Faith based approaches

Faith-based organisations exist in almost every community and play an important role in the emotional, social and spiritual aspects of many people's lives. In many communities, faith-based workers have become active in HIV care and prevention projects, as they have faced the challenges of:

- increasing numbers of people living with or affected by HIV, who are seeking counselling and support
- increasing numbers of children needing support as they care for parents or siblings with HIV
- increasing numbers of children orphaned by HIV
- increasing numbers of deaths among younger members of faith communities.

As many faith-based organisations consider and develop their responses to the HIV epidemic they face the need to tackle stigma and discrimination towards people with HIV, including discrimination by people working in faith-based organisations, and the need to develop responses that are sensitive to religious beliefs and writings. It may be especially difficult for faith-based organisations to have discussions about:

- sexual behaviour, sexuality and sexually transmitted infections
- preventing the spread of HIV, especially the issue of condom use
- working with marginalised groups, e.g. sex workers, street youth, intravenous drug users, men who have sex with men.

People may be motivated to respond to the HIV epidemic in a number of ways. Some people experience the loss of a friend or loved one from HIV/AIDS or may find out that they are themselves HIV-positive (see page 2). This kind of experience can encourage people to advocate within their faith-based organisation for a response to HIV, either at a local or national level. Some religious health institutions may advocate for a response by approaching religious leaders or by forming networks of similar organisations to broaden and strengthen their response (see page 3).

This newsletter looks at different entry points for HIV/AIDS projects (page 4), as well as practical approaches to dealing with particularly difficult issues, such as talking about sex and working with young people (pages 6 and 7).

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Responding to HIV

Why have some faith-based organisations responded more quickly to HIV/AIDS than others?

The HIV epidemic has been particularly severe in sub-Saharan Africa, where the latest UNAIDS report estimates there are 24.5 million people living with HIV. In this region religious beliefs are particularly strong and these affect how people see themselves, how they think, how they act and how they view disease.

Some people believe that too few faith-based organisations have developed positive responses to HIV/AIDS. Statements by prominent religious leaders have led to discrimination, stigma and guilt. In other cases, religious groups have failed to respond strongly to the epidemic. A recent report of the World Council of Churches concluded that the response of Christian Churches and other religions has been inadequate. According to Rev Gideon Byamugisha, a priest in the Church of Uganda: 'It is not so much that the church has refused concerning AIDS... rather that it has failed.'

What factors have been important in prompting organisations and individuals to become involved with HIV/AIDS programmes?

PERSONAL EXPERIENCE

Direct personal contact with the human consequences of HIV, e.g. finding out that you or a friend are HIV positive or having a member of your faith community become sick and die of the disease.

The Reverend Gideon Byamugisha was ordained a priest in the Church of Uganda in 1992. Three years later he became the first practising priest in Africa to declare publicly that he was living with HIV. ‘My own experience of coming out openly has been mostly very positive. When I joined Namirembe Diocese I told my bishop, the Rt Rev Samuel Ssekadde, about my HIV status. He and his wife were incredibly supportive and understanding and even offered us the use of the house where we now live. He said, “Gideon, don’t worry. I’m going to pray for you. And you have a special mission here.” So I left my teaching job at the theological college and came to Namirembe Diocese to strengthen the AIDS programme here. All the support, the care and acceptance that Pamela and I have received here from the bishop, his wife, the clergy and the Christians of this diocese has helped us to live positively and to dedicate our lives to the fight against HIV.’

Adapted from Open Secret: People facing up to HIV and AIDS in Uganda. (See Resources p 8)

INTERNAL ADVOCACY

Those religious organisations that have become involved with issues relating to HIV/AIDS have often had within them members who have lobbied and advocated for greater involvement on HIV/AIDS.

In September 2000, after attending the XIIth World AIDS Conference in Durban, South Africa, staff at St John’s Cathedral HIV Education and Information Centre, in Hong Kong, shared the video by the African Regional Forum of Religious Health Organisations in Reproductive Health with the Chinese clergy. The clergy in Hong Kong are still uncomfortable about HIV/AIDS issues and sex and sexuality issues in general. This may be because the number of people with HIV in Hong Kong is quite small. It is unlikely that clergy will have had the opportunity to meet people with HIV/AIDS and it is hard to change their attitude. I believe that will take time and effort, but at least we are sowing the seed.

Elvah Fung, St John’s Cathedral HIV Education and Information Centre, Hong Kong, E-mail: shivatr@aidsonline.net

RESPONSE FROM CHURCH LEADERS

Church leaders who acknowledge the challenge of HIV/AIDS and do not condemn those affected by it, but offer support and understanding, can motivate others within religious groups to respond positively to those affected by HIV/AIDS.

In an ideal world we have hoped that everyone would be responsible about sex... that everyone would behave as we would have hoped they would do. Unfortunately, in the real world that is not the case and it is to fly in the face of ghastly fates to pretend otherwise. So we are going to have to teach people so-called safer sex, we are going to have to speak about condoms and seek to make it possible for people to have access to reproductive sexual health.


What can be done to encourage more groups to be involved?

There are many answers—some of which are suggested on the following pages. In the case of religious organisations, responses need to be sensitive to their writings, thinking and beliefs (see page 5). Religious and non-religious organisations can engage positively with each other, learning from each other and respecting the different and diverse views which individuals and organisations hold.
How health organisations can respond

Faith-based organisations can respond to the HIV epidemic at a national, regional or community level. Here we look at responses from religious health organisations.

The African Regional Forum of Religious Health Organisations in Reproductive Health has been set up to help health workers promote a more open approach to sexual and reproductive health. Health workers in religious health organisations face the challenge of matching the needs of communities with the beliefs and teachings of their churches.

The forum, which is facilitated by International Family Health, UK, has members in Nigeria, Ethiopia, Uganda, Kenya, Tanzania, Zambia and Namibia and collaborating organisations in South Africa. It brings together Catholic, Protestant and Muslim organisations and hopes to build links with groups across the Bahá'í, Hindu, Buddhist and Jewish faiths.

The forum aims to encourage advocacy and to help members to:
- share information and expertise
- provide advice in reproductive health which is God-centred, respecting of human dignity, technically sound and sustainable
- develop comprehensive reproductive health programmes
- carry out activities at local, regional and national levels.

As part of the forum's activities, International Family Health co-ordinated a symposium, "Breaking the Silence. Religious Health Organisations Speak Out on HIV/AIDS" at the XIIth World AIDS Conference, South Africa, and developed a video, featuring Desmond Tutu, based on the symposium (see Resources page 8).

Future activities will include developing a web-site, continuing production of the Forum Review newsletter and research activities in Africa.

Contact: International Family Health Tel: +44 (0)20 7247 9944; Fax: +44 (0)20 7247 9224. E-mail: fsiaini@ifh.org.uk

Responses can also begin when religious health organisations widen their activities to include religious leaders, as well as health workers.

The Islamic Medical Association of Uganda (IMAU) began organising HIV/AIDS workshops for Imams in the early 1990s. Talks between health professionals and religious leaders at early workshops revealed the need for HIV/AIDS projects that reached Muslim families through educators trained with and sanctioned by imams.

Three projects were developed:
- The Madarasa AIDS education and prevention project provides HIV/AIDS education to young people in Muslim schools and aims to teach young people to empathise with and help people living with HIV/AIDS.
- Community action for AIDS prevention works within an urban setting to provide HIV/AIDS training to religious and community leaders. In addition, the project trains groups of bicycle taxi drivers and market vendors to pass on information about HIV/AIDS through their interaction with the public.

Initially, information about condoms was not included in these projects, but after talking with Islamic leaders, project leaders agreed that education on responsible use of the condom (as a third line of defence against HIV/AIDS after abstinence and having sex only within marriage) could be included.

Community-level responses often involve community health workers and community volunteers. The HIV epidemic means that an increasing number of people need physical and spiritual care and this means an increasing workload for religious health workers. Volunteers from within religious communities can help to share this task. Volunteers and religious health workers may need training and support to understand about HIV and the needs of people living with the disease, and support for themselves so that they do not experience 'burnout'.

The Reproductive Health Association of Cambodia (RHAC) runs peer education activities on reproductive health issues.
Where to start?

In this article we consider how faith-based organisations can start to respond to HIV/AIDS.

The example of service to and care for others and the provision of emotional and spiritual support are common to most faiths. Many faith-based groups have been at the forefront of the response to HIV/AIDS, especially in sub-Saharan Africa.

- Mission hospitals, such as Chikankata in Zambia, have been pioneers in providing home-based care for people with HIV/AIDS.
- Faith-based organisations, such as the Family AIDS Caring Trust (FACT) in Zimbabwe, have developed ways of supporting and caring for orphans and children affected by HIV/AIDS.
- Many groups have developed ways of working with young people within the faith community to prevent HIV/AIDS, e.g. AIDS Care Education and Training in Uganda. These activities can be considered as entry points for faith-based organisations wishing to get involved with HIV/AIDS. Entry points may depend on the type of work groups are already involved in outside the field of HIV/AIDS. Mission hospitals may be more likely to start by extending care for the sick into their homes, while churches and mosques are more likely to start working with young people in their own faith community, or support vulnerable groups, e.g. children who have been orphaned by HIV/AIDS (see box).

Such activities can provide a basis for moving on to more difficult areas of work, e.g. discussing ways of preventing the spread of HIV/AIDS, discussing sexual behaviour and working with marginalised groups such as sex workers or intravenous drug users.

Some involvement by members of religious communities may focus on their existing strengths while avoiding subjects that go against their religious beliefs, as in Thailand where Buddhist monks counsel and provide spiritual support to people with HIV.

In Chiang Rai, Buddhist monks work with staff at the Mae Chan...
about sexual relationships is important. Within faith-based organisations this can take place in:
- pre-marriage counselling
- youth groups and confirmation classes
- faith-based publications and radio programmes
- education at religious health facilities
- religious gatherings
- training programmes for religious and lay leaders.

The next step is for faith-based organisations to move into more challenging areas, such as needle exchange and working with marginalised groups, e.g. sex workers. The Evangelical Church of Eritrea began working with a group of 30 sex workers in 1998, training them to make handicrafts and supporting them financially during this training. Four of the 30 sex workers are HIV positive. The church is planning a meeting of church leaders to discuss issues around HIV/AIDS and to encourage them to write in their church newsletters about HIV/AIDS awareness.

With thanks to Dominique Mathiot, Country Programme Adviser, UNAIDS, 5 Andinet Street, PO Box 53666, Asmara, Eritrea. Fax: +291 1 151600.

Prevention

Many faith-based organisations are now moving from the more traditional area of care into HIV prevention. Different faiths have different views on how the spread of HIV can be reduced. Some faiths suggest abstinence, some suggest faithful relationships, some suggest condom use to prevent the spread of HIV. Encouraging open discussion

Catholic Aids Action, set up in 1998, was the first national church-based programme of HIV/AIDS prevention and care in Namibia. The programme used the country’s 90 Roman Catholic parishes, 300 small Christian communities, Catholic hospitals, clinics, schools and hostels as a basis for spreading its message. Home-based care and support for orphans and those affected by HIV/AIDS were relatively easy to include in the programme, because they are based on the Christian values of spiritual and physical care for others.

It was harder to include AIDS prevention. Catholic AIDS Action realised that it had to address the issue of sex and sexuality and that the programme had to be open about the use of condoms. Serious moral dilemmas emerged over advocating the use of condoms. After much debate, the programme decided to address condom use because, much as it might wish that everyone could fulfil a higher moral standard, its first priority was to help prevent the spread of HIV.

Lucy Steinitz, Catholic Aids Action, Windhoek, Namibia. Website: www.ca-a-namibia.org

Respecting beliefs

Faith-based organisations’ responses to the challenge of HIV/AIDS can be strengthened if those responses are sensitive to religious beliefs and writings. Some organisations use teachings from religious texts to support their response to HIV/AIDS and to encourage people to accept and care for people living with HIV/AIDS rather than to judge them. Buddhist monks in Chiang Rai, Thailand, provide counselling and education services for people affected by HIV. When conducting educational activities the monks use Buddhist teachings on moral conduct for human behaviour. There are five moral conducts in Buddhism:
- do not destroy life
- do not take what is not given
- abstain from sexual misconduct
- abstain from falsehood
- abstain from intoxicants

Catholic AIDS Action, Namibia, has designed a pastoral care handbook, which encourages people to respond to HIV in a Christian way. The handbook encourages Christians to turn their faith and prayers into action and includes prayers composed by Catholic teenagers as part of a Youth Leadership Retreat in 1998.

‘AIDS demands that we re-affirm our faith in Christ, that through him, love conquers death. If that is where we stand, seeing ourselves as the body of Christ on earth, then we must see HIV/AIDS as the call of our time to reach out in compassion and love to those who suffer. In loving these neighbours as ourselves, we will truly see Christ in them.’

To love my neighbour: A pastoral care handbook for Namibia, Catholic AIDS Action, Namibian Catholic Bishops Conference, PO Box 11525, Windhoek, Namibia. Fax: +264 61 248 126. E-mail: ncbc@africa.com

But can faith-based organisations use religious writings and beliefs to help them move into areas that are traditionally more difficult, e.g. talking openly about safer sexual behaviour?

Treasuring the gift, a training manual by Project Concern International (Zambia) and the Lusaka Interfaith HIV/AIDS Networking Group, is designed for use with religious youth groups and examines how to approach discussions about sex and sexual behaviour from a faith-based perspective. The Lusaka Interfaith HIV/AIDS Networking Group aims to ‘put aside doctrinal and denominational differences in order to work together against HIV/AIDS’. The book aims to provide material that can be used by youth groups of any faith (see page 7). Treasuring the gift – how to handle God’s gift of sex, Project Concern International, Box 32320, Lusaka, Zambia. E-mail: pci@zamnet.zm
Talking about sex

The HIV epidemic has forced many faith-based organisations to start talking about the sensitive issues of sex and sexuality.

Many religious leaders, organisations and groups are uneasy talking about sexuality and sex. This may be because they have never talked about or have no experience of these subjects themselves. People may also be unsure how to relate these subjects to religious writings and beliefs. In many societies, especially in sub-Saharan Africa, sex is a taboo subject even between parents and children, and so is even more difficult to talk about openly in a wider setting.

A basic belief for many faith-based communities is that care for others is important and that the relationship between people is an expression of, and a pathway into, a relationship with God. In view of this, many faith-based communities believe in:

- abstinence, if people are not married
- sex within a faithful marriage only.

Some members of faith-based organisations (and in the wider community) think that talking about sex may:

- result in increased promiscuity
- seem to condone sex outside marriage
- encourage young people to have sex earlier.

Some people also believe that promoting condom use could result in people practising 'unacceptable' sexual behaviour rather than abstinence.

However, research has shown that educating young people about sex, HIV/AIDS and health in general does not result in increased sexual activity, but leads to a decrease in adolescent sex, unwanted pregnancies and STIs.

If faith-based groups wish to move towards open discussion about sex it is important to acknowledge that:

- there is more sexual activity happening in communities than they might readily accept
- much of this sex is unsafe (as well as unlawful and unacceptable in churches' eyes)
- not all 'lawful' unions are safe.

How could we do it?

Talking about sexual matters in a religious context can be done if physical, spiritual and moral health are linked. In a religious context, it is not enough to consider the physical consequences of pregnancy, STIs and HIV/AIDS, without considering the spiritual, psychological and social consequences of sex outside or before marriage.

Religious texts can help religious leaders and groups to talk positively about sex, e.g. the Bible has many positive references to sex, sexuality and sexual health.

Before starting to talk about sex in a group setting, consider who your audience will be (e.g. young people, married couples) and what you would like to discuss with them (e.g. faithful relationships, safer sex). Different people will need different information and have different concerns. On the following page is an exercise to use with young people as a discussion starter, or you could try using picture codes (pictures of people in different situations) to start the discussion.

With thanks to Ian Campbell and Alison Rader of the Salvation Army and the Rev Gideon Byamugisha, Namirembe Diocese, Uganda.
Working with young people

Talking about sexual behaviour can be difficult but this practical activity can help young people consider the choices they have.

Many faith-based organisations already have social networks for young people in the form of church youth groups and these can provide a forum for addressing issues to do with sexual behaviour and HIV prevention. Frank and open discussions about these issues can encourage young people to practise safer sexual behaviour and protect them against HIV infection.

This exercise can be used to start discussions about sexually transmitted infections, HIV/AIDS and how young people can avoid infection. Read through the activity before you start and make sure you have enough background knowledge to answer any questions the group might have. The point of the exercise is to encourage young people to think about their attitudes and choices and share them with the group.

The Tanzania Episcopal Conference comprises 12 Catholic dioceses and its youth desk co-ordinates youth activities, including meetings on:
- human rights
- poverty reduction
- sexual and reproductive health
- HIV/AIDS/STIs
- life skills education.

Youth groups talk about HIV prevention because HIV/AIDS affects all aspects of young people’s lives and sexually active young people are most affected by HIV.

Prevention activities include:
- peer training
- drama
- role plays
- anti-AIDS youth clubs.

Some groups also care for orphaned children or people with HIV/AIDS.

The youth training is supported by educational materials, including books, videos and posters about life skills and sexual health.

Contact: George Kangwa, Secretary, Tanzania Episcopal Conference, PO Box 2133, Dar Es Salaam, Tanzania. Fax: +255 022 2850295 E-mail: tec@cats-net.com Website: www.rc.net/tanzania/tec/

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**ACTIVITY**

The three boats

Use this exercise with a group of young people who know and trust each other. Start with everyone sitting in circle.

1. Ask the group ‘What three ways can HIV be passed from one person to another?’
   - Let the group answer.
   - Correct any incorrect information and add points that are missed.
   - Make sure the group mentions:
     a. sexual intercourse without a condom
     b. blood contact
     c. mother to child.

2. How can we avoid HIV or sexually transmitted infections?
   - Let the group answer.
   - Make sure they mention:
     a. no sex (abstinence)
     b. only having sex with one uninfected partner who has no other partners (faithfulness)
     c. condoms.

3. Tell the group ‘HIV is spreading like a flood – if we are not careful we will all drown’.
   - Ask the group:
     - ‘Are many people in our community in danger of drowning in the flood of HIV?’
     - ‘In a flood how do people usually save themselves?’
   - Make sure they mention boats.

   - Ask the group:
     - ‘Is it possible to avoid HIV infection?’
     - ‘How?’
   - Remind the group that during a flood people can save themselves by getting into a boat and that there are three boats that can save us from HIV infection:
     1. the NO SEX (abstinence) boat
     2. the FAITHFULNESS boat
     3. the CONDOM boat – using a new condom correctly every time you have sex.
   - Ask the group:
     - ‘Who decides which boat you get into?’
     - ‘How easy is it to get into a boat?’
     - ‘Do we need help?’
     - ‘What kind of help?’
     - ‘Is it possible to help another person get into and stay in a boat? How?’
     - ‘Which boat or boats should a believer be on?’
   - Choose three places in the room to represent three boats.

   Give each group member a character, e.g. an 8-year-old boy, an old farmer, a sex worker, a drunkard, a young girl, a member of the church choir, a businessman, a student.

   - Ask each person to think about the family, work, social life of their character and decide which boat they would choose or whether they would stay in the sea of HIV.
   - After five minutes ask each person to go to the boat they have chosen. Then ask why their character has chosen that boat. As a group discuss whether everyone agrees with this choice and why they do or do not agree. Adapted from *Treasuring the gift* (see page 6)
Light in the darkness
I would like to share an analogy promoted by the Reverend Dr Zephanius Kametha, former deputy speaker of Parliament in Namibia.

Dr Kametha refers to the vast Namibian desert, where, looking around, at first you see nothing, especially at night. The sky at that time is vast and dark. Blackness overwhelms you. You feel so alone, so insignificant. And then you look up and see a few stars: the longer you look, the more you see. Slowly they seem to light up the sky. You feel their presence: the hope, the sense of God’s spirit reaching out, accepting you, and granting you the feeling of belonging.

And so it is in real life: when you feel all alone; when you cannot see anything, that is when—if you keep searching—you can often see (and feel) that sense of grace and belonging to something larger than yourself.

Lucy Steinitz, Catholic AIDS Action, Windhoek, Namibia.

Gender and faith
Why does gender disappear when we discuss faith? Discussions about faith and HIV seem to suggest that men and women use their spiritual beliefs in the same way and that religions or spiritual traditions treat men and women equally in sexual and other matters. This is not true by a long shot. Discussions about faith often make no distinctions between men and women and suggest that believers are a homogenous group.

We need to consider how faith-based approaches to abstinence and marital fidelity might differ for men and for women. In the context of women’s vulnerability, appeals to men for marital faithfulness have a quite different meaning than appeals to young men and women to avoid sexual experimentation. A quite different reading would arise from appealing to a woman to abstain from sex if her informal partnership directly relates to her survival and that of her children. Abstinence is not the same for everyone. These are gender issues, and merely calling the appeals faith-based does not erase them.

It is also important to examine whether faith-based systems are reinforcing gender roles which increase vulnerability to AIDS. Questioning or re-examining gender roles, through HIV-related work or other channels, can encourage greater equality between men and women.

Tim Frasca, Fundación CIPRESS, Santa Beatriz 84-C, Providencia, Santiago, Chile.