was able to convince them that all I needed from them was their support and understanding.

I started taking antiretrovirals in March 2003, and eight months later my CD4 count had nearly doubled. I also became active in ANERELA+, and I would like to thank all my partners in ANERELA+ for their support. I have learned a lot through ANERELA+.



I now realise that, as an HIV-positive religious leader, I have a comparative advantage, which I should use in my ministry. First, as I am the overall leader of my church, people are willing to listen to me. A second advantage is that people feel free to talk openly with me about their

fears, and to relate very positively towards me. Also, my friends and the members of my church have seen through me that abundant life is defined by its quality, not by its quantity. I am able to live each day fully and joyfully despite the uncertainties we face."



Biblical reflection: **'Strength through faith'**

'I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want. I can do everything through him who gives me strength.'
(Holy Bible, New International Version, Philippians 4:12-13)



Story 9:

Leonora Torach

Sister Leonora Torach is a member of the Missionary Sisters of Mary Mother of the Church, a Catholic religious congregation, based in Lira Diocese, Uganda. She is currently undertaking a Masters degree in Psychology (Counselling) at Makerere University, Kampala.

“As a religious sister in the Catholic Church, I am personally and deeply touched and affected by HIV and AIDS. I have lost my own family members due to AIDS. Apart from the sadness and anguish of losing our dear ones, we still have to grapple with the care of the orphans and widows left behind.

Within my religious congregation, most of us are suffering in silence because each one of us has a depressing story to share about the challenges of HIV and AIDS. Wherever I go, I am faced with the painful realities of the HIV/AIDS epidemic. If it is not those who are living every day with the virus, then it is the orphans and their grandparents who, in their old age, are forced to take care of the infected members of the families and their children.

I now understand the bitter fact that anybody could be vulnerable to HIV,

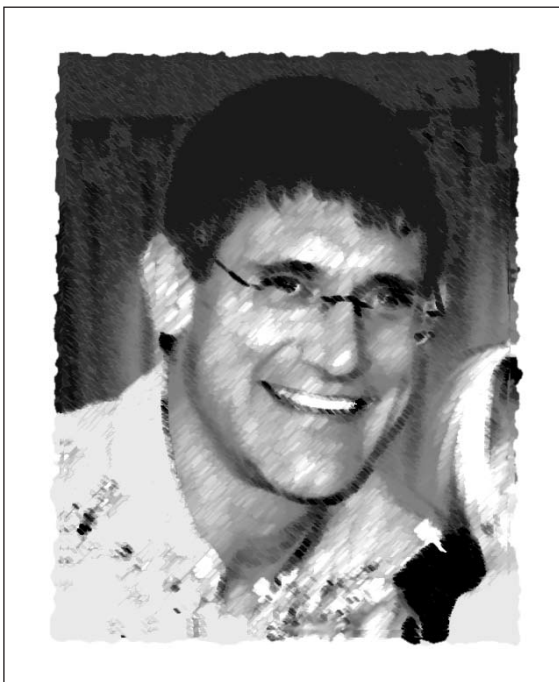
irrespective of his or her background, status, educational level, religious affiliation and profession. It cuts across boundaries. As an individual, however, I have realised that one way to deal with the challenges of HIV and AIDS is to embrace these challenges and to join others in creating more awareness on the issues surrounding the epidemic, and in fighting the stigma, shame, denial, prejudice, ignorance and myths associated with HIV and AIDS.

This can all be possible if we learn to accept and treat our brothers and sisters living with HIV and AIDS with the dignity and respect they deserve as human beings. They need neither our pity nor our sympathy. All they desire and need is our sincere, heart-felt love and understanding. One way to fight HIV and AIDS is through openness about it, especially to the people who matter most to me.”



Biblical reflection: ‘Suffering for Christ’s sake’

But to keep me from being puffed up with pride because of the many wonderful things I saw, I was given a painful physical ailment, which acts as Satan’s messenger to beat me and keep me from being proud. Three times I prayed to the Lord about this and asked him to take it away. But his answer was: ‘My grace is all you need, for my power is strongest when you are weak.’ I am most happy, then, to be proud of my weaknesses, in order to feel the protection of Christ’s power over me. I am content with weaknesses, insults, hardships, persecutions and difficulties for Christ’s sake. For when I am weak, then I am strong. (2 Corinthians 12:7-10)



Story 10:

Christo Greyling

The Reverend Christo Greyling is an ordained pastor in the Dutch Reformed Church of South Africa. Based in Johannesburg, he works for World Vision International as Advisor on HIV/AIDS and Church/Faith Based Organisation Partnerships.

“ I was diagnosed HIV-positive in August 1987. I was still a Theology student at the time, at Stellenbosch University. I had to change hospitals, and at the new hospital they included an HIV test in the routine blood tests which they carried out. When I went to see the doctor, he simply told me that I was HIV-positive. It was a tremendous shock to me because I didn't even know I was being tested for HIV. The doctors concluded that I must have been infected by the blood clotting products that I was being injected with regularly because I'm a haemophiliac.

When I was diagnosed HIV-positive, I had been going out with Liesel, whom I had met through the church, for six months. I decided that, since I was probably going to live for only a short time, we should end the relationship. It would be unfair, I thought, for Liesel to have to live with the stigma of having once been married to a man who had died of AIDS. I was also concerned that we could never have children, and that Liesel herself could become infected with HIV. But when I told Liesel all this, she became quite angry. She said she loved me before I learned I was HIV-positive and the virus could not change that. However, it did change our relationship, in that the bond between us became even stronger than before!

Eight months later, Liesel and I were married. It was my birthday, and also Ascension Sunday. For me, this was a strong symbol of hope - the knowledge that this was the day commemorating that Christ had risen and so had brought hope to the world. It also gave me hope for being able to live this life together with Liesel. We told only a handful of my family members about my HIV-positive status. Nine months after our wedding we told Liesel's parents about my HIV-positive status but we asked them to keep it confidential. For five years they carried the burden on their own, without telling Liesel's brother or sister, or other close relatives.

In May 1992 we decided that I should go public about my HIV-positive status. We were living in Windhoek, Namibia, where I was working as a minister in a local church congregation. There was a massive amount of media coverage, and it was all very sympathetic towards me because I had been infected through a blood product which I had been given for medical reasons. The media treated me as an 'innocent victim' but those who contracted HIV through sex were condemned as having got it 'through their own doing'. These days I never talk about how I contracted HIV because it only seems



to reinforce the prejudice and discrimination which is still practised against people who have contracted HIV through sex or injecting drug use. We are all broken people, with our own flaws and failings. We are all in need of God's grace.

I had a vision of working with youth, of telling them about HIV and showing them that people living with HIV are still normal people, and that we are also able to spread a message of hope. So we returned to South Africa, where I worked with the United Christian Student Association on youth outreach programmes, using a peer educator approach. It became clear, however, that youth were often better informed about HIV than their parents, so we really needed to reach all sections of society. I then joined a South African insurance company, and for the next eight years Liesel and I presented HIV/AIDS information and shared our experiences of living with HIV in churches, schools, women's meetings and other groups throughout the country.

My own hope was gradually growing throughout this time. In January 1998 a friend gave me an olive tree, which in Biblical terms symbolises hope. It was only a small seedling, and I asked him if he didn't have a bigger one - olives take three or four years to bear fruit, and I was not expecting to live that long. But after three years we harvested our first crop. We have since moved to Johannesburg and now we have six big olive trees planted along our driveway - hope in abundance!

Even before we were married, we accepted the fact that we could not have children because of the high risk that they would be

infected with HIV at birth, and of course there was the risk of Liesel also becoming infected. But in April 2002, after 14 years of marriage and many, many discussions about whether or not we should have children, we decided we should give it a try. By this time, medical science had advanced very considerably. By taking antiretroviral drugs, I was able to reduce the viral load in my body to the point where it was medically undetectable. Until then, we had always used condoms to protect Liesel from infection and prevent her becoming pregnant. Less than a month after we stopped using condoms, Liesel became pregnant. Nine months later, Anika Greyling was born. Anika is truly a gift of how we have experienced God's grace - grace that I'm still alive, that medical science has made this possible, and that this baby was granted to us as an instrument of hope.

Two years later our second daughter, Mia, came into the world. God surely works His miracles even in this day and age, and He does it in His own unique way! When Liesel and I look at Mia's little face and hold Anika in our arms, we realise how differently our lives have turned out from when we were married, 17 years ago. Then, Liesel wasn't sure that we would even see our first wedding anniversary. And today, we have two healthy, HIV-negative children!

There's a Chinese proverb that says: 'If you have a vision for a year, plant wheat; if you have a vision for ten years, plant a tree; if you have a vision for life - have children!' Now, thanks to God's grace, antiretroviral drugs and condoms, and with the support of my family, friends and work colleagues, I've been through all three phases!"



Biblical reflection: 'God's grace'

Everyone has sinned and is far away from God's saving presence. But by the free gift of God's grace all are put right with him through Christ Jesus, who sets them free.
(Romans 3:23-24)



Story 11:

Jacinta Mulatya

Jacinta Mulatya is a retired primary school teacher and Catholic lay leader. She lives near the town of Kibwezi in Kenya.



" Although I am only 51, sometimes I feel 90 years old. I was married and had a son, but my husband left home when our son was only eight months old. He returned many years later, when our son was in secondary school. I took him in and we resumed married life. He had lost his job and we lived on my salary as a school teacher.

My husband became sick and I suggested that he be tested for HIV, but he refused and became aggressive. Then I came home from school one day and found that he had packed his bags and left home once more, not leaving a note. I don't know where he went to. I went for an HIV test and found that I was HIV-positive. It was a very big blow. There I was, a lone parent, with not only my son to support but the four children of my sister, who had died.

When I started becoming sick, I decided to tell my children about my HIV-positive status. I gathered them all together at supper time and told them that I was HIV-positive, and they took it very well. My son said he had suspected it anyway, and I shouldn't worry because he would look after me.

Then I went to school and told my head teacher, and asked him not to tell anyone else because I was afraid of the stigma and discrimination that I would suffer. I wanted to keep working normally at school for as long as possible. He seemed to agree, but next day in school the children started looking at me in a funny way. When I asked them to hand in their exercise books, they refused to hand them over to me. So it was obvious that the head teacher had told other teachers about my HIV-positive status, and they had told the children. I also noticed that my colleagues were avoiding me, and when parents came to school they wouldn't meet with me. The children also teased me by singing a song about AIDS.

So I submitted my letter of resignation. For several months I wasn't working and I received no salary or pension, but my son supported me. Finally, after many months of struggle, my employer has agreed that I will be paid my pension.

I have suffered some discrimination in my church. Once, for example, when I went to receive Holy Communion, the priest put the host in my hand instead of on my tongue, as



he was doing for everyone else. I felt so bad when that happened. But the other priest in our parish has always put the host directly onto my tongue. Also, the members of my church congregation have been absolutely wonderfully supportive to me. They have elected me Chairperson of the church committee. Recently they re-elected me, although I told them I was too busy and not in good health.

The congregation has been supportive in other ways too. For example, there is one priest who used to avoid dealing with me, even though I was Chairperson of the church committee. But my deputy went and had a talk with him, and his attitude towards me has improved.

I also started an HIV support group that meets twice a month in the church, although its members are from different churches. It's called 'SAFUA', which means 'stay alive for us'. The group has over 40 adult members who are HIV-positive, more than 50 elderly widows looking after orphans, and over 90 orphans. The meetings are popular and well attended.

There is now no more HIV-related discrimination or stigma in my local church, and the other religious groups in the area are also changing for the good. But if it were not for God working through ANERELA+ and KENERELA+, I doubt if I would still be alive today."



Biblical reflection: 'The Lord is my shepherd'

The Lord is my shepherd; I have everything I need. He lets me rest in fields of green grass and leads me to quiet pools of fresh water. He gives me new strength. He guides me in the right paths, as he has promised. (Psalm 23:1-3)



Story 12:

Pat Matemilola

Dr Pat O. Matemilola is National Coordinator of the Network of People living with HIV/AIDS in Nigeria (NEPWHAN), Abuja, Nigeria.

“ I’m an ordained assistant pastor in the Redeemed Christian Church of God. I am also a medical doctor, and from 1977 until 2000 I served in the Nigerian Armed Forces.

I was born into a Baptist family and I used to go to church regularly. Later I went to university, where I became a nominal Christian. I would go to church at Christmas and Easter, but otherwise not much. In 1992 I started reading the Bible from cover to cover. It was very difficult, but I persevered and eventually I finished it. I learned a lot, but I still didn’t start going to church regularly until a nurse in the Army hospital invited me to come, so in 1992 I started attending church again.

In 1993 I discovered, completely by accident, that I was HIV-positive. A woman patient needed a blood transfusion and I had the right blood type, so I donated blood for her. It was tested and found to be HIV-positive. I was taken aback, and we did a confirmatory test, which was also HIV-positive. The lab assistant who was doing the tests was a Christian and he gave me a book and a cassette entitled *Standing on the Promises of God*. This book, along with what I know about HIV and AIDS from my medical background, has

helped me very much in dealing with my HIV-positive status.

I know that HIV itself doesn’t kill - it’s the opportunistic infections that kill. And I also know that God looks at the heart, not at the external person. So I have stood on the word of God in order to cope with being HIV-positive. People might think that I must have done bad things in the past to become infected with HIV, but I believe that God is happier with one repentant sinner than with a self-righteous person.

In 1998, when there was a large crusade by my church in Nigeria, I received a prophecy of healing and decided to be tested again. I hadn’t told anyone in the Army that I was HIV-positive. I hadn’t told my family either - my wife was in London for medical treatment and our children were still young. I went to the lab and told the major there that I wanted to be tested. He was surprised but agreed to take my blood and do the test. For the next two weeks he avoided me all the time. Then he came into my office, carrying a lot of literature about HIV and AIDS. He then told me that I was HIV-positive, which did not surprise me, so I was quite calm, but



he was very surprised about it. I just went on with my work in the Army.

When I went public about my HIV-positive status in 2000, I had to be open with my children, my parents and my church. (My wife had died by then, but not of AIDS.) My children were shocked, but they quickly got over it. My parents asked 'What does it mean for us?' so I explained. I told my pastor and he took it very calmly. But when something about me came out in a newspaper, a few members of the congregation started avoiding me, not shaking hands with me or giving me a hug after the service. One even went to the pastor, but he said 'so what?' and he kept involving me in church activities. Now those who were avoiding me are treating me normally again. A few other people in the congregation have even disclosed their HIV-

positive status to me, but they are not yet public about it.

I retired from the Army four years ago and became the National Coordinator of NEPWHAN. I have been very healthy, with no significant illnesses. I'm not on antiretrovirals. My work is ten times more strenuous than when I was in the Army, but I can cope. Last year my CD4 count went down to 240 but now it's back up to 696.

I give glory to God because he is always there for us and we must tap into whatever he can give to help us in our lives. As children of God, I believe that we must turn to God for the strength he can give us to rise above all trials and temptations. The power of God within me is stronger than any other force in the world."



Biblical reflection: 'Hypocrisy'

You hypocrites! How right Isaiah was when he prophesied about you! 'These people, says God, honour me with their words, but their heart is really far away from me. It is no use for them to worship me, because they teach man-made rules as though they were my laws!' (Matthew 15:7-9)



Story 13:

‘Mark’

‘Mark’⁷ is an ordained pastor and a trained HIV/AIDS Christian counsellor in Cameroon.

“ I grew up in a small village in Cameroon. My mother was a church leader and she took me to a lot of church meetings, so I grew up to be religious. I was baptised on 1 January 1991, and I did my secondary and higher education between 1987 and 1995.

It was in 1995 that I surrendered my life to the Lord Jesus Christ as my Saviour and Lord. Two days later I was attending a church service, where the minister was preaching from Acts 13:1-3. I felt arrested by the Spirit of God and I committed my life there and then to serve the Lord full-time, as a minister of the gospel. For the next three years I pursued seminary education.

All along, my heart’s desire and prayer to God were that He should choose for me a wife who would be a good companion to me for the furtherance of the gospel. In my second year at the seminary, I prayerfully came to know my late wife. I proposed marriage to her and she accepted. We were both counselled before marriage, but the counsellor overlooked mentioning the need for us to do an HIV test before marriage.

So we proceeded with preparation for marriage, and we were wedded in January 2000.

After that we studied for one more year together in the seminary, and we graduated in June 2001. We were then called by the church and I began service as an associate pastor.

One year later my wife gave birth to a baby, who died four months later. I did not understand what was happening at the time, but that was simply the lightening before the thunder. A year later my wife collapsed while out picking vegetables on the farm. I was alerted and we rushed her to hospital. While in hospital she was counselled and agreed to be tested for HIV. The test was done and the result was positive. She recovered and returned home, but she did not tell me about the positive HIV test.

Some months later she had a stroke and was taken to hospital. One evening, when I was visiting her in hospital, she broke into tears and told me that she was HIV-positive. She asked me to forgive her for not telling me that she had tested HIV-positive. It was not easy for me to forgive her, but I really felt the depth of God’s love for us in Christ. Then I remembered that in Christ, God forgave me unconditionally, when I did not deserve it. After crying for some time, I forgave her and I cared for her until she died in 2003.

⁷ Not his real name.



I was also tested for HIV and I was also positive. My life since then has been different from before. By the grace of God, I was able to serve in that same church for one more prayerful year. During that time I sought to know the will of God, and became convinced that God has been preparing me through

these painful experiences to minister His assurance, grace and sufficiency to the suffering, especially to people living with HIV and AIDS. I then underwent further training as a Christian counsellor, and I now work as a chaplain, offering pastoral care and counselling to people living with HIV and AIDS."



Biblical reflection: 'Forgiveness'

You are the people of God; he loved you and chose you for his own. So then, you must clothe yourselves with compassion, kindness, humility, gentleness and patience. Be tolerant with one another and forgive one another whenever any of you has a complaint against someone else. You must forgive one another just as the Lord has forgiven you. (Colossians 3:12-13)

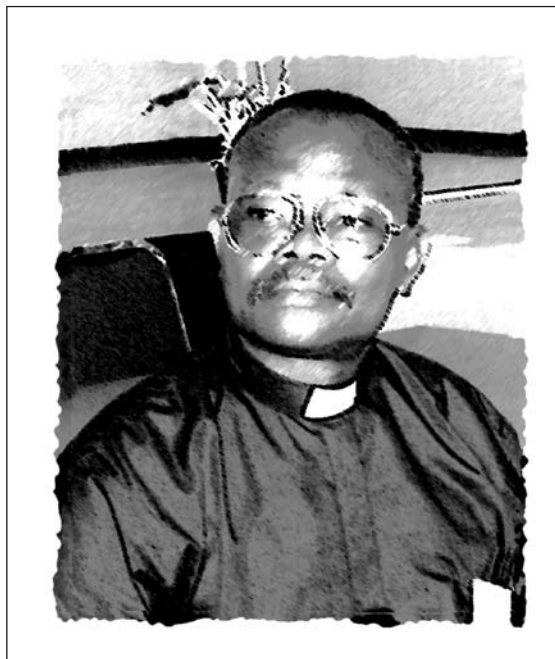
As the Scriptures say: There is no-one who is righteous, no-one who is wise or who worships God. All have turned away from God; they have all gone wrong; no-one does what is right, not even one. (Romans 3:10-12)



Story 14:

Philippe Ndembe

The Reverend Philippe Ndembe is a pastor with the Baptist Church of Christ of the Congo River, Kinshasa, Democratic Republic of Congo. He is also the Regional Coordinator for ANERELA+ in Central Africa.



I am the first pastor in the Congo to talk in public about being personally affected by HIV/AIDS. My message is one of non-judgementalism, that HIV is not a curse from God, and that people living with HIV need moral support very much.

Four months after the birth of my daughter, who was often ill, the doctor tested her for HIV. Six months later he told me that she was HIV-positive. I don't really blame the doctor for waiting so long to tell me. It was very difficult for him because he knew it meant that my wife, and probably I too, would test positive. I didn't have the courage to tell my wife, but after another 12 months I did. We were both tested for HIV, and she was found to be positive but I was negative.

We didn't tell anyone because we were afraid of the shame that it would bring to us within the church. HIV was associated with prostitution and bad morals, so it was a source of shame. It totally traumatised us. For seven years we lived with that knowledge of our HIV-positive status, but without telling anyone else. We prayed and prayed that the church wouldn't stigmatise us when finally the news would come out.

Then my wife died, and I felt as though Jesus had let me down. I felt that, if I had known

that this was going to happen to me, I would never have become a pastor. I was in total revolt against the church. In fact I didn't want anything to do with the church. I was acting like someone who had lost his mind. Some people thought I was grieving for my wife, but they didn't know that she had died of AIDS.

My wife died three years ago but my 9 year-old daughter, who is HIV-positive, is still alive. She is like my own heart. My biggest problem is knowing how to inform her of her HIV-positive status. I don't know what to do about this. I'd like to know how other people have dealt with this problem.

When I learned that my wife and daughter were HIV-positive, I didn't fear HIV or AIDS, but the problem was feeling ashamed in my church. What would the pastors and the Christians say? What kind of model were we as a family? I thought God could heal sickness and I waited for his healing of my wife. When she died I felt that God had deserted me. I felt so ashamed. We live in a world where HIV is viewed as a problem of people with bad morals. I almost went to war with Jesus. I waited to be excommunicated, but my church didn't do that.

My church responded by setting me to one side, and then by suggesting that I should



visit Canon Gideon Byamugisha in Uganda. At first I responded to that suggestion in a negative way. I had lost my wife to AIDS, my child was HIV-positive, and now the church was asking me to visit this HIV-positive priest in Uganda... It seemed like another curse from God. I cried like a child. In the end I said 'OK Jesus, I'll do it', but I said that in an attitude of defiance, not because I was convinced that this was something God wanted me to do, or that I wanted to do. But in the end I went to visit Gideon in February 2004. By that time I had been re-tested three or four times, and I was always negative. I arrived in Uganda, with my bad English, and Gideon was out but he had left a message for me to meet him at Namirembe Guesthouse, which I did.

After my visit to Gideon in February 2004, the Holy Spirit acted. I felt ready to start talking with other people about HIV and AIDS. By that time I had been inactive as a pastor for three years. My Secretary General had already suggested that I should start doing testimonies in other countries, not in the Congo. But after visiting Gideon in February I thought - no, people would find out anyway from the Internet or email. So I decided to start in the Congo.

In April 2004 I told my story to a meeting of Baptist Church deacons, where I cried as I talked to them. At the end, one of them started spontaneously singing a hymn.⁸ That

gave me the confidence to tell my story at a Sunday service, but I felt as though a dry leaf had more value in God's eyes than I did.

Then I organised an HIV seminar for pastors, and they came in good numbers from different Christian churches in the Congo. When I told them my story, several cried with me. Since then I've spoken to four other groups of deacons who have come for training - 120 altogether, and my testimony is now part of the training of all deacons. They used to think and talk like other people about HIV/AIDS, but now they have changed. Many people are keen to hear this new message about HIV/AIDS.

I still don't know what the opinion of the church is towards me. No-one asks me questions - maybe they don't have the courage. Maybe it's like Job. His friends said nothing for three days, and only started talking after Job opened up. But the situation in our country will change.

We can do a lot to bring about change. Look at Mark 2:1-12, the healing of the paralytic. When Jesus saw their faith, he said the paralytic should get up and walk. We can do that with HIV-positive people. The four friends of the paralytic can be interpreted as the qualities of the church: compassion, conviction, courage and determination. The first healing process is spiritual and moral. We can be healed through faith in Jesus. And if Jesus heals us, why should we condemn ourselves?"



Biblical reflection: 'Faith in Jesus'

When John the Baptist heard in prison about the things that Christ was doing, he sent some of his disciples to him. 'Tell us,' they asked Jesus, 'are you the one John said was going to come, or should we expect someone else?' Jesus answered, 'Go back and tell John what you are hearing and seeing: the blind can see, the lame can walk, those who suffer from dreaded skin diseases are made clean, the deaf hear, the dead are brought back to life, and the Good News is preached to the poor. How happy are those who have no doubts about me!' (Matthew 11:2-6)

⁸ *Ne craie rien, je t'aime, je suis avec toi, promesse suprême, qui soutient ma foi.* ('Don't be afraid, I love you, I'm with you, supreme promise, which sustains my faith.')



APPENDIX

Definitions

- Stigma:** literally, a sign or mark of disgrace or discredit. Stigma often shows itself in the form of disapproval, condemnation and rejection of people living with HIV/AIDS by family members, neighbours, employers, faith communities and other sections of society.
- Shame:** a feeling of disgrace or humiliation, e.g. because one has done something regarded as morally wrong.
- Denial:** a refusal to accept something as true, e.g. denying the existence of HIV/AIDS in one's family or community despite clear evidence to the contrary.
- Discrimination:** unfair treatment of someone based on prejudice or misinformation, e.g. against people of a different race or religion, or against people living with HIV/AIDS.
- Inaction:** inertia or sluggishness - a reluctance to take any initiative, e.g. because of lack of information, fatalism, or a fear of failure or of public disapproval.
- Misaction:** a misguided or poorly informed action which can have seriously negative consequences.

The **CALLED TO CARE** toolkit consists of practical, action-oriented booklets and mini-manuals on issues related to HIV and AIDS, designed for use by church leaders, especially in sub-Saharan Africa. The purpose of the materials is to enable pastors, priests, religious sisters and brothers, lay church leaders and their congregations and communities to:



- ❑ Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion.
- ❑ Overcome the stigma, silence, discrimination, denial, fear and inertia that inhibit church and community action to address HIV-related issues more effectively.
- ❑ Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of the HIV epidemic.

CALLED TO CARE is an initiative of the Strategies for Hope Trust, which produces books and videos that promote effective, community-based strategies of HIV and AIDS care, support and prevention in the developing world, especially in sub-Saharan Africa.

CALLED TO CARE is implemented through a process of international, ecumenical cooperation involving churches, other faith-based organisations, international church bodies, publishers, distributors and other partners.

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