




Called to Care

No. 3

Time to Talk

A guide to family life in the age of AIDS

by James Tengatenga and Anne Bayley





Time to Talk

**A guide to family life
in the age of AIDS**

**by
James Tengtenga
and
Anne Bayley**



Published by the Strategies for Hope Trust, 93 Divinity Road, Oxford OX4 1LN, UK
Email: sfh@stratshope.org Website: www.stratshope.org

© Strategies for Hope Trust

ISBN 978-1-905746-31-6 (E-book: www.stratshope.org)

ISBN 978-0-9549051-8-7 (Paperback)

First edition, December 2006

Reprinted April 2007 (Kachere Press Malawi); August 2007 (CLF South Africa);
December 2007; August 2008 (CLF South Africa); October 2008;
December 2010 (SIM Kenya); March 2011; September 2013; September 2014.

Extracts from this book may be freely reproduced for non-profit purposes, with acknowledgement to the authors and the publisher. Organisations wishing to produce adaptations or translations of this book are asked to request permission from the Strategies for Hope Trust at the above address or via email: sfh@stratshope.org.

The publication and distribution of this book have been assisted financially by ICCO, Kerkinactie, the Lutheran World Federation, the Maurice & Hilda Laing Charitable Trust, Meal-a-Day and World Vision International. CAFOD, the Christian AIDS Bureau for Southern Africa, World Vision International and the United Society for the Propagation of the Gospel supported the needs assessment and planning which led to the production of this book and others in the Called to Care toolkit. The views expressed in this book, however, do not necessarily reflect the policies of these organisations.

All Biblical quotations are from the New Revised Standard Version (NRSV) or the Good News Bible (GNB).

Design and cover: Alison Williams

Illustrations: Brian Hara

Typesetting: Alison Williams

Reprinted by Parchment (Oxford) UK

Edited and produced by G and A Williams, Oxford, UK

Time to Talk

Contents

Acknowledgements	4
Preface: About the <i>Called to Care</i> Toolkit	5
Foreword by the Right Rev James Tengatenga	6
Introduction	7

PART ONE: Family Life, HIV and the church

1. Family life and discipleship: "glorify God in your body"	9
2. Why do married people seek sex outside marriage?	10
3. Sexual behaviour-changes that reduce the spread of HIV	11
4. Different standards for men and women?	12
5. Sex is a way of 'talking' - but what do we say to one another?	13
6. Lies, selfishness and power	14
7. What - and how - shall we teach our children about family life?	15
8. Faithfulness and fulfilment for married couples	15
9. "So God created human beings, making them to be like himself"	16
10. Protection and sharing	17

PART TWO: Guidelines for a Family Life Workshop for church members

1. Aims	19
2. Duration, location and food	19
3. Numbers, participants and accommodation	20
4. Materials required	20
5. Publicity	21
6. Timetable	21
7. Leaders	22

DAY ONE

Morning session: Expectations, basic facts and answers to questions	23
Afternoon session: Learning more about ourselves	26
Evening session:	30

DAY TWO

Morning session: Changing attitudes to people living with HIV (stigma)	31
Afternoon session: Talking to our children; changing attitudes to violence	34
Evening session: Video showing	36

DAY THREE

Morning session: Mutuality and communication in marriage	37
Afternoon session: Planning for action; Closing ceremony	40
A final note: Outcomes	41

APPENDIX A: Basic Information about HIV and AIDS: Answers to Quiz	42
APPENDIX B: Bible readings	43
APPENDIX C: Addresses of Paulines Book and Media Centres	44



Acknowledgements

We are deeply indebted to many people who have contributed to the writing of *Time to Talk*. We thank the Malawi Association for Christian Support for three grants that enabled us to hold one Family Life consultation in 2002 and two further workshops in 2003. Without these events in Malawi and the hard work, laughter and insights of those who attended, this handbook would not have been written. We are deeply grateful for this financial support, and for the commitment of everyone who took part.

Maryann Mwangi and Rev Onesphere Ngabo, from St Paul's United Theological College and members of All Saints Anglican Church in Limuru, Kenya, pre-tested the draft text. Pastor Bode Omokaro carried out a pre-testing workshop at St Andrew's Anglican Church in Ipaja, Lagos, Nigeria. Dr Jenny Coley from the Anglican Public Health Service in Accra, Ghana, organised a review of an early draft of the text.

We would like to thank the following people for reading and commenting on drafts of the book: Dr Mark Aguirre, the Most Reverend Dr Justice O. Akrofi, Dr Sylvia J. Anie, Dr Rena Downing, Dr Sid Garland, Dr Shima Gyoh, Rev Janet Guyer, Rev Rupert Hambira, Sr Martha Koetsier, Dr Edwin Mapara, Rev Dr Danny McCain, Prisca Mokgadi, Sr Alison Munro, Logy Murray, Rev Fatusi Olayemi, Pastor Bode Omokaro, Dr Sue Parry, Dr Piet Reijer, Daphtone Siame, Pastor Precious Udoinyang and Sr Patricia Walsh.

Thank you also to Rev Ian Dicks for assistance in obtaining illustrations.

We would like to offer a special word of thanks to the Right Rev Donald Arden for his assistance with editing the text.

We are particularly grateful to the Interchurch Organisation for Development Cooperation (ICCO), Kerkinactie, the Lutheran World Federation, the Maurice & Hilda Laing Charitable Trust, Meal-a-Day and World Vision International, who funded the production and distribution of this book.

Right Rev James Tengtenga
Rev Dr Anne Bayley
Glen Williams

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
GNB	Good News Bible
HIV	Human Immunodeficiency Virus
NRSV	New Revised Standard Version
VCT	Voluntary Counselling and Testing



Preface

About the CALLED TO CARE toolkit

In many countries throughout the world, churches and individual Christians are responding to Christ's call to 'love your neighbour as yourself' by undertaking community-based activities to address the massive challenges of HIV and AIDS.

In sub-Saharan Africa, churches have often been in the forefront of efforts to reduce 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 been much less effective, however, in addressing problems such as HIV prevention and HIV-related stigma, shame and 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 churches and other faith-based organisations 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 AIDS. Moreover, growing numbers of church leaders have become aware of the need for a much more concerted effort to address the issues raised by the AIDS 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 consists of a set of practical, action-oriented booklets and guides on issues related to HIV and AIDS for church leaders (both clergy and lay people), especially in sub-Saharan Africa. The *Called to Care* materials are 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 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 AIDS epidemic.

The *Called to Care* toolkit will consist of several printed 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. This book, No. 3 in the toolkit, is a guide to help church congregations and groups plan and carry out HIV and AIDS-related activities.

Other *Called to Care* 'tools' will be developed in the course of the period 2006-2008. These will be on topics such as stigma and discrimination, pastoral care of people living with HIV and AIDS, HIV prevention strategies, living positively with HIV and AIDS, and nutrition and food security for people living with HIV.

The *Called to Care* project is being implemented through a process of international, ecumenical collaboration between churches, 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



Foreword

by the Right Reverend James Tengatenga

Is sex the only reason that people get married? Sometimes it seems that way. Many women, however, admit that they regard sex simply as a duty to their husbands, who are usually unaware of this fact. This was one of the main issues discussed in the Family Life workshops which we began in the Anglican Diocese of Southern Malawi in 2002.

HIV and AIDS have a lot to do with sex, both within and outside of marriage. In sub-Saharan Africa, the main way in which HIV spreads is through sex between men and women. In our region the most likely place for a woman to contract HIV is in her marriage. Promiscuity also plays a role in the spread of HIV, and husband and wife relationships have a lot to do with promiscuity. Poor communication and misunderstandings between husbands and wives can lead to one or both partners seeking sex outside of marriage.

Our societies are changing rapidly. Traditional coping and support mechanisms are either spurned or rejected, leaving people in a malaise. The institution of the family is under siege, not least because of the impact of AIDS on parents and other family members. Husbands and wives are left wondering who they can turn to for advice or support about intimate issues such as sex.

Children and young people find themselves without mentoring in the 'facts of life' and growth. Outside observers tend to blame African parents for not talking to their children about sex. Yet sex education has never been the responsibility of parents in African society. Traditionally, this was the role of aunts, uncles and other initiators into the 'rites of passage'. This tradition has largely broken down under the impact of modernisation and urbanisation, but it has not yet been effectively replaced. As parents, therefore, we have no alternative but to break the taboo about discussing sex with our children.

In the fight against AIDS, one can never overestimate the importance of stable and functional families. Our Family Life workshops in Southern Malawi were designed to help couples to talk openly with one another about issues related to sex, culture and the wife-husband relationship. We have found that, once the taboo about discussing these issues is broken, couples experience a sense of liberation. They become free to discuss topics which previously they would never have mentioned.

We need to get to the point where everyone - husbands and wives, parents and children - can talk about AIDS and its causes. This handbook, *Time to Talk*, brings together the information and exercises which we in Southern Malawi have used to help reach this goal. We offer them to others in the hope that they too might find them useful. The Lord God said: "*See, I am making all things new*" (Revelation 21:5, NRSV).

Right Rev James Tengatenga
Anglican Diocese of Southern Malawi
Blantyre, Malawi



Introduction

Once, during a family life workshop in Malawi, we asked a group of men and women church leaders: "Do we thank God for this joyful gift of sex between husband and wife?". Embarrassed silence! No-one dared to say either "Yes" or "No". At another workshop we asked: "Is sex bad?". "No, not exactly bad," some people replied, "but we just don't talk about it." At another workshop a priest said to us: "We have no place where we can talk about sex."

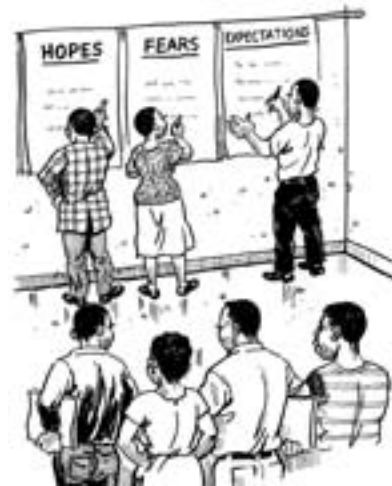
Yet silence about sex is harmful. Silence stops people from examining and changing attitudes, beliefs and behaviours that can spread HIV infection and lead to AIDS. In God's presence, however, we can talk about **every** aspect of human life, including sex. God intends us to enjoy sex and family life to the full. *"I have come," said Jesus, "in order that you might have life - life in all its fullness."* (📖 John 10:10, GNB) We believe that now, in the era of AIDS, it is time for us to talk more openly about sex in marriage and family life.



This book aims to help church congregations and groups to talk about sex as a good gift from God, not just as a means of transmitting HIV. It is intended for use with church groups by pastors, deacons and religious Sisters, as

well as catechists, lay preachers, leaders of Christian men's and women's organisations, and other lay church leaders. **Part One** is designed to help these church leaders prepare themselves to run a family life workshop in their congregation, parish or community.

Part Two presents group activities - role plays, games, quizzes, discussions, Bible studies and other 'doing-it-together'



exercises. These are all designed to help men and women examine attitudes, beliefs and behaviours that can spread HIV and, if necessary, make changes in their own lives and within their families. The activities are set out as a plan for a three-day workshop for women and men. In fact this is how we developed and used these activities at workshops in Malawi and Zambia.

We recognise, however, that many congregations might find it difficult to organise a three-day workshop. In that case, we suggest that Part Two can be split into three one-day meetings, on alternate Saturdays. Or it can be used as several three or four-hour meetings, over a period of about two months.



TIME TO TALK




Part One

Family life, HIV and the church

1. Family life and discipleship: “glorify God in your body”

Christians are disciples of Jesus Christ in every part of their lives. But do we allow God to challenge and shape every aspect of our family and sexual lives? As Paul wrote to the Christians in Corinth: *“Do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body.”*

( 1 Corinthians 6:19-20, NRSV.)

Sex has many meanings. It is more than simply the way we make babies, find pleasure, or prove ourselves as men or women. We learn some ‘meanings’ of sex from our particular culture, which tells us that a man or a woman should think, feel or act in certain ways. Most people never question these ‘instructions’ from their culture. But today we need to do so, because some attitudes and beliefs inherited from traditional cultures contribute to the spread of HIV.

Africans know that good sexual life is important. There are customs and taboos that say when sexual relations between husband and wife are allowed, and when they are forbidden - for example, after childbirth, during breastfeeding, during menstruation, or when there is a death in the village. But these customs and taboos affect men and women unequally. Women generally don’t expect to have sexual relations with their husband at forbidden times. Yet many men do expect - or are allowed - to have girlfriends during these times - and perhaps at other times as well. Is this safe in the age of AIDS?

In all cultures and countries of the world, ordinary people, talking together and asking questions, can find new ways of thinking about sex. Every church congregation can - and should - join in. Indeed, in family life workshops in Malawi, Zambia and Kenya, Christian couples have found that talking openly about sex is not only a liberating experience, but it actually improves their marriages.



In most African societies, sexual relations between man and wife are forbidden during breastfeeding.



2. Why do married people seek sex outside marriage?

Clearly, many married people have sex outside marriage - usually without a condom, despite the risks in this time of AIDS. Why is this so? Here are some reasons that people have mentioned during family life workshops:

- variety - especially if sex in marriage is not satisfying
- loneliness - absence from home for work or study
- excitement - either partner can initiate sex and both can talk about it
- status - men with many partners gain importance
- poverty - women seeking money for personal or family needs
- quarrels - when one or both partners feels hurt, angry or resentful
- an unhappy marriage - when one or both partners looks for comfort, sympathy or sexual pleasure elsewhere.

Some cultures have proverbs such as: "A man is like an axe. He only becomes sharp after chopping down many trees." "A man is like a bee. For a bee to make good honey, it must suck from many flowers." What do these proverbs (and others like them) tell us about some traditional attitudes towards sex as far as men and women are concerned? Do we all share these attitudes?

Many women and men think and feel differently about friendship in marriage. Many men think women are inferiors, not equals. They cannot be friends: the wife must simply show respect to her husband. A Malawian woman at one workshop remarked sadly: "The friendship of courtship stops at marriage."

Men may talk or act tough, yet their self-esteem is often low. Men generally fear

rejection by their wives, but most cannot admit to this fear. Women also have poor self-esteem because husbands rarely praise them, for example, for their appearance, for their work at home, or for looking after the children. Unspoken fears often cause women and men to misunderstand each other.

Women and men don't know enough about one another's bodies, because 'culture' doesn't allow talk about what pleases the other during sex. Women and men feel pleasure in different ways. But if each learns from the other, both partners enjoy



"A man is like an axe..."

sex more. God intended sex as a joyful gift. At one family life workshop Fulata Moyo, a Malawian woman theologian, shocked people by saying: "Sex is God's idea, and it's a very good idea!" Dare we believe this?



3. Sexual behaviour-changes that reduce the spread of HIV

Certain changes in sexual behaviour would reduce the spread of HIV in the long term, and would also benefit society in important ways at once. For example:

Behaviour change:		→	Benefits:
1	Sex is delayed until marriage	→	Fewer sexual diseases that may prevent women and men from having children or open the way for HIV
2	Husbands and wives are faithful to each other - always	→	Fewer quarrels, more money, no sexual diseases
3	Sex with children is strictly forbidden and punished as a crime	→	Fewer children die prematurely, suffer injuries, emotional harm or HIV infection
4	Men feel shame, not pride, if they have several sexual partners	→	Communities are more stable and happier
5	Women don't feel obliged to sell sex to support their families	→	Fewer sexual diseases and less spread of HIV
6	More talk and cooperation between husband and wife	→	Happier marriages and couples can use condoms, especially if one or both is HIV-positive

Are we willing to think and talk about changing behaviour in these ways?



4. Different standards for men and women?

In many countries men are expected to have several sexual partners, but women are expected to sleep only with their husbands. In some parts of the world a woman who takes a partner outside marriage may be divorced, rejected by society or even murdered - but a man who does so is not punished. Is this **double standard** found in your society? If so, it probably contributes to the spread of HIV.



**Sexual networks:
how HIV spreads
rapidly through a
population.**

People who have many sexual partners are at high risk of infection with HIV. HIV spreads rapidly when 'few partner' people and 'many partner' people meet each other, without knowing it, through **sexual networks** (see diagram). A woman agrees to have sex, for the first time ever - perhaps on her wedding night. She doesn't know her husband might have slept with five or six other women, and that one could have infected him with HIV.

A truck driver buys sex from a woman at a border post, after a few beers. He forgets that hundreds of other men could have done the same thing with the same woman. If only one of those men had HIV, this woman could be infected with HIV, and can now pass HIV on to him. What do you think about the risks of sharing a sexual partner with many other people?



5. Sex is a way of ‘talking’ - but what do we say to one another?

‘Talk’ is a mixture of words and body language, which do not always give the same message. Some men say: “I paid for you, I can do what I like.” Others say: “I love you - let’s please each other.” Some women say: “I can never forgive my husband for being unfaithful.” Others say: “Let’s forgive each other and start again.”

Do men and women talk to each other before or after sex? Should they? We suggest the answer is ‘yes’ - to agree to the act, or afterwards to check that it has been ‘good’ for both!

Do women and men feel differently about sex after a quarrel? The answer may be ‘yes’ - women seem to take longer than men to calm down after a quarrel. Men sometimes say, “Women don’t really mean what they say”. Is this true? Do men and women sometimes fail to say clearly what they mean?

Men and women often misunderstand one another. This failure in communication is partly because men and women have different ways of expressing themselves. When a couple don’t understand each other, the woman might say: “Stop - I said ‘no’ because I really mean ‘no’.” A man might say: “I see you’re upset but I don’t understand why. Can you please explain your feelings to me?” How often do people respond to misunderstandings in this way?

Should men and women talk to each other before and after sex?





6. Lies, selfishness and power

In some countries many people believe that sex with a virgin or a child cures AIDS. This is a lie! Stories that men or women become paralysed or feel pain if they don't play sex are also lies. Nobody ever died because they didn't have sex. On the other hand, many people have died because they had unsafe sex - either willingly or against their will, either within or outside marriage.

It is always wrong to force sex upon another person who doesn't want it, even within marriage. It is an abuse of power when a teacher seduces a pupil, or a policeman seduces a woman who is in police custody. Rape and sex acts with children are criminal abuses of power. Does your culture allow sexual relations between relatives, even if a young person doesn't consent, or is less than 16 years old? Is this fair to children?

Forcing sex on children may lead to serious injury, even death, and often causes infections, including HIV. Even if physical injuries heal, damage to feelings and self-respect usually remains for life.

Church and traditional leaders should teach that sex should happen only between:

- ◆ unrelated adults
- ◆ when both persons agree to sexual relations, and
- ◆ they are married to each other.



It is an abuse of power when a teacher seduces a pupil.



7. What - and how - shall we teach our children about family life?

In the past, parents never spoke to their own children about sex, but others (usually older relatives) did. In modern times, traditional teaching may not be available or may not be sufficiently well informed. Today's girls should learn to avoid early sex, not how to attract boys. Boys should learn to respect girls' right to say 'no' to sex. All young people need to know that:

- ▣ their bodies mature normally **without** having sex
- ▣ saying 'no' now makes future marriages happier
- ▣ anyone can learn to control strong sexual feelings.

Who should teach youngsters, and at what age? Some churches forbid traditional initiation ceremonies, but offer nothing in their place at puberty. What message does this send about churches' views on sex and

marriage? Do congregations have role models and trained advisors for young women and - just as important - for young men too? How should such Christian advisors be chosen and trained?

Should church and community leaders look again at traditional cultural practices (for example, certain dances) that can lead to sexual excitement, and make men and women want to play sex? Are these practices wise in the time of AIDS?

8. Faithfulness and fulfilment for married couples

Sex should please both partners, renew their energy for living, and strengthen the bond between them. Do you think that the following conditions would help Christian couples to enjoy sex more?

- ◆ complete faithfulness to each other - 'There is no-one else!'
- ◆ consent and courtesy - both want sex: each person learns how to please the other, so that both are equally aroused
- ◆ commitment - neither partner feels hurt if the other wants to 'rest' from sex. *"Do not deprive one another except perhaps by agreement for a set time."* (📖 1 Corinthians 7:5, NRSV)
- ◆ calm - no-one is angry, both partners say 'sorry' after a quarrel (and really mean what they say)

- ◆ conversation - partners can talk about feelings, likes and dislikes (including about what pleases them during sexual relations).

Marriage needs open communication between husband and wife. At one workshop we wrote on a blackboard: "Talk, talk, listen, listen; talk, listen, listen, talk" and so on. Talking and listening are both necessary - also a willingness to hear unwelcome truths. As someone remarked at another workshop, the best sexual organ lies between the ears, i.e. in the mind!



"A person is a person through other people" said Archbishop Desmond Tutu, quoting a familiar proverb. This is so in marriage as well as in communities. But really growing together takes a long time. Everyone makes mistakes and has to recover from them. Only a life-long promise to be faithful - always - gives time for this slow growth.

When Peter asked Jesus: *"Lord, if my brother keeps on sinning against me, how many times do I have to forgive him? Seven times?"* Jesus replied: *"No, not seven times, but seventy times seven."* (📖 Matthew 18:21-22, GNB.) The wisdom of Jesus applies to husbands and wives, too. How can we show forgiveness to one another?

9. "So God created human beings, making them to be like himself." (Genesis 1:27, GNB)

God has given a body to everything that lives. We meet one other through our bodies. We also meet God in and through our bodies. Genesis 2 describes how God gave Adam and Eve to each other for joy and companionship. A man *"leaves his father and mother and is united with his wife, and they become one"* (📖 Genesis 2:24, GNB). This means that the marriage bond is more important than relationships to parents. If culture disagrees, should we follow 'our' culture or God's culture? Jesus confirmed that the marriage bond is permanent: *"They are no longer two, but one. Man must not separate, then, what God has joined together."* (📖 Matthew 19:6, GNB.)

Can couples in your society be naked, and not feel ashamed of nakedness (Genesis 2:25) when they 'become one'? Nakedness is not only a matter of taking off clothes, but includes thoughts and feelings too. Married people shouldn't keep parts of life secret from each other, not money or failures, friendships or dreams. In the marriage service each partner says: *"All that I am I give to you, all that I have I share with you."*

Genesis (1:1-28) tells us that God made people in God's own image, to share God's joy. *"So God created ... them male and*

female." (📖 Genesis 1:27, GNB.) *"God looked at everything that he had made, and he was very pleased."* (📖 Genesis 1:31, GNB.)

'Everything' includes sexual organs and desires. Women and men were **both** made in the image of God. Neither sex is more important than the other; both are created to please God. Every man is born from a woman, and every woman has a father. So Christian marriage is between two **equal** human beings, where each partner shows love and respect for the other.



10. Protection and sharing

Paul wrote to the Christians living in Corinth: *“Not everything is good for you ... I am not going to let anything make me its slave.”* (📖 1 Corinthians 6:12, GNB.) Asking ‘what is good?’ enables us to think clearly about protection against HIV, for example, by using condoms. Using a condom (whether within or outside marriage) requires talk between partners. This gives space to think, and time to move towards better relationships.

In marriage, if one partner is infected with HIV, the other partner must stay uninfected to care for their children. If sex is forbidden, however, the marriage may break; this would harm the whole family. To protect the uninfected partner, the couple should use a new condom every time they have sex. The condom is used to prevent death, not to prevent new life. Condoms are also important if both partners are infected with HIV. If they exchange sexual fluids, each gives the other more HIV of a slightly different kind, so increasing the amount of HIV in the body. This weakens the body’s defence system, leading to infections and later AIDS and death.

When we share our lives with marriage partners more fully, we experience God’s love through each other. We need each other, but we easily hurt each other, especially if men and women do not know enough about the other sex. It is often easier for couples to talk about relationships in discussions with other husbands and wives. Many men and women find a ‘family life’ workshop an enjoyable way of learning more about one another, and more about sharing God’s own life. This is what God desires for us. *“Those who love me will keep my word and my Father will love them, and we will come to them and make our home with them.”* (📖 John 14:23, NRSV.)



“Since both of us have the virus, it would be wise to use a condom.”



TIME TO TALK



Part Two

Guidelines for a Family Life Workshop for church members

1. Aims

These guidelines are designed for a workshop of adult church members of both sexes. This is not a meeting where a teacher or an 'expert' passes information on to other people, but one where we hope to learn from one another.

We aim to:

- ⊙ 'break the silence' about sexuality and HIV in the church
- ⊙ help women and men to learn about one another's viewpoints and desires
- ⊙ promote mutuality and communication in marriage
- ⊙ encourage parents to take responsibility for ensuring that their children are well informed about sex and relationships.

2. Duration, location and food

These guidelines are intended for a three-day workshop, but you should feel free to adapt them to your own local situation and needs. A three-day meeting gives time for strangers to become friends and for attitudes to change. Alternatively, you can organise three one-day workshops on alternate Saturdays. You can also select individual activities for use in meetings that last for only two or three hours.

A low-cost workshop can be held in a local parish or community, where people can stay overnight in their own homes. A 'regional' workshop - with participants from different parishes or congregations - needs a conference centre large enough to house and feed people at reasonable cost.

The workshop should be held in a place that is large enough for small groups to work separately, without disturbing one another.

Provide food at midday and also care for small children, so that they are safe and don't distract their parents.

It is important that meals are ready on time. We suggest that the midday meal should be simple and easy to prepare in advance: for example, a large bread roll with margarine, a hard-boiled egg, a banana and a bottle of water. Dinner at residential workshops should be a hot traditional meal.



3. Numbers, participants and accommodation

We suggest 30 to 50 people, with almost equal numbers of men and women. At least two-thirds should be married couples, with a mixture of laity and clergy. A few single or widowed persons add useful alternative viewpoints. We recommend that husbands and wives should be together for general sessions but not during small group work. Experience shows that, if husbands and wives are in the same group, they both tend to keep quiet. If the participants are from different congregations, each person should wear a name label throughout the workshop.

If the workshop is residential, we recommend (strongly!) that each couple should share a private room, rather than staying separately in all-male and all-female hostels. We want husbands and wives to discuss each day's events and opinions in private, and to be free to do 'homework' on their sexual

relationship. Breast-feeding babies and toddlers under three may come with parents, but the workshop organisers should arrange play-care for children who can walk - to give parents a rest, and to remove children during role-plays. Young children think role-plays are real, and are frightened by acted aggression.

4. Materials required

You will need the following materials:

- ▶ one flip chart (with at least 20 sheets of paper)
- ▶ one marker pen for each group of five to eight people
- ▶ one packet of re-usable adhesive (e.g. Blu-tack) or a large roll of Sellotape
- ▶ one exercise book and a ballpoint pen (biro) for each participant
- ▶ one ream (500 sheets) of A4 paper for programme and handouts
- ▶ a receipt book to record reimbursements of travel expenses
- ▶ a certificate of attendance for each person
- ▶ a roll of sticky labels for name badges
- ▶ if possible, provide selected MAFA 'Life of Jesus' posters, which are available from Paulines Book & Media Centres.* These beautiful posters, produced in the Cameroon, show African people in Biblical scenes. Although not essential to the workshop, they help people to reconsider 'traditional' or unhelpful attitudes and beliefs.

*For addresses of Paulines Book and Media Centres, please see Appendix C.



5. Publicity

With good publicity, well in advance of the date of the workshop, you can expect a good turn-out. You can publicise the workshop in various ways, for example, through announcements after church services on Sundays, at other church meetings, and through posters and advertisements in the church or parish newsletter.

6. Timetable

We suggest that you plan to have four sessions of 90 minutes each per day, with evenings free. The two morning and two afternoon sessions will be divided by tea-breaks. Starting times for sessions will depend on the timing of meals.

Each evening, you could offer an optional video about HIV and AIDS, or about 'breaking the silence' - partly as entertainment, partly as preparation for next day. Videos such as *Everyone's Child*, *Open Secret*, *It's not easy* and *What can I do?* are suitable.

On Day Three, we suggest the same timetable, but finishing at 16h00, after the tea break.



In the evenings you can show a video - good preparation for the following day.



7. Leaders

We suggest that the workshop should have one coordinator, assisted by at least two other persons (one of each sex) for particular tasks, such as introducing sessions and leading discussion groups. These leaders should meet before the workshop to agree upon their responsibilities. They should also meet regularly during the workshop, e.g. during tea-breaks, lunch-times and evenings. These meetings are an opportunity to plan sessions together, and review how people are responding to the various activities.

Each leader should have a copy of this guide. Ideally, everyone should be given a copy at the end of the workshop, so they are equipped to run workshops elsewhere.



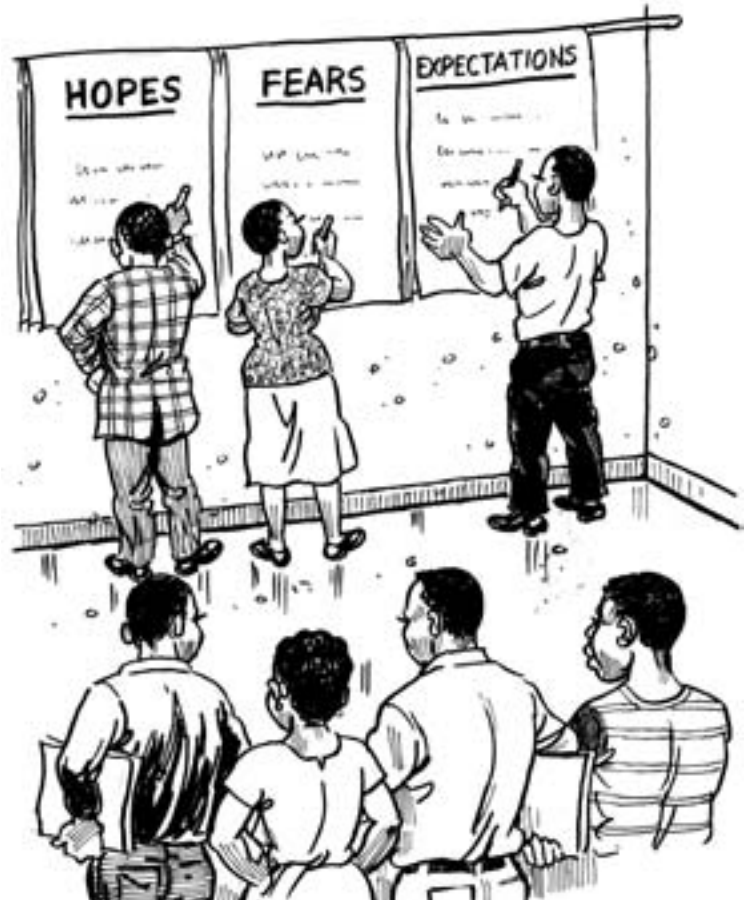
Day 1 Morning Session:

Expectations, basic facts and answers to questions

1. Hopes, fears and expectations


 Time needed: 15 minutes.

- ▷ As people arrive, provide a self-adhesive label for each person to write and display his/her first name in large letters (no titles).
- ▷ Direct participants to three blank flip chart sheets labelled 'hopes', 'fears' and 'expectations' stuck onto walls, with two (tied-down) felt tip pens by each one. Ask them to write up (or draw) important hopes, fears and expectations (maximum of two each per person).
- ▷ A short, energetic act of worship starts the day.
- ▷ Follow this up with a worship song, for example, *'A new commandment I give unto you, that you love one another, as I have loved you. By this shall all men know that you are my disciples, if you have love for one another'*.



As people arrive, they write their hopes, fears and expectations for the workshop onto sheets of paper on the wall.

2. Introductions

 Time needed: 20-30 minutes.

All the workshop participants sit together in a circle. The leaders introduce themselves, then invite everyone else to do the same, very quickly, around the circle. Ask who

is married to whom. Comment briefly on the commonest 'hopes', 'fears' and 'expectations' - to confirm that people share similar feelings!



3. Opening address

⦿ **Purpose:** To demonstrate that church authorities regard the meeting as important and give it their approval.

🕒 **Time needed:** 30 minutes.

Introduce a high-profile speaker to give the opening address, which should last 30 minutes at most. The contents should fit the theme, increase interest, give

participants permission to talk about family life and sex, and relieve - not worsen - fears that people might have expressed during Introductions.

MORNING TEA BREAK

4. A quiz

⦿ **Purpose:** To ensure that all participants have a basic understanding of the facts about HIV and AIDS.

🕒 **Time needed:** 1 hour 15 minutes.

Divide into mixed groups of six to eight persons, all in the same room. Give each group an A4 sheet of paper for recording answers to questions,

which are read out, one at a time. After each question has been read out, the groups record their answers on the sheet of paper.

Starting with a quiz ensures that all participants have a basic understanding of HIV and AIDS.





1. (a) What do the letters 'A-I-D-S' stand for?
(b) What does each word mean?
2. (a) What do the letters 'H-I-V' stand for?
(b) Can HIV live outside the human body?
3. (a) What does the body's defence system do?
(b) What happens if it grows weak?
4. Is there a vaccine against HIV? Is there a cure for AIDS?
5. (a) How do most people get infected with HIV in our country?
(b) What is the second commonest way to get infected here?
6. How can we avoid spread of HIV through blood?
7. How can we avoid spread of HIV through sex?
8. What are the three most serious consequences of AIDS in our village or city?
9. (a) Can we know if someone is infected with HIV? What do the letters 'V-C-T' stand for?
(b) Do we know anyone who has had VCT?
10. Are there medicines to (a) help HIV-infected people to live longer, or (b) stop HIV-infected mothers passing HIV to their babies at birth?

Each group marks its own quiz as one of the other co-facilitators calls out - and briefly discusses - correct answers. (For answers to these questions, please see Appendix A.) Provide 'hand-outs' of Appendix A of this guide (preferably in the local language), to take away.

5. Energiser: The Chair Game

🕒 **Purpose:** To explore our feelings towards people living with HIV or AIDS.

🕒 **Time needed:** 15 minutes.

Ask everyone to stand up and move around.

Say: *"People have different feelings about HIV-infected persons. Some people think we should avoid them, 'because they are sinners'".* Place a chair to represent this opinion.

Say: *"Others disagree, and think HIV-infected persons are 'just like us - we should accept them'".* Place a second chair, well away from the first one.

Say: *"Some people don't know what to think!"*
Place a third chair between the other two.

Say: *"Please stand wherever you want - to express how you feel today."* Watch as everyone chooses where to go, then quietly join the 'just like us' group.

Bring the exercise to a close by saying: *"Thank you for being honest! Let's respect each other's views - but we may find that our views change during this workshop. Now it's time to eat!"*

LUNCH BREAK



Day 1 Afternoon Session:

Learning more about ourselves

1. 'Points of View' game

🕒 Purpose: To show that no one person sees everything there is to see about a person or a problem.

🕒 Time needed: 5 minutes.



The 'Points of View' game demonstrates that different viewpoints result in different understandings of the same subject.

Ask someone to stand still in the middle of the circle, looking straight ahead with hands clasped behind his/her back. Invite a man to stand directly behind this person, and a woman to stand directly in front of him/her, both a few feet away. Tell each observer that he or she must answer questions by reporting **only** what he or she can actually see. Say to

one observer, "Imagine you have not seen anything like this before! What is it? Is it an animal or human?" Then address questions to each observer in turn, as quickly as possible, "Has it got hands, eyes, a nose, hair, ears etc" - people laugh and everyone sees that different viewpoints result in different understandings of the same object.



2. Understanding one another

🕒 **Purpose:** To help women to understand men better, and men to understand women better.

🕒 **Time needed:** 1 hour 20 minutes.

This is a key session for the whole workshop. Men and women work in separate groups, each with a same-sex leader, then share ideas. In these groups several people will often talk simultaneously, with much laughter - so groups need enough space not to disturb each other!

Each leader briefs his/her group separately. For example, the woman tells the women "You are 'experts' on women! What would you like men to know about women, and women's views on marriage, including sex?" She asks leading questions, if necessary, to get them started, e.g. Do women know best? Or do men know best? Where is the truth? What do women hope for, fear, and actually experience in relationships?

During this session it will perhaps be necessary to discuss sexual organs or acts. But the words used to discuss these topics are often considered rude, offensive or shameful. We suggest three ways of addressing this challenge:

- ▶ use ordinary words, but check first whether they are acceptable
- ▶ use short phrases like 'birth-passage' or 'the male organ'
- ▶ borrow words from a known international language, such as English (e.g. 'vagina', 'penis').

In our family life workshops we have used all three methods, depending on the language of the workshop.

One member writes down the group's ideas on two or three flip chart sheets per group. The leader notes body language, key phrases and which ideas cause most animation and laughter. The men, of course, are 'experts' on men, and talk about what they want women to know about men. Group-work needs 45 minutes.

Return to the large group, where women and men, in turn, present their ideas, using their prepared flip charts. Allow time for women to comment on men's views - and men to comment on women's views. Leaders say which topics caused laughter - or other responses - in their groups.

Key points for men:

In family life workshops in Malawi and Zambia, men made the following points:

- 🕒 good sex comes first
- 🕒 'love' of a caring, friendly kind, comes second
- 🕒 a husband wants to be welcomed as he returns home and praised and thanked for what he does right
- 🕒 men fear 'other men coming to our women', and impotence
- 🕒 men **hope** for cleanliness of body and surroundings, and to keep 'secrets' (e.g. salary, other relationships) safe from their wives.

Key points for women:

In the same family life workshops in Malawi and Zambia, women made the following points:

- 🕒 'love' - of a friendly, caring kind - is most important
- 🕒 security: husband provides for daily needs reliably
- 🕒 husband stays at home in the evenings or comes home in good time
- 🕒 husband shares joys and sorrows and is willing to talk
- 🕒 women become sexually aroused more through touch than by sight. (In one



workshop a woman said: “We are only aroused by the sight of a naked man at the start of marriage!”)

- women **fear** beatings, that their husbands will leave them or take second wives, disgrace them in front of others or lay down unreasonable rules
- women **hope** for trust, respect, mutual submission in sexual relations, and for care - especially when ill.

Key points for both men and women:

During plenary sessions, with both men and women present, the following points were made:

- Many men don’t know that women are aroused by touch more than by sight. Nor do men realise that women’s sexual responses develop slowly, compared with male arousal.
- In sexual relations men want their wives to be ready for sex and ‘heated’ beforehand, but traditionally don’t see that this is partly their responsibility. Women are traditionally taught to lie naked, ‘ready’ for the husband who is expected to reach arousal first - and to ‘finish first’, often before his wife reaches orgasm.
- Men want their wives to feel free to touch their (male) genitalia - but culture prevents them from saying so. However, they are willing to learn and quick to understand that greater mutuality in sexual relations increases pleasure for both partners. In one workshop a man said: “We should first entertain our wives by touching various parts of their bodies.”
- Couples can’t talk about what they like - or dislike - for fear of being accused of

adultery, although women want to know what would please their men.

- Women appear to have richer relational lives than men, as they have support from women friends, with whom they can



In workshops in Malawi and Zambia, women said they feared beatings by their husbands.

discuss intimate matters on a basis of mutual trust.

- Men seem lonely and unsupported, compared with women. When asked: “Who do you confide in, if you have a problem?” one group of men in Malawi couldn’t agree on an answer - certainly not their wives, or most other men - “because we don’t trust one other”.



3. A playful game: *Prr-pukutu**

🕒 Purpose: to release tension and make everyone laugh at the end of this concentrated session.

🕒 Time needed: 5 minutes.

Ask everyone to stand in a circle and to respond to what you call out. Explain that you want them to think of two birds. One calls 'prrr' and the other calls 'pukutu'. If you call out 'prrr' all the participants have to stand on their toes and move their elbows out sideways, as if they were a bird ruffling its wings. If you

call out 'pukutu' everyone should stay still and not move a feather. Proceed, by calling out 'prrr' or 'pukutu'. Anyone who moves when they shouldn't, or who stays still when they should move, has to drop out of the game. Go on until just a few people are left in the circle. Everyone should have a good laugh.

AFTERNOON TEA BREAK

4. Biblical points of view: Do we see clearly, especially about the place of women in our society?

🕒 Time needed: 1 hour 30 minutes.

Ask people to return to the (mixed) quiz groups used in the morning and explain that we want to allow our 'points of view' to be re-shaped by the gospels. Give each group a MAFA gospel poster. If these are not available, distribute handouts with a Biblical passage in bold type. Half of the groups receive John 9:1-7 (blindness and sin) to study, and the rest receive John 4:7-18, 27-29 (women in society). Groups with the 'blindness' poster receive three questions:

"Are we blind?" "What do we fail to see?" and "Are we willing to be healed?"

Give the other groups three different questions: "Who shows respect?" "Who gives respect?" "Could this conversation happen in your village or community?" Allow 15 minutes for the introduction; 30 minutes for group discussion and reflection; 45 minutes for reporting back. It is rarely necessary to comment.

DINNER

* Stepping Stones, Alice Welbourn, Strategies for Hope Trust, 1995, ISBN 1 872502 33 4, p. 86.



Day 1 Evening Session:

Video showing

⌚ Time needed: 1 hour 15 minutes, to allow for a 10 minute introduction and 15 minutes discussion afterwards.

Show the video, *What can I do?* (49 minutes), which depicts the life and the HIV ministry of Canon Gideon Byamugisha, in Uganda.









Day 2 Morning Session:

Changing attitudes to people living with HIV (stigma)

1. Biblical points of view

 Time needed: 45 minutes (25 minutes in groups, 20 minutes for reporting back in plenary session).

Start the day with new Bible studies in different mixed groups of six to eight people. Use passages and MAFA posters (if available) that challenge existing attitudes to:

-  Stigma (Mark 1:40-45)
-  Reputation (Luke 18:9-15)
-  Sexual sin (John 8:1-11)
-  Children (Luke 2:41-51).

We suggest that this Bible study session could be based on three questions:

"What do we SEE in this text?"

"What does the passage SAY about our daily lives?"

"What ACTION is necessary?"



**Start the day
with Bible
studies.**



2. Attitudes to people living with HIV

🕒 **Purpose:** To explain how people can find out (through voluntary counselling and testing - or 'VCT') if they are infected with HIV, and to help them understand how someone newly diagnosed HIV-positive might feel.

🕒 **Time needed:** 45 minutes (20 minutes for the HIV counsellor, 25 for the couple).

An HIV counsellor, or a nurse trained in counselling, describes the process of being tested for HIV infection (voluntary counselling, blood taken and tested, result given by counsellor).

Then introduce an HIV-positive couple, who talk about how it feels to learn about a

positive test result, and how - and when - to tell other people.

Alternatively, refer back to sections 1 and 2 of the video, *What can I do?*, where Canon Gideon Byamugisha describes his own experience. A lively discussion usually follows!

MORNING TEA BREAK
(in which the couple living with HIV take part)

3. Role plays to explore stigma

🕒 **Purpose:** to explore stigma in relation to HIV and AIDS.

🕒 **Time needed:** 1 hour 20 minutes.

Ask first: "What does 'stigma' mean?"

Put clergy in one group (they play themselves), members of a women's organisation in another (they also play themselves), and divide the remaining men and women evenly into two groups: one group are 'parents' while the other forms a 'church or parish council'. Explain that each group will be given a different 'story' and prepare a 5-minute role-play to show what they - as a group - think, feel, say and do about the situation described. Separate the groups, out of earshot of each other, and allow 20 minutes preparation time. Don't allow verbal reports: role-plays are dramatically better!



**Parents:**

☞ 'Your teenage son - very upset - tells you that he has been tested for HIV and found positive: what do you think, feel, say and do?'

Women:

☞ 'Your group secretary tells you that she has tested positive for HIV and wants to talk openly about it. What do you think, feel, say and do?'

Clergy:

☞ 'Your senior lay leader - very upset - tells you that he has been tested for HIV and found

positive: what do you think, feel, say and do?'

Church or parish council:

☞ 'Your priest or pastor tells you that he has tested positive for HIV. What do you think, feel, say and do about this?'

Each group in turn acts their role play in the order above. Invite comments and add your own. Role-plays are essential because body language often contradicts acceptable 'words' or 'actions'. Be prepared for disappointment - or to be overwhelmed by the acting skills and sensitivity of participants.

4. Preparation for afternoon sessions

🕒 Time needed: 5 minutes.

A leader explains that this afternoon we will ask: "What shall we teach our children and teenagers about sexuality and relationships, and how shall we do so?" We hope that our Bible studies this morning will help us to think (and talk) about this important teaching in new ways. We know that in many cultures parents traditionally gave

responsibility for sex education to others (probably older relatives), but in the age of AIDS this tradition is no longer good enough. Strong taboos still prevent parents from discussing sexual matters with their own children. In today's world our traditions need to change. Invite people to think about this as they eat.

LUNCH BREAK



Day 2 Afternoon Session:

Talking to our children; changing attitudes to violence

1. What - and how - shall we teach our children about sexuality and relationships?

© Purpose: To consolidate what we have discussed so far, and to encourage parents to take responsibility for ensuring that their children learn about sexuality and relationships.

🕒 Time needed: 1 hour.

Divide into mixed groups again, and give each group a different task. Using your knowledge of participants, choose either a **chronological approach** ('What do we teach at under five years? Between five and ten years? At puberty? At ages 14 to 16? About courtship and marriage? In direct preparation for marriage?')

or a **'topic' approach** ('What shall we teach our children about relationships, gender, where babies come from, growing up and teenage years, courtship, marriage, conflict?'). Allow about 30 minutes for brainstorming in small groups (make flip chart notes) and 30 minutes for reporting back and discussion.

AFTERNOON TEA BREAK

2. Violence in the home and in society

© Purpose: To challenge the perception that violence in the home is normal.

🕒 Time needed: 1 hour (see A and B below for details).

There are two alternative ways of using the time. Please choose **ONE** only from A and B:

A. Discussion groups: Separate men and women into two groups. Ask both groups to think about ways in which they have used 'violence', in any form, towards those of the opposite sex.

(Time needed: 30 minutes for reflection and discussion, 30 minutes to report back.)



B. Role plays: divide into mixed groups of about five people each. Do not have any young children present, as they will experience acted violence as real. Choose one scene for each group from these suggestions:

(Time needed: 5 minutes explanation, 20 minutes for each group to prepare their role play, 20 minutes for presentation of role plays, 15 minutes for comments and discussion.)

- 1 The husband and wife sell produce (e.g. vegetables, cotton, coffee) which they have grown together; the man takes the money and goes off to the bar for beer and a woman; the wife thinks sadly about new blankets she had hoped to buy.
- 2 A man promises his future wife that he will care for her two children by a previous marriage 'as if they were my own'. A year later they have a new baby, the older children are kept out of school to 'work' and fed on scraps.
- 3 The husband forbids his wife to go to bed before he gets home; he returns at midnight, drunk, and beats his sleepy wife because no food is ready.
- 4 The wife returns exhausted from the gardens after weeding in the rains. The husband sits reading a newspaper, ignoring quarrelling children and an empty water-bucket, then shouts at his wife 'Why are you late? And why is no food ready?'
- 5 The wife is annoyed with her husband and unwilling for sex, so she leaves beads (that signal she is menstruating) hanging in the bedroom for several more days than usual. The husband eyes the beads anxiously: surely her period is going on too long? Neither partner feels able to talk about their problem.
- 6 The wife asks her husband to come to church with her. The husband says 'you go, I will follow' because he doesn't want to walk with her in public, and will not sit with her in church.
- 7 (a) The husband is ill with a cough, his wife cares for him kindly and fetches medicine for him from the shop
(b) The wife is ill with a cough, her husband expects her to fetch wood, water, weed, cook - as usual.
- 8 The wife suggests to her husband, who lives and works in the city and has returned home for a few days, that they should use condoms when having sex.





3. Biblical perspectives

 Time needed: 30 minutes.

Finish the afternoon with one Bible study for the whole group. Use a gospel picture showing the story of the Prodigal Son (Luke 15:11-23). Ask: "Is forgiveness needed in marriage, too?" "Is the father too generous in his welcome to his son?"

Use reflective songs and prayers to express sorrow for attitudes and actions that have hurt people in the past and that continue to hurt today. Then express our **longing for strength to change** our behaviour - to turn to Christ in all aspects of life.

DINNER

Day 2 Evening Session:

Video showing

 Time needed: variable - from 35 to 100 minutes.

Show any other videos of relevance to HIV and AIDS and communities, e.g. *Open Secret* (Strategies for Hope), *Under the Mupundu Tree* (Strategies for Hope), *Living Hope for Africa* (World Relief), *Everyone's Child* (Media for Development Trust), or *It's Not Easy* (Media for Development Trust).





Day 3 Morning Session:

Mutuality and communication in marriage

1. Act of Worship

 Time needed: 1 hour. Note: The act of worship should start 30 minutes earlier than the first session on the previous day.

In churches where the Eucharist is the central act of worship, this day begins with Holy Communion, using readings about the Last Supper. Other churches may begin the day with a service of worship according to their own traditions. This is an opportunity for a short address that links together creation (bodies matter to God), God sharing human

life in Jesus (incarnation) and Jesus sharing his life with us through matter - bread and wine. The preacher reminds everyone that Christians are parts ('limbs') of the Body of Christ and that we can - and must - respect HIV-infected people as also 'members of Christ'. 'The Body of Christ has AIDS' is a statement of fact.

2. Marriage as a partnership

 Purpose: To demonstrate that equal partnership is the most satisfying model for Christian marriage.

 Time needed: 45 minutes.

Start with two well-prepared role plays (use good actors identified in the 'stigma' session). Each role play lasts 5 minutes. The first shows a couple at home. They don't talk but sit in hostile, back-turned-to-back silence - until a visitor arrives. They try to welcome her, but hostility remains strong, which embarrasses the visitor and drives her away. In the second drama, the couple talk cheerfully about their family and decide about a purchase or an outing - together. When a visitor arrives she is welcomed warmly, and drawn in to share their plans for the day.

A speaker now talks (preferably with plenty of humour) about mutuality and how couples

do - or do not - communicate with each other. The speaker can be either one of the workshop leaders or a senior member of the clergy who has been invited especially for this session. He or she points out common causes of quarrels and unhappiness in marriage:

- money and how to budget for needs before luxuries
- balancing competing demands from relatives (e.g. visits, money)
- criticism of one or other partner from relatives
- how to settle disagreements between partners (talk or violence?)



- number of children (one man said in a workshop: "You end up with 13 children; neither of you actually wanted that many - but you never talked about it!")
- infidelity and dissatisfaction with sex.

All these matters should be talked-through by couples before they marry. Encourage

clergy to give priority to preparing couples for marriage and supporting them in their marriages.

Break up into mixed groups for 15 minutes to discuss how to support marriages, e.g. through clergy, other church leaders, family and friends, members of the church congregation.

MORNING TEA BREAK

3. Facing crises together

© **Purpose:** to show how a couple with two children might communicate with each other - and behave - at critical points in their lives.

🕒 **Time needed:** 1 hour 30 minutes.

Divide into mixed groups of about 5 people; husbands and wives should not be in the same group.

Five different scenes are distributed between the groups (depending on numbers, some groups may have the same 'scene'). In each group a man and a woman should play a married couple, the other participants are friends or relatives chosen as 'advisors' by the couple. Each couple should decide and act out **"what is most important for us, together, now"** and **"how our lives will change"** for their particular situation. They can ask their advisors for help or to stop interfering - if this is what they choose. Advisors will be asked to act out how they felt and what they wanted to say or do.

Scene 1: The man tells his wife that he has decided to go for HIV testing.

Scene 2: Both partners have been tested, and both are negative for HIV.

Scene 3: The wife comes home, upset, from the antenatal clinic, where she has just

been told that she is HIV-positive in her first pregnancy.

Scene 4: Both partners have been tested and both are HIV-positive.

Scene 5: One partner (participants decide which one) is seriously ill and wants to discuss what will happen to his/her spouse and children if he/she dies.

Scene 6: The husband, who has just returned from a business trip, suggests to his wife that they should use condoms when having sex.

Tell each group what their scene is to be about. Allow 15 minutes to prepare and 5 minutes for each role-play. Both groups with the same scene should perform their dramas before that scene is discussed (5 to 10 minutes per scene). This is a long exercise that may need to continue into the first hour of the afternoon.

Any or all of the following 'issues' may be discussed during this exercise:



- ❖ It is best for both partners to go for voluntary counselling and testing (VCT) together
- ❖ If both test negative, how will partners agree to stay negative in future?
- ❖ 'Shame' and 'blame', living with 'failure', forgiveness, a new start
- ❖ Coping with knowing a positive test result, who to tell, how to tell, when to tell, need for support, post-test self-support groups
- ❖ The use of condoms to avoid infecting an HIV-negative partner, or to avoid increasing the amount of virus in bodies of partners who are both HIV-positive
- ❖ The use of condoms to prevent death, not with the intention of preventing pregnancy
- ❖ Advisors can offer support or ask questions, but should NOT tell the couple what to do
- ❖ Partners want to share responsibility for future welfare of the family: how can they do this? When should children be told what is happening?



Role play: the wife learns she is HIV-positive in her first pregnancy.

LUNCH BREAK



Day 3 Afternoon Session:

Planning for action

🕒 **Purpose:** To enable participants to make plans for specific actions when they return home from the workshop.

🕒 **Time needed:** 1 hour 10 minutes.

In the large group, give a quick overview of the issues covered by the workshop. Then ask: **“What shall we do when we go home?”**

Next, couples talk together for 5 minutes about what they plan to change in their own relationship and in care for their children. No-one will ask exactly what they decide to do, but they do need a plan.

Then ask couples from the same community to sit together and plan how they will share their experiences and learning with people at home. Time required: 10 minutes discussion, then groups share good ideas for 20 minutes.

Finally ask what actions the whole group wants from the church. For example:

- ★ Start an organisation for men, for mutual support, to provide role models for youngsters, to change men’s expectations about sex
- ★ Arrange a marriage support group in every community
- ★ Begin - or improve - marriage preparation
- ★ Continue - and improve - talk about family life and sex in the church
- ★ Start a post-test club in each parish
- ★ Identify and train counsellors to talk with young people and young couples about sexual behaviour, relationships and marriage.

Closing ceremony

🕒 **Time needed:** 20 minutes.

A senior church leader thanks everyone for coming and for their enthusiasm, before presenting simple individual certificates of attendance to each person. If possible, a copy of this guide should also be given

to each participant, some of whom will be able to use it to run workshops themselves. A song or two, a prayer or blessing, and a group photograph bring the workshop to an end.



A final note: Outcomes

- In Malawi, Kenya and Zambia, people invariably said that they had enjoyed a family life workshop using the exercises in this book, and wished it had lasted longer. They went home invigorated and later talked about the workshop with friends.
- Women in particular 'came to life' during the sessions and started joining in spontaneously, by asking questions and offering songs or comments. Some women said: "We have never been in a meeting with men before!"
- Other people said: "Now we can talk about this in our own congregations."
- One husband commented four months later: "Now my wife can ask me when she wants sex."
- One parish priest went home and immediately organized a similar workshop for couples from all his congregations.



APPENDIX A:

BASIC INFORMATION ABOUT HIV AND AIDS: ANSWERS TO QUIZ

1. 'AIDS' stands for **A**cquired **I**mmune **D**eficiency **S**yndrome:

'Acquired' means 'this disease is caught from another person'

'Immune system' refers to the body's defence system

'Deficiency' means 'lack of' (in this case, the 'officer' cells of the body's defence system)

'Syndrome' means collection of signs and symptoms that show illness.

2. 'HIV' stands for **H**uman **I**mmunodeficiency **V**irus. HIV cannot live outside the human body except, for a short time, in body fluids (blood, semen, vaginal fluid) that are still wet.

3. The body's defence system protects us from disease-causing bacteria, viruses or fungi ('germs') and helps recovery if we do get ill. If the defence system is weak we get ill more often, more seriously, and recovery from illness is slow.

4. There is no vaccine against HIV and no cure for AIDS.

5. HIV infection occurs most often through sexual relations, much less often through blood contacts or from mother to child.

6. Avoid spreading HIV through blood contacts by not sharing needles, razor blades, tooth-brushes or anything that can damage the skin and draw blood. Test blood which is intended for transfusion for HIV and only use if free from infection.

7. Avoid spreading HIV through the rule: 'one man and one woman'. This means - for BOTH partners - no sex before marriage or

outside marriage, that is, 'abstain' and 'be faithful'. If this safe and Bible-based advice is not followed, then a new condom should be used, correctly and carefully, for every act of sexual intercourse. Also, if one or both partners is already HIV-positive, a new condom should be used for every act of sexual intercourse.

8. Common consequences of AIDS in our communities are large numbers of:

- early deaths and frequent funerals
- people who are ill or are looking after ill persons
- orphans, 'street children' and unsupported old people
- families that become poor and don't grow enough food.

9. No-one can identify an HIV-infected person by 'just looking'. A blood test is needed to look for antibodies to HIV. 'Voluntary Counselling and Testing' means:

- voluntary ('I choose to do this')
- counselling (pre-test): someone explains about HIV, and why testing is useful - and (post-test) the result is given and explained in private
- testing (blood is taken and tested in a laboratory).

10. Antiretroviral drugs (ARVs) slow down the multiplication of HIV and allow the defence system to regain strength. However, these drugs must be taken **every day** for the rest of the HIV-infected person's life, or illness will return. ARVs given to a woman in labour or pregnancy greatly reduce the risk that the baby will be infected with HIV.



APPENDIX B:

BIBLE READINGS

The following Bible passages can be used to assist private meditation and prayer, or for group study or worship on themes related to HIV and AIDS.

Job 1-3; 29-31; 38-41: Job's suffering and faith in God

Psalms 23: The Lord Our Shepherd

Psalms 27: A Prayer of Praise

Psalms 139: God's detailed love for us

Matthew 5:1-12: The Sermon on the Mount

Matthew 7:1-6: Judging Others

Matthew 22:34-40: The Great Commandment

Luke 10:30-37: The Parable of the Good Samaritan

Luke 19:1-9: Jesus and Zacchaeus

John 4:7-30: Jesus and the Samaritan Woman

Romans 12:9-19: Life in God's Service

James 2:1-13: Warning Against Prejudice

James 2:14-26: Faith and Actions

1 John 3:11-18: Love One Another

Revelation 21:1-4: The New Heaven and the New Earth



APPENDIX C:

PAULINES BOOK AND MEDIA CENTRES

Cathedral Bookshop, P.O. Box 2381, Dar es Salaam, Tanzania. Tel. & fax (022) 2113204. Email: cathbshop@cats-net.com.

Catholic Bookshop, P.O. Box 30249, 00100 Nairobi GPO, Kenya. Tel. (020) 3338514. Fax 4442144.

Daughters of St Paul, P.O. Box 9763 GPO, 10 Garki-Abuja, Nigeria. Tel. (09) 5230905.

Daughters of St Paul, P.O. Box 70979, Overport 4067, Durban, South Africa. Tel. (031) 2088803. Email: paulinedbn@mweb.co.za.

Daughters of St Paul, 50 St Paul's Avenue, Jamaica Plain, Boston MA 02130, USA. Email: prov3rdfl@aol.com.

Pauline Book and Media, 150 Castlereagh Street, Sydney, Australia. Email: customerservice@paulinbooks.com.au.

Paulines Book and Media Centre, P.O. Box 4392, Kampala, Uganda. Tel. (041) 256346. Fax 349135. paulines@africaonline.co.ug.

Paulines Book and Media Centre, P.M.B. 21243, Ikeja, Lagos State, Nigeria. Tel. (01) 7741636. Email: paulinelago@multilinks.com.ng.

Paulines Book and Media Centre, P.O. Box 641, Bruma 2026, Johannesburg, South Africa. Tel. (011) 6220488/9. Fax (011) 6220490. Email: paulines@iafrica.com.

Paulines Catholic Bookshop, P.O. Box 36291, Lusaka, Zambia. Tel. (01) 220264. Fax 250134. Email: paulines@zamnet.zm.

Pauline Multimedia, Via del Mascherino 94, 00193 Rome, Italy. Tel. (06) 6873254. Fax (06) 68308094. Email: inglese@paoline-multimedia.it.

Paulines Publications Africa, P.O. Box 49026, 00100 Nairobi GPO, Kenya. Tel. (020) 4447202/03. Fax 4442097. Email: publications@paulinesafrica.org.

St Paul Multimedia, 199 Kensington High Street, London W8 6BA, U.K. Email: london@stpaulmultimedia.co.ke.

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 and 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.

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.

EDITOR: Glen Williams

THE AUTHORS

The Right Rev James Tengatenga is Bishop of the Anglican Diocese of Southern Malawi, based in Blantyre, Malawi.

The Rev Dr Anne Bayley is a priest in the Church of England, and a former Professor of Surgery at the University Teaching Hospital, Lusaka, Zambia.



ISBN 978-0-9549051-8-7
ISBN 978-1-905746-31-6 (E-book)