



Called to Care  
  
No. 7

# Call to Me

How the Bible  
speaks in the age  
of AIDS

Edited by  
**William Mchombo, Joyce Larko Steiner,  
Dennis Milanzi and Alfred Sebahene**









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in the age of AIDS**

*“Call to me and I will answer you; I will tell  
you wonderful and marvellous things that you know  
nothing about.” (Jeremiah 33:3)*

**Edited by  
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Dennis Milanzi and Alfred Sebahene**





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# Call to Me

## How the Bible speaks in the age of AIDS

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We are particularly grateful to CAFOD, the Interchurch Organisation for Development Cooperation (ICCO) and Kerk in Actie, the Lutheran World Federation and World Vision International, who funded the production and distribution of this book.

Glen Williams  
Series Editor  
Strategies for Hope Trust

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
HIV	Human Immunodeficiency Virus
VCT	Voluntary Counselling and Testing





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# 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 AIDS 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 less effective, however, in addressing problems such as HIV prevention, 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 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 handbooks on issues related to HIV and AIDS for churches and communities, especially in sub-Saharan Africa. The Called to Care handbooks 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 AIDS 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 AIDS.

The Called to Care toolkit consists of practical, user-friendly handbooks designed for use with churches and communities at different levels of awareness and experience in relation to the AIDS epidemic. This book, no. 7 in the toolkit, brings together 20 Bible studies on a wide range of topics that are closely related to HIV and AIDS.

More Called to Care handbooks are currently being developed. These will be on topics such as parenting, food security and nutrition, and lifeskills for young adolescents.

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 handbooks in 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](http://www.stratshope.org).

Yours in faith and solidarity,  
Glen Williams  
Series Editor  
Strategies for Hope Trust





## **CALLED TO CARE partners**

The Called to Care toolkit is published and distributed in partnership with the following international, national and local organisations:

Africa Christian Textbooks  
African Holy Zionist Church  
African Network of Religious Leaders living with or personally affected by HIV and AIDS (ANERELA+)  
Anglican Diocese of Eastern Zambia  
Anglican Diocese of Southern Malawi  
Balm in Gilead  
CAFOD  
Catholic AIDS Action  
Christadelphian Meal-a-Day Fund  
Christian Aid  
Christian AIDS Bureau for Southern Africa  
Christian AIDS Network  
Christian Connections for International Health  
Christian Council of Ghana  
Christian Literature Fund  
Council of Anglican Provinces of Africa  
Ecumenical HIV and AIDS Initiative in Africa, World Council of Churches  
Family Health International  
Interchurch Organisation for Development Cooperation (ICCO)  
International Christian Medical and Dental Association  
International Network of Religious Leaders living with or personally affected by HIV and AIDS (INERELA+)  
Kachere Press  
Kerk in Actie  
Khulakahle Child Counselling and Training Forum  
Lutheran World Federation  
Masangane  
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Mercy Ships  
Micah Initiative  
Misereor  
missio Aachen  
Organisation of African Instituted Churches  
Tabernacle Sifa  
Tearfund  
United Society for the Propagation of the Gospel  
Upendo AIDS Centre  
World Vision International  
Zentrum Oekumene.





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# Foreword

This handbook is the result of workshops and individual initiatives in four African countries. The process began with a four-day-long writers' workshop in Chipata, capital of Zambia's Eastern Province. We began by developing the basic structure of the Bible studies, drawing inspiration from a manual entitled *Doing Contextual Bible Study: A Resource Manual*, produced by the Ujamaa Centre in Pietermaritzburg, South Africa. We then drafted 12 of the 20 studies which now constitute this book. We also field-tested these studies with local church congregations in eastern Zambia. The other eight studies were developed and field-tested by colleagues in Ghana, South Africa and Tanzania.

The members of our writers' group come from a broad ecumenical background, consisting of Anglican, Catholic, Lutheran, Methodist, Pentecostal and Reformed Churches in our various countries. Three studies were also developed by a church leader in collaboration with two groups of HIV-positive people in South Africa.

Developing and testing these Bible studies has been a challenging but enriching experience. We are all involved in church- and community-based responses to the AIDS epidemic, which affects us all. We all use the Bible in our collective worship, in our ministries and in our personal lives. But we had never before tried systematically to link such a wide range of key themes related to the AIDS epidemic to Biblical passages, and to draw guidance and inspiration from them. We have found this experience profoundly rewarding. It has reminded us that we, the Church, are deeply affected by the AIDS epidemic. But it has also reminded us that, as the body of Christ, we have the spiritual and moral resources to overcome many of the great challenges posed by the epidemic.

We would like to thank the many church groups in our various countries who helped us to field-test this book and to make it more relevant to the concerns and needs of our churches and communities.

It is our fervent hope that this book will be widely used by churches and community groups, NGOs and schools, Bible colleges and theological seminaries, religious congregations and families, and by groups of people living with HIV. We sincerely commend it to all who are concerned about the AIDS epidemic and are involved in responding to its many challenges.

Right Reverend William Mchombo  
Anglican Diocese of Eastern Zambia  
Chipata, Zambia





# Introduction

This section presents the following information:

**WHO** this book is for.

**WHY** this book was written.

**WHAT** this book is about.

**WHERE** and **WHEN** this book can be used.

**HOW** this book can be used most effectively.

Please read these pages before you begin to use the Bible studies which make up the bulk of this book.

## Who?

This book has been written primarily for churches, faith-based organisations and community groups in sub-Saharan Africa, but it can be easily adapted for use in other parts of the world. It is intended for use not only by pastors, priests and religious sisters and brothers, but also by other church members, including prayer and study groups, women's and men's fellowships, youth clubs and groups with a particular focus on HIV and AIDS. It can also be used by groups of people living with HIV and other community-based organisations without a particular religious background or focus. Non-governmental organisations should find it a useful tool in establishing and developing a working relationship with churches. Bible schools, theological colleges and other church training institutions should find it useful for their courses. Church secondary schools should also find it useful in helping teachers and pupils address a wide range of issues related to HIV and AIDS.

The Bible studies in this book are designed to be led by persons who are already familiar with the Bible, have a good knowledge of the AIDS epidemic and are experienced in conducting community meetings. No special training should be needed in order to use

these books. However, the Bible study leader does need to read this Introduction carefully, and to prepare for each session by reading and reflecting deeply on the contents of each study.

We recommend that the optimal number of Bible study participants is 15-30 persons. People of all ages, and of both sexes, can participate. It is advisable for the study leader to be assisted by two to four other people, who can lead the sub-groups in which many of the discussions will take place. Ideally, the leader and the assistants should each have a copy of this handbook.

## Why?

Churches throughout the world are affected by the AIDS epidemic in a wide variety of ways. In most countries of sub-Saharan Africa, virtually every church congregation has people who are living with HIV - either consciously or unconsciously, openly or in secret. For clergy and lay church leaders, conducting funerals and comforting mourners has become the most common form of church service. Many church members (mostly women) spend many hours every week providing practical, spiritual, material and social support to orphans and widows affected by HIV and AIDS.





**Many church members (mainly women) spend several hours every week providing practical, social, spiritual and material support to orphans.**

To learn about HIV and AIDS, we usually read books by scientists, doctors, other health experts, social activists and communication specialists. When the books that now comprise the Bible were being written, the AIDS epidemic did not exist. Yet the Bible is an extremely rich source of moral guidance, spiritual support and inspirational ideas for responding to the multiple challenges of HIV and AIDS. Although we may use the Bible regularly in our daily lives, most of us have not systematically studied it in order to help us understand and respond to the AIDS epidemic and the issues which it raises. This is precisely what this handbook sets out to do.

## What?

The book consists of 20 Bible studies on topics such as sexual behaviour, marriage, hope, church leadership, forgiveness, people living with HIV, fear and anxiety, stigma,

children, and death, grief and mourning. Each study should take between 90 minutes and two hours to complete.

## Where and when?

The Bible study sessions can be held in many different places: for example, in churches and church halls, private homes, classrooms, community buildings, or in the open air under a tree. They can be organised either occasionally or more often, such as once a week. They can also take place more frequently, for example at workshops and conferences, where three or four can be held within a single day.

## How?

The 20 studies in this book are classified according to six main themes (see Contents page). This classification is intended simply





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as a guide to the contents of the book. It is not meant as a rigid structure to be followed in a particular order. Anyone wishing to use this book should feel free to 'pick and mix' whichever studies seem most relevant to the interests, concerns and needs of the group concerned.

Each study consists of seven steps, starting with introductions (Step One) and moving on to the study of one or more Biblical passages (Step Two), to be read aloud either in English, or the local vernacular language. Step Three includes a short text (in a box), entitled The Biblical Context, to help the group understand the social, religious and historical context at the time when the passages were written. The study leader may decide either to read this text aloud, or to use his or her own words to provide whatever information is needed. Several questions (Step Four) follow, to help the group understand the significance of the passages. All these discussions take place within the large group.

In Step Five, the study group leader introduces the HIV-related topic to which the Biblical passages are relevant. A short text (in a box), entitled The HIV and AIDS Context, is provided. The leader may read this aloud or explain the main points in his or her own words. There then follow several questions, to be addressed by the group, which should be broken into sub-groups of five or six people each.

Each sub-group should either discuss a set of questions or respond to a specific suggestion, such as preparing a personal testimony, making up a role play, doing a drawing or composing a song or a poem. The sub-groups then come back together (Step Six) and the leader invites them to present their responses to the questions and suggestions.

In the last section (Step Seven), the leader asks the whole group for suggestions about

how the local church or community should address the problems being discussed. The Bible study session closes with a prayer, sometimes also with a short Bible reading or a song.

Although these guidelines are important, you should feel free to adapt each Bible study to your own needs and situations. As the Ujamaa Centre in Pietermaritzburg, where the Contextual Bible Study methodology was developed, has noted:

"You need to make these Bible studies your own, be flexible in your use of them, adapt them for your own context, and construct others like these that will also meet the needs of your context." <sup>1</sup>

You will need very little in the way of learning materials and teaching aids: if possible, everyone should have a copy of the Bible; you will need a flipchart and marker pens; and each participant should have either a notepad or a piece of blank paper, and a pen or pencil.

Before starting the Bible studies, you will need to decide on the language (or languages) to be used. Often this will be the local vernacular, in which case the Bible passage should also be read out in the same language. When something is written on the flipchart, remember to read it out loud so that illiterate or semi-literate members of the group can also understand.

Bear in mind that some topics may lead to heated discussion and disagreement. Sometimes you might have to move the discussion on, although some participants might not be in full agreement with the views of the majority. In such cases, you could arrange to meet with the concerned persons later on, or to ask a respected third party (such as a religious leader or teacher) to help resolve the issue in dispute.

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<sup>1</sup> Gerald West and Ujamaa Centre staff, *Doing Contextual Bible Study: A Resource Manual*, Ujamaa Centre for Biblical and Theological Community Development and Research, Pietermaritzburg.






# God's faithfulness . . .

## 1. God's grace

### Learning objectives

1. To understand and appreciate God's grace in the lives of people living with HIV and those who support and care for them.
2. To encourage everyone living with, or affected by, HIV to reach out and accept God's grace.

**Texts:**  1 Corinthians 15:8-11;  1 Timothy 1:12-14;  Ephesians 2:8-9.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be on the theme of God's grace and the AIDS epidemic. In order to get the group into the right mood for the topic, ask the group to sing one or two verses of the hymn, 'Amazing Grace', or a chorus about the grace of God.

### Step Two

 5 minutes

Ask three people to read the passages 1 Corinthians 15:8-11; 1 Timothy 1:12-14 and Ephesians 2:8-9.

If participants have their Bibles with them, invite them to follow the passages being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them about each passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Introduce any additional information needed from the Biblical Context box (right):

### Step Four

 10 minutes

Ask the group to address the following questions, written on a flipchart, which should

### The Biblical Context



The word 'grace' occurs only eight times in the Old Testament, but in the New Testament it is used 116 times. This is no coincidence: as John 1:17 tells us: "God gave the Law through Moses, but grace and truth came through Jesus Christ". But what exactly is meant by the expression 'God's grace'? When the apostle Paul wrote these letters to the Christians in Corinth, to his companion and assistant, Timothy, and to the Christians in Ephesus, he meant three main things. First, he meant that God accepts us unconditionally. Despite our flaws and shortcomings, and whatever mistakes we have committed in the past, God still loves us and values us, just as we are. Second, he emphasised that God's grace is completely unmerited on our part. Indeed, we cannot earn God's grace. All we can do is to reach out for it and accept it. This truly is, in the words of the much-loved hymn, 'amazing grace'. And third, he insisted that, by accepting God's grace, we are cleansed of our sins and put right with God.





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be displayed where everyone can see it.

- a) Mention some common expressions and Biblical passages in which the word 'grace' occurs.
- b) What exactly does the Bible mean by the expression 'the grace of God'?
- c) What is 'amazing' about God's grace?
- d) What does Paul say he is able to do through God's grace?

### Step Five

 25 minutes

1. Ask two or three people to read aloud the text in the HIV and AIDS Context box (below), about Henry Ntege and TASO.
2. Ask the group to divide into sub-groups of five or six people each. Ask each group to discuss and answer the following four

questions. (You will already have written out the questions on a sheet of flipchart paper.) Place the flipchart where everyone can see it.

- a) How was God's grace shown in the life of Henry Ntege after he decided to announce his HIV-positive status in church?
- b) How did Henry himself find grace through The AIDS Support Organisation (TASO)?
- c) Can anyone in the group share an experience which they have had of receiving God's grace through someone else? (This could be related to HIV or AIDS, but does not have to be.)
- d) Does anyone in the group have a friend, or a family member, living with HIV who has been able to draw inspiration and support through God's grace? Please explain how.

### The HIV and AIDS Context



In the midst of the current AIDS epidemic, God's grace is at work in the world. We can witness it in the lives of people living with HIV and those who support and care for them. Here is a true story about Henry Ntege, who was one of the first people in Uganda to publicly declare his HIV-positive status.

In 1990, Henry Ntege stood up after Sunday service in his church, St Andrews, in Kampala, Uganda, and announced to the congregation that he was living with AIDS. His son, Bruce, recalls: "Some people didn't believe him. This was a man they had seen with them in church every Sunday ... I think everyone in church that day must have passed judgement on him. They thought that God was punishing him for having behaved badly in the past as far as sex life was concerned ... But he kept going to church and eventually

people coped. He even took Holy Communion from the same cup as everyone else ... After that, he spoke in public many times, and he was on national radio and television. Before, it was as if he was in bondage. But after he spoke openly about it, he felt, I would say, free."

Henry was one of the first persons in Uganda to go public about being HIV-positive. Through his example, many others followed and also announced their HIV-positive status. Henry went on to become a full-time worker for The AIDS Support Organisation (TASO), which was founded in 1987 by a group of 16 people living with or affected by HIV. Through TASO, many thousands of people like Henry Ntege have not only received medical treatment and social support, but have regained their dignity and self-respect.<sup>2</sup>

<sup>2</sup> For a longer account of this story, see Strategies for Hope Book 15, *Open Secret*, page 27, available from Teaching-aids at Low Cost (TALC): [www.talcuk.org](http://www.talcuk.org); [info@talcuk.org](mailto:info@talcuk.org).





**“Amazing grace, how sweet the sound....”**

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions and suggestions. Those who have prepared a drawing or a personal testimony should be invited to present them.

### Step Seven

 10 minutes

1. Ask how we, as Christian communities, can help one another to find God's grace

in the age of the AIDS epidemic. Write the suggestions on a sheet of flipchart paper.

2. Ask people to identify issues to pray for. Then ask them to pray over the issues they raised.

3. Ask the group to share a minute or two of quiet reflection.

4. Conclude by praying aloud: “The grace of the Lord Jesus Christ, the love of God, and the fellowship of the Holy Spirit be with you all.” (2 Corinthians 13:13)





## 2. God's justice

### Learning Objectives

1. To explore why people living with HIV are often judged harshly by other people.
2. To promote attitudes of compassion rather than being judgemental.

**Text:**  John 8:1-11.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about showing compassion towards people who have sinned in the eyes of society and may seem different from us, rather than judging them harshly.

### Step Two

 5 minutes

Ask two people to read the passage, **John 8:1-11**. If the participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right):

### Step Four

 10 minutes

Ask the group to address the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it.

a) Why did the Jewish religious authorities bring the woman to Jesus?

- b) How do you think the woman felt in the middle of a group of people who were condemning her?
- c) How did Jesus show compassion towards the woman?
- d) Why did everyone leave one by one after Jesus asked whoever was without sin to cast the first stone at the woman?

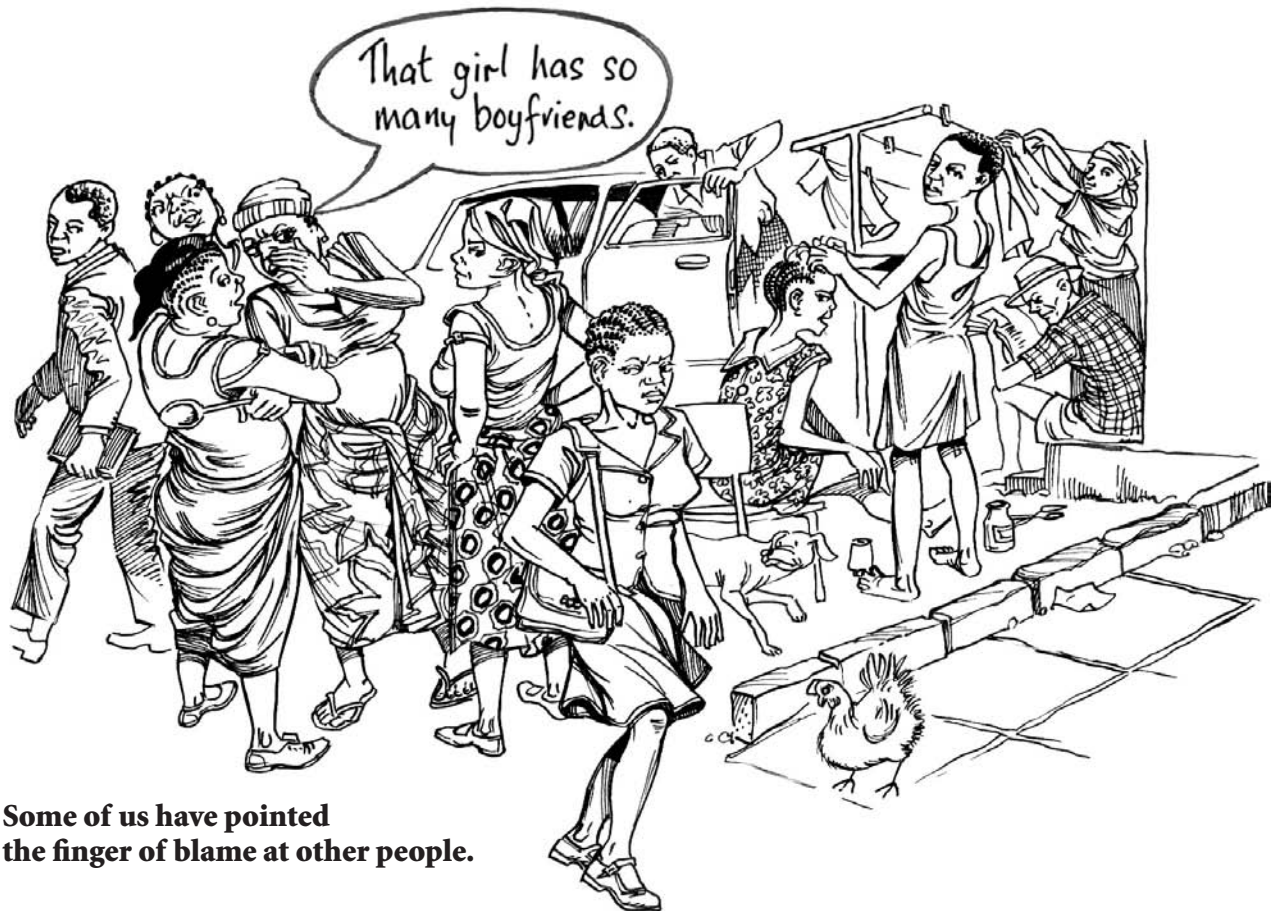
### The Biblical Context



According to the Law of Moses, the punishment for being caught in adultery was death by stoning for both male and female. For the teachers of the Law and the Pharisees, upholding the Law was their chief concern, and in the gospels they are clearly upset by Jesus mixing with 'sinners', apparently compromising the Law. So here they deliberately set a trap for Jesus: would he uphold the Law, and so contradict his way of life and teaching, or would he uphold his usual teaching and practice, and thereby seem to deny Moses?

Jesus refused to give an immediate answer to their question. Instead, he responded by writing something on the ground. We are not told what he wrote, but it might have been related to his words: "Whichever one of you has committed no sin may throw the first stone at her." By doing this, Jesus shifted the focus from the woman and himself to her accusers, who then left one by one, with the older men leaving first.





**Some of us have pointed the finger of blame at other people.**

- e) Why was only the woman brought to Jesus but not the man?
- f) What was the significance of Jesus' final words to the woman?

2. Ask the group to divide into sub-groups of five or six people each. Give each group four of the questions (below) to discuss and answer. You will already have written out the questions on a sheet of flipchart paper. Place the flipchart paper where everyone can see it.

### Step Five

30 minutes

1. Introduce the ideas in the box, The HIV and AIDS Context (below).

- a) Why do you think people are often quicker to judge people living with HIV and AIDS rather than to be compassionate?

### The HIV and AIDS Context



In our societies, despite many years of AIDS education, people who are found to be HIV-positive are often treated badly by their family members, neighbours, fellow church-goers and former friends. Often this treatment is nothing short of inhuman, especially when their friends and family members reject them, avoid them and condemn them as immoral. This condemnation on moral grounds is often based on rumour, prejudice and misinformation.

All of us, however, have sinned. As Paul

writes in Romans 3:23: "Everyone has sinned and is far away from God's saving presence." In the context of the AIDS epidemic, some of us have sinned in our sexual behaviour; some of us have pointed the finger of blame at other people; some of us have hardened our hearts towards children who have been orphaned and women who have been widowed by AIDS. We have all failed, to some extent, to live up to the second Great Commandment: "Love your neighbour as yourself".





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- b) How do we treat a member of our family, church or community who is HIV-positive?
- c) If you were HIV-positive, how would you want people to treat you?
- d) How can we encourage people to act compassionately towards people living with HIV rather than judging them harshly?
- e) Ask if one member of the group can tell us a story from his or her personal experience about how being treated with compassion can encourage and help someone living with HIV.
- f) Can someone tell the story of the opposite occurrence: namely, someone living with HIV who has been treated in a judgemental way and has suffered badly as a result?
- g) What can we as individuals, and as members of our churches and communities, do to promote compassion rather than judgemental attitudes towards people living with HIV?
- h) How would you react if your priest, pastor,

religious sister or other church leader were found to be HIV-positive?

- i) Ask if two or three members of a group would like to devise a role play about these issues.

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have prepared a role play, a story or a testimony should be invited to present them.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Ask someone to read aloud the passage Matthew 7:1-5.

3. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





### 3. God's love and forgiveness

#### Learning objectives

1. To understand that people who are regarded as outcasts by society may be closer to God than respected and successful members of society.
2. To learn that people who feel embraced by the love of God have the capacity to forgive those who are hurting them.
3. To learn that feeling loved by God can give you the strength to take unusual steps.

**Text:**  Luke 7:36-50.

#### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about love and looking at our spiritual capacity to forgive those who have hurt us.

which should be displayed where everyone can see it.

- a) What do the guests say about 'that woman' who approaches Jesus? What do

#### Step Two

 5 minutes

Ask two people to read the passage, Luke 7:36-50. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

#### Step Three

 10 minutes

1. Ask members of the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a flipchart.

2. Introduce any additional information needed from the Biblical Context box (right).

#### Step Four

 20 minutes

Ask for a few volunteers to act out the story, with the other participants playing the dinner guests. Then ask the group to address the following questions, written on a flipchart,

#### The Biblical Context



Luke's Gospel has a particular focus on women. It includes ten women who are not mentioned in any of the other three Gospels. The woman in this story is identified as someone who had led "a sinful life". What was her sin? Tradition has viewed her as a prostitute, but the only clue which points to that is her unbound hair (compare with Numbers 5:18). The indignation of Jesus' Pharisee host, Simon, seems to suggest that her sin might have been of a sexual nature. (Often women were forced into prostitution by their social and economic circumstances. If their husbands had died and no male relatives married them, they were often left destitute, especially if they had not been able to bear children.)

The sign of welcoming a highly honoured guest was to ask a servant to wash the guest's feet. A kiss by the host and the pouring of oil was a way of expressing high esteem for the guest. The fact that Simon

*(continued)*





## CALL TO ME

did not show Jesus such respectful hospitality suggests that he might have had some hidden motive for inviting Jesus to a meal at his house.

The person who felt the love of God was the woman, not Simon. The person Jesus commends is the woman, not Simon. Indeed, Jesus rebukes Simon, the respectable religious man, because Simon judged rather than loved. The woman responds to God's love with tears of gratitude. Jesus recognises her deep capacity for love and tells her that her sins have been forgiven. Most churches conclude Holy Communion with the words that end this story: "go in peace".

they say about Jesus allowing her to touch him?

- b) Why did the woman weep and wipe Jesus' feet with her tears?
- c) The woman felt accepted and loved by Jesus. Do you think she would have felt able to forgive people such as Simon and his friends for despising her because of her way of life? Please justify your response.

(Note for leader: there is no 'right' or 'wrong' answer to this question.)

- d) Jesus says to the woman: "Go in peace." Do you think she would have found peace after leaving Simon's house? Please justify your response. (Note for leader: there is no 'right' or 'wrong' answer to this question.)

### Step Five

 30 minutes

1. Introduce the ideas in the HIV and AIDS Context box below.

2. Ask the group to divide into sub-groups of five or six people each. Give each group three of the six questions (below) to discuss and answer. You will already have written out the questions on a sheet of flipchart paper. Place the flipchart where everyone can see it.

#### A NEGATIVE STORY

- a) You know that your sister, Lerato, a mother of five children, is HIV-positive. You also know that her husband has had many girlfriends. Your sister is afraid that her in-laws will treat her like a whore and throw her out of the home if they learn

### The HIV and AIDS Context



It is extremely difficult for people living with HIV to forgive those who have wronged them in different ways. In many societies, HIV-positive people are automatically branded as sinners. If, at someone's funeral, it is known or suspected that he or she died of AIDS, it sometimes happens that the deceased and his or her family receive less honour and respect than they deserve.

HIV-positive people are often treated as outcasts by their relatives, friends and community members. This is why many people do not even go for an HIV test. Many women would prefer to die rather than be branded as a 'loose woman', or worse. Even if she had

never touched a man other than her husband, an HIV-positive woman could still be branded as "the woman with THAT disease of shame and disgrace".

When people are tested and find out that they are HIV-positive, they find it extremely difficult to forgive those who they believe have infected them and those who mistreat them. Many wives and mothers who disclose their HIV-positive status are chased away by their husband's family, leaving their children behind with the husband's family. Many mothers would rather die, without medical treatment for AIDS-related illnesses, than be chased away from their children.





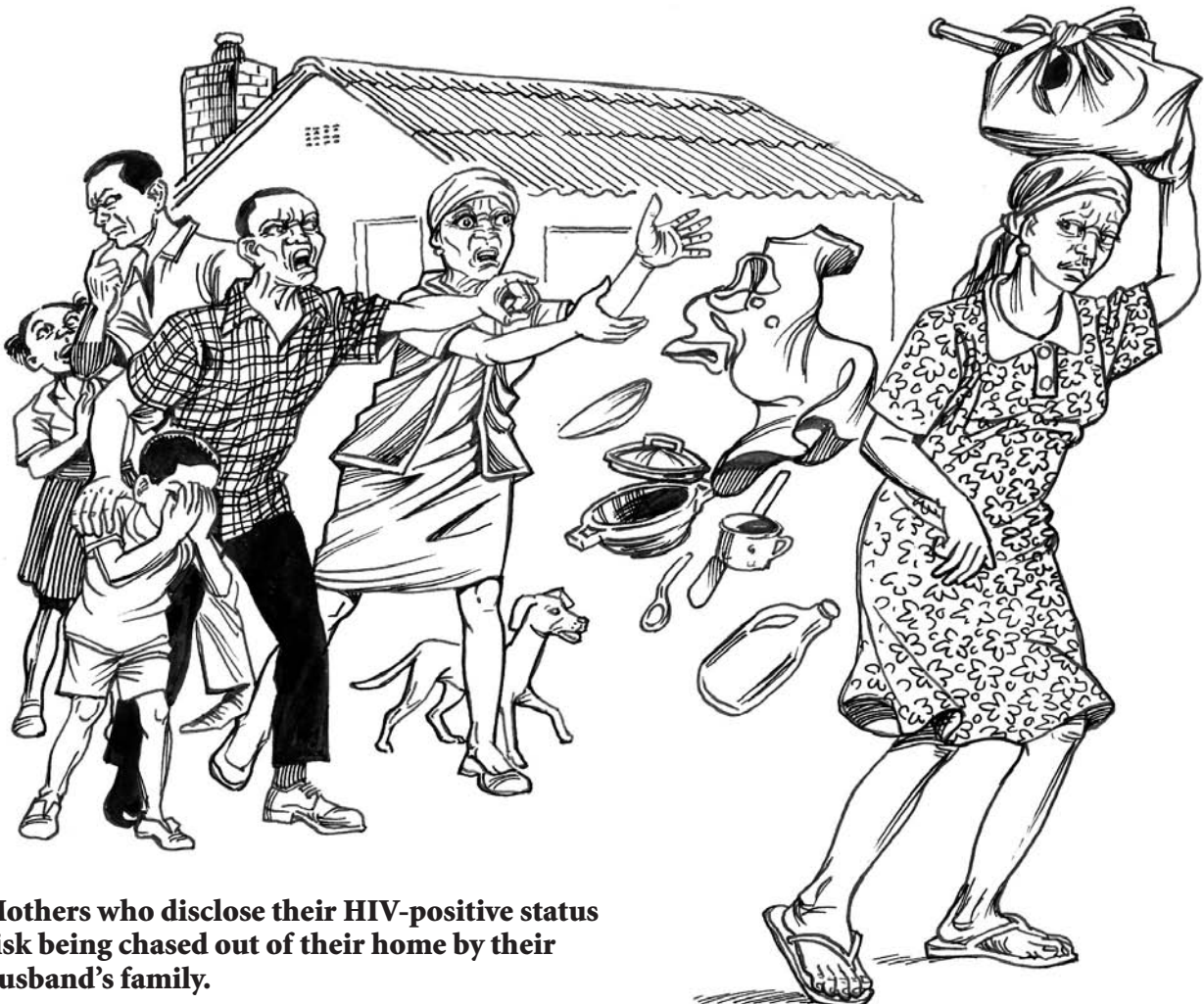
that she is HIV-positive. How can you, as a Christian, help her?

- b) Imagine you are Lerato and you are sure that your husband has infected you with HIV, since he has been your only sexual partner. Will you be able to forgive him? Can the process of forgiveness be described in words? Or is forgiveness a spiritual 'event' that cannot be expressed in language? Please discuss.
- c) Would the story of the woman who feels loved by Jesus help Lerato to find the spiritual strength to go forward and tell her in-laws and her husband the truth? Please explain your response.
- d) If Lerato's in-laws throw her out and her husband beats her because he blames her for bringing AIDS into the family, will she

regret that she has told the truth about her husband's unfaithful behaviour? Will she be able to forgive her husband and his family? Please explain your response.

#### TWO POSITIVE STORIES

- e) Devise a role play based on the following true story. A husband returns home sick after working for many years in the mines. He calls his neighbours and friends, and explains to them that he has AIDS and will die soon. He also admits that he has infected his wife with HIV, and he asks that no-one should discriminate against his wife after his death. What gives the husband the strength to take this step? How will the neighbours respond? (Note for leader: what happened in real life was that the



**Mothers who disclose their HIV-positive status risk being chased out of their home by their husband's family.**





## CALL TO ME

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wife and children were not discriminated against at all by the community.)

- f) A pregnant woman returns home from the clinic, where she has been told that she is HIV-positive. She tells her husband, who is very upset, but he has already been secretly tested and found to be HIV-positive, and yet he has never told his wife. At first they blame each other, but this doesn't help them to resolve their problems. Finally, after attending church together one Sunday, they decide to try to show love and forgiveness to each other. They also see hope for the future, because they are not very sick yet. They can therefore take responsible steps to live a healthy life and to get medical treatment that will help them to live much longer.

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have prepared a role play, a story or a testimony should be invited to present them.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close by saying together the Lord's Prayer.





# The church and the AIDS epidemic . . .

## 4. People living with HIV and the church

### Learning Objectives

1. To explore how, within our churches, we can help to develop an environment where people living with HIV feel welcome, supported and valued.
2. To explore new opportunities for people living with HIV to play active and responsible roles in church ministries, including HIV prevention, care and support.

**Text:**  1 Peter 2:4-7.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a brief prayer.

Explain that today's Bible study will be about the place of people living with HIV in the life of our church. If they do not yet have a place in our church, let us ask ourselves why not.

### Step Two

 5 minutes

Ask one person to read the passage, 1 Peter 2:4-7. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them about the passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right).

### The Biblical Context



In this pastoral letter, which Peter wrote from Rome, he addresses the groups of Christians who were scattered across different parts of Asia Minor. He uses the metaphor of Christians as 'living stones', all contributing to the spiritual structure of the church. Peter obviously attached great importance to the corporate nature of the early church. Accepting Christ was not simply an individual matter, but involved active participation in a community of believers. The early Christians came from a wide range of cultural, religious and professional backgrounds. They included Jews and Gentiles, soldiers and artisans, slaves and free men and women.

Peter quotes Isaiah 28:16, which he interprets as referring to Christ as "the cornerstone in Zion; and whoever believes in him will never be disappointed". For unbelievers, however, Christ is a 'stone' which they reject as worthless. Recognising what is really essential to the structure of the spiritual building, which is the church, is therefore a mark of faith.





## CALL TO ME

### Step Four

 10 minutes

Ask the group to address the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it.

- a) Why do you think Peter chose the idea of 'living stones' to describe the Christians to whom he was writing?
- b) What sorts of people joined the early Christian churches?
- c) Why was it important for the early churches to be open to people from a wide range of cultural, social, religious and professional backgrounds?

### Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box below.

2. Ask the group to divide into sub-groups of five or six people each. Ask each sub-group to discuss and answer at least four of the following questions. Your will already have written the questions on one or more sheets of flipchart paper. Place them where everyone can see them.

- a) In which ways are we, as a church, involved in HIV education, prevention, care and support? Please make a list of these activities.

- b) Who in our church carries out these activities?
- c) How are people living with HIV involved in planning and implementing these activities?
- d) Is our church a place where people living with HIV, and their families, feel welcomed and valued?
- e) What else could we do to help people living with HIV, and their families, feel more welcomed and appreciated in our churches?
- f) In what ways are people living with HIV playing leadership roles in our churches? (For example, as lay readers, elders, preachers, ushers, or Sunday School teachers?)
- g) What are the obstacles to people living with HIV playing such roles in our churches?
- h) Devise a role play in which a person was not given responsibility by his or her church because he or she was suspected of being HIV-positive. Alternatively, draw a comic strip or compose a poem or a song about such an occurrence.

### Step Six

 30 minutes

The small groups should now come together again and report on their discussions and

### The HIV and AIDS Context



For a long time, AIDS was considered to be a disease of people who led lives of dubious morality. It is increasingly recognised that this is a distortion of the truth. (For example, in sub-Saharan Africa most women living with HIV have had sex only with their husband, from whom they have contracted the virus.) But because of this misinformation, many people living with HIV have been rejected by members of their families, their churches and their

communities. They have become almost dehumanised, like the 'living dead'.

These attitudes have also prevented many people living with HIV from playing a full and active life in their churches. Like a stone rejected by a builder as worthless, they have been discarded and denied opportunities for service in their faith communities. This can be deeply hurtful to people living with HIV. It is also a serious loss to our churches and our communities.





**Many people living with HIV have been rejected by their faith community.**

answers to the questions. Those who have prepared a role play, drawing, poem, song or prayer should be invited to present them.

### Step Seven

 10 minutes

1. Ask how the experience, knowledge and skills of people living with HIV could be used more effectively in the activities of our church.
2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





## 5. Care and support

### Learning objectives

1. To develop an understanding of why care and support for people living with HIV, and their families, is part of Christian discipleship.
2. To explore how, as members of our families, churches and communities, we can provide more and better care and support to people living with HIV and their families.

**Text:**  Matthew 25:31-46.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about care and support for people living with HIV in our church and our community.

### Step Two

 5 minutes

Ask two people to read the passage, **Matthew 25:31-46**. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles

### Step Three

 10 minutes

1. Ask the group to say what strikes them about the story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a flipchart.

2. Introduce any additional information needed from the Biblical Context box (right).

### Step Four

 15 minutes

Ask the group to discuss the following questions, written on a flipchart sheet. Display the flipchart where everyone can see it.

- a) Who are the main characters in this story and who do they represent?

### The Biblical Context



In the Gospels, Jesus often refers to himself as the 'Son of Man'. The people of Israel believed, based on Daniel 7:13-14, that at the Last Judgement the Son of Man would come from heaven and rule the world. In this famous passage, Jesus talks about how people will be judged - not according to whether they have upheld all the detailed requirements of the Jewish Law, but according to the generosity and kindness they have shown towards the marginalised: the poor, the hungry, the homeless and people in prison.

For at least two reasons, this was a dramatic, even revolutionary, statement. First, it reflects the desire, at the heart of Christian belief, to establish God's way on earth and to change the world for the better through our own lives ('Thy kingdom come on earth'). True religion, true discipleship, involves helping the sick, the poor and the hungry, and visiting those in prison. In God's eyes, service to others counts more than ritualistic worship and strict adherence to the requirements of the Jewish Law, such as strict dietary rules.

Second, Jesus praises the 'sheep' in the story because they showed kindness towards the needy without realising that they were doing so to their Lord himself. Jesus is saying, in effect, that people should seek to do good, not because it will bring them a reward or help them to avoid punishment, but simply because it is what God desires of his people.





**In many countries, church volunteers have taken up the challenge of making home visits to people living with HIV.**

- b) What happens to these characters and why?
- c) How was the way Jesus talked about the Final Judgment in this passage different from the teachings of Jewish Law?
- d) Why did the two groups of people whom Jesus was talking about react with such surprise to what he said?
- e) How did Jesus, in his own life, exemplify what he was preaching about here?
- f) What does this passage teach us about how God wants his people to behave towards one another?
- g) Why do people often find it difficult to do good things for others for their own sake, without the hope of a reward or the fear of punishment?

### Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box (page 26).
2. Ask the group to divide into sub-groups of five or six people each. Ask each group to discuss and answer at least four of the following questions (already written on a flipchart). Place the flipchart where everyone can see it.
  - a) How do we as church members provide care and support for the sick in our families, our churches and our communities?
  - b) If you knew you were living with HIV and were ill, how would you like to be cared for and supported within your community?
  - c) Can any member of the group share his or her experience of how receiving care and





## The HIV and AIDS Context



In most countries of the world, people living with HIV and AIDS, and their families, are likely to suffer from poverty and to lack basic necessities such as food, shelter, medical treatment and nursing care. Many children who have lost their parents to AIDS have had to take responsibility for younger siblings and give up their own education. Many have found themselves turned into virtual slaves by their relatives, or have become almost totally destitute.

In many countries, the church has been at the forefront of responding to such needs. For example, groups of church volunteers have taken up the challenge of visiting the

sick - including people living with HIV - in their homes, bringing them food and clothing, and giving them emotional and spiritual support. Yet most people living with HIV who need such support still do not receive it, or not enough of it. Often this is because they are regarded by their neighbours and church members as sinners who are themselves to blame for their suffering. Yet Jesus calls us to show generosity and kindness to all in need, not just to certain groups in our communities. In acting in this way, however, we should do so for completely pure motives, not because we expect to avoid punishment or to reap a reward for our efforts.

support within the community can help people living with HIV?

d) Can a member of the group describe how he or she has suffered from HIV-related

discrimination, leading to lack of care and support from family members and neighbours?

e) How would you provide care and support to your church leader or other church



**Many orphaned children have been turned into virtual slaves by their relatives.**





member who happened to be ill and HIV-positive?

- f) Please devise a role play about an HIV-positive person in need of care and support but who does not receive it from his or her family members or church.

### **Step Six**

 **30 minutes**

The sub-groups should now come together and report on their discussions and answers to the questions and suggestions. Those who

have developed role plays should perform them.

### **Step Seven**

 **10 minutes**

1. Ask what we, as members of our church and our community, can do to make care and support more easily available to people living with HIV and their families. Write the suggestions on a flipchart.

2. Bring the Bible study to a close with a prayer.





## 6. Church leadership

### Learning Objectives

1. To identify the qualities that make for good leadership in the church in response to the challenges of the AIDS epidemic.
2. To identify ways in which church leaders can be encouraged and supported to respond with love and informed concern to the needs of people living with HIV.

**Text:**  1 Timothy 3:1-13.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about church leadership and why this is an essential part of our response, as Christians, to the AIDS epidemic.

### Step Two

 5 minutes

Ask two people to read the passage, 1 Timothy 3:1-13. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about this passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right).

### Step Four

 10 minutes

1. Ask the group what are the characteristics of a good church leader? (Keep asking until you have reached an understanding that a good church leader

has integrity and inspires trust and confidence from other people.)

2. Ask the group to address the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it.

- a) Is leadership within the church limited to the pastor or priest? Who else is a leader?
- b) Why did Paul write to Timothy about leadership in the church?
- c) Why did Paul emphasise personal qualities and integrity as important for good leadership in the church?

### The Biblical Context



In 1 Timothy, Paul gives advice to a young Christian man, Timothy, who was helping him to establish and support churches in Asia Minor (now Turkey). He starts by warning Timothy about false teachings in the church, and then sets out the personal qualities which church leaders, their helpers and their families should have. He stresses that church leaders should be of exemplary character. They should also be respected by people outside the church because the standing of the Christian community depends on their acceptance by society as a whole.





## The HIV and AIDS Context



One of the characteristics of good leadership is that of trust. In order to support and follow a leader, people must feel able to trust this person - not only to give them good guidance but also to treat them with respect and sensitivity. Most important, any personal secrets shared with this person should remain secret. This is especially true in the current AIDS epidemic. When people are

diagnosed HIV-positive, they need to confide in someone whom they respect and whom they can trust with sensitive information about their health. A pastor or priest should be such a person. Moreover, church leaders at all levels need to display integrity and trustworthiness in their own daily lives, which should be exemplary, especially with regard to sexual behaviour.

- d) What do you think the effects of 'gossip' (or 'malicious talk') could be on church members?
- e) Why is it important for church leaders to be respected by people outside the church?

## Step Five

🕒 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box above.
2. Ask the group to divide into sub-groups of five or six people each. Give each group four of the following questions to discuss



**When people are diagnosed HIV-positive, they need to be able to confide in someone - such as a pastor or priest - whom they respect and trust.**





## CALL TO ME

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and answer. (You will have already written out these questions on a sheet of flipchart paper.) Place the flipchart sheet where everyone can see it.

- a) How are the leadership qualities described by Paul relevant in the context of HIV and AIDS, and is good leadership within the church linked to efforts to deal with and prevent HIV and AIDS?
- b) Do those in leadership positions in churches today show all the qualities which Paul writes about in 1 Timothy 3:1-13? If not, which qualities are lacking?
- c) When trust and confidence between church leaders and people living with HIV and AIDS break down, what are usually the causes?
- d) How can mutual trust and confidence between church leaders and people living with HIV be restored? Who should make the first move, and what should it be?
- e) Please devise a role play about a pastor or priest who is visited by a Sunday School teacher who tells the pastor/priest about her HIV-positive status. Next Sunday, when people at church avoid shaking hands with her, she realises that someone must have told them about her HIV-positive status. How does she respond? Does she confront the pastor/priest? Does she ask

other members of the congregation why they are refusing to shake hands with her?

- f) A person living with HIV may wish to share her or his experience of how their burden was lightened when they told their pastor or priest about their HIV-positive status.
- g) One or two people might like to do a drawing, or a series of drawings, with speech bubbles, showing what happened when a person living with HIV told their pastor/priest about their HIV-positive status, and the pastor/priest then told other people.

### Step Six

 **30 minutes**

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have prepared a role play, a story, a drawing or a testimony should be invited to present them.

### Step Seven

 **10 minutes**

1. Ask what we can do to help our church leaders address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.




# The family . . .

## 7. Children

### Learning Objectives:

1. To clarify the ways in which orphans, other vulnerable children and their care-givers are affected by HIV and AIDS.
2. To strengthen an awareness amongst care-givers who are looking after children affected by HIV and AIDS that these children are a blessing from God.
3. To enable children who are affected by HIV and AIDS to understand that God cares for them deeply and wants to bless them.
4. To identify ways in which our church and community can support children affected by HIV and AIDS, and their care-givers.

**Texts:**  Mark 10:13-16; James 1:27.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about children in our church and community who are affected by HIV and AIDS.

### Step Two

 5 minutes

Ask one person to read the passage, **Mark 10:13-16** and another to read **James 1:27**. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about these two Biblical passages. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Bible Context box (right).

### The Biblical Context



In Jesus' time, it was common for Jewish rabbis to bless children, so it was not surprising that parents brought their children to Jesus for a blessing (Mark 10:13). His disciples, however, scolded the parents for doing so, which provoked Jesus to anger. (On only two other occasions in the four Gospels is Jesus reported as having become angry.) According to Jewish covenantal Law, only those adults who followed the Law in every detail were acceptable to God. Jesus, however, emphasises the importance of children in the Kingdom of God. He makes it clear through his actions that children are precious to him: he spends time with them, he holds and blesses them, and he rebukes those who think he has more important things to do. As so often, Jesus reverses people's expectations about what is really important.

The book of James is one of the most powerful Biblical expressions of the importance of support for the weak and vulnerable as part of Christian discipleship. Indeed, James describes it as 'pure religion'. James 1:27 emphasises the needs of widows and orphans for support and protection.





## The HIV and AIDS Context



Children and their care-givers, especially widows, are bearing the main brunt of the economic and social effects of the AIDS epidemic. Consider, for example, the real-life story of Mary, who lost her parents when she was six years old and stayed with her elder sister. She did well at school, even after the death of her parents. After a few years, however, she became ill. Her sister took her to hospital, where she was found to have sickle cell disease and TB. She was also tested for HIV and found to be positive. Mary received counselling but was greatly affected by knowing her HIV-positive status.

To make matters worse, Mary was rejected by all her family members except her elder sister, who was only in her mid-teens and had no regular employment. Mary wondered whether her parents had died of AIDS but she had no way of finding out. Through the support of her sister, she gradually managed to accept her HIV-positive status. Her other family members, however, refused to support her at school, or to offer her a place to stay, because they saw no future in her. Her sister has somehow managed to keep her at school, where she is now in grade 10, but she does not think she can keep supporting her to attend school.

### Step Four

🕒 10 minutes

Ask the group to respond to the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it:

- a) Why did the parents bring their children to Jesus (Mark 10:13)?
- b) Why did Jesus' disciples rebuke the parents for bringing their children to Jesus?
- c) How did Jesus respond when the disciples rebuked the parents?
- d) What can we learn from Jesus' attitude towards children?
- e) In James 1:27, why are widows mentioned along with orphans as being in particular need of support from Christians?

### Step Five

🕒 25 minutes

1. Ask two members of the group to read Mary's story in the HIV and AIDS Context box (above).



**Mary's elder sister has managed to keep her at school after the death of their parents.**





2. Ask the group to divide into sub-groups of five or six people each. Give each group four questions (below) to discuss and answer. You will have already written out these questions on a sheet of flipchart paper. Place the flipchart sheet where everyone can see it.

- a) What challenges do Mary and her elder sister face?
- b) Where in the community might Mary and her sister be able to go for support?
- c) Can anyone in the group share an experience which they have had of looking after a child who has been affected by HIV? How have other members of the family responded to this?
- d) What are the main needs of children affected by HIV and their care-givers?
- e) What measures can we as a church take to give spiritual and practical support to orphans and other children affected by HIV, and to their care-givers?

- f) What practical steps can we take to make these measures a ministry of our own church?
- g) What resources (spiritual, personal, material) can we, as a church, provide?
- h) What outside support (e.g. resources, training) do we need and how can we get it?

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





## 8. Marriage

### Learning Objectives

1. To learn about the New Testament view of marriage.
2. To reflect upon our own experiences of marriage and, if necessary, decide upon positive changes that may need to be made.
3. To be more helpful to people in troubled marriages.

**Texts:**  1 Corinthians 7:1-5; Ephesians 5:21-33.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about one of our society's most fundamental social institutions - marriage.

- a) Amongst the people of Israel, women were thought to be the property of their fathers and (later) of their husbands. How does this compare with a modern husband, who says "You must do as I say because I paid lobola (bride price) for you"?
- b) What did Paul mean when he wrote: "For the wife does not have authority over her

### Step Two

 10 minutes

Ask three people to read the two passages, 1 Corinthians 7:1-5 and Ephesians 5:21-33. Ask the group members to say what strikes them most about these passages. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper. If participants have their Bibles with them, invite them to follow the passages being read in their own Bibles.

### Step Three

 10 minutes

Introduce any additional information needed from the Biblical Context box (right).

### Step Four

 30 minutes

Ask the group to respond to the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it. As people respond to each question, write the responses down - in note form on a sheet of flipchart paper.

### The Biblical Context



In his letters to the Christians in Corinth, Paul is responding to questions asked by the Corinthians, who had asked him for his advice. He starts by agreeing that "a man does well not to marry", but he goes on to assert that each man should marry one wife, and each wife should have one husband. The Corinthians also asked about sexual relations within marriage, to which Paul replied that marriage is a partnership. Neither the husband nor the wife should refuse to have sexual relations with the other, except when both agree to abstain, for example, to devote themselves to prayer.

In his letter to the Christians living in Ephesus, Paul urges men to love their wives in the same way that Christ loves the church, and to give them the same care that they give to their own bodies. Marriage is a union between husband and wife, in which two people become 'one flesh'. Women are not to be regarded as possessions or objects, but as equal members of the same body.





own body, but the husband does; likewise the husband does not have authority over his own body, but the wife does"? (1 Corinthians 7:3-4)

- c) What did Paul mean when he wrote to the Ephesians: "Husbands, love your wives just as Christ loved the church and gave his life for it"? (Ephesians 5:25)

## Step Five

🕒 20 minutes

1. Introduce the topic as described in the HIV and AIDS Context box (below).

2. Ask the group to divide into sub-groups of five or six people each. Give each group four questions (below) to discuss and answer. You will have already written out these questions on a sheet of flipchart paper. Place the flipchart sheet where everyone can see it.

- a) How should wives and husbands show love towards each other?
- b) How important is love as a basis for deciding to marry or not? What other factors are important?
- c) What traditions and cultural expectations are helpful for building strong marriages? Which ones are unhelpful?
- d) How does the church influence decisions about marriage?



**A Christian marriage should mean a mutual, life-long commitment, based on love, trust and respect.**

- e) Please comment on the following statement: "A couple can have a good marriage only if they are faithful to each other."

## The HIV and AIDS Context



When a man and a woman with different personal backgrounds and life histories decide to live together as husband and wife, both have to make changes to their own habits, attitudes and behaviour.

For partners in a Christian marriage, this relationship should mean a mutual, life-long commitment, based on love, trust and respect. But these values may be in conflict with some of those of traditional society. In some cultures, polygamy is tolerated, even if not officially approved. Moreover, in many cultures men gain status and respect by having more than one

sexual partner, other than their wife. (In some countries this practice is known as having 'small houses' - in other words, maintaining long-standing extra-marital sexual relationships.) Researchers of the AIDS epidemic describe this practice as having 'multiple concurrent relationships', and it is widely recognised as one of the main 'driving forces' of the AIDS epidemic.

Recent HIV prevention programmes, such as the 'One Love' initiative in southern Africa, have been focusing on the importance for HIV prevention of having only one sexual partner.





## CALL TO ME

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- f) What are your ideas about how women and men should relate to each other in marriage according to God's plan?
- g) Prepare a role play on the following quote:  
"When we were first married he treated me like a queen. Now I feel more like a slave and a baby-making machine."
- h) How can relatives and friends help one another if their marriages are in trouble?

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and

answers to the questions. Those who have prepared a role play, a story or a testimony should be invited to present them.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





# Personal attitudes and actions . . .

## 9. Hope

### Learning objectives

1. To enable people with a long-term illness to live in the hope of a better life.
2. To give comfort and support to relatives and friends of people living with a long-term illness.

**Text:**  Mark 5:21-34.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be on the theme of 'hope', especially for people living with HIV, and their families and friends.

### Step Two

 5 minutes

Ask two people to read the passage, Mark 5:21-34. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right).

### Step Four

 10 minutes

Ask the group to address the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it.

### The Biblical Context



According to the holiness code in the Old Testament Book of Leviticus 15:25, a woman who was menstruating was considered to be ceremonially unclean. Despite living with a haemorrhage for 12 years and unsuccessfully seeking healing from different physicians, the woman in the story never gave up hope of recovery. Finally she found healing through her faith in Jesus.

But Jesus doesn't just let her slip away, physically healed but emotionally still scarred. He seeks her out, anxious to acknowledge her determined hope, which he calls faith. In doing so he makes those around see this 'invisible' person and declares his kinship with her - probably more than even she ever dared hope for.





### The HIV and AIDS Context



During the first 15 years of the AIDS epidemic, most people who were diagnosed HIV-positive died within a few years of their diagnosis. While scientists worked to develop medicines to treat HIV infection, people living with HIV - and their families and friends - continued to hope and pray for effective medicines.

In the mid-1990s, antiretroviral drugs (ARVs) were developed. Although not a 'cure' for HIV infection, ARVs made it possible for people with HIV to live near-normal lives and to live much longer. In the economically developed countries of the world, AIDS mortality rates fell dramatically. Initially, the high cost of ARVs limited their availability in economically less developed countries, but this situation has changed. The prices of ARVs have fallen dramatically, and

over three million people in Africa, Asia and Latin America now use them regularly.

In sub-Saharan Africa, only about one in three people who need ARVs now receive them, but these drugs are becoming accessible in more and more African countries. First, however, people need to know their HIV status through testing. People living with HIV also benefit enormously from belonging to HIV support groups.

It is not only access to effective treatment that people have hoped for. Many people living with HIV have suffered from stigma, rejection and exclusion, and have hoped, worked and prayed for a more inclusive future. Increasingly, their hopes are being realised, but much more work still remains to be done.

- a) How long had the woman suffered from bleeding?
- b) How did the woman demonstrate her hope that she would be healed?
- c) What was the result of the woman's encounter with Jesus?
- d) How did Jesus react to the woman's approach?
- e) How did the disciples react to the woman?
- f) When the woman realised what had happened to her body, what did she do?
- g) What were the last words that Jesus said to the woman?

### Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box (above).
2. Explain that we shall now be discussing the theme of hope in relation to the AIDS epidemic. Ask the group to divide into sub-groups of five or six people each. Give each group four questions (below) to discuss and answer. (You will have already written out

these questions on a sheet of flipchart paper.) Place the flipchart sheet where everyone can see it.

- a) Can anyone in the group share an experience which they have had of looking after a family member or friend who has suffered from an AIDS-related illness for a long time?
- b) How did they feel about it, and how did they respond? Did they ever feel as though they would lose hope?
- c) How have other members of their family responded?
- d) How can we give hope to people with an AIDS-related long-term illness? For example, can we put them in touch with a support group of HIV-positive people? Can we encourage them to remain prayerful and to place their hope in Jesus?
- e) What are our own hopes for the AIDS epidemic, and what are we doing to make those hopes a reality?
- f) Ask if one group - or one or two people - would like to do a drawing, or a comic strip, with speech bubbles, showing how





**People living with HIV benefit enormously from belonging to HIV support groups.**

someone living with HIV can be helped through prayer, medical care, the support of family and friends, and living in hope of a better future.

### Step Six

🕒 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions and suggestions. Those who have prepared a drawing or a personal testimony should be invited to present them.

### Step Seven

🕒 10 minutes

1. Ask what we can do to help our church leaders address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Read out Romans 12:12 twice: "Let your hope keep you joyful, be patient in your troubles, and pray at all times." Ask the group to meditate on this verse for two or three minutes, and then close by saying the Lord's Prayer together.





# 10. Stigma, discrimination and denial

## Learning Objectives

1. To foster an understanding of how stigma, discrimination and denial contribute to the spread of HIV.
2. To enable individuals, families and communities to deal with and to reduce HIV-related stigma, discrimination and denial.

**Text:**  Luke 5:12-14.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to give a brief prayer.

Explain that today's Bible study will be about three key words - 'stigma', 'discrimination' and 'denial' - which play key roles in the spread of HIV.

### Step Two

 5 minutes

Ask one person to read the passage, **Luke 5:12-14**. If the participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right).

### Step Four

 10 minutes

Ask the group to address the following questions, written on a flipchart, which should be displayed where everyone can see it.

a) Why were the lepers living separately from other people?

b) Imagine what problems you would face if you were suffering from leprosy in the time of Jesus.

c) Why did the lepers call to Jesus? What did they hope to receive from him?



## The Biblical Context

The 'dreaded skin disease' mentioned in this story is generally assumed to be leprosy. In the culture of the time, leprosy was a highly stigmatising disease, causing a deep and permanent division between those who had the disease (known as 'lepers') and the rest of society. Leprosy was considered a contagious and incurable disease and those who contracted it were considered unclean and isolated from society as prescribed in Leviticus 13 and 14. Lepers lived in their own compounds, separated from their families and the rest of society, including their religious leaders. They suffered not only from the disease itself but were also ostracised socially and stigmatised as unclean religiously. So when, as in this story, Jesus reached out and touched the leper, he was breaking a long-established taboo. His touch is deeply significant.

Note that the leper asks to be made clean rather than to be healed, focusing attention on the stigma and societal consequences of his condition rather than on the disease itself.





- d) How was the way Jesus responded to the lepers different from the way other religious leaders treated them?

### Step Five

🕒 30 minutes

1. Introduce the ideas in the HIV and AIDS Context box (page 42).

2. Ask the group to divide into sub-groups of five or six people each. Ask each group to discuss and answer at least four of the seven questions below. Write the questions on one or more sheets of flipchart paper, and place them where everyone can see them. Encourage at least some members of the group to respond in creative ways: e.g. by acting out a short role play, doing a drawing,

telling a real-life story, giving a personal testimony, singing a song or composing a prayer, which they can present in the report-back session.

- How does our community treat people who are HIV-positive?
- Why would someone living with HIV decide to deny their HIV-positive status?
- How does denial of HIV contribute to the spread of the virus?
- What can we, as individuals, church and community members do to overcome HIV-related stigma, discrimination and denial?
- Would any members of the group like to share a story about how stigma and



**Role play: a wife brings home her HIV-positive test result.**





### The HIV and AIDS Context



Three key factors - stigma, discrimination and denial - contribute to the spread of HIV throughout the world. These can be defined as follows:

**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 by family members, neighbours, employers, faith communities and other sections of society.

**Discrimination:** unfair treatment of someone, usually based on prejudice or misinformation, e.g. against people of a different race or religion, or against people living with HIV.

**Denial:** a refusal to accept something as true, e.g. denying the existence of HIV or AIDS in one's own life, one's family or community, despite clear evidence to the contrary.

Before the start of the Bible study, write these definitions on a sheet of flipchart paper and place it where everyone can see it.

Being a leper in Biblical times has a modern-day parallel in the way in which many people living with HIV are treated. Because of the enormous **stigma** attached to HIV and AIDS, many people living with HIV suffer **discrimination** from their families, neighbours, workmates, friends and members of their faith communities. This leads to **denial** of the reality of HIV and AIDS at the level of the individual, the family, the community and the nation. If people are in denial about HIV, they are unlikely to be tested for HIV and to practise safer forms of behaviour such as abstinence, mutual faithfulness and condom use.

Note to Bible study leader: as you speak, refer to the flipchart where you have written short definitions of 'stigma', 'discrimination' and 'denial'.

discrimination have affected them, a family member, or a friend?

- f) Design a short role play to illustrate how denial of one's HIV-positive status can promote the spread of HIV. For example, a man who has been having an extra-marital affair falls ill but refuses to be tested for HIV. Meanwhile, his wife, who has been faithful to her husband, has herself tested for HIV and is found to be positive. What does she say to him?
- g) Compose a song, write a poem or do a drawing based on a real-life story to illustrate how HIV-related stigma, discrimination and denial contribute to the spread of HIV.

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have prepared a role play, drawing, testimony, story, poem or song should be invited to present them.

### Step Seven

 10 minutes

1. Ask what we, as members of our church, our family and our community, can do to deal with the issues of HIV-related stigma, discrimination and denial.
2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





# 11. Forgiveness, repentance and reconciliation

## Learning Objectives

1. To enable people to experience the power of forgiveness, repentance and reconciliation in their personal lives.
2. To identify and overcome the barriers to forgiveness, repentance and reconciliation.

**Text:**  Luke 15:11-32.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about three things which all of us are likely to experience from time to time in our daily lives: namely, forgiveness, repentance and reconciliation.

### Step Two

 5 minutes

Ask two people to read the passage, Luke 15:11-32. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper. Make sure you write down and explain the key words 'repentance', 'forgiveness' and 'reconciliation'.

2. Include additional information from the Biblical Context box (right).

### Step Four

 20 minutes

Ask each group to address the following questions, written on a flipchart, which should be displayed where everyone can see it.

- a) The father was happy when his son returned after his self-imposed exile. What other reactions might he have had to his son's reappearance?

### The Biblical Context



When a Hebrew father in Biblical times died, his sons had the right to inherit a share of their father's estate (i.e. his land, property, money). In this story the younger son asked for - and received - his share of his father's estate even before his father died. Although this was contrary to Hebrew traditions, the father granted his son's request. When the younger son returned home after squandering his inheritance, his father accepted him spontaneously and unconditionally. The son's behaviour had been selfish and morally wrong. He knows he is not worthy to be called a son, but his father made it clear that restoring their relationship was more important to him than his own dignity. His elder brother, however, felt wronged by his father's generous act of forgiveness.





**Reconciliation requires both repentance and forgiveness.**

- b) Why did the father react in the way he did?
- c) Explain how the father demonstrated forgiveness towards his 'prodigal' (or wasteful) son.
- d) How did the 'prodigal' son demonstrate his repentance towards his father?
- e) Why was the elder son unwilling to be reconciled with his younger brother?
- f) To what extent was the elder son's attitude understandable or justified?

### Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box (below).
2. Ask the group to divide into sub-groups of five or six people each. Give each group four of the following questions (which you

### The HIV and AIDS Context



Throughout the world, AIDS is a major cause of distrust, disharmony and conflict between family members, neighbours and friends. It causes feelings of resentment, anger and even the desire for revenge on those we believe

have wronged us. Reconciliation with those who, in our view, have done us harm is a huge challenge. It can be achieved only through repentance on the one hand, and forgiveness on the other.





will already have written on a flipchart), to discuss and answer. Place the flipchart sheet where everyone can see it.

- a) Why is forgiveness important? (Keep asking until you have reached an understanding that forgiving others is not simply something we ought to do because God wants us to. Forgiveness also helps to release ourselves so that our own identity is no longer shaped and defined by the wrong thing that has been done to us. We are then free to be ourselves, and the person God made us to be.)
- b) How should we act towards family members and friends who, in the past, rejected our advice and suggestions, and are now facing great difficulties?
- c) If we have become estranged from family members or friends who are HIV-positive, what should we do to bring about a reconciliation?
- d) If we believe we have contracted HIV from someone in our family, how should we behave towards that person?
- e) What problems can we solve if we practise forgiveness and reconciliation towards one other, whether we happen to be living with HIV or not?
- f) Forgiveness, repentance and reconciliation

can be much harder in practice than in theory and sometimes we need help. What role models, examples or other sources of help are available to us?

- g) Create a play about a girl or boy who runs away from home and ignores her or his parents, but returns years later, after contracting HIV. Give the play two endings: in one, the young person is welcomed home; in the other, she or he is rejected. Ask the audience to decide which ending is more likely in real life.

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have prepared a role play, a story or a testimony should be invited to present them.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.
2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





## 12. Sex and sexuality

### Learning objectives

1. To understand that our body is a beautiful creation and our sexuality is a precious gift from God.
2. To reflect on the relationship between sex and love.
3. To make Christian parents aware that they have to find a way to talk about sex and sexuality with their children.

**Text:**  1 Corinthians 6:12-20.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Start the session with a joyful chorus.

Explain that today's Bible study will be about a topic that is seldom openly discussed in the church: sex and sexuality. Open the session with a prayer bringing before God our anxieties and shyness to talk about matters which are taboo in the church.

### Step Two

 5 minutes

Ask someone to read the passage, 1 Corinthians 6:12-20. If participants have their Bibles with them, invite them to follow the passage being read.

### Step Three

 10 minutes

1. Ask members of the group to say what strikes them most about the passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a flipchart.

2. Introduce any additional information needed from the Biblical Context box (right).

### Step Four

 10 minutes

Ask the group to address the following questions, written on a flipchart, which should be displayed where everyone can see.

### The Biblical Context



The Christians in Corinth understood baptism as a spiritual act of salvation. Their soul was saved, and this meant they could live in whatever manner they wanted. Their motto was: I am saved, therefore "I am allowed to do anything".

Paul had the difficult task of explaining that body and soul belong together and whoever harms his or her body also harms his or her soul. He was very upset about the sexual behaviour of members of the church in Corinth. Many men (young and old) went to prostitutes. Rich men abused young men for their lustful pursuits and likewise upper-class women used female slaves for their own desires.

Paul's words are clear: you cannot separate the physical from the spiritual. When you have sex with someone, you also share your soul and your spirit with that person. Sex has its place in a loving relationship between two partners. If you have sex because you want to satisfy your own lust, then you use the other person as an object.

At the time of Jesus, many men used women for sexual gratification. Jesus, however, was very protective of women (for example John 8:11), and rejected any view of women as inferior or defined by what they

*(continued)*





could offer men. He even confronted the thoughts of men who saw women as objects, warning: “Anyone who looks at a woman and wants to possess her is guilty of committing adultery with her in his heart.” (Matthew 5:28). Throughout the gospels Jesus relates to women with respect, kindness and as whole people.

Our sexuality is a gift from God, our creator. But God does not want this gift to bring sickness and suffering, which often result from having many sexual partners. Paul says that, when people have sex, they become ‘one flesh’, or ‘one body’, with their sexual partner. This means they become one person and belong together. If you belong together, you share everything and you trust each other. There is no space for a third person.

Note for leader: here you can ask the participants to fold their hands as if in prayer. Point out that there is no space for a third hand. This is how Paul saw the relationship between two people who become one in the flesh: they become as one person.

- a) What does Paul mean when he says “the man who is guilty of sexual immorality sins against his own body”?
- b) What is the significance of the expression: “The two will become one body”?
- c) What does Paul mean when he says that our body is “the temple of the Holy Spirit”?

### Step Five

 30 minutes

1. Introduce the ideas in the HIV and AIDS Context box (below).
2. Ask the group to divide into four sub-groups, ideally of five or six people each. Ask each sub-group either to develop one of the following role plays, or to answer the three questions listed for Group no. 4 on page 49.

#### GROUP No. 1: A role play for young people

Thabo is a young man, keen to prove his ‘manhood’. He approaches two 15 year-old girls - Nomsa and Thembi. Nomsa has low self-esteem and is constantly worrying

### The HIV and AIDS Context

The words ‘sex’ and ‘sexuality’ have different meanings, although they are obviously related. The word ‘sex’ means the act of sexual intercourse. The word ‘sexuality’, however, means much more. Sexuality has to do with how we see ourselves as females and males. It includes how we think and feel about our body - how we feel about being a girl or a woman, or about being a boy or a man. Our sexuality has to do with our self-esteem and self-respect, and how we understand values such as love and trust in a relationship.

It is very natural to have sexual feelings and to think about the place of sex in a relationship between two partners. Christian parents and caregivers have to talk openly with their adolescent children about sex and all the consequences of early sex. They also need to encourage their children to delay the onset of sexual activities



until they are young adults, and are able to make a firm commitment to each other, even if cultural, economic or other circumstances make it necessary for them to postpone marriage.

In most parts of the world, the main way in which HIV is transmitted is through sex between two people. It is now generally agreed that a major factor in the spread of HIV is having more than one sexual partner at the same time. This is known as the practice of ‘multiple concurrent partnerships’. The Christian ideal of faithfulness to one sexual partner is therefore a key strategy in HIV prevention. But it is also important for both partners to find out, through testing, whether they are already HIV-positive. A positive test result for one or both partners will enable them to make informed decisions about their future. It does not necessarily rule out the possibility of marriage.





about the way she looks. She lives with her grandmother, who has never talked with her about sex. She is still at school but is not getting good marks and wants to leave.

The second girl, Thembi, has good self-esteem. She sings in the church choir and belongs to the church youth group. She has friends and her mother has asked an aunt to talk to her about sex, and how you can fall pregnant even the first time you have sex. Her aunt is a school teacher. She has told Thembi that girls with boyfriends often want the boyfriend more than doing well at school, and as a result their marks drop.

In the role play Thabo approaches Thembi and makes it clear that he would like to start a sexual relationship with her. She explains that she likes him very much, but to sex she says: 'no'. Thabo then approaches Nomsa, and without much hesitation she says 'yes' to sex. Who does Thabo respect more? Thembi or Nomsa? What would the Apostle Paul say to Nomsa? Act out the role play and discuss these questions in your group.

### **GROUP No. 2: A role play for young people**

Lindiwe is a young girl and her parents are very poor. A taxi-driver asks her for sexual favours and offers to buy her a nice present. Lindiwe knows about sexually transmitted diseases and falling pregnant but she also needs a new pair of shoes. She feels very ashamed when she looks at her shoes. She is scared and does not want to have sex. What will she do? Act out the role play and discuss this question in your group.

### **GROUP No. 3: Three role plays for adults**

Three construction workers - George, James and Peter - are working away from home. They are all married and they love their wives but they feel lonely.

**Role play No. 1:** George has sex (without condoms) with Lena, a woman he met in a shop. Lena falls pregnant and asks George for money, which he starts giving her. George stops sending money to his wife and family. After a few months, George's



**Our sexuality has to do with our self-esteem and our self-respect.**

brother-in-law visits him. Decide what now happens between George, Lena and George's brother-in-law, and act it out.

**Role play No. 2:** James has been having sex with Mary, an unmarried woman who hopes that James will divorce his wife and marry her. She wants to 'negotiate' sex with James without using condoms, but James is still refusing. What arguments does she use? Act out this story.

**Role play No. 3:** Peter travels home to visit his wife and children every two months. It is a long journey and it costs money, but he wants to see his wife and children. He does not have sex with any other woman. He wants to bring his wife and children to the place where he is now living and working.





Peter's colleagues tease him: "You are not a man. You have only one woman ... what's wrong with you?" Why do the other men not respect Peter's way of life? How should Peter react? Act out this story and respond to these two questions.

#### GROUP No. 4: Three questions

This group should discuss and reply to three questions about condoms, as follows:

- a) In which situations would it be all right for Christians to use condoms?
- b) In which situations would it be wrong for Christians to use condoms?
- c) Can the church promote condoms as a way of reducing HIV infections and AIDS deaths?

#### Step Six

 40 minutes

1. The sub-groups should now come together. Groups 1, 2 and 3 should perform their role plays, and Group 4 should report on the

questions they discussed and the answers they came up with. Allow time for the other groups to make comments or ask questions.

2. Inform the group about a new Called to Care handbook, *Parenting: a journey for life*, which deals with the issue of parenting, due to be published in mid-2010. This is a very important guide for all types of parents, guardians and child care-givers. It deals with sex and sexual behaviour, and many other important issues.

#### Step Seven

 10 minutes

1. Ask what we, as members of our churches, families and communities, can do to support one another in living healthy sexual lives and protecting the weak and the vulnerable from sexual abuse.

2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.






# 13. Sexual harassment and gender violence

## Learning Objectives

1. To break the silence on the discussion of sexual harassment and gender violence.
2. To show that sexual harassment and gender violence debase a person and contribute to the spread of HIV.

**Text:**  Genesis 39:6-20; 2 Samuel 13:1-22.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about sexual harassment and gender violence.

### Step Two

 10 minutes

Ask three people to read the passages, Genesis 39:6-20 and 2 Samuel 13:1-22. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them most about these two stories. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include any additional information needed from the Biblical Context box (right).

### Step Four

 10 minutes

Ask the group to address the following questions, written on a sheet of flipchart paper, which should be displayed where everyone can see it.

- a) Can we identify all the characters in the story of Tamar and what their roles are?
- b) Why did Amnon rape his sister, Tamar?

## The Biblical Context



**Genesis 39:6-20:** Joseph, a young, good-looking Hebrew slave, worked for his master, Potiphar, in Egypt. Potiphar was one of Pharaoh's officials, the captain of the palace guard. Joseph was promoted rapidly and was eventually entrusted with managing all his master's affairs, including his crops. Potiphar's wife, however, tried repeatedly to seduce Joseph, who refused her advances. "How could I do such an immoral thing and sin against God?" he said. Finally, in order to revenge herself on Joseph, she claimed that he had tried to rape her. Potiphar was furious, and had Joseph arrested and put in prison.

**2 Samuel 13:1-22:** Tamar was probably 12-14 years old when she was raped by her half-brother, Amnon, who was one of King David's sons. Virginity in brides was highly prized in ancient Hebrew society. It reflected on the honour of the bride's father and husband-to-be. Having lost her virginity, Tamar also lost her honour and her chances of making a good marriage. Amnon's conduct had left her with a permanent social stigma.





- c) What were the consequences of Amnon's action for Tamar?
- d) Who are the characters in the story of Joseph and Potiphar's wife?
- e) How did Potiphar's wife try to use her position of power over Joseph?
- f) What similarities are there between these two stories?
- g) What are the most significant differences between these two stories?

- a) What was your initial reaction to the stories of Tamar and Joseph? Can you identify yourself with any of the characters?
- b) Can a group member tell a story about a 'Tamar' or a 'Joseph' in her or his own family or community?
- c) There is a saying in the Bemba language that *ubucende bwa mwaume ta bona ng'nda*, meaning "the man's infidelity cannot destroy a marriage". Invite comments on this saying.
- d) What implications does this saying have in this era of HIV and AIDS?
- e) Why do some men rape?
- f) What are the consequences of rape for the victim?
- g) What kinds of support programmes are found in our community for persons who are sexually harassed or are victims of gender violence?

## Step Five

25 minutes

1. Introduce the ideas in the HIV and AIDS Context box (below).
2. Ask the group to divide into four sub-groups: older women, younger women, older men, and younger men. Ideally, each sub-group should consist of five or six people. Ask each group to discuss and answer at least five questions. You will have already written out these questions on a sheet of flipchart paper. Place the flipchart sheet where everyone can see it.

### The HIV and AIDS Context



Sexual harassment is the request or demand for sexual favours, or behaviour of a sexual nature, directed at someone who does not welcome it. It can take the form of sexual jokes; offensive telephone calls; and displays of obscene or pornographic photographs, pictures, posters, reading matter or objects. It includes sexual propositions; physical contact such as patting, pinching or touching in a sexual way; and unnecessary familiarity such as deliberately brushing against a person or putting an arm around another person's body. It also includes remarks about a person's sex or private life; suggestive comments about a person's appearance or body; obscene gestures and indecent exposure.

Both men and women engage in sexual harassment, although it is most often practised by men, and directed at women. It takes place in the workplace, but also in teacher-student

relationships, in shops, in social situations and within the family. In all its forms, sexual harassment debases and dehumanises the victim and asserts the dominance of the attacker. It can inflict physical and/or psychological, emotional and spiritual injury. Its most extreme forms are sexual assault and rape, i.e. sexual intercourse by force, against the will of the victim.

Sexual harassment and gender violence are closely linked to the spread of HIV. Some men rape young girls because they believe they can be cured of HIV by having sex with a virgin. Some commit incest with their own children because of a belief that this will lead to riches. Others simply take pleasure in forcing women to submit to them sexually. Women are especially at risk in war zones, where combatants systematically use rape as a weapon to humiliate and terrorise their victims.





**Some men rape young girls because they believe they can be cured of HIV by having sex with a virgin.**

- h) What actions can we as individuals, families, churches and community members take in response to issues of sexual harassment and gender violence?
- i) Design a short role play demonstrating the problems caused by sexual harassment and gender violence. Alternatively, give a personal testimony about these issues.

### Step Six

 30 minutes

The sub-groups should now come together and report on their discussions and answers to the

questions. Those who have prepared a role play or personal testimony should present these.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close with a song and a prayer.





# Human concerns . . .

## 14. Fear and anxiety

### Learning objectives

1. To enable people living with HIV to face life without fear and anxiety.
2. To develop a sense of commitment amongst Christians to help people living with HIV to overcome their fear and anxiety.

**Text:**  Romans 8:31-39.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be on the theme of fear and anxiety.

- a) Can you illustrate the truth in this passage from your own experience?
- b) What do you think God is saying to us today in this passage from Scripture?

### Step Two

 10 minutes

Ask one member of the group to read out the text in the Biblical Context box (right). Now ask someone else of the Bible study group to read the passage **Romans 8:31-39**. If participants have their Bibles with them, invite them to follow the passages being read in their own Bibles.

### The Biblical Context



Paul wrote his letter to the Christians in Rome in about 55AD, after he had been preaching the gospel in countries around the Mediterranean for about 20 years. At the time he had not yet visited Rome, but still hoped to do so. The Christians in Rome at this time included both Jews and Gentiles, and there seem to have been tensions between them.

As a Jew who felt called to preach to the Gentiles, Paul was uniquely suited to the task of reconciling the two groups. The situation of Christians in Rome was precarious. They suffered from widespread discrimination, and the Roman authorities viewed them with suspicion and hostility. (When Paul finally did visit Rome, he was imprisoned.) In his letter to the Christians in Rome - by far the longest of all his letters - Paul covers many of the main themes of his ministry and deals with many of the objections raised by his critics. In this passage, he seeks to reassure the Christians in Rome that, however difficult the problems they face, God will never desert them.

### Step Three

 10 minutes

Ask the group to say what strikes them most about this passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

### Step Four

 10 minutes

Ask the group to address the following questions, written on a flipchart, which should be displayed where everyone can see it.





## The HIV and AIDS Context



Fear and anxiety are very common in the current era of HIV and AIDS. People who have been Christians for many years find themselves having to cope with these emotions. The AIDS epidemic is not only a serious health issue, but has created many anxieties and fears, for example, about marital relationships, family finances,

acceptance of an HIV-positive diagnosis, disclosure of one's HIV-positive status, and the fate of children whose parents are dying prematurely. Yet people can learn to commit their worries, fears and anxieties to God, who can release them from these problems and free them to deal with their own needs and those of others.

### Step Five

🕒 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box above.

2. Ask the group to divide into sub-groups of five or six people each. Ask each group to discuss and answer at least three of the five questions below. (You will have already written out these questions on a sheet of flipchart paper.) Place the flipchart sheet where everyone can see it.

- Which areas of life do we tend to worry and feel anxious about too much? How can we overcome this?
- Is it possible to give your entire attention to what God is doing right now, and not to become anxious about what may or may not happen tomorrow? Tell a short story about your own experience.
- Can you give a testimony about how God has helped you in the past to overcome your fear and anxiety about something?



**The AIDS epidemic has created many anxieties and fears.**





- d) Devise a very short role play to show how God has helped you in the past.
- e) Have we, as Christians, contributed to increasing fear and anxiety among our fellow Christians about HIV and AIDS? Please justify your answer.

**Step Six** 🕒 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions and suggestions. Those who have prepared a personal testimony or a role play should be invited to present them.

**Step Seven**

🕒 10 minutes

1. Ask how we, as a Christian community, can help one another in coping with the fears and anxieties caused by HIV and AIDS. Write the suggestions on a sheet of flipchart paper.
2. Ask someone to read Philippians 4:6-7 or Isaiah 43:1-5.
3. Ask the group to share one or two minutes of silent reflection.
4. Then ask one of the members to lead the group in a chorus about trusting in God for victory over our problems.





# 15. Healing

## Learning Objectives

1. To explore the meaning of 'healing' in the context of the AIDS epidemic.
2. To dispel any automatic association between illness and sin in the sense of immoral behaviour.
3. To promote a holistic view of healing as a process of physical, psychological and spiritual recovery.
4. To encourage adherence to medical treatment (including antiretroviral drugs), alongside prayer, as part of the healing process.

**Text:**  John 9:1-7.

## Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about the meaning of 'healing' in today's world, especially in the light of the AIDS epidemic.

## Step Two

 5 minutes

Ask two people (one after the other) to read the passage, **John 9:1-7**. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

## Step Three

 10 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right).

## Step Four

 10 minutes

Ask the group to address the following questions, written on a sheet of flipchart

paper, which should be displayed where everyone can see it.

- a) What did the disciples assume about the cause of the man's blindness?
- b) How did Jesus respond to their question?
- c) How did the blind man contribute to his own healing?
- d) What does Jesus' response show about his attitude towards illness, healing and sin?

## Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box on the following page.

### The Biblical Context



The writers of some of the books of the Old Testament linked sin with suffering and disease. In this passage, however, Jesus says quite clearly that disease (in this case, blindness) is not a punishment for sin. Jesus goes even further and says that the man's disease and distress can in fact be the opportunity to show God's love and care for humanity.

It is not only the blind man who is healed in this story. He is also the means by which the disciples have their eyes opened to 'see' God with fresh insight.





## The HIV and AIDS Context

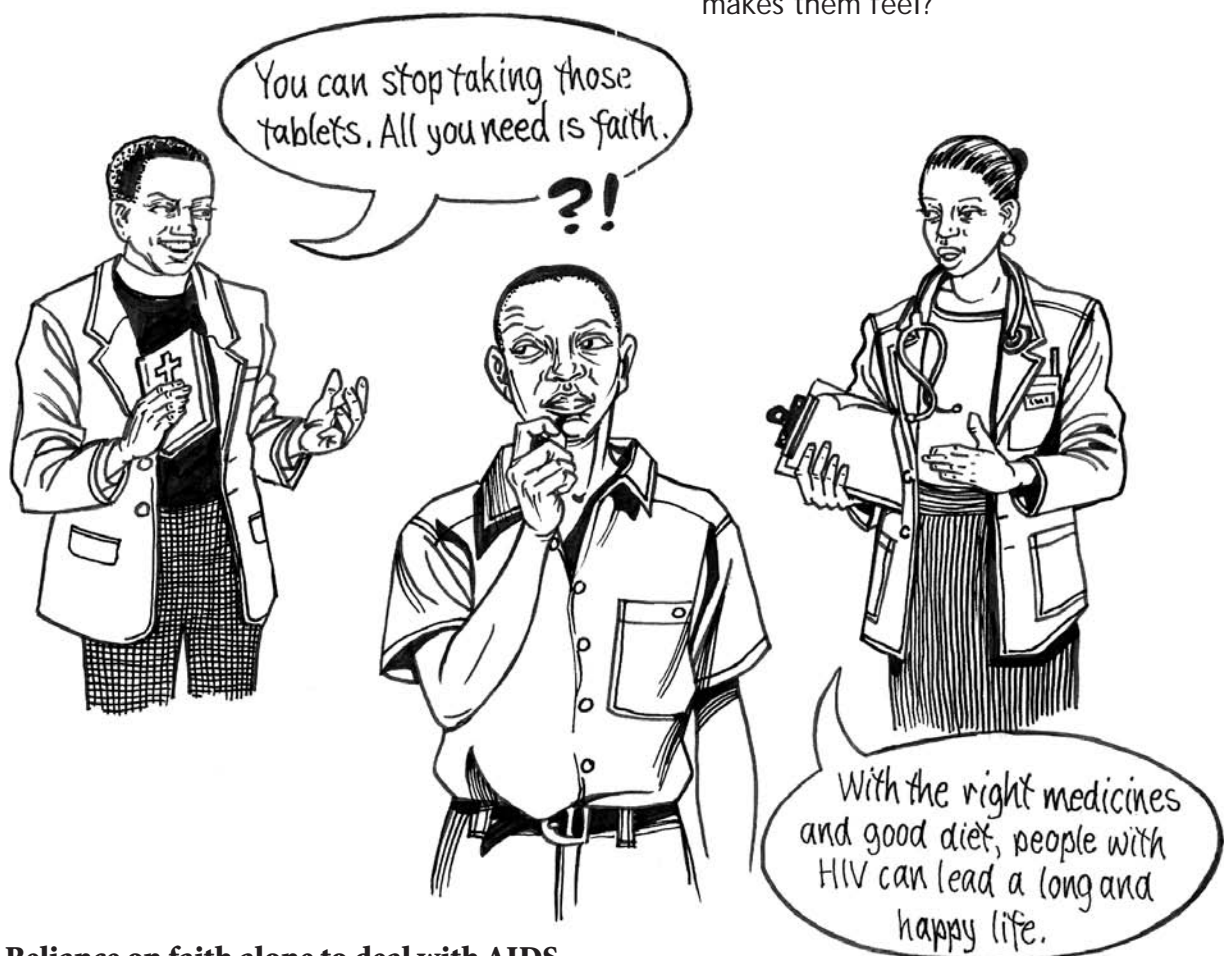


With the development of antiretroviral drugs in the mid-1990s, the survival chances of HIV-positive people began to improve dramatically. If these drugs are administered at the right time, and if they are accompanied by good nutrition and a healthy lifestyle, they can enable people with HIV to live near-normal lives. Although at first these drugs

were extremely expensive, their cost has fallen to about US\$300 per person annually. Antiretroviral drugs, like all other medications, are a blessing from God. Yet some religious leaders advise their followers that they can be cured of AIDS through faith alone, without medication. This is likely to lead to unnecessary, premature death.

2. Ask the group to divide into sub-groups of five or six people each. Ask each group to discuss and respond to at least four of the following questions. You will have already written out these questions on a sheet of flipchart paper. Place the flipchart sheet where everyone can see it.

- a) Ask the group what they understand by the word 'healing'. Keep asking until you have reached an understanding that healing is not just a matter of recovering from a physical ailment, but it also has psychological, social and spiritual dimensions.
- b) If you ask someone who is HIV-positive how they acquired HIV, how do you think this makes them feel?



**Reliance on faith alone to deal with AIDS can lead to unnecessary, premature death.**





## CALL TO ME

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- c) Is it important for people who are open about their HIV-positive status also to disclose how they think they acquired the infection? Please justify your response, if possible through a real-life story.
- d) Ask if anyone can describe how they experienced God in a new way, or were made more whole, through someone living with HIV?
- e) What are some of the traditional beliefs that many people in our communities have about the causes of disease?
- f) How do these beliefs affect people's attitudes towards the treatment of diseases?
- g) How can we as individuals contribute to our own healing when we become ill?
- h) How has the development of antiretroviral drugs changed the prospects of HIV-positive people for living normal lives?
- i) What religious beliefs do some people have that make it more difficult for them to access antiretroviral therapy?

- j) Design a short role play demonstrating the problems caused by some traditional or religious beliefs about medical treatment. Alternatively, give a personal testimony about the issues of medical treatment and traditional or religious beliefs.

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have prepared a role play, a story or a testimony should be invited to present them.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing. Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.





# 16. Death, grief and mourning

## Learning objectives

1. To break the silence which often surrounds the issue of death.
2. To help people overcome their fears about death and to make plans to minimise its impact on their families.
3. To enhance our ability to support people who are mourning the death of a loved one.

**Texts:**  Matthew 26:36-39; 1 Corinthians 15:54-57; Revelation 21:4.

## Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about death, grief and mourning. Ask the group what they understand by the words 'grief' and 'mourning'. (Note: 'grief' means one's inner response to a personal loss; 'mourning' refers to our outward behaviour in response to a loss.)

## Step Two

 5 minutes

Ask three people to read the passages **Matthew 26:36-39, 1 Corinthians 15:54-57, and Revelation 21:4**. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

## Step Three

 10 minutes

1. Ask the group to say what strikes them about each passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a flipchart.

2. Introduce any additional information needed from the Biblical Context box (right).

## The Biblical Context



The Bible does not try to avoid the issue of death. Both the Old and New Testaments contain many stories that involve the reality of death and its profound effects on both those facing it and those left behind. Even Jesus was profoundly affected by the news of the death of his friend Lazarus, reacting with anger and tears to death's destructive force (John 11:35 and 38). In the study passage we see Jesus facing his own death, not wanting to die and asking his friends to support him. In the garden of Gethsemane, on the night before his crucifixion, he prayed: "My Father, if it is possible, take this cup of suffering from me! Yet not what I want, but what you want." (Matthew 26:39) Luke's account of this episode (Luke 22:44) records that Jesus was in so much anguish that "his sweat was like drops of blood".

But whilst the Bible is utterly realistic about the enormous and devastating impact which death can have, it also offers hope and contains many injunctions on how the vulnerable people who are left behind should be cared for.

For Christians, there is much to hope for after death: eternal life in the spirit with Christ. This is what Jesus himself promised: "There are many rooms in my

*(continued)*





Father's house, and I am going to prepare a place for you" (John 14:2). The apostle Paul reminds us: "For what is mortal must be changed into what is immortal; what will die must be changed into what cannot die" (1 Corinthians 15:53). Throughout both the Old and New Testament God repeatedly stresses the need to care for vulnerable people left behind by the death of a loved one. Widows and orphans are often singled out for special care (e.g. Deuteronomy 14:29, 24:19; Isaiah 1:17; James 1:27). Jesus himself was concerned for those he would leave behind and made special intercession for them (John 17:11).

### Step Four

🕒 15 minutes

Ask the group the following questions, written on a flipchart which is displayed where everyone can see it.

- Why do you think Jesus needed his friends to 'watch and pray' with him in the garden of Gethsemane?
- How do the life, death and resurrection of our Lord Jesus change the way in which death is viewed by his followers?
- What does the apostle Paul mean by the sentence: "Death is destroyed. Victory is complete" (1 Corinthians 15: 54)?
- What is promised in Revelation 21:4?

### Step Five

🕒 30 minutes

1. Introduce the ideas in the HIV and AIDS Context box (opposite).

2. Ask the group to divide into sub-groups of five or six people each. Give each group at least four of the following questions (which you will already have written on a flipchart) to discuss and answer. Place the flipchart where everyone can see it.

- What makes the topic of 'death' difficult to talk about in our community and culture? How can we deal with these issues?
- How do people in our culture usually prepare for death?
- What can we say or do to help people who appear to be dying cope with their fears about death?
- What emotions do we feel when taking care of someone who is terminally ill and apparently close to death?



**We need to prepare ourselves, and our families, for our own physical deaths.**





## The HIV and AIDS Context



For most of us, death is something we would rather not think about, let alone discuss with other people. Yet sooner or later, all of us will die. This is simply part of the human condition. This does not mean that we should be fatalistic. As Christians, we should do everything in our power to help prevent premature deaths.

HIV and AIDS are now a leading cause of death. The United Nations also estimates that in 2008 there were around 1.4 million deaths from AIDS in sub-Saharan Africa and that 22 million people in the region were living with HIV. But even medical conditions such as HIV infection need not always lead to premature death. With appropriate medical treatment, nursing care and good nutrition, it is now possible for HIV-positive people to live normal lives for many years. And the increasing availability of antiretroviral drugs promises a more hopeful future.

Yet we also need to prepare ourselves, and our families, for our own physical deaths. Moreover, there are still many people in our communities who will die prematurely of AIDS because they cannot afford to purchase the

medical treatment which would prolong their lives. As a church community, we need to help provide people living with HIV, and their families, with material, social and practical support (see Bible study no. 5, pages 24-27).

When people approach the end of their lives, we may also need to provide them with spiritual and practical support to help them face death with greater peace. Spiritual support includes prayer, singing hymns and reading the Bible together. Practical steps are also important. For example, helping people to draw up wills, to make plans for who will look after their children, and to create memory books for those left behind are all ways in which we can support people facing death, and their loved ones.

When a family member or a neighbour dies, perhaps of an AIDS-related illness (of which we may be unaware), grief and mourning are normal and appropriate reactions. On these occasions, their loved ones are in urgent need of the spiritual, social and practical support which we, as believers in Jesus Christ and church members, are well placed to provide.

- e) What can we say or do to comfort people who have recently lost a loved one?
- f) One of the greatest fears that many people approaching death have is for the future of their children. What can we, as a church, do to help alleviate their fears?
- g) Some people approaching death have asked that their HIV status should be mentioned at their funeral. How appropriate is this practice?
- h) Please design a role play of someone dying of AIDS who asks a close family member to announce his or her HIV-positive status at his or her funeral. (Note: the family member should at first refuse to do so, and should agree only very reluctantly.)

## Step Six

 30 minutes

The sub-groups should now come together and report on their discussions and answers to the questions and suggestions. Those who have developed a role play should perform it.

## Step Seven

 10 minutes

1. Ask what we, as members of our church and our community, can do to provide support to people approaching death and to people mourning the loss of their loved ones. Write the suggestions on a flipchart.

2. Read Romans 8:38-39, and then bring the Bible study to a close by asking a member of the group to pray for everyone who feels they are approaching death, and for those who are mourning the loss of a loved one.





# 17. Food

## Learning Objectives:

1. To show that food gives life - physically, emotionally and spiritually - and can also have a healing function.
2. To help people to come to a fuller understanding of the importance of diversifying and increasing food production.

**Text:**  John 6:1-14.

## Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study is about food. We will be looking at its importance to all of us physically, emotionally and spiritually - and also at how we can improve access to a variety of different foods, especially for people living with HIV.

## Step Two

 5 minutes

Ask two people to read the Bible passage, **John 6:1-14**. If participants have their own Bibles with them, invite them to follow the passage being read in their own Bibles.

## Step Three

 15 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include any additional information needed from the Biblical Context box (right).

## Step Four

 15 minutes

Ask the group to address the following questions, written on a sheet of flipchart

## The Biblical Context



Food is one of the necessities for sustaining life. For the people of Israel the chief staple food was bread, and the word 'bread' was also used to designate food in general. In Biblical times food consisted basically of the following: grain such as barley and wheat; fruits such as figs, dates, apples and pomegranates; vegetables such as beans, cucumbers, lentils, onions, leeks and garlic; dairy products such as cheese and curds (mainly from goats and sheep); and meat and fish products.

Throughout the Bible, there is much more to food than its obvious function of maintaining physical life. Food was used to bond social relationships and establish covenants (Genesis 31:54; Exodus 24:11). The Bible is brimming with imagery of food and feasting (Isaiah 25:6; Isaiah 55:1; Matthew 22:2) and food is central to many stories in the Bible (Ruth, the Last Supper). Many of the stories of Jesus involve encounters around food, and food is often the place of revelation (Luke 24:35, where the disciples recognised Jesus "when he broke bread"). In the Communion, food is the means by which the eternal somehow breaks into the present, so that we are fed spiritually.

Jesus is often seen to be aware that his followers need feeding physically,

*(continued)*





emotionally and spiritually. In one of the resurrection accounts (John 21:12) Jesus says “come and eat” to the dejected disciples. The feeding of the 5,000 (a story which occurs in all four gospels) is another example of Jesus meeting both the physical and emotional needs of the hungry and weary crowd.

paper, which should be displayed where everyone can see it.

- a) When Jesus saw the great crowd what did he say to Philip? How did Philip respond, and why?
- b) When Andrew heard the discussion between Jesus and Philip, what action did he take?
- c) What do you think led to the boy bringing his own food?
- d) What did Jesus do to the boy's food?
- e) Is this just a story about meeting physical needs? What emotional and spiritual aspects are there? Can these aspects be separated?
- f) Why did Jesus say he was the bread of life? (John 6:35)
- g) What lessons can we learn from this story?

## Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box below.

2. Ask the group to divide into sub-groups of five or six people each. Give each group four of the following questions to discuss and answer. You will have already written out these questions on a sheet of flipchart paper. Place the flipchart sheet where everyone can see it.

- a) What is the staple food in your culture, and what food crops do you grow?
- b) Some foods are said to have medicinal properties for different ailments. Can you list foods with such qualities?
- c) What sorts of foods should people living with HIV eat, and why?
- d) How could we help people living with HIV to have greater access to nutritious foods?
- e) When people in southern Africa complain of famine they generally mean the failure of the maize (corn) crop, used to make the staple food, *nshima* (or *ugali*). Which foods could replace *nshima* (*ugali*) as part of a good balanced diet for people living with HIV?

## The HIV and AIDS Context

When HIV enters the family, especially if one parent dies of AIDS, the capacity of the family to feed itself is reduced. In rural areas, there is less labour available to till the soil and grow crops. In urban areas, there is less money available to buy food. People living with HIV, especially if they are taking antiretroviral drugs, need a regular intake of nutritious food: the drugs alone are insufficient to maintain good health. Their diet should consist of a mixture of carbohydrates (energy foods), proteins (body building foods), fats, vitamins and minerals.

Certain foods, such as garlic and the fruit of



the moringa tree, are widely believed to help strengthen resistance to disease. Although these foods may have health benefits, they cannot be used to prevent HIV infection or to treat people for particular illnesses.

At the same time, in many countries climate change is reducing the availability of water to help grow food crops. Diversifying the crops planted and using improved farming techniques (such as permaculture) can help families to improve their ‘food security’ - in other words, having access to sufficient food throughout the year. (See also the forthcoming Called to Care book, *More Food*.)





**In many countries climate change is reducing the availability of water to help grow food crops.**



- f) What emotional impact do you think it might have on people not to be able to provide food for their families?
- g) How can we use food to nurture people living with HIV and AIDS spiritually and emotionally?

### Step Six

 30 minutes

The sub-groups should now come together and report on their discussions and answers to their questions. In summarising, the facilitator should suggest the possibility of

inviting a nutritionist and/or an agriculturist to learn about the nutritional values of various foodstuffs and how best to grow them.

### Step Seven

 10 minutes

1. Ask what we can do to help our families, our church and our community address the problems which we have been discussing.
2. Write the suggestions on a sheet of flipchart paper. Bring the Bible study to a close with the Lord's prayer, replacing 'bread' with 'food'.





# Human qualities . . .

## 18. Neighbourly love

### Learning objectives

1. To explore and understand the idea of neighbourly love.
2. To examine how neighbourly love is shown within our community and our church towards people living with HIV and their families.
3. To identify ways in which our community and our church can better show neighbourly love towards people living with HIV and their families.

**Text:**  Luke 10:25-37.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about neighbourly love. Ask the group what they understand by these words.

### Step Two

 5 minutes

Ask two people to read the passage, Luke 10:25-37. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask members of the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a flipchart.

2. Include additional information from the Biblical Context box (right).

### Step Four

 10 minutes

Ask the group to address the following questions, written on a flipchart, which

### Biblical Context



Jesus told the story of the Good Samaritan in response to a teacher of Jewish Law, who asked: "Who is my neighbour?" There was great hostility at the time between the Samaritans and the Jewish people. The Samaritans were a mixed race, regarded by the Jews as second-class people who should be avoided for religious and moral reasons. The group listening to Jesus would have expected him to tell a story about Jewish people as neighbours. They would never have expected him to make a Samaritan the hero of the story.

But Jesus tells the story of a Jewish man travelling on foot between Jerusalem and Jericho who was attacked, beaten, stripped, robbed and left for dead by the roadside. A Jewish priest and a Levite (assistant priest) - both of whom might have been expected to help the man - completely ignored him. Indeed, both went out of their way to avoid him. What were they thinking at the time? The man probably looked as though he might be dead - perhaps the two religious leaders were afraid of becoming ritually 'unclean' by touching a dead person.

*(continued)*





Perhaps they were telling themselves: “This man has only himself to blame. He was probably carrying a bag full of money or other valuables, which must have tempted the robbers.”

The only person who stopped to help the man was a Samaritan. Not only did he bandage the man’s wounds, but he took him to the nearest town and paid for him to stay at an inn. When Jesus asked who had behaved like a neighbour towards the man attacked by robbers, the teacher of the Law could only answer: the Samaritan. For the people listening to Jesus tell this story, it must have been an amazing statement.

should be displayed where everyone can see it.

- a) Identify the various characters in the story and the roles they play.
- b) What might the wounded man have been thinking, feeling or hoping after the attack?
- c) Why did the two Jewish religious leaders avoid the man who had been attacked by robbers?
- d) What does this story tell us about the idea and the practice of neighbourly love?

### Step Five

 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box below.
2. Ask the group to divide into sub-groups of five or six people each. Give each group four of the following questions (already written on a flipchart) to discuss. Place the flipchart where everyone can see it.
  - a) Are there people in our church and community who are suffering seriously because of HIV and AIDS? In what ways are they suffering?
  - b) If you are living with HIV, what do you hope for from the church community? Or, if you were to become HIV-positive, what do you think you would hope for from the church community?
  - c) How is our church showing neighbourly love towards people living with HIV and their families?
  - d) Are there people in our church or community who avoid saying anything in support of people living with HIV? If so, why?
  - e) Some people in our church or community may talk a lot about the need to show neighbourly love towards people living with or affected by HIV, but their words

### The HIV and AIDS Context

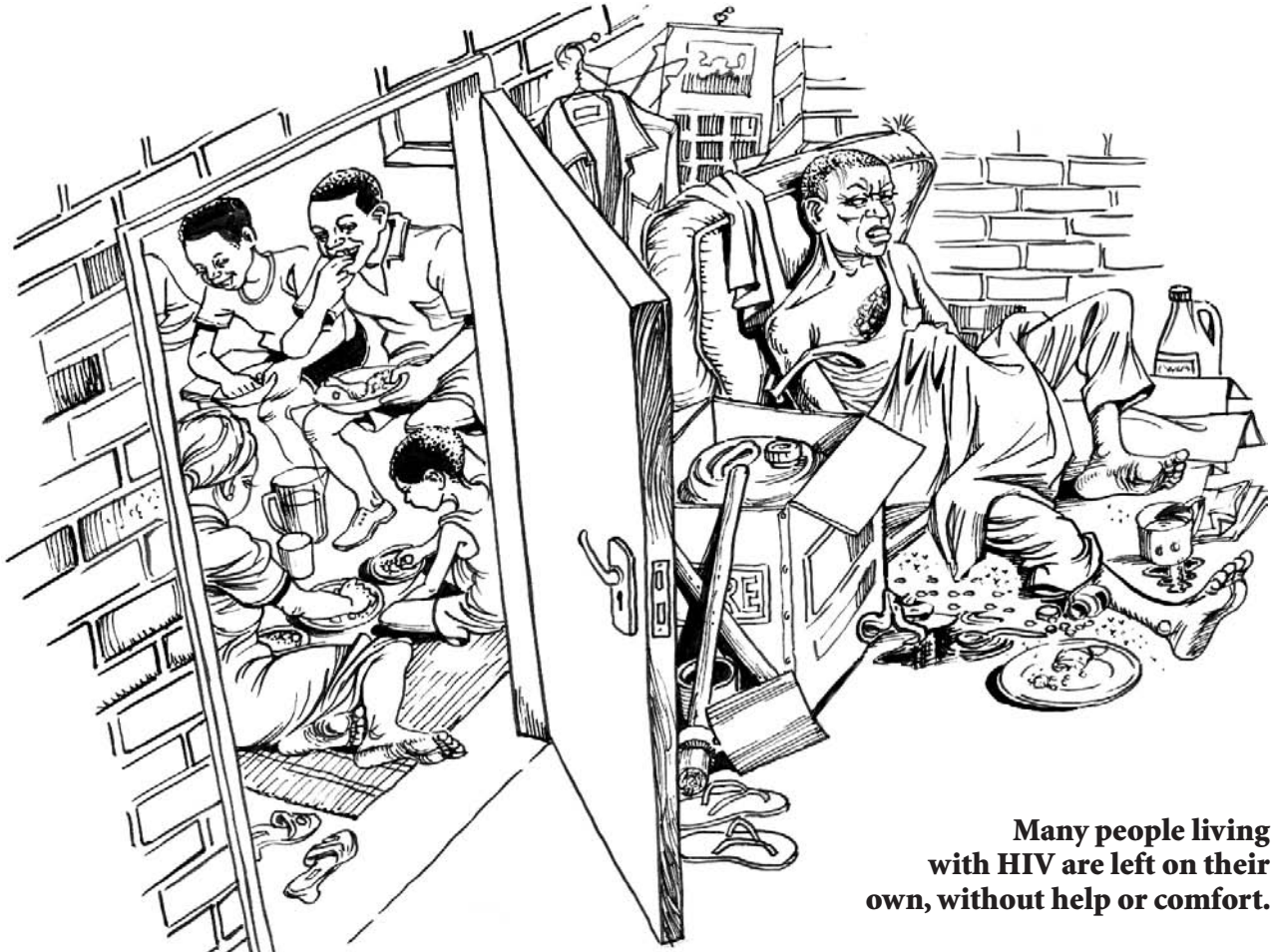


Many people living with HIV are in the same position as the man attacked by robbers in this story. They have been attacked by a disease and left to suffer and die, with little or no support from their families, workmates, neighbours and friends. Some families hide them in their homes, where they have to use their own eating utensils and cannot mix with other family members. When they fall ill, nobody cares for them because they are regarded as doomed to die soon, so why bother? They are left alone, half-dead and without help or comfort. When taken to hospital they may be segregated from

other patients and treated badly by medical and nursing staff.

Even in our churches, many people shun them and regard them as sinners who are dying because God has passed judgment on them for their ‘immoral’ behaviour. Our church leaders carry on with their busy routines of church business, ignoring those members whose lives have been devastated by HIV and AIDS. Meanwhile, HIV continues to infect many people in all walks of life, but those who suffer most are families who are already poor and have little or no support from their relatives and friends.





**Many people living with HIV are left on their own, without help or comfort.**

are not matched by their actions. What can we do about this?

- f) Please devise a role play about a family affected by HIV and AIDS who are not supported by their church.
- g) Can someone please relate their own experience of living with HIV and not being supported by their church?

### Step Six

🕒 30 minutes

The sub-groups should now come together and report their discussions and answers

to the questions and suggestions. The role play, story or personal testimony can also be presented.

### Step Seven

🕒 10 minutes

1. Ask what we can do to help our church congregation and our community to show neighbourly love towards people living with HIV. Write the suggestions on a flipchart.

2. Bring the Bible study to a close with a prayer.





# 19. Self-reliance

## Learning Objectives

1. To explore what it means to help someone living with HIV to become economically self-reliant.
2. To generate a sense of commitment, at the level of the individual, the family, the church and the community to help people living with HIV to become economically self-reliant.

**Text:**  Acts 3:1-10.

## Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about helping people living with HIV to cope with the economic challenges which they and their families face.

## Step Two

 5 minutes

Ask two people (one after the other) to read the passage, **Acts 3:1-10**. If participants have their own Bibles with them, invite them to follow the passage being read in their own Bibles.

## Step Three

 10 minutes

1. Ask the group to say what strikes them most about this story. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a sheet of flipchart paper.

2. Include additional information from the Biblical Context box (right).

## Step Four

 10 minutes

Ask the group to address the following questions, written on a sheet of flipchart

paper, which should be displayed where everyone can see it.

- a) What was the state of the man who sat at the temple gate?
- b) Instead of giving money, what did Peter and John do for the man?
- c) What was the reaction of the man and that of the bystanders?
- d) By what means did Peter and John help the man to walk again?

## The Biblical Context



Peter and John were among the first disciples of Jesus Christ. When this story took place they were the leaders of the small Christian community in Jerusalem. This is the first episode of healing carried out by the apostles of Jesus following his death, his rising from the dead and his ascension into heaven. The story illustrates the signs and wonders, parallel to those of Jesus, performed in his name by his followers. The healing performed by Peter symbolises the raising of the helpless to new life in the power of the name of Jesus. The phrase "in the name of Jesus Christ of Nazareth" signifies the authority of Jesus Christ the Messiah, or Saviour.





## The HIV and AIDS Context



Some people who are living with HIV lose their employment, or they are unable to work at full capacity on their land because of illness and insufficient food. They and their families become increasingly poor, and they start asking other family members, neighbours and friends for food, for money to send their children to school and for other basic needs. Whereas in the past they had been self-reliant,

AIDS reduces them to a state of dependency on their families and friends.

But most people living with HIV are capable of working productively - especially if they have sufficient nutritious food and can access medical treatment (including antiretroviral treatment if necessary). However, they may need help in the form of seeds, livestock, working capital or training in income-generating skills.

### Step Five

🕒 25 minutes

1. Introduce the ideas in the HIV and AIDS Context box (above).

2. Ask the group to divide into sub-groups of five or six people each. You will have already written out these questions on a sheet of flipchart paper. Place the flipchart

sheet where everyone can see it. Ask each group to discuss and answer all the questions below.

a) How would you as an individual, a family, a church or a community give a helping hand in order to help people who have lost their income-earning capacity to 'walk' on their own?



**Most people living with HIV are capable of working productively, provided they have the necessary support.**





## CALL TO ME

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- b) Ask whether someone in the group can share what they are already doing in their family, church congregation or community to help people living with HIV to support themselves and their family.
- c) Do a drawing showing how people living with HIV can become economically self-reliant after having been given some start-up support.

### Step Six

 30 minutes

The sub-groups should now come together again and report on their discussions and answers to the questions. Those who have

done a drawing should display them and explain them briefly.

### Step Seven

 10 minutes

1. Ask what more we, as individuals, families, church congregations or communities, can do to help people living with HIV become economically more self-sufficient? Write the suggestions on a sheet of flipchart paper.

2. Bring the Bible study to a close by leading the group in prayer, or by asking a member of the group to do so.






## 20. Public leadership and advocacy

### Learning objectives:

1. To explore the meaning and importance of leadership and advocacy in government and community-based responses to the AIDS epidemic.
2. To identify ways in which our churches and communities can show leadership and carry out advocacy on issues related to HIV and AIDS.

**Text:**  Nehemiah 4:1-6; and 6:15-16.

### Step One

 5 minutes

Welcome everyone and invite any newcomers to introduce themselves. Ask one of the participants to start the session with a prayer.

Explain that today's Bible study will be about public leadership and advocacy during the current era of the AIDS epidemic.

- a) Identify the various characters in the story and the roles they play.
- b) What were the main problems which the people of Israel were facing because of the poor state of the walls around the city of Jerusalem?

### Step Two

 10 minutes

Introduce these two Bible readings by referring to the Biblical Context section (right). Ask two people to read the passages, **Nehemiah 4:1-6** and **6:15-16**. If participants have their Bibles with them, invite them to follow the passage being read in their own Bibles.

### Step Three

 10 minutes

1. Ask the group to say what strikes them about each Biblical passage. Encourage several participants to respond very briefly - in five or six words at most. Write the responses on a flipchart.

2. Introduce any additional information needed from the Biblical Context box (right).

### Step Four

 10 minutes

Ask the group to address the following questions, written on a flipchart, which should be displayed where everyone can see it.

### The Biblical Context



Nehemiah is one of the three Old Testament books (along with Ezra and Esther) that describe events surrounding the return of the Jews from exile in Babylon (around 538 - 433 BC). Nehemiah was himself an exile and an official in the court of the Babylonian king Artaxerxes, but when word came to him about the ruined state of Jerusalem, Nehemiah obtained permission from the king to go to Jerusalem to rebuild it.

These two passages from the book of Nehemiah describe what takes place when the people of Israel were rebuilding the walls around the city of Jerusalem. At the time, when the walls of the city were broken, the population was vulnerable to attackers from outside.

Nehemiah recognised the urgent need to rebuild the walls and he prayed to God for guidance. Then he advocated strongly to the leaders of the Jewish community who had influence and could help get the work done. He also spoke directly to the people, urging them to start the building work. He

*(continued)*





could not do the work on his own. On the contrary, he needed help from the whole community and its leaders to get the work done.

Finally, despite numerous obstacles, including ridicule, hostility and misrepresentation by his opponents, the walls around the city of Jerusalem were completed and the people of Israel enjoyed much greater protection against their enemies.

- c) What difficulties did Nehemiah face when he decided to lead the people of Israel in rebuilding the walls around the city of Jerusalem?
- d) What leadership qualities did Nehemiah demonstrate?
- e) Why did the Jewish leaders and community members respond so positively to Nehemiah?
- e) Why were the governors, Sanballat and Tobiah, so opposed to Nehemiah?

### Step Five

25 minutes

1. Introduce the ideas in the HIV and AIDS Context box (below).

2. Ask the group to divide into sub-groups of five or six people each. Ask each group to discuss and respond to at least three questions (below). You will already have written these questions out on a sheet of flipchart paper. Place the flipchart sheet where everyone can see it.

- a) Who within our communities and government bodies should be providing leadership and carrying out advocacy on issues related to HIV and AIDS?
- b) Which HIV-related issues demand more leadership and advocacy in our community?
- c) What lessons can we draw from the story of Nehemiah and the rebuilding of the wall around Jerusalem for the current AIDS epidemic?
- d) The walls of Jerusalem were repaired because of Nehemiah's leadership and the

### The HIV and AIDS Context



A leader must know clearly what he or she wants to achieve and must be able to inspire others to commit themselves to the same cause.

A leader must also be a good advocate. (An advocate is someone who publicly supports a particular cause or policy, usually on behalf of someone else, in this case, people living with HIV.) Leaders must be able to advocate, for example, for antiretroviral treatment to be either free or highly subsidised for HIV-positive people who need it for survival.

Like the broken walls of Jerusalem, the AIDS epidemic has caused many 'broken walls' in our communities. Rebuilding these 'broken walls' requires leadership at all levels - within families, at workplaces, in churches and other faith communities, but also at all levels of government. Those who lead best are those who do so through their actions as well as their words. Even the most daunting challenges can be tackled successfully through

informed, determined, inspirational leadership. In the case of the Israelites, rebuilding the broken walls of Jerusalem seemed impossible - especially in the face of ridicule from the two governors, Sanballat and Tobiah. But through Nehemiah's inspirational leadership, a seemingly impossible task was achieved in only 52 days.

The walls of Jerusalem were repaired because of Nehemiah's leadership combined with the people's willingness to play their part. In advocacy on HIV and AIDS, leaders need our active support, for example, if changes in government policies are needed.

If a leader understands the issues, it becomes easier to attract support from other people. It is therefore imperative that leaders at all levels understand the issues involved in the AIDS epidemic so they can lead their communities and populations in adopting the most effective policies and programmes.





### Political and community leaders need to understand the issues involved in the HIV epidemic.

people's willingness to play their part. What is the role of 'ordinary' people in 'repairing the walls' broken by HIV and AIDS? How can we work alongside our leaders and actively support them?

- e) What are some of the greatest challenges facing would-be leaders with regard to issues related to HIV and AIDS?
- f) Please give us examples of community members or political leaders who have shown leadership on HIV-related issues. What challenges have they faced, how have they dealt with them and what have they achieved?

### Step Six

🕒 30 minutes

The sub-groups should now come together and report their findings.

### Step Seven

🕒 10 minutes

1. Ask the group which issues related to HIV and AIDS, within our own communities, or at national or international level, are in need of more effective leadership and advocacy.
2. Ask what we, as members of our church and our community, can do to practise more effective advocacy on issues related to HIV and AIDS with our local and national leaders. Write the suggestions on a flipchart. For example, some churches have link partnerships with churches overseas. How can we involve our links in our advocacy work?
3. Bring the Bible study to a close with a prayer.





# APPENDIX

## Basic facts about AIDS and HIV: a guide for church and community leaders

### What is AIDS?

'AIDS' stands for 'Acquired Immune Deficiency Syndrome'. These are medical terms which are derived from the Latin and Greek languages.

'Acquired' means you get it from another person.

'Immune' means 'strong' or 'resistant'.

'Deficiency' means a lack of something, or a weakness.

'Syndrome' means a group of medical symptoms which are associated with a particular disease.

### What is HIV?

HIV is a virus which, after a long period of time, can lead to AIDS. 'HIV' stands for Human Immunodeficiency Virus. 'Human' because the virus causes disease only in people; 'immunodeficiency' because the immune system, which normally protects people from diseases, becomes weakened. A 'virus' is a small organism that causes harm in the human body.

Our immune system is like an army that defends our body from invading organisms. After being infected with HIV for several years, the body's immune system will have been weakened so much that even germs that usually do not make people very ill will cause severe disease and eventually lead to death. Because the body's immune system is so weak, many germs and viruses have an easy opportunity to attack the body. We call these 'opportunistic' infections.

A dangerous but treatable opportunistic infection is tuberculosis, or TB. The TB germ

is spread through droplets in the air. A person with a strong immune system can fight the TB germ. A person with a weakened immune system is like an army with weak soldiers and will not be able to fight the TB germs.

### How is HIV transmitted?

Unlike the viruses that cause coughs, colds and the flu, HIV cannot be transmitted through the air. HIV is found in body fluids. The highest amounts are found in blood, semen and vaginal fluid. It is also present in breastmilk.

A person becomes infected with HIV only if the virus gets into the bloodstream through an entry point such as a cut, an abrasion (scraping) of the skin, an open sore, or the very thin lining (mucous membrane) inside the vagina (birth canal), the rectum (anal passage) or the urethra (the thin tube which releases semen). This can occur through:

- Sexual intercourse
- Infected blood or blood products given by injection or transfusion.
- An infected mother to her unborn baby, during pregnancy, childbirth or through breastfeeding.

### How does the virus enter the bloodstream through sex?

There is a high concentration of the virus in semen and in the vaginal fluids. During unprotected sex, a person has direct contact with semen or vaginal fluid, and in some cases even with blood. This makes it possible for the virus to enter the body through the lining of the sexual organs, which is porous, i.e. it has tiny holes which allow liquid (which might contain HIV) to pass through.





Women are more vulnerable as the vagina has a thin lining which is easily damaged through the pushing movements of sexual intercourse. Some of the infected semen also stays inside a woman's body after intercourse, so the virus has more time to find 'doors' to enter the bloodstream. Some women dry out their vaginas because men want 'dry sex'. This practice carries a very high risk of HIV infection.

Moreover, sexually transmitted infections (STIs) cause inflammation (when the skin and body tissues are red as if in flames) or even small sores on the sexual organs, which enable the virus to get into the bloodstream more easily.

Young girls are even more vulnerable to HIV infection than adult women. In early puberty, the lining of a girl's vagina is still very delicate, and can offer an easy entry point for HIV. If girls become sexually active before the age of about 16 years, there is an increased risk of being infected with STIs and HIV. Young girls cannot produce much mucus (wetness) in the vagina. Sexual intercourse is therefore drier and less smooth, and is more likely to cause damage, leading to HIV infection.

### **How is the virus transmitted through blood?**

HIV can be transmitted when infected blood comes into direct contact with soft body tissue or broken skin. This can occur through sharing or re-using needles to inject drugs or medicines. The highest risk of infection is through infected blood transfusions.

Therefore all blood needs to be tested before transfusion and people who are at risk of HIV should not be blood donors.

### **How is the virus transmitted from mother to child?**

HIV can pass from an HIV-positive mother to her child during pregnancy, labour, delivery or through breastfeeding. Antiretroviral medicines reduce the amount of virus in the blood. The chances of HIV transmission from mother to child can be dramatically reduced by giving antiretroviral therapy (ART) to the mother during pregnancy, childbirth and during the breastfeeding period.

The latest recommendations from the World Health Organisation (2009) are to give pregnant women in low-income countries ART and to encourage mothers to give the baby only breastmilk for the first 6 months. WHO also recommends that, even if ART is not available, an HIV-positive mother should feed her baby breastmilk for the first six months after birth, and then to introduce solid foods, while continuing to breastfeed for another 6 months.

### **Why wait so long until introducing solids?**

The newborn baby has very soft linings inside the stomach, throat and mouth, which can easily be bruised by solid foods. Bruised linings enable the virus to find an entry point into the baby's bloodstream.

### **Sources:**

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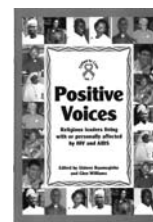


# Other titles in the Called to Care toolkit

## **POSITIVE VOICES.**

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

Personal testimonies by 14 African religious leaders (12 Christians, two Muslims) who are living with or personally affected by HIV. (40 pages; 2005; ISBN 978-0-9549051-3-2; <http://www.stratshope.org/b-cc-01-positive.htm>)



## **MAKING IT HAPPEN.**

### ***A guide to help your congregation do HIV/AIDS work***

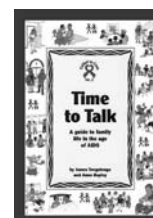
A mini-manual to help church leaders establish and manage an HIV project. Includes sections on planning, decision-making, writing a project proposal, preparing a budget, accounting for funds, and monitoring and evaluation. (44 pages; 2005; ISBN 978-0-9549051-1-8; <http://www.stratshope.org/b-cc-02-happen.htm>)



## **TIME TO TALK.**

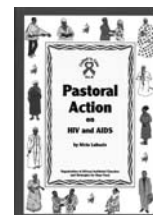
### ***A guide to family life in the age of AIDS***

A handbook to enable churches and communities to discuss family life and sex in the context of the global AIDS epidemic. Contains role plays, games, quizzes, discussion guidelines, Bible studies and other participatory exercises. (44 pages; 2006; ISBN 978-0-9549051-8-7; <http://www.stratshope.org/b-cc-03-talk.htm>)



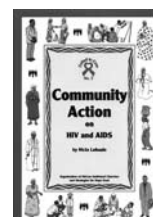
## **PASTORAL ACTION ON HIV AND AIDS**

Developed by the Organisation of African Instituted Churches (OAIC), this handbook is designed for training pastors and lay church leaders in addressing the pastoral challenges of the AIDS epidemic. (48 pages; 2008; ISBN 978-1-905746-04-0; <http://www.stratshope.org/b-cc-04-pastoral.htm>).



## **COMMUNITY ACTION ON HIV AND AIDS**

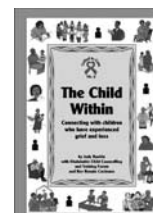
Also developed by the OAIC, this book is designed to help church leaders deal with social, cultural and economic issues related to the AIDS epidemic at community level. Covers topics such as the sexual abuse of children, domestic violence, widow inheritance and property grabbing by relatives. (48 pages; 2008; ISBN 978-1-905746-05-7; <http://www.stratshope.org/b-cc-05-community.htm>).



## **THE CHILD WITHIN.**

### ***Connecting with children who have experienced grief and loss***

Developed in South Africa's Eastern Province, this handbook breaks new ground in promoting resilience in children who have suffered grief and personal loss. It does so by enabling adults who are child care-givers to rediscover and appreciate their own 'child within'. (68 pages; 2008; ISBN 978-1-905746-08-8; <http://www.stratshope.org/b-cc-06-child.htm>)



To order or request copies of these books, please contact the Strategies for Hope Trust:  
[sfh@stratshope.org](mailto:sfh@stratshope.org)







The **CALLED TO CARE** toolkit consists of practical, action-oriented handbooks 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 issues related to HIV and AIDS 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.

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**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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