



SERMON GUIDES

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ACKNOWLEDGEMENTS

ACRONYMS

CSE Comprehensive Sexuality Education

COVID19 CO for corona, VI for virus, D for disease, 19 for 2019

GBV Gender-based violence

HIV Human immunodeficiency virus

HPV Human Papillomavirus

INERELA+ International Network of Religious Leaders Living With or Personally Affected by HIV and AIDS

PEP Post-Exposure Prophylaxis

PREP Pre-Exposure Prophylaxis

STI Sexually Transmitted Infections

SRH Sexual and Reproductive Health

SRH Sexual and Reproductive Health and Rights

WHO World Health Organization

SECTION 1

POST-EXPOSURE PROPHYLAXIS (PEP) & PRE-EXPOSURE PROPHYLAXIS (PREP)

Preparedness - Proverbs 22: 3

To prevent the transmission of HIV, there are different scientific interventions that people can make use for countries to reach their 95-95-95 targets (UNAIDS 2014). The 95-95-95 targets refer to diagnose 95% of all HIV positive individuals, provide antiretroviral therapy (ART) for 95% of those diagnosed and achieve viral suppression for 95% of those treated by 2020. The scientific interventions include pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). As the names suggest, PEP is taken when one thinks they have been exposed to HIV, while PrEP is taken when one suspects they will be exposed to the virus in the future. PrEP is designed to be used in a planned way, on an ongoing basis. PrEP may be a good option for the prevention of mother-to-child transmission (PMTCT). It protects the mother and the baby from getting HIV while trying to get pregnant, during pregnancy, or while breastfeeding. PrEP and PEP should also be readily available for high-risk groups such as healthcare workers and key populations (men who have sex with men (MSM) and sex workers).

The book of **Proverbs 22:3** reads, “The prudent see danger and take refuge, but the simple keep going and pay the penalty”. In the context of PrEP and PEP, the prudent would be those who resort to these prophylaxes to prevent contracting HIV while the simple would be those who choose to be adamant about taking the prophylaxis. PrEP and PEP have been game-changers in HIV prevention. Education and advocacy on the use of prophylaxis could allow for significant strides in the attainment of the 95-95-95 targets. People should not perish because of lack of knowledge (**Hosea 4:6**).

What can we learn?

- PEP and PrEP are game-changers in the HIV response.
- People are advised to take prophylaxis if they suspect they have been or will be exposed to HIV.
- People should play an active role in advocating and promoting the use of prophylaxis to prevent HIV.

SECTION 2

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Discrimination - Colossians 3:11-14

It is important for the faith community to be on high alert in relation to sexually transmitted infections (STIs), as they are a major health issue. In particular, faith leaders should empower their members to know that STIs usually pass from one person to another through sexual contact. Some STIs make it easier for one to both acquire and pass on HIV. They can be passed to others through contact with skin, genitals, mouth, rectum, or body fluids.

Common STIs in Africa are:

- Syphilis
- Gonorrhea
- Chlamydia
- Trichomoniasis
- Hepatitis B
- Herpes Simplex Virus (HSV or herpes) ● Human Immunodeficiency Virus (HIV) ● Human Papillomavirus (HPV).

People living with known, or unknown STIs are usually discriminated against. This is because society believes they are being punished for their 'sins'. When a family member or close friend tests positive for an STI, they are often shunned, and they are considered to be unworthy of love and care.

Being sick is hard and it can affect one's mental health. The one who is sick and those around them need support so that they can cope with their emotions and feelings. In **Matthew 7:1**, the Bible instructs us not to judge. Therefore, instead of judging the sick for being 'irresponsible' and their families for not instilling virtues in them, we should remember that we are all God's children (**Galatians 3:26-27**). All humans need love, care, and support. Thus, let us do unto others as we would want them to do unto us. (**Matthew 7:12**)

We should put on love - the greatest virtue and live in perfect unity with our communities (**Colossians 3:14**).

SECTION 3

CERVICAL CANCER

Faith - Mark 5: 25-34, Leviticus 15:25-27

Cervical cancer is the fourth most common cancer in women (after breast, colorectal, and lung cancer.) It can be successfully treated provided there is early detection and effective management. If cervical cancer is diagnosed at a much later stage, it can be managed with the appropriate treatment and palliative care. Being sick is associated with disruptions in one's day-to-day tasks and the financial implications of seeking healthcare. When one is sick, they require treatment like chemotherapy which may be expensive. It becomes hard to sustain the rest of the family, especially if the patient is the breadwinner. Women living with HIV have a substantially increased risk for cervical cancer than women without HIV.

What can we learn?

The book of **Mark, Chapter 5**, speaks about the story of a woman who had a bleeding problem. She had “suffered for twelve years with constant bleeding. She had suffered a great deal from many doctors, and over the years she had spent everything she had to pay them, but she had gotten no better. In fact, she had gotten worse”. Unfortunately for her, she did not have any family support as excessive blood flow made a woman ceremonially unclean according to the law (**Leviticus 15:25-27**). This illness was her problem, and she had to find a solution.

From this passage, one can appreciate the loneliness that this woman might have felt not having anyone by her side because of her illness. Additionally, one can imagine the despair she must have gone through when the physicians could not treat her.

Cervical cancer, like other cancers that affect the sex organs, can be difficult or uncomfortable to discuss. People with many different types of cancer, such as testicular, penile, vaginal, and vulvar cancers, can experience feelings of embarrassment when discussing these sensitive areas of their bodies.

Because cervical cancer is associated with HPV, patients may feel that they will not receive as much support or help from people around them because they believe that others may think that their behavior caused the disease. Although almost all cervical cancers are caused by HPV, it is important to remember that most genital HPV infections will not cause cancer. Cervical cancer can affect anyone.

Living with this stigma can make patients feel guilty, hopeless, embarrassed, ashamed, and isolated. As families and societies, we should make it a priority to be supportive of those who are sick with cervical cancer amidst us. We should talk to them and help them cope with their emotions. The path to recovery is possible, but sometimes it might take longer in the absence of a supportive network.

We also note the importance of investing in health to prevent health-induced poverty. Religious leaders have a significant influence on other people's thoughts, emotions, and behaviours. They can influence health behaviour at multiple levels, from the personal to ecological levels, with great effects on the health of the community at large. This is achieved via health education and health-promoting strategies. With religious leaders on the frontline, advocating for health, health-induced poverty will reduce as families will have some form of health insurance. Thus, religious leaders must spread awareness of cervical cancer and partner with service providers.

SECTION 4

HUMAN PAPILLOMAVIRUS (HPV)

Wisdom - Proverbs 3:13

The HPV infection is a viral infection that commonly causes skin or mucous membrane growths (warts). There are more than 100 varieties of HPV. Some types of HPV infection cause warts, and some can cause different types of cancer, including cervical cancer (discussed above). These infections are often transmitted sexually or through other skin-to-skin contacts. Fortunately, an HPV vaccine exists and can be a safe and reliable means of cancer prevention. This vaccine can prevent most cases of cervical cancer if the vaccine is given before girls or women are exposed to the virus. This vaccine can also prevent vaginal and vulvar cancer. In addition, the vaccine can prevent genital warts, anal cancers, and mouth, throat, head, and neck cancers in women and men. Both men and women can use the HPV vaccine.

The HPV vaccine has caused contention amongst some religious people. Parents allowing their children to be vaccinated against a sexually transmitted infection could suggest them as showing support for pre-marital sex. However, by supporting the HPV vaccine uptake, parents are simply protecting their children from a virus which can cause a deadly disease. The Bible encourages people to seek wisdom and understanding, “Blessed is the one who finds wisdom, and the one who gets understanding.” (**Proverbs 3:13**). Getting understanding around the HPV vaccine is important and religious leaders are well placed to promote such a search for knowledge.

Reasons for getting the HPV Vaccine

- HPV vaccination is cancer prevention
- Preventing cancer is better than treating it
- Early protection against HPV works best
- HPV vaccination provides safe, effective, and long-lasting protection.

Challenges of not getting the HPV Vaccine

- Not getting the HPV vaccine predisposes individuals to HPV infection. This infection can cause different types of cancers, including cervical cancer.

What Can We Learn?

- Supporting the uptake of the HPV vaccine is not an endorsement of untimely sexual activity, it is simply taking a preventative measure against a deadly disease.
- Religious parents should consider the HPV vaccine as a safe and effective way of ensuring that their children will never be exposed to HPV-related cancers.
- It is important for the faith communities to increase their knowledge and awareness of public health issues.

SECTION 5

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Understanding Sexual Reproductive Health and Rights

Sexuality is part of God's creation that God deemed good. It is a gift for all humanity for creating relations and mutual love. It can be considered a precondition of the survival of the whole human kind.¹ Sexual health and well-being is integrally connected to the quality of life and the caring of social relations. Sexuality and reproductive health connect to the most intimate relations a person might have in their relations and family life. These relations create both the safest and the most vulnerable situations for individuals. It is important that the rights relating to sexual and reproductive health are respected so that every human being has the possibility to uphold health in areas of sexuality and reproductive life. Sexual and reproductive health is fundamental to the human experience and to healthy social relations. Everyone must have the opportunity to exercise these rights free from coercion and violence.² This is particularly critical in the context of HIV.

SRHR incorporates the right of an individual to take decisions regarding his or her own body, sexuality, cohabitation, maternal health and reproductive choices. Theologically and ecclesologically, the dignity of every individual should be respected. Gender justice and gender equality also has implications in terms of theological view of marriage and the affirmation of diversity in sexual orientation and gender identity. It is also important in relation to people's attitude towards HIV.³

Why Sexual and Reproductive Health and Rights?

Religions engage with the whole variety of everyday questions in the lives of individuals and communities. In various historical and cultural contexts religious leaders and religious communities have exercised various degrees of moral guidance or even control over the lives of individuals and

¹ <http://www.fordfoundation.org/issues/sexuality-and-reproductive-health-and-rights>

² Ibid.

³ Ibid.

communities. The ways in which religious texts are interpreted and religious ideals and norms are formed have an effect on how sexuality is understood. Because religious actors have social authority

they are in a position to legitimize and promote moral and social views and to establish standards around issues of sexuality and reproduction and the related issues of body and gender. Religious and cultural understandings significantly affect the capability of individuals to live a full and satisfying life. Some of the views promoted have made it more difficult for specified groups of people, such as women, children and adolescents and key populations such as lesbian, gay, bisexual, transgender and intersex persons to live in equality and to exercise their right to control their bodies and their reproductive lives. Many times religious actors have helped to preserve or even facilitated the increase of **vulnerability**, ill health and risk for life for specified groups of people.⁴

The situation where individuals lack sexual and reproductive health and their rights to access comprehensive sexuality education and health services and their right to live a full and satisfying life are not realised is not acceptable. Sexual and reproductive health and the associated rights is more than a health issue. It relates strongly to social and economic justice. Therefore, it is believed that as religious leaders and the church we have a special responsibility and a unique possibility to work on issues relating to sexual and reproductive health and the related rights, both through programmatic cooperation and advocacy, as well as through promoting a life empowering theological analysis to help improve conditions for people's ability to live a full life in dignity, justice and equality.⁵

Addressing SRHR in Faith Communities

Genesis 1: 27 and 31

Religious people value life (Genesis 1: 27) - The Bible says all human beings are created in the image of God with inherent dignity and value. Therefore, the faithful promote policies and approaches that elevate the value of life and show respect and concern for all humankind. They celebrate the equal dignity of the sexes (Genesis 1:27) -- **God** created females and males as equals and as helpmates for

⁴ Gunilla Hallonsten, "Religious Doctrines and the Female Body" in *Faith in Civil Society. Religious Actors as Drivers of Change*, ed. Heidi Moksnes and Mia Melin (Uppsala: Uppsala University, 2013), 97–98.

⁵ Ibid.

one another. Religious people must support gender equality and have a duty to reduce inequality and discrimination, for example by empowering women and girls. They reject practices and policies that prioritise, or promote the domination of, one sex over the other. This way, they help to prevent the spread of HIV.

People of faith must value all that is good, including the body and human sexuality (Genesis 1:31) – they celebrate the human body and the gift of sexuality. Sexual exploitation and practices such as female genital mutilation, which disfigure the body and are harmful to women and girls, are not in accordance with God’s plan. From the beginning, sex was gifted by God for multiple purposes, including companionship/intimacy and procreation (Genesis 1; Song of Solomon). It is designed to be sensual and consensual. Such an understanding is valuable for overcoming violence against women, which is important for HIV prevention.

As male and female created in God's image, God has given humanity responsibility to steward creation, including within each family (Luke 1 4:28-30, I Timothy 5:8, Genesis 1-2) -- ensuring that families and communities are healthy is an essential aspect of Christian calling as stewards of God's creation. Maternal and child health therefore, should be priorities, since poor service provision puts the health and wellbeing of women and children at risk.

In order to act responsibly, people should be enabled to make informed decisions about their sexual and reproductive health, rather than be kept in ignorance or coerced. For this reason, people of faith need to approve of age appropriate sex and sexuality education. Access to safe services and accurate comprehensive information about sexual and reproductive health and rights need to be made available to adolescents and adults alike, to facilitate informed decisions about their own lives and those of others. This will lead to improved health outcomes, including effective prevention of HIV among adolescents and young people.

While religious people differ in the way they apply the sacred texts in their lives, there is broad consensus concerning matters of sexual and reproductive health. In general, they promote full knowledge and broad services to support sexual and reproductive health, in keeping with the dignity of the human person and in line with the Sustainable Development Goals and the requirements of the Universal Declaration of Human Rights.

It is very strategic for us to utilise the sacred platforms that we have, to broadcast positive messages on SRHR. We have the distinct advantage of having large audiences that gather for worship and reflection on different days of the week. We will strive to maximise the opportunities that we have to communicate life-giving messages on SRHR from the sacred platforms that we have within our communities. We advocate for sermon guides to harmonise the interpretation of sacred texts to safeguard against misinterpretation. This will promote effective approaches to SRHR, reduce HIV infection and lead to a more empowered generation of adolescents and youth.

What Can We Learn?

- Faith communities can address SRHR issues effectively, as they have resources such as sacred texts to enable them to do so
- Sacred platforms can be used effectively to communicate SRHR issues within faith communities
- It is critical for faith communities to promote gender justice as part of social transformation.

SECTION 6

GENDER BASED VIOLENCE

What Is Gender Based Violence?

This section focuses on Gender-Based Violence (GBV), in which a man threatens/attacks his wife (or unmarried female partner), in order to control her. Domestic violence includes a husband attacking his wife, a wife attacking her husband, and parents attacking children. The National Population Commission & ICF Macro defines GBV as an act of violence likely to cause physical, sexual, or psychological harm.⁶ GBV includes physical violence; emotional damage (e.g. humiliation or intimidation); sexual abuse; economic dependence (e.g. husband controlling the family income); and social isolation (e.g. preventing his wife from contacting her relatives). GBV saps women's energy, compromises their physical and mental health, and erodes their self-esteem. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression". GBV may make a woman less effective, in employment and caring for her children. Crucially, GBV increases vulnerability to HIV infection. These are two linked epidemics.

Biblical Perspectives on Gender Based Violence (GBV)

The Bible has much to say about Gender Based Violence and God's concern for victims of Gender Based Violence. Here are a few of the important insights and advice it offers:

- When David became a part of King Saul's household, he became a victim of domestic violence. The account of David and King Saul in 1 Samuel 18-26 is a textbook on the classic dynamics of domestic violence relationships. It also discusses safety planning, and leaving an abusive relationship.

⁶ Simister, J., & Kowalewska, G. (2016). Gender-Based Violence and Christianity: Catholic Prevention of Divorce Traps Women in an Abusive Marriage. *Psychology*, 7, 1624-1644.
<http://dx.doi.org/10.4236/psych.2016.713155>

- Psalm 55 is written by David, a victim of domestic violence while in King Saul's household, and provides a clear expression of the emotions felt by victims.
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- The account of Abigail in 1 Samuel 25 praises the actions taken by a victim of domestic violence to protect her family from their abuser.
- The Bible says that domestic violence is sin and wickedness and must be stopped (Malachi 2:13-16; 1 Peter 3:7; Ephesians 4:31; Matthew 5:21-22; Luke 12:45-46; Leviticus 25:17; Galatians 5:19-21; 2 Timothy 3:1-5)
- The Bible is clear about marriage as a relationship of mutual support and concern (1 Peter 3:7; Ephesians 5:21-33; Ephesians 4:32; Galatians 3:28; 1 Corinthians 12:24b-26). Each time the New Testament directs wives to submit to their husbands, it simultaneously commands husbands to love, protect, and honor their wives, and to not treat them harshly. Thus, one could never use the Bible to justify violence against women.
- Wives are commanded to submit to their husbands "as is fitting in the Lord" (Colossians 3:18), and in doing so, to fearlessly do what is right (1 Peter 3:1, 5-6). Because it calls gender based violence sin and wickedness, the Bible does not support submission to domestic violence. Submission is often confused with obedience, but in the Bible they are two separate words with different meanings. In the Old Testament, Abigail is praised for saving her family from the actions of her abusive husband, even though this required her to disobey his commands. Again, the proper interpretation of the Bible leads to resistance to gender-based violence.
- Victims are encouraged to seek safety (Proverbs 22:3 and 27:12; 1 Samuel 20; Luke 4:28-29; Acts 9:23-25; Matthew 18:15-17)

- Perpetrators are directed to stop abusing and to be held accountable for their actions (Matthew 5:21-22; Ephesians 4:31; Matthew 18:15-17; Luke 17:3).
- The Bible calls the husband the head of the home (1 Corinthians 11:3 and Ephesians 5: 23); this headship should be like Christ's leadership of the church (Ephesians 5: 23). Christ taught and demonstrated that leaders should be servants, and not lord it over others (Matthew 20:25-28; Luke 22:25-26; John 13:14-15; Galatians 3:28; Ephesians 5:21). The Bible promotes love and harmony, not violence.
- Some victims feel that they cannot leave a violent marriage; no matter how dangerous it is, because they took marriage vows before God. Though the Bible teaches that vows to God are a serious matter, the Old Testament law allowed vows to be annulled if they brought harm or bondage (Leviticus 27:1-25). The Bible says that domestic violence violates the marriage covenant (Malachi 2:13 -14, 16).

Christ taught his followers to rebuke and correct those who transgress against them, and provided a series of safety procedures for doing so (Matthew 18:15 -17; Luke 17:3). He taught that reconciliation may not be possible where the transgressor refuses to stop violating (Matthew 18:17). Repentance must be accompanied by righteous actions (Luke 3: 3, 8-14). Addressing GBV is critical for the faith community, contributes to HIV prevention and promotes the health and wellbeing of all. Some faith-based organisations such as the World Council of Churches (WCC) run campaigns, such as the Thursdays in Black campaign, against GBV. Different faith communities can join such campaigns in order to provide more effective responses to GBV.

What Can We Learn?

- Sacred texts can be used to address GBV
- GBV is not consistent with the values of love, dignity and respect as taught by faith communities
- Faith communities are well placed to respond to GBV and can join ongoing campaigns against GBV.

SECTION 7

COMPREHENSIVE SEXUALITY EDUCATION (CSE)

Comprehensive Sexuality Education (CSE) has emerged as a critical (but heavily contested) concept. It has been adopted to equip adolescents and young people to negotiate sexuality, particularly in the context of sexually transmitted infections (STIs), early and unintended pregnancies (EUP), HIV and AIDS, gender-based violence and other challenges. Whereas CSE has attracted different definitions, it has been embraced by many global organizations. For example, the updated International Technical Guidance on Sexuality Education⁷ was endorsed by various UN bodies. PLAN International has been at the forefront of promoting CSE. It regards CSE as a valuable resource for equipping adolescent girls and young women.⁸ Furthermore; PLAN has been a trailblazer in promoting CSE in diverse contexts.⁹ CSE has been defined as:

Education about all matters relating to sexuality and its expression, therefore comprehensive sexuality education covers the same topics as sex education but also includes issues such as relationships, attitudes towards sexuality, sexual roles, gender relations and the social pressures to be sexually active, and it provides information about sexual and reproductive health services. It may also include training in communication and decision-making skills.⁹

Proverbs 4: 20–22 - My son, pay attention to what I say; listen closely to my words. Do not let them out of your sight, keep them within your heart; for they are life to those who find them and health to a man's whole body.

So God created man in his own image, in the image of God he created him; male and female he created them. Genesis 1:27

God saw all that he made and it was very good . . . Genesis 1:31

⁷ UNFPA, International Technical Guidance on Comprehensive Sexuality Education: An Evidence Informed Approach. New York: UNESCO, UNAIDS, UNFPA, UNICEF, UN WOMEN, WHO, 2018.

⁸ See for example, Plan International, Inc, “Written Submission on Children’s Right to Health,” Geneva, 3031 October. Available at:

<https://www.ohchr.org/Documents/Issues/Children/Study/RightHealth/PlanInternational.pdf> ⁹ See for example, PLAN International. 2010. Sex Education in Asia: Are We Delivering? Bangkok, PLAN International.

⁹ <http://www.ippf.org/resources/media-press/glossary/c>

The Lord God said, “It is not good for the man to be alone. I will make a helper suitable for him.” Genesis 2:18

For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh. The man and his wife were both naked, and they felt no shame. Genesis 2: 24–25

What do these passages mean?

According to the Bible, our sex and sexuality was made by God and in God’s image. When religious leaders and the church discussing reproductive health with young people, they should emphasize that everyone has value because they are made in God’s image. Each of us is unique and beautiful.

The biblical account suggests that human sexuality is a central aspect of who we are as human beings, which produces sexual desire, drawing us towards the one-flesh union of one man and one woman in marriage. Sexuality is a way of describing the dynamic of maleness and femaleness, which produces a desire that moves male and female to be completed through an intimate bond that Genesis describes as a one-flesh union (Gen. 2:24).

In other words, sexuality is the basis of the desire for male and female to be united in a one-flesh union that we call marriage. Such a union is physical and relational, exclusive, and permanent. God intended sexual desire to draw people to marriage, not merely to sex. Thus, because the marriage relationship governs a biblical understanding of sexuality, understanding what the Bible teaches about the nature and purposes of marriage is essential.

As religious leaders, we must encourage our members to accept CSE. Some religious leaders have resisted CSE, wrongly assuming that CSE leads to sexual promiscuity. However, evidence shows that adolescents and youth who have benefited from CSE are possess more knowledge, are less prone to peer pressure, delay the onset of sexual activity and, in the case of adolescent girls and young women, are less vulnerable to unplanned pregnancies. We need to appreciate the importance of knowledge and wisdom, promote CSE and equip the people of God to navigate the numerous challenges that come their way from a position of scientific facts, rather than ignorance. CSE will enable our young people to prevent unwanted pregnancies, HIV and other challenges.

SECTION 8

CORONAVIRUS (COVID 19) AND EBOLA

The coronavirus (COVID-19) pandemic is the latest in a long line of disease outbreaks that have wreaked havoc on humanity over the centuries, and it will very likely not be the last. On 11 March 2020, the World Health Organization characterized COVID-19 as “a pandemic,” with confirmed cases of the virus in well over 100 countries, thousands of confirmed deaths, and thousands of new cases being reported each day. WHO defines COVID 19 as follows:

COVID - 19: A novel coronavirus, SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), which was identified by the WHO, causes this respiratory disease identified as COVID-19 (CO for corona, VI for virus, D for disease, 19 for 2019 the year it first appeared in Wuhan, China).

COVID-19 AND HIV

There are a number of factors relevant to understanding the interface between COVID-19 and HIV

- People living with HIV should get the COVID-19 vaccine. There is no evidence that COVID-19 vaccine has greater side-effects on people living with HIV
- People living with HIV should take the same precautions to prevent COVID-19 as the general population. Thus, through hand washing, use of face masks, physical distancing
- It is important for people living with HIV to alert health officials if they have other health conditions, such as allergies that may put them at risk of more serious side effects if immunized
- COVID-19 vaccines work and it is in everyone’s interest to have as many people vaccinated as possible
- Faith leaders have an important role in challenging myths and wrong information regarding COVID-19 vaccines (as well as all other medication)

Reflecting on COVID-19 in Faith Communities

It is important for faith communities to reflect on COVID-19 and accompany individuals, families, nations and the world to come to terms with the pandemic. The following issues are critical for us as religious leaders:

- The high death rate experienced in some countries generated a lot of fear
- The lockdowns imposed by many governments also instilled fear and anxiety for many people
- Individuals and families that relied on the informal sector experienced loss of livelihoods

- The mental health challenge became more intense
- More cases of gender-based violence were reported
- Faith leaders need to communicate messages of hope and life in contexts where people are facing death and anxiety
- It is important for us to remind people living with HIV to continue to take their medication in the context of COVID-19
- As faith leaders, we must lead by example, particularly by publicly having COVID-19 vaccination
- We have the responsibility of promoting positive messages and countering conspiracy theories
- We should utilize our sacred texts to encourage individuals and communities to have hope and plan and act for prosperous futures.

COVID-19 reminded us of lessons we continue to learn from HIV. There is no “us” and “them,” but only, “all of us together.” It underscored the importance of upholding the teachings of Ubuntu, which are found across the various religions, namely, “I am because you are; because you are, therefore I am.” We can even extend this to say, “when you are not, I cannot be.” That is, our existence (rich and poor, male and female, living with HIV or not, young and old, married or single, heterosexual and homosexual, etc.) is tied. Our fate as humans is common and, therefore, we need to utilize our resources in faith communities to promote abundant life for all.

EBOLA VIRUS¹⁰

Ebola virus, endemic to Central and West Africa, with fruit bats serving as a likely reservoir, appeared in an outbreak in a remote village in Guinea in December 2013. Spreading mostly within families, it reached Sierra Leone and Liberia, where it managed to generate considerable outbreaks over the following months, with over 28,000 cases and over 11,000 fatalities. A very small number of cases were registered in Nigeria and Mali, but those outbreaks were quickly contained. Ebola outbreak, which happened to be the largest outbreak of Ebola infection to date, gained global notoriety after a passenger from Liberia fell ill and died in Texas in September of 2014, infecting two nurses caring for him, and leading to a significant public concern over a possible Ebola outbreak in the USA. This led

¹⁰ CDC: 2014–2016 Ebola outbreak in West Africa. <https://www.cdc.gov/vhf/ebola/history/2014-2016outbreak/>.

to a significant public health and military effort to address the outbreak and help contain it on site (Operation United Assistance).

What the Bible says about Health-Seeking Behaviour

The Need to Seek Medical Care

The Bible makes repeated reference to the need to seek medical attention or healing, particularly in the New Testament where people (including the blind, the lame, lepers etc) sought healing from Jesus, as they had faith in his power to heal. (See also Leviticus 13:3, the book of Acts, the Gospels, and Paul's letters.)

Contact with Bodily Fluids

The Bible is clear that those with infectious skin diseases or discharges may infect others: *"If a descendent of Aaron has an infectious skin disease or a bodily discharge, he may not eat the sacred offerings until he is cleansed, any crawling things that make him unclean, or any person who makes him unclean, whatever the uncleanness may be. The one who touches any such thing will be unclean until evening. He must not eat any of the sacred offerings unless he has bathed himself with water..."* (Leviticus 22:4-6. See also Numbers 5:1-5; 19:11-16).

Hand-washing

In Christianity, hands are associated with healing, warding off evil and blessing. Cleanliness is also associated with purity and godliness... Water treatment, sanitation and the safe disposal of faeces are all mentioned in the context of disease prevention (Deuteronomy 23:12; Leviticus 11:1-47, 15:1-33; Numbers 19:3-22, Matthew 15:1-2; John 2:6; and Psalms 26:6).

Traditionally, our societies in Africa had "get togethers" for the purpose of helping each other in the fields. Since COVID-19 affects communities, not simply individuals, they are best responded to through working together in partnerships and collaboration with others in related fields. Holistic healing means addressing all factors that worsen the situation of communities affected by COVID19, such as food production, medication procurement, spirituality, and relationships.

Since no single group can do all the things necessary to provide healing, it is important to come together and work together to achieve holistic healing for individuals and communities. In the context of COVID-19 pandemic – Theology or Churches should work together with Science – thus a Collective Approach. The conflicting and different theories on the negative effects of Vaccination of jabs from Developed Nations' Big Pharmaceutical Companies have attributed to other Christians' resistance to be vaccinated. Therefore, Churches and Ministry of Health and Child Care must collaborate to disseminate proper information on vaccines so that they can SAVE LIVES.

SECTION 9

CHILDREN'S ISSUES

Proverbs 1:8-9; Matthew 19:14; Luke 18:16

Children are important. They are important to God and to the church and should be important to us. Investing in children is critical for families, faith communities and nations. At that time the disciples came to Jesus and asked, “Who, then, is the greatest in the kingdom of heaven?” He called a little child to him and placed the child among them. **(Matthew 18:1-2)**. Children play a major part in the future of our churches and the world at large. They are our future! We have a responsibility to love, guide, and protect them.

Loving Children

Children are a ‘reward’ from God **(Psalm 127:3)**. This means they are supposed to be cherished and valued. We need to love children unconditionally. Unconditional love is love with no strings attached. No matter what the child does, the love remains. God demonstrated His unconditional love for us even though we are sinners **(Romans 5:8)**. Conditional love is love that depends on performance. It is used as a reward or as part of a trade of affections. With conditional love, children have to be successful to please and gain their parent’s love.

Unconditional love does not lend itself to measurement. Children who experience unconditional love feel safe and secure. On the contrary, children who experience conditional love feel insecure and afraid.

Guiding Children

One of the unfortunate realities of living in this world is the existence of bullies. There are some people, and we all know who they are in our lives, who enjoy pushing others around. Bullies have existed in our world since Cain killed Abel at the dawn of the human race. Bullying is a major problem and our children deal with bullies every day. Other children even come home to greater bullies - parents. A bully is someone who uses physical, emotional, or verbal intimidation to control others.

The Big Bully - Goliath

1 Samuel 17

Goliath possessed all the trademark characteristics of a true bully.

- He was big.
- He was intimidating.
- He was bold.
- He wanted to take away the power from God's people and wanted total control over them.

In the story of David and Goliath, we see how the bully who threatened Israel and her people was put into place by a young man, David. Our children face bullies. They have so many things and people in their lives that resemble Goliath. There are events, circumstances, and or people in their lives that leave them paralyzed with fear.

The girl child is faced with Gender-based violence, sexual abuse, child marriage, and the issue of gender equality. The boy child is faced with the harsh expectations of family and society to be the alpha male, mental health problems, exposure to drugs and harmful substances, and sexual abuse. All these problems are Goliaths in our children's lives and it is our duty as parents to guide our children in their journeys.

How can we Defeat Goliaths in our Children's Lives?

2 Timothy 1:7

The spirit of God gave us power, and he gave our children that same power. They have the power to defeat bullies, just like David did in the bible.

David defeated Goliath by being courageous. We should teach our children to be courageous in the face of bullies, giants, stigma, discrimination, and all other Goliaths.

David quickly lets Saul and the rest of the men know that he has faced a bully or two in his time. He tells them about two times when bullies attacked his sheep. He tells them about how he killed a lion and bear that were threatening his sheep. David tells Saul that he sees no difference between those animals and Goliath. To David, they were all bullies who needed someone to stand up to them, and he was just the man to do it. In verse 37, David states his absolute confidence that just as God gave him victory over the lion and the bear, God would give him the victory over the giant.

David succeeded because he was not afraid to face the bullies in his life. That is not to say that David didn't dread what was coming. It's not that David didn't have fear; what matters is that he did not allow his fears to stop him. David had the courage to stand for what was right, and against what was wrong. David triumphed because he was a man of courage.

When the moment to face the bully comes, the Lord will give them the courage they need to stand against that bully. It won't be easy to face the bullies in their lives, but they must remember this:

- The Lord has promised to be with them. **Hebrews 13:5.**
- The Lord has promised to see them through to the other side. **Isaiah 43:2.**
- The Lord has promised to protect them. **Isaiah 54:17.**
- The Lord has promised to give them victory. **Romans 8:37.**

Let these promises, and a thousand more besides, give you our children the courage they need to face their bullies and give us parents and religious leaders the courage to guide them in their lives.

Protecting Children

Every parent desires to be able to protect their children and they want the best for them. Sometimes that means disciplining the child when they are wrong, saying no when the child wants a yes, or vice versa. There are several scriptures in the Bible in support of disciplining children. **Proverbs 29:17** reads, "Discipline your children and they will give you peace; they will bring you delights you desire". Unfortunately, this is not always possible. Parents sometimes leave their babies at home when they go to work, children grow up and start school, some even leave the country. In all these scenarios, the parents are not there to look after their children or their children's actions. Fortunately, God is the

ultimate watcher of the universe. He neither slumbers nor sleeps (**Psalms 121:4**) and He shall preserve their going out and their coming in (**Psalms 121: 8**).

The best protection we can give to children is to ask God to watch over them and keep them safe. We should also ask them for wisdom on how to raise our children. Part of protecting children is to have conversations with them on life issues, including sex and sexuality, unplanned pregnancies, STIs, HIV and others. We must also be willing to invite experts to interact with our adolescents and young people in faith settings in order to equip them with life skills.

SECTION 10

STIGMA, SHAME, DISCRIMINATION, DENIAL, INACTION, MISACTION (SSDDIM)

Stigma

John 9: 2

Stigma is a mark of disgrace and in present times it relates to disease, race, religion, sexual orientation, and physical appearance. HIV stigma is negative attitudes and beliefs about people with HIV. Discrimination is a consequence of stigma and describes the behaviors that result from those attitudes or beliefs.

Stigma is a sin because it breeds judgemental attitudes that are a denial of the true nature of God. Our God is forgiving, merciful, loving, and full of compassion and as Christians, we should be like Him. Passing judgment on a sister or brother is not like a Christian, for we are all subject to God's judgment (**Romans 14:10**). Stigmatizing is also sinful because it denies the reality that we are all created equally in the image of God. (**Genesis 1:27**). Because God ascribed equality to human beings in the work of creation, being made in the image of God speaks of the importance of equal and respectful relationships. When a human being is referred to as "an HIV positive", she or he becomes no more than a statistic whose identity is subsumed in such status. This is not God's ongoing creative intention for us. People should not be defined by their illness and that is why we refer to "persons living with HIV" and not "HIVers or Positives". It is this labelling of people that is socially unacceptable, and let us strive to be like Jesus who did not label people.

Examples of Stigma in the Bible

Zacchaeus in Luke 19: 1-10.

People stigmatised Zacchaeus and called him a sinner because he was a tax collector. Instead of Jesus shunning Zacchaeus, he went to his house. Jesus said to him, "Today salvation has come to this

house, because this man, too, is a son of Abraham. For the Son of Man came to seek and to save the lost.” We are all God’s children and we should all treat each other with love and kindness.

The Man with Leprosy

“Anyone with such a defiling disease must wear torn clothes, let their hair be unkempt, cover the lower part of their face and cry out, ‘Unclean! Unclean!’ As long as they have the disease they remain unclean. They must live alone; they must live outside the camp. - **Leviticus 13:45-46.**

In Biblical times the term “leprosy” covered the range of chronic and disfiguring diseases. Leviticus 13 describes a primitive and drastic form of quarantine that had cruel consequences for the person affected by leprosy. The people with leprosy were considered outcasts and unclean.

Mark 1:40-45

Jesus reached out his hand and touched the man and cleansed him. Jesus could have cast this man but he helped him instead. Let us Christians help those in need.

Shame

Shame is a painful feeling arising from the realisation that one has done something dishonourable, improper, or ridiculous. Shame results from a violation of cultural or social values and thus brings disgrace onto the individual, the family, and the community

Genesis 3:10, Luke 15: 21

There is a lot of shame around HIV, shame: the shame of who we are as sexual beings, shame for our sexual behaviour, shame for bringing the disease on ourselves, shame that we have disappointed our families. This is the shame that people who have tested positive for HIV feel and it has consequences on the individual and society at large.

There are five ways in which shame negatively impacts attempts to combat and treat HIV, which emerge from the stigma HIV carries and STI stigma in general.

1. Shame can prevent an individual from disclosing all the relevant facts about their sexual history when seeking treatment.
2. Shame can be a motivational factor in people living with HIV not engaging with or being retained in care.
3. Shame can prevent individuals from presenting at clinics for STI and HIV testing.
4. Shame can prevent an individual from disclosing their HIV (or STI) status to new sexual partners.
5. Shame can serve to psychologically imprison people, it makes the task of living with HIV a far more negative experience than it should, or needs to, be.

People sometimes find themselves in prison of their feelings because of the perception of having done something wrong, which can be referred to as shame. While shame is often considered to be a negative emotion, it might be the reason why people feel the need to respect laws, social norms, and adopt other socially acceptable behaviors. Shame can lead to social withdrawal, which can negatively impact the mental health of the person experiencing the shame. Shame can come as a result of disappointing others. In the book of **Genesis 3**, we see Adam hiding from God after they had eaten the forbidden fruit. Adam was ashamed of his actions, and he had also just realised that he was naked, so he withdrew himself from God. Similarly, in the parable of the prodigal son (**Luke 15**), he was ashamed to go home. The longer he dwelled on his shame, the more unbearable his living situation became. When he finally returned home, he was welcomed with a celebration.

From the passage of the prodigal son, we can identify the role of the family in coping with shame. If a child is already feeling shame, it might not help reminding them of their actions. An alternative approach would be to reassure them of the love and forgiveness of God - Reminding them that it will not be the end of the world.

Discrimination

Genesis 37: 42-45

We do not know what people go through in their daily lives. Their struggles, hardships, failures, and so on are things we learn about if the person in question chooses to speak about them. Now, why

would one choose to treat that person differently, or less favorably because of a disease they are living with?

Joseph's brothers hated him for being the most loved by their father, Israel. Now Joseph had a dream, like most of us do and instead of his brothers supporting him to attain his dream, they hated him more. Hate was not enough, they plotted to kill him. They discriminated against him not for being bad, but for being too good. If it weren't for Rueben, Joseph could have been killed by his family. From this, we can learn that it takes only one person to stop a terrible thing. If we encourage one another to be kind and loving, we can see positive change in the world.

From the story of Joseph, we can draw many lessons. The person you are discriminating or hating today might be in a better position than you tomorrow and you might need their help. It will be difficult for you to seek help because of your guilt. It is always good to show kindness and expect nothing in return. We also learn the act of forgiveness, even though his brothers tried to kill him, and eventually sold Joseph, he forgave them and gave them food and land. If Joseph had looked down on his brothers and discriminated against them for the famine in the land, what good could have come out of that? Joseph showed them compassion, love, and kindness.

Denial

John 11:35

People adopt different coping mechanisms when they encounter different life situations. Rather than facing the challenge head-on, others choose to block out these events and continue with their life as though the events never occurred. This is referred to as denial. Denial is not all bad. In some instances, it allows people to gradually deal with difficult situations gradually, often unconsciously allowing one to come to terms with the changes. On the other hand, others adopt risky behaviours (withdrawal, substance abuse, bullying) to help them escape their reality. However, evading reality has the potential to slowly take over a person's life.

Allowing oneself time to understand their feelings is one of the ways of dealing with denial. Jesus allowed himself to feel his emotions when he heard about the death of Lazarus (**John 11:35**). It was

after he had dealt with the death of Lazarus that he proceeded to resurrect him. If Jesus had not acknowledged the death of Lazarus (denial), then he would not have performed the miracle of raising him from the dead as he would not have been dead to Jesus.

What Can We Learn?

- Sometimes being in denial can do more harm than good.
- We need to adopt positive coping mechanisms when faced with difficult life situations.
- Dealing with difficult situations allows us to appreciate the more positive things that might come our way.

Inaction

Inaction is the failure to act despite the circumstances. There are many reasons for inaction. These include:

- Inaction because we are scared of what people will think if we help a person living with HIV and AIDS.
- Inaction because we are in denial. We might not help a sick relative because we do not want to accept that they are sick.
- Inaction because it is more convenient not to act. It might be less exhausting and cheaper not to act.

“Do not forget to show hospitality to strangers, for by doing so, some people have shown hospitality to angels without knowing it.” **Hebrews 13:2**. Being hospitable means you are doing something for your guests, whether they are strangers or your friends. Your guests can also be sick, hungry, or healthy. A hospitable host acts in kindness and we should do the same in our daily lives. You never know who you are helping or why you are helping them. Let us not be idle, but act to help those in need.

There are many ways that we can show support to our friends and family members when they are not feeling well. We can pray for them so that they can be well again or pray for the Lord to be their stronghold in their days of trouble (**Nahum 1:7**). We can help them with their medical bills, we can talk to them when they are feeling low. It is not enough to just say, “get better”, and do nothing we can do more for them.

Action can save someone's life, but inaction can lead to the end of someone's life. Let us remember that inaction is a choice.

Misaction

John 8:7

Violence is never a viable solution to our problems. Violence comes in many forms, it can be physical, emotional, verbal, or psychological. When we neglect people infected or affected by HIV and AIDS, we are exhibiting a form of violence towards them. When we mock them or shame them for their status we are being unkind towards them. I think that question that we ought to ask ourselves first is, how would I want to be treated if I was in a similar situation?

In John 8, Pharisees brought a woman to Jesus who had been caught in the act of adultery. According to the law, this woman was supposed to be stoned for this act. Jesus did not ask people not to stone her, instead, he said, "All right, but let the one who has never sinned throw the first stone!" Noone was found throwing any stones. The accusers slowly started walking away. Jesus did not condemn this woman, and neither should we. Let us not throw stones at our brothers and sisters. Let us "Do unto others as you would have them do unto you". **(Luke 6:3**

SECTION 11

HIV AND SAFER PRACTICES

A growing number of people are living longer with HIV, with fewer AIDS-related complications and deaths. Preventing transmission of HIV to others remains a critical element of care to protect both the health of those living with HIV and that of their partners.

Others may not understand the virus or how it is transmitted. They may be uncomfortable or unable to disclose their HIV status to sexual or drug-injecting partners. Or they may use alcohol or drugs or have undiagnosed depression, any of which can cause disinhibition and lapses in judgment.

Safer practices, Safer Sexual Behaviours and Risk - Reduction Strategies:

- Adhering to ART and ongoing medical care, even if viral load is undetectable.
- Having fewer sexual partners
- Getting tested for HIV
- Getting tested and treated for STIs
- Communicating one's HIV status with others
- Correctly and consistently using condoms (to prevent STDs)
- Assessing relative risk of HIV transmission associated with various sexual activities (e.g., oral sex is less risky than receptive anal sex).
- Reducing alcohol and/or drug use
- Using PrEP for some HIV-negative partners, including women planning to become pregnant.
- Using PEP for emergencies for HIV-negative or unknown status partners (e.g., if a condom breaks or is not used and the person is not virally suppressed).

Jesus taught the disciples to turn away from the old Jewish tradition of always looking for blame amid a tragedy (**John 9:1-3**). As the people of God, we have all sinned and come short of the glory of God. One of the biggest mistakes we can make as people of faith is to categorise people as “innocent” or “guilty” victims of HIV and AIDS.

For example, we often call the following people “innocent” victims of HIV:

- A doctor or nurse who contracts HIV from being pricked with a needle that has the virus.
- A person who contracts HIV from a bad blood transfusion (rare now due to quality blood screenings).

Then, we often call the following people “guilty” :

- A person who contracts HIV as a result of engaging in sex outside of marriage.
- A person who contracts HIV as a result of using intravenous drugs.

Jesus did not label anybody as sinners, he did not stigmatise, he did not condemn others, and he desires that we do the same.

Becoming Good Samaritans - Luke 10: 30-37

In the story, the Samaritan helped the injured man, the priest, and the Levite passed by on the other side. In bringing the illustration of The Good Samaritan into the 21st century, it is Church people who are often the most culpable before God for ignoring, criticising, and stigmatizing people living with HIV.

Jesus could not have made Himself clearer than when He asked the expert in law in the story: “Which of these three do you think was a neighbour to the man who fell into the hands of robbers?” The expert in the law replied, “The one who had mercy on him.” Jesus told him, **“Go and do likewise”**. Let us as people of faith do no less than obey our distinguished leader. Go and do likewise!

How can we Help in the HIV Response?

Individually

An individual can follow the following safer practices:

- Abstinence (not having sex)
- Never sharing needles, and using condoms the right way every time you have sex.
- You may also be able to take advantage of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
- If you are living with HIV, you can go on antiretroviral therapy to protect others

The Family

- Providing psychological and emotional support
- Taking care of family members living with HIV and providing basic health care
- Providing education and reinforcing risk-reducing behaviors for those living with HIV
- Standing up to stigma against their family members living with HIV ● Encouraging treatment and supporting medication adherence.

The Faith Community

- Support groups for those infected and affected
- Rejecting stigma against people living with HIV
- Educating our faith communities about basic HIV and AIDS facts and how the disease is transmitted
- Teaching our members safe practices and how to keep ourselves healthy
- Address the greater vulnerability of women and girls to HIV.

SECTION 12

ACCESS TO TREATMENT

“Is there no balm in Gilead? Is there no physician there? Why then has the health of my poor people not been restored?” (Jer. 8:22)

The above biblical verse seeks to strengthen the distinctive contributions of access to treatment supported by religious leaders in context of adherence to antiretroviral medication in the treatment of HIV and to challenge harmful approaches to faith healing. Such harmful approaches tend to discourage some people living with HIV from initiating or continuing with antiretroviral therapy (ART).

The Lazarus Effect: ART and the Restoration of Life¹¹

One of the most captivating stories in the Bible is that narrating the raising of Lazarus (John 11:1-44). It has been the focus of some popular songs that seek to retell the miracle of the raising of Lazarus. Lazarus, who had been lost to the living, is brought back to life by Jesus. In the context of HIV and AIDS, there is need to recognize the miraculous effects of ART. Many people who were virtually on their death beds were brought back to life owing to ART. Individuals whose bodies were affected by HIV and AIDS had their physical features restored because of ART. The many deaths that characterized communities were stopped because of the effectiveness of ART. The effects have been so remarkable that medical doctors and communities refer to the introduction of ART as the Lazarus effect.

Access and Adherence to Treatment

It is important to discuss the person’s willingness and readiness to start ART. They should be educated on the benefits of treatment and the possible side-effects. Consider the nutritional status of the patient,

¹¹ World Council of Churches (2019): Treatment Adherence and Faith Healing in the Context of HIV and AIDS in Africa: Training Manual for Religious Leaders. WCC Publications

co-morbidities and possible drug-interactions, and address any mental health and substance abuse issues.

Where children are concerned, a caregiver who will be responsible for ensuring that the child takes treatment and adheres to clinic appointments should be identified. A comprehensive nutritional, growth and development assessment for children and adolescents is essential.

Risk reduction counselling and combination HIV prevention approaches should be emphasised including safe sex, availability and use of condoms (especially during pregnancy), contraception and future fertility.

Why is treatment important for people living with HIV?

- It reduces their viral load and protects their immune system.
- It allows them to live a long and healthy life.
- It makes it less likely that they will transmit the virus to their sexual partners.
- It makes it less likely that a pregnant or breastfeeding woman who is positive will transmit the virus to her baby.

What does a person need to do to take ART in the way the doctor told them to (called adherence)?

- They need to take their pills exactly as they were told to take them, every day for the rest of their lives.
- It means eating and drinking the right things with the pills, as instructed by their health workers.
- They also need to take medications to treat other illnesses such as TB.
- They need to be motivated and committed to their treatment and to their health.
- They need to be knowledgeable about their treatment.
- They need to be supported by family, friends, and their doctor to overcome any difficulties they have.

Why is treatment adherence so important?

- If a person skips pills or starts and stops taking ART, it gives the HIV that is still in the body a chance to change itself and adapt to the medicine.
- Once HIV has adapted to the medicine, the medicine will no longer work. This is called treatment resistance. (You can note that this is not only true for HIV, it is also true for other diseases, like TB and gonorrhoea.)
- If the person does not follow the instructions about taking the pill, like whether to take the pill on a full or empty stomach, they will have more side effects. Side effects may discourage them from continuing to take the medication.

Why can adherence be difficult? What can get in the way?

- People can forget to take their pills. They need to make it a habit.
- When something disrupts their daily routine, like travel, they may leave their medicine at home or forget to take it.
- They get drunk and forget to take it.
- They feel better and stop taking it, not understanding that it is a lifelong treatment.
- They may have side effects that make them want to stop treatment.
- The clinic may run out of their medication so that they can't get it.
- Social expectations around masculinity can prevent men from adhering to treatment
- The clinic is far and transport expensive.

With the availability of ART treatment in most places, religious leaders and churches should encourage people living with HIV to adhere to treatment, even as they pray for healing. Effective treatment of HIV and AIDS involves more than just prescribing drugs; people living with HIV need regular consultations, testing of their viral loads and CD4 counts. If treatment fails, they need regular testing for drug resistance.

As faith leaders, we have the responsibility of reminding our members and the larger community of the need to uphold treatment adherence in the context of HIV. We must not discourage them from taking their medication, even when they will be feeling better. We should journey with people living with HIV and act in solidarity with them. This will contribute towards better health outcomes for all

SECTION 13

VOLUNTARY COUNSELLING AND TESTING (VCT)

HIV voluntary counselling and testing (VCT) has been shown to have a role in both HIV prevention and, for people with HIV infection, as an entry point to care. VCT provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment with counselling and referral for ongoing emotional support and medical care. People who have been tested seropositive can benefit from earlier appropriate medical care and interventions to treat and/or prevent HIV-associated illnesses. Pregnant women who are aware of their seropositive status can prevent transmission to their infants. Knowledge of HIV serostatus can also help people to make decisions to protect themselves and their sexual partners from infection. A recent study has indicated that VCT may be a relatively cost-effective intervention in preventing HIV transmission.¹²

Elements of VCT HIV Counselling

HIV counselling has been defined as “a confidential dialogue between a person and a care provider aimed at enabling the person to cope with stress and make personal decisions related to HIV and AIDS. The counseling process includes an evaluation of personal risk of HIV transmission and facilitation of preventive behaviour.”¹⁴ The objectives of HIV counselling are the prevention of HIV transmission and the emotional support of those who wish to consider HIV testing, both to help them make a decision about whether or not to be tested, and to provide support and facilitated decisionmaking following testing. With the consent of the client, counseling can be extended to spouses and/or other sexual partners and other supportive family members or trusted friends where appropriate. Counsellors may come from a variety of backgrounds including health care workers, social workers, lay volunteers, and people living with HIV, members of the community such as a teachers, village elders, or religious leaders.

¹² WHO: Counselling for HIV and AIDS: A key to caring. For policy makers, planners and implementers of counselling activities: Geneva, World Health Organization/GPA, 1994. ¹⁴ Ibid.

Furthermore, Voluntary Counselling and Testing (VCT) is not a prevention in itself but encourages people to know their status and with counselling can change people's lifestyle so that they are less likely to become infected. Those who are negative learn how to live so as to stay negative, and those who are positive, learn how to live positively, access treatment and avoid the spread of HIV.

Biblical Reflections on Voluntary Counselling and Testing (VCT)

"You must understand this, my beloved: let everyone be quick to listen, slow to speak." James 1:19

"It is God's will that you should be sanctified: that you should avoid sexual immorality; that each of you should learn to control his own body in a way that is holy and honorable, not in passionate lust like the heathen, who do not know God." 1 Thessalonians 4: 3-5

Information on where to go (or refer people) for HIV voluntary counseling and testing services (HVCTS) can be obtained from local health clinics, medical professionals, health workers and NGOs. HVCTS centers offer the best means to find out one's status and to provide an effective health strategy. Many people, especially youth, are afraid of going to visit an HVCTS center primarily because they are thought of as 'scary' places to visit and because of the stigma associated with going to visit one. HIV Voluntary Counselling and Testing services have helped:

- Reduce HIV transmission.
- HIV positive people learn to lead healthier and more positive lives.
- Initiate support/care groups.
- Empower people to deal with stigma.
- Act as a prime motivational and educational service to ensure that people who have been tested negative remain so.

The following persons will benefit from HIV voluntary counseling and testing services referrals and information:

- A person who is serious about behavior change.
- A person who is planning marriage or venturing into a new relationship.
- An individual or a couple considering pregnancy (or a woman who is already pregnant).

- A person with more than one sexual partner (now or in the past).
- A person whose partner has more than one sexual partner.
- A person with an STI.
- A person working and living away from his/her spouse and family.
- A person who has had a blood transfusion.
- A person who is constantly feeling unnaturally sick (with or more of the signs or symptoms of HIV and AIDS).

Religious leaders can have a positive role to educate, support and guide adolescents, young people and adults to seek professional care when at risk or exhibiting symptoms of STIs or HIV, either through local health centers and hospitals or specialized clinics, such as voluntary counseling and testing (VCT) sites and youth centers. Religious leaders could strive to ensure that they are familiar with such centers in their communities.

SECTION 14

EMPOWERMENT AND ADVOCACY

What is Empowerment? – The term empowerment has different meanings in different sociocultural and political contexts, and does not translate easily into all languages. An exploration of local terms associated with empowerment around the world always leads to lively discussion. These terms include self-strength, control, self-power, self-reliance, own choice, life of dignity in accordance with one’s values, capable of fighting for one’s rights, independence, own decision making, being free, awakening, and capability—to mention only a few. These definitions are embedded in local value and belief systems.¹³

Biblical Empowerment: Ephesians 4: 7-12

Paul stated that these ministries or functions were given by Christ who had ascended and is sitting at the right hand of God, thus indicating the direct relationship of Christ’s ascension to the leadership gifts of apostle, prophet, evangelist, pastor, and teacher:

But to each one of us grace was given according to the measure of Christ’s gift. Therefore it says, “When He ascended on high, He led captive a host of captives and He gave gifts to men.” (Now this expression, “He ascended,” what does that mean except that He also had descended into the lower parts of the earth? He who descended is Himself also He who ascended far above all the heavens, that He might fill all things.) And He gave some as apostles, and some as prophets, and some as evangelists, and some as pastors and teachers, for the equipping of the saints for the work of service, to the building up of the body of Christ; until we all attain to the unity of the faith, and of the knowledge of the Son of God, to a mature man, to the measure of the stature which belongs to the fullness of Christ. (Ephesians 4: 7-12)

The key teaching from the passage is that different individuals have different gifts. However, these gifts are not for boasting, but for empowerment. Empowerment overcomes dependency. It implies that one possesses the capacity to act for their own liberation and fulfilment. They have the knowledge and ability to discern and act. This is critical in the context of HIV. Disempowerment creates vulnerability. Empowerment offers liberation. There is also empowerment through knowledge and livelihood competences and skills.

¹³ The UNICEF Women’s Equality and Empowerment Framework emphasizes women’s access, awareness of causes of inequality, capacity to direct one’s own interests, and taking control and action to overcome obstacles to reducing structural inequality (UNICEF 2001).

The basic definition of biblical empowerment is to give power and/or authority to another; therefore, Christ's ascension (and ultimate session) is directly tied to the giving of power (empowerment) to the apostle, prophet, evangelist, pastor, and teacher in Ephesians 4:11.

Whereas empowerment is the distribution of resources, authority, power and building self-efficacy in others; and that the sacred text says that God is the source of everything, this section reviews the topic of theology as it relates to empowerment.

ADVOCACY¹⁴

What is Advocacy? - Advocacy refers to organized efforts by citizens to influence the formulation and implementation of public policies and programs by persuading and pressuring state authorities, international financial institutions, and other powerful actors. Advocacy embraces various activities undertaken to gain access to and influence decision-makers on matters of importance to a particular group or to society in general.

SELF-ADVOCACY¹⁵

Self-advocacy is having the opportunity to know your rights and responsibilities stand up for them, and make choices about your own life. Self-advocacy allows people who are experiencing SGBV to **speak out for themselves**. By doing these things, the quality of life for people who are experiencing SGBV, access to treatment and challenges on SRHR issues is vastly improved.

The self-advocacy movement began in Sweden in the 1960's when a group of people with mental retardation drew up a list of requests about how they wanted services delivered and what they wanted from their service providers. Back then; what these pioneers did was a novel idea, but not anymore. Now, this idea has taken the shape of an international civil rights movement by and for people with developmental disabilities.

¹⁴ Adapted from: USAID & Population Council: Community Advocates Training Manual: "The HIV and AIDS Prevention Project for Vulnerable Youth in Northern Nigeria" Undated

¹⁵ Adapted from: STIR – Steps Toward Independence and Responsibility: Speak Up! Guide on *Self-Advocacy and Self-Determination* Clinical Center for the Study of Development and Learning, UNC-CH (Undated).

The self-advocacy movement is closely related to the self-determination movement. The self-advocacy movement emphasizes self-advocates speaking out for themselves and learning about their rights and responsibilities. The self-determination movement also does these things, plus it focuses on the important components of system changes, legislation, policy, etc.

Why Advocacy?

Transformational advocacy is a challenge to ourselves and our leaders to change attitudes, behaviours, and policies that perpetuate injustice and deny God’s will for all creation to flourish. Throughout Scripture, God calls people into community and sets the expectation that they care for one another. We reflect God’s love when we call on leaders to protect the most vulnerable and marginalized people in our communities. Christians should work toward a just world in which structures and institutions give every person the opportunity to thrive.

Scripture teaches us to defend the cause of the poor. Providing direct assistance to people in need is vital, but it is also important to guard against policies that oppress, to partner with marginalized communities for long-term change, and to speak up for policies that empower all people.

The Biblical Basis for Advocacy

Seek justice. Help the oppressed. Defend the cause of orphans. Fight for the rights of widows. Isaiah 1:17

Founders of religions have been compassionate to all people, especially the widow, the orphan, the stranger, the hungry, the poor, and the sick—the most vulnerable in society. For example, Jesus loved all people—rich and poor—and actively cared for people in need. He urged his disciples to do the same.

As people of faith, we strive to show God's reconciling love at all times and in all places. God often speaks of our purpose to rebuild, restore, and renew all that is broken (Isaiah 61). We are called to work to end the brokenness in our communities, in our nation, and in the world as a whole.

God loves justice (Isaiah 61:8; Psalm 33:5; 99:4) and requires us to do justice, love kindness, and walk humbly with God (Micah 6:8; Amos 5:22-24). Both our individual actions and our societal structures should enable all people to share in what God has provided.

The Bible contains inspiring examples of advocates. People such as Esther and Moses stood with and spoke alongside marginalized and oppressed people who were greatly affected by decisions made by people in power. As people of faith, we must stand and act in solidarity with people living with HIV, as well as all those who are seeking justice. We must challenge violence against women, sex workers, children and others. We must use our platforms to call for justice and abundant life for all the people of God.