

THEOLOGY IN THE HIV&AIDS ERA SERIES



MODULE 7

A THEOLOGY OF COMPASSION IN THE
HIV&AIDS ERA

BY
SERIES EDITOR
MUSA W. DUBE



THE HIV&AIDS CURRICULUM FOR TEE
PROGRAMMES AND INSTITUTIONS IN AFRICA

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Ecumenical HIV & AIDS Initiative in Africa
150 route de Ferney
P.O. Box 2100
1211 Geneva 2, Switzerland

Tel: +41 22 791 6321 Fax: +41 22 791 6122
E-mail: ttz@wcc-coe.org
Website: <http://www.wcc-coe.org>

COURSE DEVELOPMENT TEAM

Writer:

M. W. Dube

Technical Advisor:

G. S. Ntloedibe-Kuswani

Series Editor:

M. W. Dube

A NOTE TO LEARNERS, USERS AND READERS

The overall goal of this module is to contribute towards building HIV&AIDS competent churches and theological institutions. This module is part of a series of ten modules entitled, *Theology in the HIV&AIDS Era* which were developed for distance learners. The modules accompany the HIV&AIDS Curriculum for TEE Programmes and Institutions in Africa.

The process of production began with an all Africa training of trainers' workshop on mainstreaming HIV&AIDS in Theological Education by Extension (TEE), held in Limuru Kenya, July 1-7, 2004. The workshop called for the production of a distance learning curriculum and accompanying ten modules to enable the mainstreaming of HIV&AIDS in TEE programs.

Writers were thus identified, trained in writing for distance learners and given their writing assignments. In July 2-13, 2005, twelve writers gathered at the Centre for Continuing Education at the University of Botswana with their first drafts for a peer review and a quality control workshop. The result of the process is this series on *Theology in the HIV&AIDS Era* and the accompanying curriculum for TEE. The whole process was kindly sponsored by the Ecumenical Initiative for HIV&AIDS in Africa (EHAIA).

Although the target audience for these modules is the distance learning community, it is hoped that the series will also stimulate new programmes, such as diplomas, degrees, masters and doctoral studies in HIV&AIDS theological research and thinking in residential theological institutions. It is also hoped that the series will contribute towards breaking the silence and the stigma by stimulating HIV&AIDS theological reflections and discussions in various circumstances, such as in Sunday schools, women's meetings, youth and men's fellowships, workshops, conferences and among teachers and preachers of religious faith.

Musa W. Dube
Gaborone, Botswana
July 28, 2006

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Unit 10:

**COMPASSION AS STEWARDSHIP IN
GOD'S CREATION**

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Introduction: Defining Stewardship

Compassion as Good Stewardship with/to/in God's Creation

Listening to the Creator God in the Created World (Genesis 1)

Interpretation of Genesis 1 for Compassion as Good Stewardship

Sacredness of Life, Stewardship in Creation & Compassion

Remembering the Commitments of the Church

But who is my Neighbour?

Just then a lawyer stood up to test Jesus. “Teacher,” he said, “What must I do to inherit eternal life?” Jesus responded, “What is written in the law?” The lawyer answered, “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbour as yourself.” Jesus stated, “You have given the right answer. Do this and you will live.” Wanting to justify himself, he asked Jesus, *But who is my neighbour?*” Jesus replied, “A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away leaving him half dead. Now by chance a priest was going down that road; and when he saw him, he passed on the other side. So likewise a Levite, when he came to the place and saw him, he passed on the other side. But a Samaritan while travelling came near him; and when he saw him, he was *moved with compassion*. He went to him and bandaged his wounds; having poured oil and wine on them. Then he put him on his own animal, brought him to an inn and took care of him. The next day he took out two *denarii*, gave them to the inn keeper, and said, “Take care of him and when I come back, I will repay whatever you spend. Which of these do you think was a neighbour to the man who fell in the hands of robbers?” He said, “The one who showed mercy.” Jesus said to him, “Go and do likewise” (Luke 10:25-37).

The starting point for this mission and ministry is admitting that we are all HIV-positive. As long as we deny our own vulnerability and risk, rebuff our own oneness with the suffering of the world, and pretend we are different from our infected and affected sisters and brothers, perhaps we should not be engaged in this query. *Turn the page only* if you can honestly admit that we are all HIV-positive (Messer, 2004: 38).

MODULE 7

A THEOLOGY OF COMPASSION IN THE HIV&AIDS ERA

“When one looks at the experience of people living with HIV/AIDS, two things stand out. The first is the diversity of people with HIV/AIDS. The second is how often and in how many ways people with HIV/AIDS are stigmatised or discriminated against. Sometimes it appears as if the various people with HIV&AIDS have only two things in common: HIV infection and HIV-related stigma and discrimination” (Canadian HIV/AIDS Legal Network 1999).

“If we are going to counter stigma and deal with HIV/AIDS in a responsible manner theologically, the place to start is with lived experience...Praxis must be done in the interest of those who experience stigma, it must be collaborative” (Denise Ackerman quoted in UNAIDS 2005:51).

“It’s not only people living with HIV who need healing, but also the church and the world” (Heath 2005:31).

MODULE OVERVIEW

Welcome to module 7, which is focused on exploring a theology of compassion in the HIV&AIDS era. The above quotations emphasise the magnitude of stigma and discrimination that People Living with HIV&AIDS (PLWHA) are subjected to and the importance of listening to their voices and lived experiences in order to articulate a theology of compassion. Our main goal in this module is to counteract HIV&AIDS stigma and discrimination by developing a theology of compassion. By so doing, we seek to create an environment that is liveable for PLWHA and the affected, an environment that recognises PLWHA and affected persons as agents for HIV&AIDS prevention, promotes quality care, reduces the life impact of HIV&AIDS, promotes social justice, and eradicates stigma and discrimination.

Understanding PLWHA and persons otherwise affected by HIV&AIDS as agents of change is central to this module. The word *agent* is used to emphasise the active participation and role of PLWHA and the affected in the struggle against HIV&AIDS and stigma. Agency of PLWHA and the affected is vital to our articulation of a theology of compassion. *Compassion* in this module is defined as solidarity with the suffering and seeking change with them. The concept of agency for PLWHA and the affected emphasises their centrality as active subjects in building and giving compassion. Their voices, stories and lived experience must be the foundation of a theology of compassion. Compassion, in other words, does not patronise, silence or replace PLWHA and the affected as active participants in the struggle against HIV&AIDS and its stigma and discrimination. Rather, compassion is empowering companionship. A theology of compassion is a theology of empowerment and liberation that fully recognises the human dignity and supports the initiatives of the oppressed in working out their own salvation.

Module 7 is divided into two parts: the first part includes units 1-5. In these units our questions are as follows: what is compassion and why do we need compassion (unit 1). Units 2 to 4 explore our theological foundation for compassion. The central question in unit 2 focuses on whether God is compassionate and unit 3 focuses on whether Christ is compassionate. Unit 4 explores how African cultures can be compassionate communities. Unit 5 asks how the church, its leadership and members can become compassionate? Unit 5 also focuses on building a compassionate church and serves as a bridge between part one and two of module 7. Part one focuses on defining concepts, frameworks and foundations for a theology of compassion.

Part two, consisting of Units 6-10, focuses on turning our compassionate faith into action by focusing on PLWHA and the various affected groups. The units thus focus on people with AIDS-related illnesses (Unit 6), caregivers (Unit 7), orphans (Unit 8), widows (Unit 9) and on compassion as good stewardship of God's created world (Unit 10). Each unit seeks to make the voices of the PLWHA affected groups heard and to expose the magnitude of the challenge, to highlight the church's commitment and to further explore the basis for and forms of compassionate acts that can be taken by the church and other stakeholders.

MODULE METHODOLOGY

In accordance with the above stated goal of this module, we will begin most of the units by featuring the voices of PLWHA and the affected. This approach is very important in developing a theology that seeks to resist HIV&AIDS stigma and discrimination. The voices of PLWHA and the affected, in the form of stories, charters, quotes, speeches, etc. is the foundation for our theology of compassion. The centrality of the voices of PLWHA and the affected is an acknowledgement of their agency in building a compassionate theology and faith communities.

The agency of PLWHA and the affected is central to the construction of a theology of compassion. Accordingly, you will note that in unit 6-10, which are focused on various groups affected by HIV&AIDS, the titles consistently read, compassion with and to.... The words *with* and not just *to* underline that PLWHA and the affected are agents of their own lives and of the HIV&AIDS struggle in their society. PLWHA and the affected are not just objects of compassion; they are also active makers and givers of compassion. Indeed, a theology that reduces any group to objects cannot be liberating or empowering. Accordingly, the first three chapters were developed in the context of workshops on compassion held by the Ecumenical HIV&AIDS Initiative in Africa (EHAIA), in which PLWHA gave speeches and were active participants of group discussions focused on formulating a theology of compassion. Based on this experience, this module will seek to challenge the reader and the church to hear and be guided by the voices of PLWHA and the affected in our quest for a theology of compassion in the HIV&AIDS era.

Secondly, the voices of PLWHA will be consistently followed by the vows, covenants, commitments, statements and policies that HIV positive churches have made in their journey towards becoming compassionate and healing communities in the HIV&AIDS era. In particular, we will use *The Plan of Action*, the *All Africa Conference of Churches (AACC) Covenant Document on HIV/AIDS*, and other statements of commitment adopted by various church communities.

MODULE OBJECTIVES

By the end of this module, you should be able to:

- ✂ Expose the occurrence of HIV&AIDS stigma and discrimination
- ✂ Define compassion and HIV&AIDS stigma and discrimination
- ✂ Recognize PLWHA as agents of change in fighting stigma and discrimination
- ✂ Create safer social spaces with and for PLWHA to live productively
- ✂ Develop a theology of compassion based on the experiences of PLWHA, the Bible, African cultures and church traditions
- ✂ Explore and expose stigma and discrimination experienced by specific PLWHA and affected groups, such as orphans, widows and care-givers
- ✂ Build a compassionate and prophetic church
- ✂ Encourage a church that collaborates with NGOs, governments and PLWHA to fight HIV&AIDS stigma and discrimination

INSTRUCTIONS

For this module, please be sure that you have:

1. A complete copy of the Bible in the language of your choice
2. A hard cover notebook for your notes, activities, tests and examinations
3. Attempted all the activities and self-assessment tests in all of the units

UNIT 1

DEFINING THE TERMS AND THE PROBLEM

OVERVIEW

Welcome to unit 1, focused on defining terms and problems. We shall define technical terms, such as compassion, stigma, discrimination and social justice. Our first question is: what is compassion? With this question we will explore the concept of compassion. Our second question is: why do we need compassion in the HIV&AIDS era? The latter question seeks to underscore that HIV&AIDS stigma and discrimination make compassion necessary in the struggle against the epidemic. To answer these questions, we will listen and hear the voices of PLWHA in order to develop a relevant theology of compassion.

OBJECTIVES

By the end of this unit, you should be able to:

- ✂ **Define** the meaning of compassion, stigma and discrimination
- ✂ **Describe** how compassion is expressed
- ✂ **Describe** why we need compassion in the HIV&AIDS struggle
- ✂ **Describe** the church's commitments to compassion
- ✂ **Analyse** the link between HIV&AIDS and social injustice
- ✂ **Suggest** ways of implementing compassion

TOPICS

Unit 1: Defining The Terms And Problem

- ✂ Introduction
- ✂ Listening to the Voices of PLWHA
- ✂ Remembering the Commitments of the Church
- ✂ What is Compassion?
- ✂ Compassion is an active word
- ✂ What is HIV&AIDS Stigma and Discrimination?
- ✂ The Link between Social Injustice and HIV&AIDS

Summary, Self-Assessment Activity, Further Reading

UNIT 1

DEFINING THE TERMS AND PROBLEM

INTRODUCTION

Voices Of PLWHA & Churches Living With Hiv&Aids (CLWHA)

We will start our journey into defining the terms and understanding the problem that calls for a theology of compassion by listening to the voices of PLWHA. We will be listening to how PLWHA define the problems and solutions by reading box 1 and 2 and by doing activities 1 and 2. As the church has been living with HIV&AIDS for 24 years, the church is HIV&AIDS positive. Therefore, the church is a Church Living with HIV&AIDS (CLWHA). We will also listen to the church's response to the problem of stigma and discrimination and the commitments they have made as agents of compassion in the HIV&AIDS era.

Listening To The Voices Of The PLWHA

In box 1 and 2 are stories of PLWHA. The activities that follow will assist you in understanding how PLWHA describe stigma and discrimination. The solutions they are offering will assist you in building compassion in our faith communities and societies.

BOX 1

If those of us with HIV&AIDS can obtain help and compassionate support from those around us, we can live positively and constructively and help our brothers and sisters to avoid our situation. If we face instead punishment, blame or discrimination, our lives will be more miserable and we will hide the danger and experience that could save our lives and the lives of others. Blame sustains denial, and denial fuels the spread of AIDS (Byamugisha 2000:3).

ACTIVITY 1

1. *How does Byamugisha define the problem?*
2. *List the consequences of stigma and discrimination that he identifies.*
3. *What is the solution he suggests?*
4. *List the positive gains of offering compassion that he identifies.*
5. *What kind of agency does he say PLWHA can offer to the whole community if they receive compassion? Please, write your answers.*

BOX 2

Aids & Hiv Charter

In light of existing discrimination against persons with HIV&AIDS and their partners, families and care-givers this charter sets out the basic rights which all citizens enjoy or should enjoy and which should not be denied to persons affected by HIV&AIDS, as well as certain duties that PLWHA have towards others.

1. *Liberty, Autonomy, Security Of The Person And Freedom Of Movement*
 - 1.1 Persons with HIV&AIDS have the same rights to liberty and autonomy, security of the person and to freedom of movement as the rest of the population.
 - 1.2 No restrictions should be placed on the free movement of persons within and between states on the grounds of HIV&AIDS.
 - 1.3 Segregation, isolation or quarantine of persons in prisons, schools, hospitals or elsewhere on the grounds of HIV&AIDS is unacceptable.
 - 1.4 Persons with HIV&AIDS are entitled to autonomy in decisions regarding marriage and childbearing although counselling about consequences of their decisions should be provided.
2. *Duties Of Persons With HIV&AIDS*
 - 2.1 Persons with HIV&AIDS have the duty to respect the rights and integrity of others, and to take appropriate steps to ensure this where necessary (The AIDS Consortium, 2001).

ACTIVITY 2

1. *How does the HIV&AIDS Charter define the problem?*
 2. *List the solutions suggested by the HIV&AIDS Charter.*
 3. *What kind of agency does the HIV&AIDS Charter offer to the whole community if PLWHA have rights?*
 4. *Since the HIV&AIDS Charter is addressed to the citizen and focused on national policy, suggest national ways of expressing compassion.*
 5. *Suggest international ways of expressing compassion in the HIV&AIDS Era.*
- Please, write your answers.*

Remembering The Commitments Of The Church

Let us now turn our attention from PLWHA to a CLWHA. In the following section we will explore how the church has responded to HIV&AIDS stigma and discrimination and its proposed method of building compassion. As a Church Living with HIV&AIDS (CLWHA) during the last 24 years, the church, both denominationally and ecumenically, has made several commitments to the struggle against HIV&AIDS and to compassion in fighting the epidemic and its related issues. We will briefly explore these in light of the words of PLWHA and then move towards identifying components of compassion. We will explore action plans, statements, policies and covenants made by various churches. However, the following units will particularly rely on *The Plan of Action: The Ecumenical Response to HIV&AIDS in Africa* (henceforth *Plan of Action*) developed in Nairobi in November 2001 at the *Global Consultation on the Ecumenical Response to the Challenge of HIV&AIDS*. The consultation was attended by representatives from churches, the National Council of Churches of Africa, faith communions, health coordinating agencies in Africa, Northern Agencies, ecumenical organisations and UNAIDS.

The Covenant Document on HIV&AIDS, adopted at the All Africa Conference of Churches 8th Assembly on 22-27 November 2003 will be one of our key resources. The 8th AACC Assembly was attended by a total of 1,000 church delegates, ecumenical movements, development agencies and the African Union president. In short, our module on a theology of compassion in the HIV&AIDS era is an elaboration of voices of PLWHA and a CLWHA, which has already pledged its

commitment to fighting HIV&AIDS stigma and discrimination with PLWHA. Let us begin with a quote from *The Plan of Action* in box 3 and its assessment through activity 3.

BOX 3

Vision

With this Plan of Action, the ecumenical family envisions a transformed and life-giving church, embodying and thus proclaiming the abundant life to which we are called, and capable of meeting the many challenges presented by the epidemic. For churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination: a key that will, we believe, open the door for all those who dream of a viable and achievable way of living with HIV&AIDS and preventing the spread of the virus.

Commitments

Theology and Ethics

1. We will condemn discrimination and stigmatisation of people living with HIV&AIDS as sin and as contrary to the will of God.
2. We will urge our member churches to recognise and act on the urgent need to transform ourselves if we are to play a transforming role in the response to HIV&AIDS.
3. We will launch a global effort to stimulate theological and ethical reflection, dialogue and exchange on issues related to HIV&AIDS. Issues will include:
 - *Sin and sinner, stigma and stigmatised
 - *Sexuality
 - *Gender
 - *Love, dignity and compassion
 - *Confession and repentance

People Living With HIV&AIDS

1. We will ensure that people living with HIV&AIDS are supported so that they may be actively involved in all activities of the churches, as an essential resource: especially in areas of work which relate to education, training, prevention, advocacy, theological reflection and program development (*Plan of Action* 2001:6-7).

ACTIVITY 3

Please, re-read the above quote from the ecumenical Plan of Action and answer the following questions:

- 1. In the vision of the Plan of Action, what is identified as the most powerful contribution of the church in fighting the epidemic?*
- 2. Why is the eradication of stigma and discrimination defined as a key approach?*
- 3. Please re-read the words of Byamugisha above and compare them with the Plan of Action. What is the problem identified and what is the solution suggested by both?*
- 4. List the commitments made by the church in the Plan of Action.*
- 5. The word compassion appears in Byamugisha and the Plan of Action; what is the meaning of compassion?*

So far, we have been listening to the voices of PLWHA and a CLWHA concerning the problem of stigma and the solutions they suggest. It is clear that HIV&AIDS stigma and discrimination are identified as a major hindrance to the eradication of HIV&AIDS and to the creation of a socially liveable and productive space for PLWHA. *The AIDS/HIV Charter* defined the solution in terms of rights. This definition is important for the following reasons: first, it extends the fight against stigma and discrimination to national and international levels, thus challenging governments and the global community to take responsibility and to act collaboratively. Secondly, the Charter locates HIV&AIDS stigma and discrimination within the arena of justice issues. Both Byamugisha and the *Plan of Action* suggests that compassion is a solution. However, the ecumenical *Plan of Action*, under its commitment to advocacy, embraces the language of rights, stating that, “We declare HIV&AIDS a human rights crisis. We will promote understanding and advocacy for the rights of all who are affected by the HIV&AIDS pandemic” (2001: 11). Since compassion is the theological theme of our module, let us now begin to explore its meaning and manifestations.

What Is Compassion?

“The word compassion is derived from the Latin words *pati* and *cum*, which together mean ‘to suffer with’” (Nouwen etl. 1982:4). In their book, *Compassion: A Reflection on the Christian Life*, Henri J. M. Nouwen, Donald P. Mc Neill and Douglas A. Morrison hold that:

Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human (4).

Sally Purvis’s definition of compassion is a useful addition to the above. Purvis states that compassion is:

Not only *the capacity to be moved by pain...of another*; compassion also denotes *an important source of energy we need to respond*—to right a wrong when we can; to protest when we are impotent to effect change; and to support the conditions for flourishing that we observe. Compassion, in this view, is a robust concept that includes *not only motivation but movement* (1996: 52).

ACTIVITY 4

1. *Identify the word for compassion in your language. Write down its meaning.*
2. *How do you define yourself: Are you a compassionate person? Explain your answer.*

What are the significant points in the above definitions of compassion that we need to understand in our struggle against HIV&AIDS? Some of the essential components of compassion are:

- To suffer with
- To go where it hurts
- To enter places of pain
- To share in brokenness, fear, confusion and anguish
- The capacity to be moved by the pain of another

- An important source of energy to which we need to respond
- To right a wrong when we can; to protest when we are impotent
- A motivation and a movement

In the HIV&AIDS epidemic where people—individually, in families and in communities—suffer, endure pain and brokenness; where people live in fear, confusion, anguish; where people hurt physically, spiritually and mentally—the importance of compassion cannot be overemphasised. We need the capacity to “suffer with,” to go to places where people hurt, to enter the places of pain. We need “to be moved by the pain of another”. We need compassion as the vision and energy that enables us to respond to right the wrongs that cause pain and suffering in people. When we cannot right the wrongs, we need the compassionate energy and vision to openly protest against human suffering and call upon those who have power to do something.

Compassion Is An Active Word

Nouwen and Purvis’s definitions indicate that compassion is an active verb. Compassion is not disengaged, distant, neutral or disinterested. Rather, compassion denotes engagement, involvement and activity. Compassion is not passive. Compassion must move us to do something. If compassion means to suffer with, to enter into places of pain, to go where it hurts, to share in brokenness, fear, confusion and anguish then in the HIV&AIDS era, when we are tempted to isolate the PLWHA, compassion is the energy and the strength we need to be in solidarity with PLWHA and the affected. Compassion should empower us in the HIV&AIDS context not to have an attitude of ‘us and them,’ but rather to ‘suffer with’—to enter the homes and hearts of pain, to go where it hurts, to share in brokenness and acknowledge that the HIV&AIDS epidemic is *our* pain, *our* problem.

Indeed, as the Christian church, compassion should be a central aspect of our faith and identity. It is stated in 1 Corinthians 12:26 that the church is one body, the body of Christ; thus “when one member suffers, we all suffer”. Compassion is, therefore, central to the identity of being a church. A church cannot help but be compassionate if it is a church of Christ. As a compassionate church in the HIV&AIDS era, we need to break the silence and openly declare our compassion by identifying ourselves as a

CLWHA. Compassion, in other words, begins with the capacity to identify with the other, to be in solidarity with the suffering and to work with them for change.

More importantly, compassion not only requires us to sit, watch and cry for the suffering of one another, it must *move us to actively seek change*, to end the pain, the suffering, and the hurt with those who are most affected. *Compassion is not charity; it is revolution*. Defining compassion as revolutionary means that compassion is justice seeking—it aims to tackle the root causes of suffering not just the symptoms. In the words of Purvis, compassion should be “an important source of the energy we need to respond—to right the wrongs” (52). Compassion, in other words, should always involve activism and liberation from all forms of oppression. Reread the quotation from *The AIDS/HIV Charter*, which uses the language of rights and identifies compassion as seeking “to right the wrongs.” Note that the differences between rights and compassion-based language are insignificant. Compassion, like rights-based language, is a search for social justice with and for the oppressed.

ACTIVITY 6

1. *Describe a time when you needed compassion most.*
2. *Name the people and groups that showed you compassion.*

When we act as a compassionate church and as leaders in the HIV&AIDS era, then we are a body that fully participates in and knows the suffering and the hurt that this epidemic brings; we become a body that actively seeks to right the wrongs that encourage the spread of this disease. To be compassionate, therefore, involves an earnest search for healing—actively working to counteract the source of pain and suffering. Compassion is an integral part of healing.

What Is HIV&AIDS Stigma & Discrimination?

So far we have discussed HIV&AIDS stigma and discrimination without defining it. Stigma refers to the isolation, rejection and labelling of PLWHA and their families and friends. Stigma is fuelled by many factors: fear of infection, misunderstandings of how infection occurs, associating HIV with immorality, and fear of death. In their booklet, *A Conceptual Framework and Basis for Action: HIV&AIDS Stigma and Discrimination*, UNAIDS gives the following definition of stigma:

Stigma has ancient roots. It has been described as a quality that ‘significantly discredits’ an individual in the eyes of others. It also has important consequences for the way in which individuals come to see themselves. Importantly, stigmatisation is a *process*. ...within a culture or setting, certain attributes are seized upon and defined by others as discreditable or unworthy. Stigmatisation therefore describes a process of devaluation rather than a thing. *Much HIV&AIDS-related stigma builds upon and reinforces earlier negative thoughts*. People with HIV&AIDS are often believed to have deserved what has happened by doing something wrong. Often these *wrongdoings* are linked to sex or to illegal and socially frowned-upon activities, such as injecting drug use. Men who become infected may be seen as homosexual, bisexual or as having had sex with prostitutes. Women with HIV&AIDS are viewed as having been promiscuous, or having been sex workers. The family and community often perpetuate stigma and discrimination, partly through fear, partly through ignorance, and partly because it is convenient to blame those that have been affected first (2002:8).

ACTIVITY 7

1. *Have you ever-experienced discrimination on the basis of your race, ethnicity, colour, age, class or health status? In two paragraphs describe how you felt.*
2. *Do you think your church has eliminated stigmatisation of PLWHA? Give reasons for your answer.*

HIV&AIDS discrimination describes the application of stigma. For example, discrimination occurs when PLWHA and the affected are rejected from family, work, denied medical attention, denied insurance coverage and, in some extreme instances, stoned to death. As the voices of PLWHA and a CLWHA noted, stigma and discrimination frustrate efforts to prevent the spread of HIV&AIDS and the offer of quality care to PLWHA and the affected. Given the magnitude of the epidemic and the fact that we are all affected, we are in need of compassion rather than stigma.

ACTIVITY 8

1. *What are some forms of stigmatisation and discrimination experienced by PLWHA in your country?*
2. *Write down one of the stories that you have heard or read from newspapers on HIV&AIDS stigma and discrimination.*

The Link Between Social Injustice And HIV&AIDS

You have probably heard the statement ‘HIV&AIDS can and does happen to anyone.’ It is true. The rich and poor, young and old, black and white, men and women, abled and disabled, and people of various sexual orientations—anyone can be infected by HIV and suffer from AIDS. Nevertheless, HIV&AIDS tends to be linked to poverty and to such social inequalities as gender, sexual, ethnic, race and age-related discriminations. It attacks those who are subjected to violence, such as war, domestic violence or child abuse. Consequently, the most discriminated, marginalised and powerless members of our world, such as the poor, women, children, youth, blacks, men who sleep with men (MSM), sex workers, disabled persons, injecting drug users, survivors of war and the sexually abused are the most likely to get infected. Once the powerless are infected, they are likely to die faster due to lack of quality care (for example, good eating and access to affordable drugs). Worse still, groups that have already been subject to social injustice are further subjected to HIV&AIDS stigma and discrimination. Due to the epidemic’s link to social injustice, 90 percent of the infected are in developing countries. The link between HIV&AIDS and social injustice makes it *a complex and morally demanding issue*. We cannot and should not

allow ourselves to think that those who have HIV&AIDS are morally deficient and that those who are not HIV infected are morally upright. The regions in the world in which there less infected persons are by no means more ethical than the most affected regions. Rather, PLHWA are often already socially disempowered groups who became exposed due to their powerlessness—a fact that emphasises that we need to be compassionate with PLWHA and the affected in order to fight the epidemic.

Theologically, the biblical God is presented as a God who identifies with the poor and oppressed. The *HIV/AIDS Covenant Document* of the AACC grounded the church's obligation to be compassionate. This document recognised God as a God of justice and confirmed that working for justice is part of Christian worship. Please, read covenant 10 shown below.

Covenant 10: Justice and HIV/AIDS

We shall remember, proclaim and act on the fact that the Lord our God, sees, hears and knows the suffering of people and comes down to liberate them (Ex. 3:1-12; Luke 4:16-22). We shall therefore, declare the jubilee and we shall proclaim liberty throughout the land and to all the inhabitants (Lev. 25: 10), for unless and until justice is served to all people in the world, until justice rolls down like waters and righteousness like an ever-flowing stream, HIV&AIDS cannot be uprooted.

In fact, the next unit will focus on the creator God and the God of justice as a compassionate God. For now, let us summarise what you have learned in unit 1.

SUMMARY

This unit was focused on defining terms and identifying the problem of HIV&AIDS discrimination. To do so, we began by listening to the voices of PLWHA and a CLWHA. In both cases, stigma and discrimination were identified as a problem that makes the lives of PLWHA miserable, which hinders their agency and the prevention of HIV&AIDS and which frustrates the promotion of quality care. Fighting HIV&AIDS stigma and discrimination is therefore key to fighting the epidemic. We further identified the link between HIV&AIDS and social injustice. We noted that

HIV&AIDS makes the poorest and marginalised members of our communities further marginalised. Both PLWHA and the CLWHA proposed that the solution to the eradication HIV&AIDS was found in compassion and guarding the rights of PLWHA.

The second part of our unit focused on exploring the meaning of compassion. Compassion was defined as an act that requires solidarity with the suffering and an active attempt to change the situation that caused their suffering—with them. A theology of compassion can only take root if the church identifies with PLWHA and acknowledges the epidemic as a CLWHA. Compassionate, identification and solidarity with those who are suffering is the first step. This, however, must be coupled with justice-seeking action. The latter should be implemented with the full participation of the suffering groups, in this case PLWHA and the affected. We thus underlined that compassion is not charity or sympathy; rather, *compassion is justice-seeking empathy*. A theology of compassion is, therefore, a justice-seeking theology, a liberation theology.

SELF-ASSESSMENT ACTIVITY

Now that you have finished reading unit 1, please use your notebook to answer the following questions:

1. Write the full meaning of PLWHA and CLWHA.
2. Why do we need to listen to voices of PLWHA in order to construct a theology of compassion? Write down your answer.
3. Explain (from the voices of PLWHA stated in box 1 and 2) why HIV&AIDS stigma and discrimination are unhelpful.
4. Explain why the church should be defined as a CLWHA.
5. Define two central features of compassion.
6. Define stigma and discrimination.
7. Write to your pastor and inform him/her about how your church can use compassion to overcome stigma and discrimination in your community and neighbourhood.



FURTHER READING

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UNIT 2

SERVING THE COMPASSIONATE GOD

OVERVIEW

Welcome to unit 2. In this unit we ask the questions: On what basis are believers and faith communities compassionate and is God compassionate? The latter question will be addressed by examining the attributes of God as the creator (Genesis 1), liberator (Exodus 3:1-12), Father/parent (Luke 6:36) and God with us/Christ's sender (Matthew 1:23). Our aim in this unit is to explore the compassion of God as the basis for believers and faith communities to be compassionate in the era of HIV&AIDS.

OBJECTIVES

By the end of this unit, you should be able to:

- ✂ Explain the theological basis for God's compassion
- ✂ Discuss God the creator as a compassionate God
- ✂ Describe God the liberator as a compassionate God
- ✂ Discuss the coming of Christ to earth as God's compassion to humankind
- ✂ Inspire your faith community to assume compassionate programs

TOPICS

Unit 2: Serving the Compassionate God

- ✂ Introduction: Listening to the Voices of PLWHA
- ✂ Remembering the Commitment of the Church
- ✂ The Creator God as a God of Compassion (Genesis 1)
- ✂ The Liberating God as a God of Compassion (Exodus 3:1-12)
- ✂ Imitating the Compassionate Father God (Luke 6:36)
- ✂ Christ's Coming as God's Compassion to Humanity (Matthew 1:23)

Summary, Self-Assessment Activity, Further Reading

UNIT 2

SERVING THE COMPASSIONATE GOD

Introduction: Listening to Voices of PLWHA

Let us start this unit by listening to the voices of PLWHA in Box 1. In Activity 1 we will analyse how they experience and define HIV&AIDS stigma and discrimination. We will also attentively explore the solutions that they propose and look at how these solutions can assist our quest for a theology of compassion.

BOX 1

They took my blood for an HIV test without my consent. After I delivered, they tested the child too. Then the doctor just told me that they had taken our blood and the results for both of us were positive. When I broke the news to my husband, he left me that very same night, after calling me names. I confided my HIV status to my sister, a nurse. Because of stigmatisation and discrimination, she told me not to tell anyone else. I kept quiet but felt as if everybody knew that I was HIV positive (SAFAIDS & WHO 1995:24).

I am totally against secrecy. This is not good because spiritually a person can't cope. I find lots of people keep it a secret and do not get the help they need....they keep denying it. Many are just dying inside in silence (Nohlanhla Mbokazi 1998:55).

It is now common knowledge that in HIV&AIDS, it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with (Rev. G. Byamugisha quoted in *Plan of Action* 2001:3).

ACTIVITY 1

Read the stories in Box 1 and do the following:

- 1. List the different types of stigmatisation experienced by PLHWA.*
- 2. List the different groups that subject PLWHA to stigma and discrimination.*
- 3. Identify the negative impact on the health of the stigmatised.*
- 4. List the suggestions given to counteract HIV&AIDS stigma and discrimination.*

Remembering Commitments of the Church

As we said earlier, the church is HIV&AIDS positive. The church is thus responding to the HIV&AIDS epidemic. Below, in Box 2 and Activity 2, let us identify what commitments that church has made.

BOX 2

The truth is that we are all made in the image of God. This means that discrimination is a sin, and stigmatising any person is contrary to the will of God (*Plan of Action 2001: 6*).

Preamble

The Lord God is the creator of heaven and earth; the creator of all life forms in the earth community. God created all life and everything good. In this HIV&AIDS era, God sees the misery of people who are infected and affected by this disease. God has heard their cry on the account of this epidemic. God knows their sufferings and God has come down to deliver them from HIV&AIDS. So God calls to send us to the infected and affected; to bring God's people, God's creation, out of the HIV&AIDS epidemic. Now therefore this Assembly recognizes God's call to us and hence makes this covenant with God today (AACC 2003).

ACTIVITY 2

Re-read the above commitments and do the following:

- 1. Explain (according to the Plan of Action) why stigmatising is unacceptable.*
- 2. Explain if your church operates under the principle stated in the Plan of Action.*
- 3. Describe how God is characterized in the above preamble.*
- 4. List how the church's commitments, shown above, address the concerns of PLWHA as stated in Box 1. Write your answers.*

Is God Compassionate?

Let us now continue our quest, namely, to explore our theological basis for being compassionate believers. In this unit, we will explore this question by focusing on the question: Is God compassionate? Together we shall explore four passages on creation, liberation, fatherhood/parenthood and the coming of Christ to earth as God's compassion towards humanity.

The Compassionate God

1. The Creator God as a Compassionate God: Genesis 1:1-31

Please open your Bible and read aloud Genesis 1. It is a beautiful story of creation, told poetically in praise of God's artistic hand in creation. A key message, underlined at every stage of creation, is that God regarded his creation as *good*. The Bible states, "And God saw that it was good" (vv. 4, 10, 12, 18, 21, 25, & 31). This phrase is repeated, thus underlining the signature of God's creative care in and on all aspects of life. When you look at creation, try to hear the creator saying again, "And it was good." Genesis 1 closes by emphasising the same point, saying, "And God saw everything that God had made, and indeed, it was very good" (v.31). You and I and everything in creation were created by the Creator God to be "very good." All of creation and life is therefore beloved and sacred by virtue of its origin. This theme of creator God as a compassionate God is further developed in unit 10 of this module.

ACTIVITY 3

1. *Pause and take a look at yourself and everyone around you and say to yourself, “God made everything very good.”*
2. *Briefly explain what it means that all life was created “very good.”*

Though all life was created “very good”, the Creator God made human beings with special care. Let us read the following verses together:

Then God said, ‘Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth.’ So God created humankind in God’s image, in the image of God, created them male and female he created them. God blessed them, and said to them, ‘Be fruitful and multiply, and fill the earth and subdue it...God said, See I have given you every plant yielding seed that is upon the face of all the earth and every tree with seed in its fruit; you shall have them for food’ ... and God saw everything that God had made, and indeed it was very good (Gen. 1:26-31).

From this verse, we note that the God of creation showed compassion with human beings by creating them in God’s own image, in God’s own likeness. He bestowed on humans particular abilities that other members of creation did not have, namely the power of leadership. This ‘dominion over’, combined with being made in God’s own image, is the awesome responsibility given to human beings to keep all aspects of life ‘very good,’ just as the Creator made it. It is not acceptable to exploit and abuse the earth. Rather, stewardship (management) of God’s earth is a sacred responsibility to keep all life forms in the earth community as the Creator meant them to be—that is, very good. Human beings were blessed and they were given the resources of the earth for food: “See I have given you every plant yielding seed that is upon the face of all the earth and every tree with seed in its fruit; you shall have them for food.”

ACTIVITY 4

Write the creation story from your culture. What do you like best about it?

A number of important messages can be drawn from the biblical story of creation and applied to the HIV&AIDS struggle. The very fact that all human beings were created in God's own image is imperative in the struggle against stigma and discrimination. As the above quote from *The Plan of Action* states, "that we are all made in the image of God. This means that discrimination is a sin, and stigmatising any person is contrary to the will of God" (*Plan of Action*, 2001:6). If one believes that all persons are created in the image of God, discriminating against any person or group amounts to discrimination against the Creator God. Discrimination is not consistent with a commitment to keep all of creation 'very good'. This factor encompasses a whole range of stigmatisations and discriminations. It is equally unacceptable to discriminate against people on the basis of gender, race, age, class, health status, sexuality or ethnicity because we are all created in God's image. All of us were blessed; all of us were given the ability to be a leader and all were given access to the resources of God's earth. Judging by the attributes of the creator of God, God is a God of justice who created everything good. God's good creation is not a home for stigmatisation and discrimination; it is not a home for social injustice against any people or person. The compassion of God in creation was shown to us when God created all of life *good*; when God created human beings in God's own image and likeness; when God empowered all human beings with leadership and granted them access to the earth's resources. Respecting the creator God in and through all human beings, in acknowledging that in another person we see the hand of the creator, the image of God, and the likeness of the Creator God. Respecting the Creator God, who empowered all people, means that we should have no tolerance for any form of discrimination, including the deadly HIV&AIDS stigma, discrimination and poverty. Worshipping and serving the Creator God means that we should have no tolerance for poverty at all, since it violates God's will.

ACTIVITY 5

Explain how we can use the creation story in Genesis 1 to maintain and perpetuate the goodness of all life forms against discrimination.

You may be asking, “It is good to know that God created all life forms in compassion, but does God identify with creation or human beings when life becomes ugly?” Does God identify with us when we suffer? It is a good question. Our reading of Exodus 3:1-12 will help us address your question.

2. The Liberator God as a Compassionate God—Exodus 3:1-12

God’s compassion is also evident in God as a liberator and a justice lover. Open your Bible to Exodus 3:1-12 and read the passage aloud. Please re-read the passage below:

Then the Lord said, “*I have seen the misery of my people who are in Egypt. I have heard their cry on account of their masters. Indeed, I know their suffering and I have come down to deliver them from the Egyptians and to bring them out of that land to a good and broad land, a land flowing with milk and honey....I have also seen how the Egyptians oppress them. So come I will send you to Pharaoh to bring my people, the Israelites, out of Egypt (3:7-12).*”

In these verses we have a perfect example of the liberator God as a compassionate God. God sees, hears and knows the misery and suffering of the Israelites. This is the first stage of compassion—the capacity to identify with the oppressed and suffering. Secondly, the liberator God is moved by compassion to act: “I have come down to deliver them...to a good and broad land”. Lastly, this passage illustrates that compassion as liberation works through empowering the oppressed to become the agents of their own liberation; thus, instead of directly implementing God’s decision, God involves Moses, saying, “*So come, I will send you*”. Most probably you have read the story of Exodus before, and know that indeed God works with Moses and the rest of Israelites for their liberation from Egyptian slavery.

ACTIVITY 6

1. Explain how you see, hear and know the suffering of PLWHA.
2. Rewrite the above quotation from Exodus, using the context of HIV&AIDS stigma.

Imitating the Compassionate Father God—Luke 6:36

In Luke 6:36, Jesus said, “Be compassionate, just as your Father is compassionate”.

Indeed, the creation story taught us that we have been made in God’s image and likeness. The Exodus story emphatically demonstrated to us that God is compassionate towards the suffering. It thus follows that we should be compassionate just as our Creator is compassionate.

Let us note a number of issues in Luke 6:36. First, the verse appears in the literary context of the Sermon on the Mount (Luke 6:17-49/Matthew 5:1-7:49) where Jesus was speaking to his disciples and his followers. In other words, these words remain relevant to his followers even today, namely, the church. Secondly, if we look closely at how this passage is written, we will realize that this is an injunction—it is a command: *be compassionate*. It is not suggested that you may be compassionate when you wish or feel like it. Rather, it is a requirement—be compassionate. That is, we must suffer with those who suffer and actively work with those who are suffering to take measures to right the wrongs that created their suffering. Thirdly, it is notable that this verse is preceded by the beatitudes in which Jesus said “Blessed are those who are poor, for theirs is God’s kingdom,” and “Blessed are the hungry for they will be fed,” “Blessed are those who weep for they will be comforted,” and “Blessed are those who are hated, excluded, insulted and rejected for they shall be comforted”. In short, the command to be compassionate appears within a literary context in which Jesus stood in solidarity with those who suffer from poverty, hunger, grief and hate—he said their suffering must and will be eliminated. The beatitudes, in other words, are a call to be compassionate. They are a call to identify with the suffering and to seek to work with them to change the causes of their suffering. Fourthly, it is notable that the command to be compassionate is given a theological base—namely, *be compassionate because God is compassionate*. As worshippers of God, as people who are made in God’s image and likeness, we must manifest the image of God by being compassionate.

ACTIVITY 7

1. *Explain how you express your compassion within your family and community.*
2. *Using Luke 6:3, write to your church leaders and propose ways your congregation can express its compassion nationally towards the poor and marginalised.*

The Coming of Christ as God's Compassion to Humanity—Matthew 1:23

In the book, *Compassion: A Reflection on the Christian Life*, it is noted that, “God is a compassionate God. This means, first of all, that God is a God who has chosen to be God-with-us....” (Neuwen 1982:15). God has chosen to be in solidarity with us, to come to the places of hurt and to seek to end the sources of our pain. The authors continue to explain that:

The God-with-us is a close God, a God whom we call our refuge, our stronghold, our wisdom, and even, more intimately, our helper, our shepherd, our love. We will never really know God as a compassionate God if we do not understand with our hearts and minds that he lived among us (15).

The last phrase points to Christology as God's compassion. In other words, Christology in itself—the fact that God sent Jesus to earth, to live among us, to take the human form, to know human suffering, to hang on the cross and to die—is the very heart of God's compassion. Jesus was “Emmanuel, God with us” (Matthew 1:23). Consequently, when Jesus ascended, when he commissioned his disciples unto the world, he still assured them of God's compassion, saying to them, “Remember, I am with you always, to the end of age” (Matthew 28:20). Christ, the founder of the church, the one whom we worship and from whom we derive our identity, is the embodiment of God's compassion. On this basis, Christ commanded the believers, to be compassionate just as the Father God is compassionate.

SUMMARY

We opened unit 2 by listening to the voices of PLWHA and the CLWHA. PLWHA underlined for us that stigma and discrimination have become more deadly than the HIV virus itself. In their own voices, PLWHA stress that discrimination, which silences and forces people to hide their identity, is deadly. As a CLWHA, our plan of action identifies stigma and discrimination as a sin that contradicts the will of God for creation. The CLWHA used Exodus 3:1-12, the scene of God as a compassionate liberator, to pledge their commitment to the HIV&AIDS struggle.

In this unit we want to know if God is a compassionate God. We found that by creating life as *good*, by creating human beings in God's own image, and by giving leadership, stewardship and resources to all human beings, God created all forms of life in compassion. Secondly, we explored God's intervention for the oppressed. The story of Exodus defined God as a God who fully identifies with the suffering and who works with the oppressed to change unjust social circumstances. The liberator God is a compassionate God, who has no tolerance for injustice. In Luke 6:36, we realised that the Father God is a compassionate God. As children of a compassionate Father God, we are expected to manifest the same attributes. Lastly, God the creator maintained efforts to identify with creation by giving us Christ; for a time, God became human for humanity: "Emmanuel, God with us". Christ coming to earth to live with humankind is, in itself, a testimony of God's compassion. It is clear that if Christians are serving the compassionate God, then they must *be compassionate*. In the next unit we will take our journey further by asking the question: Is Christ compassionate?

SELF-ASSESSMENT ACTIVITY

Now that you finished unit 2, please attempt to answer the following questions before you turn to unit 3.

1. Explain how the voices PLWHA in box 1 define the problems and list the solutions they suggest.
2. Discuss the commitments of the CLWHA towards eradicating stigma and discrimination described in box 2.
3. Briefly elaborate on the following statements:
“The creator God is a compassionate God”.
“The liberator God is a compassionate God”.
“The Father God is a compassionate God”.
“The coming of Christ is God’s compassion to humanity”.
4. State how these theological perspectives can assist us in the fight against HIV&AIDS stigma and discrimination.



FURTHER READING

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UNIT 3

SERVING THE COMPASSIONATE CHRIST IN THE HIV&AIDS ERA

OVERVIEW

Welcome to unit 3. In unit 2 we explored God as a compassionate being as the basis for compassion among believers and faith communities. In this unit we will continue to address our theological foundation for being compassionate. We will look at this issue through an analysis of Christ. Our question is: Was Christ compassionate? We will read two passages from the New Testament: Mark 1:40-42 and Matthew 25:31-46. The first passage will explore the healing power of Christ and the second passage will assist us in developing an understanding of Christ's solidarity with the marginalised as the basis for compassion.

OBJECTIVES

By the end of this unit, you should be able to:

- ✂ Identify the voices of PLWHA and a CLWHA
- ✂ Describe PLWHA as active participants in the HIV&AIDS struggle
- ✂ Discuss Christ's healing of the sick as acts of compassion
- ✂ Analyse Christ's teaching on solidarity as central to compassion
- ✂ Identify ways of challenging your faith community to undertake compassionate acts of healing and solidarity

TOPICS

Unit 3: *Serving the Compassionate Christ in the HIV&AIDS Era*

- ✂ Introduction
- ✂ Listening to the Voices of PLWHA
- ✂ Remembering the Commitments of the Church
- ✂ The Healing of Christ as Acts of Compassion (Mark 1:40-42)
- ✂ The Compassionate Teaching of Christ (Matthew 25:31-46)

Summary, Self-Assessment Activity, Further Reading

SERVING THE COMPASSIONATE CHRIST IN THE HIV&AIDS ERA

INTRODUCTION

Paul Isaack states, “Compassion is being a channel of God’s grace and coming to the side of the one who is hurting. We suspend judgment and focus on the needs of others” (2005:135). Let us continue with our quest for a theology of compassion by listening to the voices of PLWHA and CLWHA. Following Isaack, we will attempt to come to the side of those who are hurting and to identify the needs of PLWHA as a CLWHA. Our aim is ultimately to become channels of God’s grace by walking in solidarity with those who are suffering. We will begin by listening to the voices of PLWHA in box 1. In activity 1 we will identify their definitions of HIV&AIDS stigma and explore the solutions they propose. In box 2 and activity 2, we will assess the response of a CLWHA.

Listening to the Voices of PLWHA

BOX 1

Hearing negative comments about people with HIV really eats at me. For example, I have heard them say that people with AIDS should be put on a desert island. That makes me feel like I should say something like you are talking about me. I am one of those people. But I always end up holding back my comments (Canadian HIV/AIDS Legal Network, March 1999).

All of us
All of us
All of us are human beings,
All of us can become HIV positive
All of us have rights
All of us have responsibilities

Let the world fight HIV
Let the world fear AIDS
Let it not fear us
People with HIV
People with AIDS
(Mosedame 2000)

The quotations from PLWHA in box 1 speak of rejection and isolation. The first story enables us to imagine what it feels like for PLWHA to hear people stigmatising PLWHA. The writer admits that she often reacts by hiding her condition. Billy Mosedame, who publicly acknowledged his HIV status, poetically calls us away from HIV&AIDS stigma and discrimination. His first verse is a call to stand in solidarity with PLWHA and actively engage in changing society. Mosedame challenges people not to fight PLWHA but to fight the epidemic. He also states that PLWHA have the same 'rights and responsibilities' as the rest of society.

ACTIVITY 1

1. *List the needs articulated in box 1.*
2. *Read the quotes again and list the solutions suggested by PLWHA.*
3. *Suggest ways in which you, as an individual, and your church can work with PLWHA to meet some of these needs.*

Remembering the Church Commitments

BOX 2

Covenant 4: Compassion, HIV/AIDS Stigma & Discrimination

We shall remember, proclaim and act on the fact that the Lord our God is a compassionate God, who calls us to be compassionate, to suffer with those who suffer, to enter their places and hearts of pain and to seek lasting change of their suffering (Luke 6:36; Matthew 25:31-46). We shall, therefore, have zero tolerance for HIV&AIDS stigma and discrimination and do all that is necessary to eliminate the isolation, rejection, fear and oppression of the infected and affected in our communities. We shall declare HIV&AIDS stigma and discrimination an unacceptable sin before God and all believers and in all your communities.

(AACC 2003)

ACTIVITY 2

Re-read the above commitment of the church and attempt the following:

- 1. List the first three things that the church promises to do.*
- 2. State the theological reasons given for a compassionate church in Covenant 4.*
- 3. Write down the Church's pledge in regards to stigma and discrimination.*
- 4. Explain how this pledge can help your church to address the needs articulated by PLWHA in box 1.*

The above statement, much like the *Plan of Action* (2001), is a commitment to compassion. It states, “We shall, therefore have zero tolerance for HIV&AIDS stigma and discrimination and do all that is necessary to eliminate the isolation, rejection, fear and oppression of the infected and affected in our communities.” How did the church come to this commitment? What is its theological foundation? Let us explore these questions by focusing on the compassion of Christ.

Is Christ Compassionate?

Let us continue with our journey, seeking to understand the foundation of our compassion as Christian believers and the church. Recall, our central questions in this unit: Is Christ compassionate? Why is this question important? As the Christian church, our identity revolves around the person of Christ. Although we are influenced by our church constitutions, church theologies, policies and our various cultures, the gospels—the deeds, words and identity of Christ—should be the most significant canon of Christian faith. As long as we consider ourselves to be the church of Jesus Christ, then we should constantly analyse our positions and actions to see if we are still faithful to his words and deeds. Based on this understanding, we will examine the gospels, looking at the following questions: How was Christ compassionate? Is Christ compassionate? We shall explore these questions by focusing on Mark 1:40-42 and Matthew 25:31-46. Remember, our purpose in exploring these question is to develop a deeper understanding of the significance of worshiping and serving a compassionate Christ.

Christ's Healing As Acts Of Compassion: The Case Of Mark 1:40-42

We know that for much of his earthly ministry Christ was healing the sick in addition to teaching. How were the healing acts of Christ his expression of compassion? Open your Bible and read Mark 1:40-42. The story reads as follows:

“A leper came to him begging him, and kneeling he said to him, ‘If you choose, you can make me clean.’ *Moved by compassion*, Jesus stretched out his hand and touched him and said to him, ‘I do choose. Be made clean!’ Immediately the leprosy left him and he was made clean.”

This story is important for our quest of combating HIV& AIDS stigma and discrimination because the story features a leper. Leprosy in the ancient biblical times was regarded as an infectious impurity (Lev.13: 1-17). A leper not only suffered physically, but also socially and emotionally from the exclusion associated with the disease.

Despite social stigma, how does Jesus respond to the leper's request? The story tells us that Jesus:

1. Was moved by compassion
2. Stretched out his hand and touched him
3. Said, ‘I do choose, be made clean’
4. Instructed him to go and show himself to the priest

The story tells us that on hearing and seeing the leper's suffering, both physically and socially, Jesus was “moved by compassion.” In other words Jesus identified with the suffering that the leper endured. This compassion moved Jesus to touch him, speak to him and to send him to a priest for official recognition of his ‘clean state’ and re-integration into the society. Throughout the gospels, Jesus moves from one city to another, one village to another, teaching and healing the sick, who were suffering physically, emotionally and sometimes socially. These acts of healing were born of compassion; Jesus understood their suffering and used his power to meet their search for healing.

ACTIVITY 3

Read Matthew 20:29-34 below and answer the questions that follow.

There were two blind men sitting by the roadside. When they heard that Jesus was passing by, they shouted, 'Lord, have mercy on us, Son of David!' The crowd sternly ordered them to be quiet but they shouted even loudly, 'Have mercy on us Lord, Son of David!' Jesus stood still and called them saying, 'What do you want me to do for you?' They said to him, 'Lord let our eyes be opened.' Moved with compassion, Jesus touched their eyes. Immediately they regained their sight and followed him.

- 1. Explain why it was important for Jesus to stand still, listen and ask them what they wanted.*
- 2. Explain the meaning of the phrase "Have mercy on us".*
- 3. Describe what it means that Jesus was "Moved with compassion".*
- 4. Explain how this story helps you regard Jesus' acts of healing as acts of compassion.*

The Compassionate Teaching Of Christ In Matthew 25: 31-46

In box 2 Matthew 25:31-46 was referenced. This passage is focused on judgment day. It gives us a window into what will happen on the last day. Let us begin by reading the passage together:

When the Son of Man comes in glory with all the angels, then he will sit on his throne in heavenly glory. All the nations will be gathered before him, and he will separate the people from one another as a shepherd separates sheep from the goats... the King will say to those on his right: 'Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For:

I was hungry and you gave me something to eat

I was thirsty and you gave me something to drink

I was a stranger and you invited me in

I needed clothes and you clothed me

I was sick and you looked after me

I was in prison and you came to visit me.'

Then the righteous will answer him:

‘Lord when was it that we saw you hungry and gave you food

Or thirsty and gave you something to drink?

And when was it that we saw you a stranger and welcomed you

Or naked and gave you clothing?

And when was it that we saw you sick or in prison and visited you?’

And the king will answer them, ‘Truly I tell you, just as you did it to one of the least of these, who are members of my family, you did it to me.’

Then he will say to those on his left hand, ‘You that accursed, depart from me into the eternal fire prepared for the devil and his angels; for

I was hungry and you gave me no food

I was thirsty and you gave me nothing to drink

I was a stranger and you did not welcome me

Naked and you did not give me clothing

Sick and in prison and you did not visit me’

Then they also will answer, ‘Lord

When was it that we saw you hungry or thirsty?

Or a stranger or naked or sick or in prison, and did not take care of you?’

Then he will answer them, ‘Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me.’ And these will go away into eternal punishment, but the righteous into eternal life.

There are four key messages in Matthew 25:31-46 concerning the centrality of compassion to the identity of Christ and the church: First, we note that the passage discusses the end times, when Christ will judge the nations. Nations are judged and divided into two groups: the righteous, will enjoy eternal life and inherit the kingdom of God, and the unrighteous, are thrown into the eternal fire prepared for the devil and his angels. What is the criterion used for judgment on the last day?

The Criteria Of Compassion

Secondly, we note that, according to Matthew 25:31-46, the criterion that will be used on the day of judgment is compassion! As a church and as Christian leaders, we have spent a significant amount of time and money attempting to convert people from other religions to our own faith, believing that our religion is *the only true religion*. For example:

- If you are a charismatic you confidently tell people to repent and believe in Jesus, to be filled with the Holy Spirit and to read the Bible, so that they may enter the kingdom of God.
- If you come from the mainline churches, you have probably spent a lot of time developing church theology, church policy and rituals.
- If you are a bishop, you have spent a lot of time on administration of the churches. If you are a pastor or general church minister you are focused on keeping your congregation and church buildings. Your energy is directed at church maintenance and keeping your members.
- If you are an evangelist or missionary, you have spent time telling people of other faiths to turn to and believe in Jesus Christ.

Indeed, in many congregations and denominations, churches have become a club of fundraisers, who seek to build their churches and to take care of one another. Is this the standard that will be used on judgment day to measure if we lived our Christian faith? Does the standard of Matthew 25:31-46 correlate to any of the above activities that occupy our time? The answer is no.

ACTIVITY 4

1. *Which of the above described preoccupations is the focus of your church?*
2. *As a believer, which of the above described activities preoccupies you?*

What then is the criterion that will be employed on judgment day? According to Matthew 25:31-46, the criteria, the standard for the Christian faith, will be compassion. Serving Christ requires compassionate acts. We will be found worthy to enter God's kingdom based on whether we have been able to suffer and to stand with the poor, the sick, the naked, the imprisoned and the homeless strangers. The criterion of compassion will be used to judge if our Christian life, faith and leadership was articulated by standing in solidarity with the least privileged, whether we took responsibility to right the wrongs that caused suffering by giving water to the thirsty, giving food to the hungry, visiting the sick and hosting homeless strangers. Eugene Borning's comment on this passage in Matthew is pertinent to our discussion:

To the reader's surprise (ancient and modern), the criterion of judgment is not confession of faith in Christ. Nothing is said of grace, justification, or forgiveness of sins. What counts is whether one has acted with loving care for the needy people. Such deeds are not a matter of extra credit, but constitute the decisive judgment presupposed in all vv.23-25, the weightier matters of the law of 23:23 (1995:455).

In short, the Matthean passage clearly underlines the centrality that compassion should play in our Christian communities and leadership. Compassion is not an extra activity of the church; it is the very centre of our faith in Christ. As Christian believers and leaders, we should be asking ourselves how our leadership, in deeds and activities, encourage our congregations and denominations to lead a vibrant ministry of compassion in society. What programmes do we have to provide food for the hungry, water for the poor, clothes for the naked, homes for the homeless, and visits to the sick and imprisoned? What programmes do we have to examine and eliminate all the social causes for this suffering? This is how we should measure our Christian faith and leadership—putting compassion at the centre of our Christian work.

ACTIVITY 5

1. *From the paragraph above, which of the acts preoccupies your church?*
2. *Explain which of them can be undertaken by your church.*

Undoubtedly, *a compassionate Christian faith* would help us to better address HIV&AIDS. For example:

- By providing food to the hungry and water to the thirsty, we would enable the sick to fight opportunistic infections better; we would help those who are HIV positive to live longer and to have a better standard of life; we would take care of orphans and grandparents who are left with persons to care for; we would take care of poor and dispossessed HIV positive widows.
- By welcoming strangers in our homes or providing homes to them, we would crush the HIV&AIDS stigmatisation and discrimination against PLWHA and the affected; we would take care of homeless orphans and widows.
- By providing clothes to the naked, once more, we would fight the affects of HIV&AIDS that have impoverished people, either through a dismissal from work, being physically unable to work, or being unable to work because of the need to care for sick members of the family. We would be clothing PLWHA, orphans, widows and all other affected people.
- By visiting the sick and taking care of them, suffering with them, entering their places of pain, hurt, confusion and brokenness, we would fight HIV&AIDS stigma and discrimination, support those who are suffering from HIV&AIDS opportunistic infections; we would support their families and friends by coming to visit the sick, talking to the sick, washing and feeding the sick, and by giving the sick spiritual, physical and psychological support and healing.
- By visiting the imprisoned, we could come to realize how many 'prisons' have been created by HIV&AIDS. Many people are hidden away, closed up, rejected and isolated because they are sick. Many live in the prison of fear.

Realising the multiplicity of prisons around us and taking up prison ministry can help us to fight against the pandemic of fear, hopelessness and desperation and to offer quality care to PLWHA and the affected.

ACTIVITY 6

1. Write to your church leader and suggest how you can implement the above ideas.
2. List NGOs, FBOs and CBOs that can collaborate with your church in the above tabulated acts of compassion.

Compassion To All

The third point highlighted in Matthew 25:31-46 is that *our works of compassion must be extended to all*. Christian believers and leaders must feed the hungry, give water to the thirsty, welcome and host homeless strangers, and visit the sick and imprisoned—regardless of the identity of their faith. The very fact that they are human makes them God’s children—made in God’s own likeness. As a church, we often have two shortcomings: the belief that we must be compassionate only to the members of our congregation or denomination and the belief that if we are compassionate to non-believers then we must convert them. Consequently, we visit the sick members of our churches. If we visit non-Christians or give them food, homes, etc. we often feel that we must convert them to our faith. The following statements are often expressed in our interaction with non-believers: ‘repent and believe in Jesus’ or ‘turn or burn’ or ‘confess your sins’ or ‘you have AIDS because you sinned!’ As a result of these judgmental statements and attitudes, some AIDS patients in Home-Based Care programmes reportedly refuse to receive church visitors because they tend to preach, convert and are often judgmental. Matthew 25:31-46 does not call us to be compassionate only to fellow Christians. Rather, our compassion must be extended to all who are suffering—we must enter the homes and hearts of those who are suffering and be one with them. Judgment must be left to God. Serving the compassionate Christ demands unconditional compassion to all who need it.

ACTIVITY 7

1. *Explain how your church collaborates with PLWHA.*
2. *If your church maintains judgmental perspectives towards PLWHA, list some of the judgmental statements you have heard from preachers or church members.*

Socially Revolutionary Compassion

As we consider the compassion of Christ, let us keep in mind the transformative aspect of compassion. Compassion seeks change. Our compassion, in other words, should not be limited to charity, neglecting healing. As Purvis emphasises in unit 1, compassion should be the energy we need to “right the wrongs” that cause suffering. In short, a revolutionary compassion must deal with the causes of suffering, not just the symptoms. We must seek to understand and deal with the structural causes of hunger, thirst, homelessness, sickness and imprisonment. *A revolutionary compassionate approach seeks to address the root causes of suffering, not just the symptoms.* Compassion must work hand in hand with liberation from social and structural evils. Compassion should and must be revolutionary. It must ask what causes people to be naked, thirsty, hungry, homeless and imprisoned. In the HIV&AIDS era, our revolutionary compassionate Christian leadership and faith should, therefore, address the social causes of HIV&AIDS by:

- Addressing the social evils that encourage HIV&AIDS, such as poverty, gender inequality, cultural practices that are not helpful, illiteracy, civil wars that divert funds from economic stability and healthcare, violence against women and children and racism. Our Christian leadership and faith must also address globalisation and the international injustice that produce and perpetuate poverty as well as the laws that make HIV&AIDS drugs unaffordable and inaccessible.
- Condemning national and international corruption and violent governments and encouraging reconciliation. Contesting laws that do not protect children and women as well as promoting peace to enable funds to be invested in the well being of people, instead of war.

Prophetic Role Is Central To Revolutionary Compassion

Our compassion should also be manifested by undertaking a prophetic role. Prophecy is paying attention to social evils and calling for justice for and to all. As Purvis stresses in unit 1, there will be situations that we cannot change as the church or as individual believers. In situations where we cannot right the wrongs that cause suffering, when it is outside our power, “we must protest”. A compassionate church leadership should not forget its prophetic role of speaking out against social evils that bring suffering to people. God created the world through the word, so let us speak openly and our words will contribute towards creating a better and just society and world.

ACTIVITY 8

1. *Pick one of the social evils listed in the above paragraph, which your faith community cannot change, and write to your church leader suggesting ways to engage in public protest about it.*

Solidarity With The Marginalised

But why should we be compassionate Christian leaders, believers and churches? This brings us to the fourth and final message of Matthew 25:31-46, namely, *that Christ embodies compassion by identifying himself with the suffering*. Hence, according to this passage, on judgment day people will be startled and they will ask, “Lord, when did we see you hungry, thirsty, naked, homeless, sick and imprisoned and we ministered to you?” Jesus responses is, “Just as you did it to one of the least of these who are members of my family, *you did it to me*” (v.40) or “Just as you did not do it to one of the least of these, *you did not do it to me*” (v.45). This answer characterises Christ as compassionate. He is one with those who suffer—the poor, the hungry, the thirsty, the sick, and the imprisoned. They are members of his family. Ideally, a family is a space where one is accepted, loved and belongs; in a family you are not stigmatised or discriminated against. If we want to embody Christ, then we must see those who are suffering as members of our family. Similarly, if we want to see the face of Christ, then we must look at the face of the suffering. If we love Christ, then we must love those who are suffering and do all that is in our power to work with them to eradicate the causes of their suffering. In the HIV&AIDS era, the compassionate Christ bids us

to see his face in PLWHA, orphans, widows, the thirsty and hungry kids, grandmothers, the homeless orphans and widows, and the imprisoned and isolated PLWHA and affected people. In the HIV&AIDS era, the compassionate Christ bids us to see him crucified with all who are suffering and to seek his resurrection by bringing the necessary change to the lives of people suffering from this epidemic.

ACTIVITY 9

1. *Explain how you identify yourself with the poor and marginalised members of your community.*

SUMMARY

We began this unit by listening to the voices of PLWHA and the CLWHA. PLWHA clearly presented to us how they feel when they hear discriminatory remarks. Mosedame's poem called us to identify with PLWHA, underlining that *all of us* can become infected and that all persons have rights and responsibilities. He thus challenges us to focus on fighting the epidemic and not PLWHA. We read the statement of the CLWHA, which promised to have a zero-tolerance policy for HIV&AIDS stigma and discrimination—as well as to proclaim and act on this position.

We then explored the question of Christ and compassion. We ask was Christ compassionate? We examined two passages from the New Testament: Mark 1:40-42 and Matthew 25:31-46. The first passage explored the healing of Christ as acts of compassion. The second passage helped us explore Christ's solidarity with the marginalised as basis for compassion. In our study of Matthew 25:31-46, we learned that being compassionate to the suffering and marginalised is serving Christ.

SELF-ASSESSMENT ACTIVITY

1. Write down Paul Isaak's definition of compassion.
2. Explain how the voices of PLWHA inform your understanding of compassion.
3. State the CLWHA's pledge to fight stigma and discrimination in box 2.
4. Describe how the healing ministry of Christ was an act of compassion.
5. In two paragraphs, discuss why the teaching of Christ in Matthew 25:31-46 gives compelling grounds for the church to be compassionate towards PLWHA.
6. Briefly discuss how your church can work with PLWHA to eradicate HIV&AIDS stigma and discrimination.
7. Explain why compassion must be revolutionary and prophetic.



FURTHER READING

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UNIT 4

ON BEING COMPASSIONATE AFRICAN COMMUNITIES

OVERVIEW

Welcome to unit 4! We shall continue to explore the theological basis for acting as a compassionate community by exploring African cultures. We will explore African perspectives on compassion by analysing words, sayings, proverbs, worldviews, concepts of God, and the human rights culture. This unit will focus on five questions: 1. What are the words that define compassion in African cultures? 2. How is compassion presented in African proverbs and sayings? 3. How can elements of African cultures assist us in breaking stigma and building compassionate communities? 4. How is the compassion of God presented in African thinking? 5. How can the *African Charter of Human & People's Rights* contribute towards building compassionate African communities? Following our method for developing a theology of compassion with PLWHA, we will begin this unit by listening to their stories.

OBJECTIVES

By the end of unit 4, you should be able to:

- ✂ Learn about compassion from PLWHA
- ✂ Define compassion using African words, sayings and proverbs
- ✂ Discuss compassion using African worldviews on humanity and community
- ✂ Discuss African indigenous views of God that encourage compassion
- ✂ Analyse how African human rights cultures can inspire compassionate communities.

TOPICS

Unit 4: On Being Compassionate African Communities

- ✂ Learning From the Past: *Sankofa* ‘Go Back and Get it!’
- ✂ Listening to the Voices of PLWHA
- ✂ Indigenous African Definitions of Compassion
- ✂ Indigenous African Proverbs and Sayings about Compassion
- ✂ Indigenous African Worldviews and Compassion: Humanity and Community
- ✂ On God’s Compassion in Indigenous African Cultures
- ✂ Current Cultures: African Charter and People’s Rights

Summary, Self-Assessment Activity, Further Reading

Learning From The Past: Sankofa ‘Go Back And Get It!’

The Ghanaians have a collection of symbols called *Adinkra*. Amongst the collection, there is a symbol called *sankofa*. It is often symbolised by a cock stretching its neck back to reach its tail. Sankofa means, ‘you go back and get it’. It emphasises the importance of learning from the past. According to Adolph H. Agbo, the symbol signifies the importance of returning in time to bring to the present useful past cultural values. It is believed that progress is based on the right use of the positive contributions of the past (1999:3).

Accordingly, in this module we will not only listen to the stories of PLWHA and look at biblical stories (as we have been doing in previous units), we will be engaged in a critical *sankofa* to build compassion. That is, we will also look into our indigenous African traditions for ideas, concepts and practices of compassion. We will look at words, sayings, proverbs, worldviews and beliefs about God from African cultures and from the current human rights cultures to understand their definition and conceptualisation of compassion. Let us begin by listening to two stories of PLWHA from Botswana and then assess how their conceptualisation of compassion is linked to their indigenous cultures.

STORY 1

Hi. My name is Cynthia Tuelo Leshomo, and I am 29 years. I found out about my HIV status on October 10, 2000. When the results came out positive, I could not believe my ears. 'Why me?' I lived in denial until September 2001 when I joined COCEPWA*. I felt reborn and able to live with HIV.

In order to progress in this struggle, we have to create awareness programmes. People must be mobilised and that is what we are doing in COCEPWA. I am a public speaker as well as a 'buddy'. COCEPWA trainings have enabled me to 'walk'. Before I was a crawling baby, now I am able to help all other women and men to walk as I do now. I have become stronger through COCEPWA trainings and support.

I am so grateful to COCEPWA for supporting me and other members. Fellow HIV positive people, fear of talking about your HIV status keeps you in darkness whereas openness brings you in the light. You will be able to see your destination. I will stand and fight HIV&AIDS to the last day of my life through my openness and by educating people.

No discrimination. No stigmatisation. Live and let live (Mhone & Visser 2002:1).

STORY 2

I am Elisabeth Makole. I am 33 years of age and a mother of one. I am single. I was first diagnosed HIV positive in 1995 after I gave birth to a baby girl. My family has accepted me as I am. They didn't stigmatise against me. So I am living a positive life. In 2002, I came to join COCEPWA* as a volunteer and a member. I met other people living with PLWHA, so I really cope well (12).

**The Coping Centre for People Living with HIV/AIDS*

ACTIVITY 1

Please re-read story one and two and answer the following questions:

- 1. Explain why Cynthia Leshomo felt “reborn and able to live with HIV” after she joined COCEPWA.*
- 2. List the advantages of overcoming fear, inspired by stigma, in her story.*
- 3. In story two, explain what enables Elisabeth Makole to live a positive life.*
- 4. Compare COCEPWA with a similar organisation in your country.*

In the above stories, we encounter two PLWHA who have been empowered by the compassion of two institutions. In both stories, The Coping Centre for People Living with HIV/AIDS in Botswana (COCEPWA) is identified as a place of support and empowerment. Both women state that they have been uplifted and enabled to cope with living with an incurable virus. Leshomo gives a beautiful image of an infant who has been nurtured and groomed and is now able to stand and walk. Yet, with this image she manages to impart to us that initially her HIV positive status had such a crushing impact that she felt she had returned to infancy. Like a baby, she did not know how to walk on her own. Like a baby she needed parenting and guidance again. COCEPWA became this loving and nurturing parent. As she underlines, in COCEPWA she “felt reborn and able to live with HIV”. COCEPWA, a centre of support, enables PLWHA to recapture their humanity and to live their lives.

It is also notable that COCEPWA trains PLWHA to be speakers and buddies (persons who are able to give support to other PLWHA who are still struggling to accept themselves) and to resist stigma and discrimination. As an empowered PLWHA, Leshomo is now able to offer us a positive vision in the struggle against HIV&AIDS. She holds that, “in order to progress in this struggle, we have to create awareness programs and people must be mobilised and that’s what we are doing in COCEPWA” (1999:1). Her agency (active role) is underscored by her determination: “I will stand and fight HIV[&]AIDS to the last day of my life through my openness and by educating people. No discrimination. No stigmatisation. Live and let live” (1). Leshomo testifies to the healing power of compassion in the COCEPWA—the organisation that stood in solidarity with her and that helped her to become a revolutionary agent.

ACTIVITY 2

1. *Identify an institution, club or organisation that empowers you. Explain their objectives.*
2. *Explain how the church can play an affirmative role with PLWHA and the affected.*

Makole identifies both COCEPWA and her family as compassionate spaces. For her, the family was the first space that offered her compassion. She says, “My family has accepted me as I am. They didn’t stigmatise against me. So I am living a positive life” (2002:12).

ACTIVITY 3

Write down the views of your family towards PLWHA.

Another important factor in Makole’s journey is her own response. She has also accepted herself. Some PLWHA suffer from what is known as *self-stigmatisation*. This state is connected to public stigma and discrimination; PLHWA respond with self-imposed stigma in expectation of public stigmatisation. In anticipation of being stigmatised, one begins to assume that one’s friends and relatives will stigmatise oneself before they have actually done so. The problem with self-stigmatisation, like public stigma, is that it hinders compassion because it closes any possibility of giving or receiving compassion from friends and family. In this way, self-stigmatisation hinders quality care and prevention of HIV&AIDS. The following story illustrates self-stigmatisation:

In 1989, while working for an insurance company, I was tested prior to getting a policy. After about four days, the doctor called and said, “Nat, your test came back HIV positive. I could not eat and I wanted to end my life. Killing myself would make people suspicious. So I decided to put myself at risk to be killed by other people. I lived that life for six years. Once I was even shot several times, but I survived. Then I was involved in a car accident and stayed in a coma for six months. After that I said to myself, ‘I am still alive after being positive for six years’. It was then that I decided to tell my mum. I was

afraid of rejection. Finally, I broke the news and told her why I been dismissed. Amazingly, she gave me a big hug and later took me for proper counselling. Since counselling I have also started being involved in the HIV&AIDS struggle. I have done a counselling course and I am trying to help people live positively with HIV (UNDP South Africa 1998:91).

Our task in this chapter is to investigate the African cultural perspectives that enable families, friends and communities to offer compassion to their relatives and friends. We are in the act of *sankofa*, recapturing the useful past perspectives of our cultures in the struggle against HIV&AIDS. We will start with some African definitions of compassion and then we will look at some proverbs, sayings, worldviews and attributes of God in traditional religions and current cultural views.

Some African Definitions Of Compassion

In Setswana we use the compound word *kutlwelobothoko* for compassion. The word can be divided into *kutlwelo* and *bothoko*. *Kutlwelo* means to feel for another and *bothoko* means pain. The compound word thus means to feel the pain of the other. In Kalanga they use the word *wilozogwadza* (to feel the pain of the other). In Ndebele, my mother tongue, we sometimes use the word *ukuzwelaubuhlungu* or *isegao*. As we said earlier, the words underline the capacity to close the distance between the self and the other by entering into the suffering of the other, feeling their pain as if it is your pain. Since we all do not like pain, to enter someone's pain should result in working with the suffering person to address the causes of the pain.

The following are words used for compassion in some West African languages¹: *Dormetrortror* (Ewe Language in Ghana) “literarily means the turning of bowels, that is, parts of the stomach such as intestines, liver, heart, etc. The Ewe use this word to describe the force that comes out of the stomach for compassion and empathy”. In the Mende language from Sierre Leone, *Manuma yei* is translated to mean that “compassion is the intimate feeling you have for someone in problems”; and *Nye yei* (Kissi—Liberia) means to feel sorry for someone.

¹ For the African words, sayings, proverbs and concepts on compassion that follow, I am highly indebted to the West African Training of Trainers workshop on mainstreaming HIV&AIDS in Theological Education, which was held in Legon, Ghana 12-17 June, 2005.

ACTIVITY 4

1. *Write down the words and definitions for compassion in your national cultures/languages.*
2. *Explain how the words in your culture can assist in the struggle against stigma and discrimination.*

Some African Proverbs And Sayings About Compassion

1. “Can you cry my cry?” This Liberian saying defines compassion as an emotional connection between people—you feel how I feel and your cry and my cry are connected. 2. *Iri tha ni iri iria* (Translation: The compassionate one has milk) and *Kiunuku gitiagwo* (Translation: Meanness cannot be eaten). The Gikuyu, who associate good things with things that can be eaten, speak of compassion and the lack thereof in terms of edibility. Compassion, like milk, is edible and nurturing. A person who is compassionate is thus the bearer of milk, which builds and strengthens another person. Those who lack compassion, who are unnecessarily cruel and cannot imagine sharing in the sorrow of another, are regarded as bearers of inedible gifts—“meanness cannot be eaten” for it is poisonous and it does not nurture life or people. If we describe HIV&AIDS stigma and discrimination as ‘meanness’ we understand that it is poisonous. By engaging in acts of this kind, we are forcing people to eat poison, thereby we are actively involved in acts of killing. Another Gikuyu saying is *Ngai ari tha* (Translation: God/Ngai is merciful and compassionate). God/Ngai is thus a bearer of life-giving gifts—milk that nurtures life.

For the Dagara (a Ghanaian ethnic group) compassion must be given as soon as we hear the need for it. They insist that, “one does not make light of a hollering from the jungle” (*BE be laar wie kye lnyyei*). The Dagara saying underlines that, “we are not to be judgmental in responding to a request made of us in times of emergency. All that is required of us at those moments is to give the possible help we can give. How the neighbour got to be in that predicament is immaterial” (Bangnikon 1999:160). HIV&AIDS is an emergency—it is a crisis. What often hinders our compassion in this emergency is judgment. I once heard a pastor refusing to appear in a television show

with a PLWHA, saying, “I do not know how he became HIV positive.” We had organised this television show for the specific purpose of breaking the silence and the stigma surrounding HIV&AIDS. This pastor was unable to respond compassionately because he assumed a position of judgment. This Dagara proverb counsels us to remain committed to compassion. It underlines that there are times when you have to hear the cry of those who are in danger or oppressed and respond to their cries without judgment. In the HIV&AIDS era, it is time for all judgment to be put aside. We must focus instead on responding in compassion to PLWHA and the affected.

ACTIVITY 5

Write down sayings and proverbs used to encourage compassion in your language and cultures. Explain their meaning and how they can be applied to the HIV&AIDS context.

African Worldviews And Compassion: Humanity & Community

African worldview is a self-explanatory term, meaning how Africans see and understand the world or life. In this section we will discuss two aspects of worldview in relation to compassion, namely, humanity and community. HIV&AIDS is an attack on human life and its quality. Stigma questions the very root of humanity: What is a human being and what does it mean to be human? Does one cease to be human when they become HIV positive? If we unleash stigma on PLWHA, we demonstrate that as communities we are unable to live compassionately with our family members, our neighbours, our friends, our church mates and our workmates who are positive. In short, HIV&AIDS stigma and discrimination brings into focus what it means to be human and to live in community. Let us do a *sankofa* exercise: What can we learn from our African cultural understanding of humanity and community that can help us to become compassionate people in the HIV&AIDS era? Below are some of the proverbs and sayings that can assist us towards this end:

1. I am because we are; we are because I am.
2. *Motho ke motho ka batho/Umuntu ngu muntu nga Bantu*, meaning: “A person is a person only through other people. A person is human through the community” (Bantu saying in Setswana and Ndebele languages).
3. *A a lcbbr u nifaa bere?* Meaning: “Who is he who will throw away his bad relative?” (Dagara, a Ghanaian language)

The first saying has been widely popularised by John Mbiti in his articulation of the African understanding of the relationship between the individual and the community. In the saying, the individual “I am” emphasises that one’s humanity is only realised in the context of “we are” in a communal setting. The second part of the saying focuses on community, that is, “we are”. The latter only becomes a community where the individuals’ humanity is fully recognised and respected—“we are because I am”. In this worldview both the individual and the community are equally important. The southern African Bantu saying, “*Motho ke motho ka batho/Umuntu ngu muntu nga Bantu*” more or less articulates the same message: “A person is only human through the community.” The complex relationship between a human being (*motho/umuntu*), the act of being a human (*botho/ubuntu*) and living according to the ethic of being human (*setho/isintu*) in the above saying is to nuanced to be fully addressed in this unit (see Mmualefe 2004; Mnyanka and Motlhabi 215-237: 2005).

For our purpose it is sufficient to note the implications of the above worldviews on HIV&AIDS stigma and discrimination. The following lessons can be drawn from such an analysis:

1. By stigmatizing PLWHA, we dehumanized them; their humanity, like ours, is fully realized when it is recognized in community.
2. By stigmatising PLWHA, we dehumanised the community as a whole since our communal being is dependent on the recognition of the humanity of every individual ‘I am’.
3. Your/our dehumanisation of the other, dehumanises all of us.

In short, while HIV&AIDS stigma and discrimination more seriously impacts PLWHA, from an African perspective such dehumanisation of the other is equally dehumanising to all. As long as HIV&AIDS stigma and discrimination exists and persists, we need to reflect on the depth to which we have all (the infected and affected) lost our humanity. HIV&AIDS stigma and discrimination, in other words, are symptoms of our compromised humanity. We will do well, therefore, to remember that by dehumanising PLWHA, we inevitably dehumanise ourselves—we make statements about ourselves. In his biography, *A Long Walk to Freedom*, Nelson Mandela, who spent 27 years in prison for his anti-apartheid activities, addressed the “white” government stating, “My freedom and yours cannot be separated”. Indeed, the South African white government came to recognise that the dehumanisation of black South Africans resulted in their own dehumanisation. While Mandela’s statement was articulated in the anti-apartheid context, today it equally applies to the HIV&AIDS struggle. The freedom for PLWHA to live outside of stigma and discrimination cannot be separated from the development of freedom for society as a whole. The humanity of PLWHA cannot be separated from the humanity of all of us. Their dehumanisation can only attest to our inhumanity.

ACTIVITY 6

Write down sayings proverbs and beliefs in your culture about community. Explain how they can encourage compassion.

The African perspective on humanity and community are equally important components of our compassion. If, in other words, we realise that we cannot separate, isolate, reject and stigmatise our PLWHA without doing so to our own human and communal identity, then perhaps we would challenge discrimination and fight the HIV & AIDS epidemic.

One of the root causes of stigma and discrimination is judgment. Some argue that HIV&AIDS is a result of sin. What is the African perspective on such a statement? The Dagara saying, shown above, is effectually saying, “Your relative is your relative, whether s/he is loveable or despicable, popular, generous, mean, kind or cruel, democratic or tyrannical” (1999:13). Bangnikon underscores the core message of this

proverb, saying, “No matter what, the ‘blacksheep’ of the family must be loved and not disowned” (13). In light of this proverb, there cannot be a sufficient justification for HIV&AIDS stigma and discrimination.

ACTIVITY 7

Write down sayings, proverbs and beliefs in your language/culture about humanity and community. Explain how they can encourage compassion.

On God’s Compassion In African Indigenous Cultures

What are some traditional African interpretations of God? Is God compassionate in the African worldview? Please read the following proverbs.

1. Memeeme te ngo bue mi (Translation: The salty taste never ceases in a salt pot): God’s mercy towards humankind never ceases, for loving-kindness is of the very essence of God) (Dangme proverb).
2. Ke Nyonmo tere bo jatsu le, ehaa bo tako (Translation: When God/Nyonmo gives you a load, God/Nyonmo also gives you a soft pad to carry it) (Ga proverb).
3. When God picks up God’s stone, God does not throw it at once: The compassionate God does not hurriedly punish, but God’s justice will surely come (Akan).
(Saayman 1996:160)

In the above proverbs, compassion is central to God’s identity. God is like a salty pot that can only remain salty (a compassionate God can only act compassionately). The proverb emphasises that God is always compassionate to humans—his compassion never ceases. The second proverb underlines that life is not without pain and problems, such as HIV&AIDS. Many times we do not understand the source of our suffering and thus claim that God has caused the disaster. The above Ga proverb emphasises that if this is the case, it does not compromise God’s compassion: “When God/Nyonmo gives you a load, God/Nyonmo also gives you a soft pad to carry it!” The compassion of God/Nyonmo remains. Where there is lack of compassion, there is no God/Nyonmo, where God/Nyonmo is, there is always compassion. This has serious implications for acts of

stigmatisation and discrimination. When we stigmatise or discriminate against another person we have lost our godliness, for God/Nyonmo is always compassionate.

The last proverb discredits the belief that PLWHA are being punished by God (Russell-Coon 1990:39), that AIDS is God's judgment on the sinful and that God is cursing PLWHA for their supposedly immoral lives (Heath 2005:30). Many expressed their stigma and discrimination through silence and indifference. Such perspectives breed judgmental and indifferent individuals and communities who then see it as their God given right to punish PLWHA by isolating, rejecting, stigmatising and discriminating against them. If, however, we regard God as compassionate (a salty pot), then we will regard compassion as a central aspect of our faith. The third proverb reminds us that we should not be too fast to judge and punish. Despite the fact that God is a God of justice, he is not hasty in his judgment. Rather, God is compassionate: "The compassionate God does not hurriedly punish." We are counselled by this proverb to hold on to our stones (our judgement), rather than to throw stones at PLWHA too quickly. I would go even further, suggesting that we should put down our stones, for none of us are sinless enough to start throwing stones at PLWHA, or anyone else for that matter (John 8:1-12). Instead we should shower each other with grace and compassion.

ACTIVITY 8

1. *Write down sayings, proverbs and beliefs in your culture about God and compassion.*
2. *Explain how they can assist us to fight HIV&AIDS stigma and discrimination.*

Current Cultures: Human Rights

Despite our unique African cultural views, we are now part of the international community. A number of charters and conventions have been written and adopted by the international community and our governments. These charters and conventions are part of a movement focused on building a culture of human rights. Stigma and discrimination undoubtedly violate the rights of PLWHA. It is therefore important that our quest for building compassionate communities should include a human rights focus.

ACTIVITY 9

Read the following act from the African Charter on Human & Peoples' Rights and explain how it can assist us to fight HIV&AIDS stigma and discrimination:

Article 2

Every individual shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the present charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national or social origin, fortune, birth or other status.

Article 3

- 1. Every individual shall be equal before the law.*
- 2. Every individual shall be entitled to equal protection of the law.”*

Article 4

Human beings are inviolable. Every human being shall be entitled to respect for his [her] life and the integrity of his[her] person. No one may be arbitrarily deprived of this right.(OAU 1998: 7-8)

SUMMARY

We began this unit by listening to the stories of PLWHA. In particular, we listened to stories of how COCEPWA and the family unit were able to be empowered. Secondly, we examined several African words for compassion. We realized empathy requires movement. Thirdly, we examined several proverbs and sayings about compassion. We examined sayings such as “Can you cry my cry?” from Liberia. From Kenya we have the sayings “The compassionate one has milk” and “Meanness is not edible”. These sayings underlined that compassion requires the capacity to feel the pain of the other. They emphasise that compassion, like milk, is nurturing, while meanness, in this case HIV&AIDS stigma and discrimination, is not edible—if you like, it is poisonous and deadly! The nurturing aspect of compassion is active, it is identification with the suffering in order to search for positive change. Fourthly, we examined some African ideas and perspectives on compassion. We came across the saying, “I am because we are and we are and because I am”. This perspective

underscores that the full humanity of each individual is connected to the humanity of the community and, similarly, that the community only becomes a community when the individual is fully respected—*motho/umuntu*. Given that the humanity of the community is dependent on the humanity of each member, we must assume that our humanity cannot be separated from those whom we stigmatise. Fifthly, we examined God and compassion, we learned that the Ginyu believe that “Ngai/God is merciful”. The Ghanaians believe that God/Nyonmo is like a salty pot that can never lose its saltiness, i.e. compassion is the very essence of God’s being. We ended the unit by noting that the human rights charters and the other UN conventions are defining our new international culture. This culture seeks to respect fully the humanity of all and to encourage social and political environments that are conducive to these ends. From such a perspective, HIV&AIDS stigma and discrimination is an enemy to and for all it speaks of our lost humanity and our separation from godliness. We should repent and cease from all forms of HIV&AIDS stigma and discrimination.

SELF-ASSESSMENT ACTIVITY

1. Explain why COCEPWA exemplifies compassion in action.
2. Define self-stigmatisation and explain why it is problematic.
3. List and define some African words on compassion.
4. List two African proverbs that encourage compassion. Explain their meaning.
5. Explain why the African indigenous perspective of community and humanity do not tolerate stigma and discrimination.
6. Explain how the indigenous African understanding of God can build compassion.
7. State why human rights charters and conventions are important to fighting HIV&AIDS stigma and discrimination.



FURTHER READING

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UNIT 5

ON BEING A COMPASSIONATE CHURCH

OVERVIEW

Welcome to unit 5! In units 1-4, we have been focusing on foundations, concepts, worldviews, stories, theories and theological frameworks about compassion. In this unit, we will begin to look at practical manifestations of these theories and how they can be implemented. We will begin this process of making our faith operational by exploring the characteristics of a compassionate church. The following study is broken into three sections: 1) Listening to the voices of PLWHA; 2) Remembering the journey of the churches by examining church commitments at the ecumenical, denominational and congregational level; and 3) Exploring the importance of HIV&AIDS sensitive liturgy in the development of compassionate churches.

OBJECTIVES

By the end of this unit, you should be able to:

- ✂ Discuss the agency of PLWHA in developing a compassionate church
- ✂ Discuss examples of compassionate churches at various levels
- ✂ Design HIV&AIDS sensitive worship services
- ✂ Challenge your church to intensify its acts of compassion

TOPICS

Unit 5: On Being a Compassionate Church

“We Have AIDS”: Listening to the voices of PLWHA

Remembering the journey and the vows of the church

- ✂ The Ecumenical Level: *The Plan of Action*
- ✂ *The Covenant Document on HIV&AIDS* of the AACC
- ✂ The Denominational Level
- ✂ The Congregational Level

Liturgical Approach to Building Compassionate Churches

Summary, Self-Assessment Activity, Further Reading

We Have AIDS: Listening to the Voices of PLWHA

Let us begin this unit by listening to the voices of PLWHA in box 1 and activity 1 as they identify and define the ‘compassionate’ church, paying attention to what makes the church fail to be compassionate.

BOX 1: WE HAVE AIDS

The reality is *we have AIDS*. There are still some who preach from the vantage point of the righteous *we* and look at those of us who have AIDS and say, “They are getting what they deserve. This is God’s wrath”. I have spent long hours of soul-searching and theological reflection along my journey. The images that arise in my mind are of the women and children and all persons I have known who have AIDS. I want to arise up before those who would preach that word and say, ‘How dare you! How dare you call those people ‘them’ and ‘other’—how dare you drive them from God who loves them?’ I tell you tonight that my experience with God and my understanding of the gospel is that *with God there are no disposable human beings*. With God there is no *other*. God welcomes all. Each person is precious in God’s sight. Every child of God is of infinite worth, whether that person is diseased or healthy (Ron Russell-Coons 1990:39).

Let the world fight HIV
Let the world conquer AIDS
Let it not conquer us
Do not fight us
People with HIV,
People with AIDS
(Billy Mosedame, 2000)

Though the words of Ron Russell-Coons were spoken more than a decade and half ago, they remain true today. His first sentence appeals to compassion: “We have AIDS.” The statement “we have AIDS” should lead us to compassion. It is a statement of solidarity with PLWHA: “*We have AIDS*” as the church and as the world. Yes, we are a church living with HIV&AIDS (CLWHA). We are indeed a world living with HIV&AIDS (henceforth WLWHA). In this self-identification, we cultivate compassion through solidarity. As noted in the popular saying, “united we

stand, divided we fall”. The power to invoke change and healing for the world and ourselves lies in our solidarity. Needless to say, if there was ever a time that we needed to stand in solidarity with those affected and infected by HIV&AIDS, the time is now. Our world hosts 40 million people living with HIV and we have lost at least 22 million people to AIDS. We have at least 15 million orphaned children due to the epidemic and we lose 3 million people a year to AIDS. Every day 8,500 people are infected and each year 5 million are infected. What church or which corner of the world can say that it does not live with HIV&AIDS? “*We have AIDS.*” Russell-Coons’ words remind us of the difficult truth: as a church and as a world we are deeply impacted by the HIV&AIDS epidemic. Let those who have ears hear and those who have eyes see the obvious—the church and the world are HIV positive. Let those who have hearts be moved with compassion for our WLWHA.

ACTIVITY 1

Has your church reached that stage where it says, “We have AIDS”? Explain.

‘Othering’ PLWHA

Unfortunately, as Russell-Coons reminds us, the church and the world at large has yet to fully acknowledge the AIDS epidemic. Rather, we are still distancing ourselves by ‘othering’ PLWHA. ‘Othering’ is the act of creating barriers between oneself and another *in order to create an exclusive identity*. In the act of ‘othering,’ you distance yourself from the ‘other,’ most often by assigning them negative characteristics. Thus, Russell-Coons explains that in the HIV&AIDS era, the act of ‘othering’ can be identified in the words of preachers who believe that PLWHA ‘are getting what they deserve and this is this is God’s wrath’. ‘Othering’ is not conducive to the development of a compassionate church or world. A compassionate church does not involve itself in ‘othering.’ Rather, compassion requires that we involve ourselves in the pains of the suffering, in this case PLWHA and the affected, closing the gap between ‘us’ and ‘them’. By so doing, we move towards a place of group ownership in which we can say, “We [the collective humanity] have AIDS.” In this space of group ownership and solidarity, compassion and healing are generated.

ACTIVITY 2

Is your church still involved in 'othering' instead of actions of solidarity. Give examples.

'Othering' is Theologically Unacceptable

Russell-Coons underscores that the act of 'othering' is theologically unacceptable by stressing that *before God every person is precious and no person is disposable*. Othering drives people from the loving God. Indeed, in the past four chapters we have examined the compassion of God from biblical and African cultural perspectives. In our reading of Exodus we realised that the biblical God hears the cries of the oppressed, sees and knows their misery and delivers them from it. The liberator God is a compassionate God who is fully involved in the pains of those who are suffering. God does not 'other'. We have also examined the compassionate character of Christ who said, "...For in as much as you did it to the least of these the members of my family, you did it to me" (Matthew 25:40). If both God and Christ identify with the suffering, then, as Luke 6:36 tells us, the church should attempt to replicate this compassion.

Language Shapes our Theology

Russell-Coons stresses the importance of language. He challenges us to think about the language we use and the theology it implies. He encourages us to move away from the language of 'othering' to the language of solidarity. Indeed, Matthew 25:31-46 vividly demonstrates Christ's use of a language of solidarity and compassion. For example, note the following statements: "you saw me sick...I was in prison, I was naked...I was homeless." Christ makes no separation between himself and the marginalised and vulnerable. If Christ was not ashamed to identify himself with the suffering and marginalised, regardless of their situation, why should the church of Christ hesitate from saying, "We have AIDS—we are a church that is living with HIV&AIDS"? The servant is not greater than the Master (John 13:15-16). I often hear people at church saying, "we pray for *those* people..." While we have sufficient scriptures to support our verbal acknowledgement that AIDS is a collective condition,

we have yet to train our tongues to enshrine this theology of solidarity and compassion. Compassion demands that we put aside judgment.

The church often focuses on blaming: “How did you get this sickness?; What got you into prison?; Why are you naked and homeless?” Underlying these questions is the assumption that the concerned persons are responsible for their situation. Responsible or not, compassion most importantly requires that we identify with the marginalised and the vulnerable. Secondly, compassion requires that we work in solidarity with the suffering to change the oppressive situation. As Russell-Coon emphasises, “Every child of God is of infinite worth, whether that person is diseased or healthy”. The following African saying expresses a similar sentiment: “One does not make light of a hollering from the jungle” (*BE be laar wie kye lnyyei*). This saying stresses that “We are not to be judgmental in responding to a request made of us in times of emergency. All that is required of us at those moments is to give the possible help we can give. How the neighbour got to be in that predicament is immaterial” (Bangnikon 1999:160). Similarly, the former United Nations Secretary General, Mr Kofi Annan, stated, “Let no one imagine that we can protect ourselves by building barriers between ‘us’ and ‘them’. In the ruthless world of AIDS, there is no us and them.”

ACTIVITY 3

1. *Recall and write down some of the statements used in your church about PLWHA. Analyse these statements. Is it a language of ‘othering’ or solidarity?*
2. *If ‘othering’ statements are used in your church, rewrite them from a compassionate perspective.*

Billy Mosedame’s poetry in box 1 is instructive for us. He reminds us not to fight PLWHA, rather to fight the virus itself. We need to think carefully about the impact of our language to ensure that it is not ‘othering’ PLWHA. To reiterate the main theme of this section, our struggle against HIV&AIDS as a church should allow us to acknowledge that we are all affected by HIV&AIDS, “We have AIDS”. This is the first step towards the needed healing and compassion. In the following section we will trace some of the vows, covenants, statements and plans of action taken by the church in regards to the development of a compassionate church of Christ.

Remembering The Journey And The Vows Of The Churches

As in many sectors and institutions, the church, in their struggle against HIV&AIDS, have learned through several mistakes. HIV&AIDS is a new phenomenon that has had a vast impact within a short space of time; thus, nearly all sectors have been forced to do intensive education and research in an attempt to develop an understanding and appropriate response. The church is not an exception. As Russell-Coons testifies above, churches' first responses to HIV&AIDS have sometimes been unhelpful. In some cases, they were just silent. Unfortunately, we cannot definitively declare that the age of condemnation, silence and 'othering' is over. If it were over, the church would now be a formidable force in the struggle against HIV&AIDS. It would be a stigma-free space and a publicly recognised advocate for anti-stigmatisation and discrimination. The church would be running effective programmes with and for PLWHA and the affected. In short, the church would be a clear example of an HIV&AIDS active and competent institution. Be that as it may, there are some significantly encouraging signs of hope at the ecumenical, denominational and congregational levels. The church has been moving towards the space where it can say, "We have AIDS". Let us examine some examples of this at the ecumenical, denominational and congregational level.

Ecumenical Levels: The *Plan Of Action*

I want to start by introducing you to the history of the *Plan of Action*. In 2001, churches from East, Central, West and Southern Africa held meetings in their respective regions to identify the challenges arising from HIV&AIDS and to identify positive responses. The meetings were under the leadership of a member of the Health and Healing programme at the World Council of Churches (WCC) with Dr Kurian Manoj. The regional meetings allowed for an in-depth situation analysis during which national councils, churches and other ecumenical bodies were able to highlight issues and potential solutions from their specific contexts. The second stage was a continental meeting, held in Nairobi in November 2001. Other international ecumenical organisations and development agencies attended this meeting. The meeting brought together the ideas gathered from the various regions in *The Plan of Action: Ecumenical Response to HIV&AIDS in Africa*.

ACTIVITY 4

Find out if your church or national council participated in the ecumenical consultation in 2001. If so, explain what has been done to implement the Plan of Action.

The *Plan of Action* stresses that, “*For the churches, the most powerful contribution we can make to combat HIV transmission is the eradication of stigma and discrimination*” (2001:6). The *Plan of Action* consists of thirteen commitments:

- Theology and ethics
- PLWHA
- Education
- Training
- Prevention
- Caregiving and counselling
- Support
- Treatment
- Advocacy
- Gender
- Culture
- Liturgy
- Resources

Each of these items is broken into sub-items that address the most burning issues. Of course, the churches and the ecumenical bodies that drafted this document should be the implementing agents but the *Plan of Action* should be accessible to all interested in fighting HIV&AIDS.

ACTIVITY 5

1. *Which of the above thirteen commitments occupies your church?*
2. *Which issues need to be attended to by your church? Explain.*

In addition, the WCC established an Ecumenical HIV&AIDS Initiative Africa team (EHAIA) consisting of four regional coordinators, a continental theological consultant and a manager. EHAIA's main task is to assist the churches in capacity-building to enable them to respond adequately and effectively. To this end, EHAIA has held numerous workshops for theological educators and church leaders. It has also produced books towards the same end, which have been widely distributed and used. The *Plan of Action* is an ecumenical church pledge to commit to the struggle against HIV&AIDS, with a special focus on eradicating stigma and discrimination. The second item in its thirteen commitments, focuses on PLWHA. It states that:

We will ensure that people living with HIV/AIDS are supported so that they may be actively involved in all activities of the churches, as an essential resource: especially in areas of work which relate to education, training, prevention, advocacy, theological reflection and programme development (2001:7).

The *Plan of Action* continues, saying:

We will condemn discrimination and stigmatisation of people living with HIV/AIDS as sin and as contrary to the will of God. We will urge member churches to recognise and act on the urgent need to transform ourselves if we are to play a transforming role in the response to HIV/AIDS (7).

This is the ecumenical pledge to be compassionate. The *Plan of Action* is best understood as a road map, pointing us to the place where the church can say, "we have AIDS." The church has begun its journey to a place of compassion, in which, to quote *The Covenant Document on HIV/AIDS*, "We shall have zero tolerance for HIV&AIDS stigma and discrimination". It would be helpful and informative to evaluate how much has been done and achieved since 2001, when the ecumenical *Plan of Action* was drawn.

The Covenant Document On HIV&AIDS: All Africa Conference Of Churches

In November 2003, the All Africa Conference of Churches (AACC) held its eighth assembly in Yaoundé, Cameroon. There were roughly 1,000 attendants, including church delegates and councils, ecumenical bodies and organisations from the continent and beyond. The theme of this conference was “Come Let us Rebuild”. The conference focused on economical justice, HIV&AIDS and violence. In preparation for the assembly, the AACC drafted *The Covenant Document on HIV/AIDS* for its member churches and delegates. *A covenant is an agreement or a contract that is entered into by two or more parties. The Covenant Document on HIV/AIDS* was therefore an agreement or contract that churches made with God, concerning the struggle against HIV&AIDS. The Covenant has ten items, each addressing a major HIV&AIDS concern. The ten items are as follows:

- Life and HIV&AIDS prevention
- Love and HIV&AIDS care
- Treatment and HIV&AIDS drugs
- Compassion, HIV&AIDS stigma and discrimination
- Poverty and HIV&AIDS
- Gender inequalities and HIV&AIDS
- Children and HIV&AIDS
- Church, PLWA and HIV&AIDS
- Human sexuality and HIV&AIDS
- Justice and HIV&AIDS

During the AACC meeting, the assembly set aside a full day to focus on HIV&AIDS, which ended with the recitation of *The Covenant Document on HIV/AIDS*. The process of covenanting (entering an agreement with God concerning the struggle against HIV&AIDS) was led by African Network of Religious Leaders Living with or Personally Affected by HIV or AIDS (ANERELA+). ANERELA+ read the Preamble of the document and stood with the assembly as the churches committed themselves to fight HIV&AIDS and all its related social epidemics. Each delegate was given a copy of the Covenant to take back to his/her home churches and organisations. The

Secretary Mvume Dandala, encouraged persons and organisations to translate the document into indigenous languages.

ACTIVITY 6

Define the word covenant. Give an example of a covenant from the Bible.

In the previous units, we have used a number of quotations from the AACC Covenant to remind us of the church's commitments to the struggle against HIV&AIDS. Below, please read the commitment concerning the church's call to compassion.

Covenant 8: Church, PLWHAs and HIV&AIDS

We shall remember, proclaim and act on the fact that we are one body of Christ and if one member suffers, we all suffer together with it; that the Lord our God identifies with the suffering and marginalised and heals the sick (1 Cor. 12:26; Matthew 25:31-46). We shall, therefore, become a community of compassion and healing, a safe place for all PLWHA to live openly and productively with their status (AACC 2003).

1 Corinthians 12, which defines the church as a body with many parts, is cited as a key part of the foundation of compassion. If one member suffers, we all suffer with him/her. If one member of the church is infected, the church cannot separate itself. If one member is suffering from AIDS, the church cannot separate from his/her suffering. If some children are orphaned, if some women are widowed, if some grandparents are overburdened with care for sick relatives, the church cannot separate itself from their situation. As the body of Christ, it must, like its founder, identify with those who are suffering (Matthew 25:31-46). The church, in other words, should not shy away from saying, "We have AIDS". The church as the body of Christ can and should be a compassionate church that openly says the church is HIV positive. The church should not be involved in 'othering', remembering that when "one member suffers, we all suffer" (1 Corinthians 12:26). Increasingly, churches are challenged to live a theology of compassion in the struggle against HIV&AIDS.

ACTIVITY 7

Design a poster that depicts the church as an HIV positive institution.

Denominational Levels

Let us now turn to denominational responses. Some churches have taken tremendous steps to respond systematically to HIV&AIDS at a denominational level, including the Anglican, Lutheran and Catholic churches. For example, in August 2001 the Anglican Communion met in Johannesburg, RSA, to draft its HIV&AIDS policies and to identify a plan of action. It was an all Africa meeting, with full participation of PLWHA who acted as trainers on mainstreaming (planning for the impact of) HIV&AIDS awareness in projects and programmes. International donors and ecumenical movements also attended. In 2002, the Lutheran Communion held its own meeting in Nairobi, where it drafted its denomination-wide policy and statements towards the HIV&AIDS struggle. Similarly, the Roman Catholic Church is doing important work on HIV&AIDS through its health department, Caritas International.

From such meetings, denominations adopt policy statements that enable member churches to draft their own plan of action/programmes on responding to HIV&AIDS. It provides church workers with a framework for their response to HIV&AIDS. It also informs them about the official stand of their denomination, rather than leaving the response to individual congregational initiative. Churches that have drafted denominational policies, statements, commitments and action plans concerning HIV&AIDS have clearly enabled their member churches to move forward in the struggle against HIV&AIDS. Both Anglicans and Lutherans have started impressive, in-depth programs to fight HIV&AIDS.

ACTIVITY 8

Find out if your denomination has a policy and action plan or programme on responding to HIV&AIDS. If not, write a letter to your church leader and advise accordingly.

Congregational Level

At a congregational level, many churches have undertaken various projects. Most of the time, however, these projects occur when the church has a guiding policy and programme that transmits to its members the message that a positive response to HIV&AIDS is central to the identity of the church. Indeed, congregations are vital to the struggle against HIV&AIDS because they are situated within the communities and they have direct contact with patients in Home-Based Care (HBC), orphans, widows, the dying, those who need to be buried and those who need counselling. Most congregations' face unavoidable participation through countless funerals, especially in the most affected zones. Here acts of compassion are central.

ACTIVITY 9

At a congregational level, what is your church doing to address the impact of HIV&AIDS? If nothing, please write down your suggestions to your church leaders.

Liturgical Approach To Building Compassionate Churches

Why is a liturgical approach central to building a compassionate church? HIV&AIDS is a new phenomenon that has forced many actors to rethink their philosophies and to search for new answers. Similarly, the church and its members are called to readdress their beliefs and search for answers applicable to the current context. Liturgy (prayers, songs, sermons and church rituals) can be used to build a constructive understanding and response to HIV&AIDS. To build compassionate churches, our sermons, prayers and songs should encourage our churches to embrace the self-image of being churches living with HIV&AIDS. Fortunately, resource books have now been developed to assist preachers, Sunday-school teachers, youth leaders and Mothers' Unions in understanding the churches role in the fight against HIV&AIDS. We all need to revisit our liturgies and preaching calendars to mainstream HIV& AIDS in a helpful manner. Meanwhile, it is gratifying to note that resource books have now been developed and made available, both in hard and electronic forms, on HIV&AIDS sensitive preaching and liturgy. Examples include: *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy* (Geneva: WCC, 2003) and *God*

Breaks the Silence: Preaching in Times of AIDS (Wuppertal: UEM, 2005). If used constructively, HIV&AIDS sensitive sermons and liturgy can be a significant tool to build compassionate congregations. We can, in other words, also train our members in HIV&AIDS sensitive theology, enabling them to be compassionate churches through liturgy. With the words of our sermons and liturgy, we can publicly make it known that we are HIV positive churches that identify, welcome and work with all PLWHA.

ACTIVITY 10

Write a short prayer about breaking the HIV&AIDS stigma and discrimination.

One way of building compassionate churches and congregations is to work closely with PLWHA. At the UNAIDS theological workshop focused on HIV&AIDS related stigma, Rev. Dr Spiwo Xapile of JL Zwane Memorial Church, Uniting Presbyterian Church in Southern Africa, stated that in his church all sermons must be preceded by a speech from a PLWHA (2005:60). Though he admitted that it is difficult to deliver a good sermon thereafter, he has found that the act of listening to PLWHA has moved his church members to act compassionately, unprompted. These are creative responses at a congregational level.

It is not sufficient for church leaders merely to talk about HIV&AIDS, they must speak about it in a helpful or edifying manner. The example given by Russell-Coons in the opening quote of this unit is one of the most counter-productive ways of discussing HIV&AIDS. It is stigmatizing. Sermons that condemn and judge do not help us in building a compassionate and healing church. Such sermons, in fact, sicken the soul, mind, body and social health. Any preacher who delivers judgmental sermons should be aware that they are trampling on the body of Christ. It is thus important for all preachers and teachers to embody the love and grace of Christ.

ACTIVITY 11

Write a letter to your church board recommending a review of your liturgy and the adoption of the books mentioned above.

SUMMARY

We began this unit by listening to the voices of PLWHA. I hope that it became clear to you that HIV&AIDS stigma and discrimination is unacceptable and cannot be justified. Instead of ‘othering’ PLWHA, Russell-Coons challenges the church to say, “We have AIDS”. This approach is a position of solidarity—it is a statement of compassion. Billy Mosedame’s poem underscored that we should fight HIV&AIDS, but we should not fight people living with HIV or AIDS. Secondly, we examined the vows and commitments of the church at the ecumenical, denominational, congregational and liturgical levels. We stressed that as the body of Christ we cannot deny that *when one member suffers, we all suffer* (1 Corinthians 12:26). Compassion is the very essence of being the Church of Christ. We underlined that denominational policies, statements and commitments are central to building HIV active and competent churches. The impact of official policies, statements and commitments are evident amongst denominations where strong leadership has been provided. Lastly, we focused on the role of liturgy, noting that it is a vital component in the creation of compassionate spaces in the church.

SELF-ASSESSMENT ACTIVITY

1. Write the full meaning of WLWHA.
2. Define the word ‘othering’.
3. Explain why it is important for the church to say, “We have AIDS”.
4. Discuss one example of an ecumenical response to HIV&AIDS.
5. Explain the importance of denominational policies and commitments on HIV&AIDS.
6. Discuss the importance of a denominational response to HIV&AIDS.
7. In a paragraph, explain the role of liturgy in breaking the HIV&AIDS stigma.



FURTHER READING

Dibeela, C. 2003. "Community Leadership," pp. 210-212. In M. W. Dube. ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Guidelines and Liturgy*. Geneva: WCC.

Messer, Donald. 2004. *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*. Minneapolis: Fortress Press.

Katongole, Emmanuel. 2001 "Christian Ethics and AIDS in Africa today: Exploring the Limits of a Culture of Suspicion and Despair," pp. 144-160. *Missionalia* 29/2

Phiri I. etl. 2003. *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster.

Russell Coons, Ron. 1990. "We have AIDS," pp. 35-55. In Letty Russell, ed. *The Church With AIDS: Renewal in the Midst of Crisis*. Louisville: WJKB.

WCC. 1997. *Facing AIDS: The Challenge, the Churches' Response*. Geneva: WCC.



ASSIGNMENT: UNITS 1-5

INSTRUCTIONS

1. Attempt to answer all the questions.
2. Please write your answers in your notebook.
3. If you cannot answer a question, please feel free to return to the relevant unit and re-read.

QUESTIONS

1. In a paragraph, define compassion and its main characteristics.
2. Explain why compassion is important in the HIV&AIDS era.
3. Explain, in two paragraphs, why the voices of PLWHA are central to developing a theology of compassion.
4. 'God is a compassionate God'. Elaborate on this statement and give scriptural examples to support your answer.
5. 'Jesus is a compassionate Christ'. Explain this statement in two paragraphs and give scriptural examples to support your answer.
6. Write to your pastor and suggest practical ways in which the church can become a centre for compassion in the HIV&AIDS era.
7. Discuss some documents that indicate that the church has already committed itself to being a compassionate and healing community.
8. Discuss African perspectives that challenge communities to be 'compassionate societies', in the era of HIV&AIDS.
9. Using unit 1-5, design a preaching plan that will assist your church in developing a theology of compassion.
10. Write to a friend and explain what was most striking and compelling in unit 1-5.

UNIT 6

COMPASSION WITH AND TO PLWA

OVERVIEW

Welcome to unit 6! In this unit, we will be asking ourselves how we can become compassionate with and to People Living with AIDS (PLWA). We will be focusing specifically on those who have moved from being HIV+ to having AIDS, those who need take antiretroviral medications (ARVs). First, we will read testimonies from persons suffering from AIDS-related illnesses and identify the magnitude of the challenge. Secondly, we will remind ourselves of the commitment that the church has made towards those suffering from AIDS-related illnesses. Finally, we will explore theological perspectives, from the Bible and African cultures, which underscore the need for available ARVs.

OBJECTIVES

By the end of this unit, you should be able to:

- ✠ Describe the situation and agency of PLWHA
- ✠ Describe the magnitude of AIDS-related illnesses and death
- ✠ Discuss the African and biblical theological base for access to medicine
- ✠ Propose collaborative projects with other stakeholders

TOPICS

Unit 6: Compassion with and to AIDS Patients

- ✠ In their Own Voices: Stories of PLWHA
- ✠ What do We Know? The Magnitude of the Challenge
- ✠ Remembering the Vows of the Church
- ✠ Biblical Perspectives for Provision of Medical Care
- ✠ African Theological Perspectives on Access to Treatment

Summary, Self- Assessment Activity, Further Reading

In Their Own Voices: Stories Of The PLWHA

Let us begin by reading the stories of PLWHA to discern their agency, to understand their definition of the challenge of managing AIDS-related illnesses and their proposed solutions. In the previous units ‘agency’ was defined as the active participation and role of the suffering in fighting stigma and discrimination and offering compassion.

STORY 1

I share my home with another pastor who is HIV positive, Paul Mokgethi. Paul’s family knew that both of us were HIV-positive. Paul’s brother came to us and asked us whether we could help a friend of his who was dying of AIDS-related illnesses. This was the beginning of a ministry for me. Over the next year we took various people into the home and nursed them back to health, got them on treatment where it was necessary and sent them home (Heath 2005: 28).

STORY 2

In 1995 I had my third child who was very sick. Two years later my child died, I didn’t want to but they convinced me to have a test. I was HIV positive and by February 2002 I became seriously ill and that was when I started ARV therapy. With the care of my grandmother, aunt and uncle who looked after me, I am getting much stronger (Tiny Mmotlana 2002:16-17).

ACTIVITY 1

1. *Drawing from story 1, describe the agency and compassion of PLWHA in ensuring the recovery of those who are suffering from AIDS-related illness.*
2. *Drawing from story 2, what could have been done to save the child from infection and AIDS-related death?*
3. *What saved Tiny Mmotlana from an AIDS-related death?*

The above stories testify that people who are suffering from AIDS-related illness do not need to die if their needs are met and they are provided with medical care, particularly antiretroviral drugs. At the same time, the above stories attest to the fact that some who suffer from AIDS do not recover (story 2). How many die due to AIDS-related illness? How many people have access to ARVs when they need them? What can we, as a church, do to express our compassion? How can we ensure that ARVs are available to those who need them? Let us now begin to explore and understand these questions below

What Do We Know? The Magnitude Of AIDS Illnesses & Death

In the 2004 update on the AIDS epidemic, it states that: “Since the appearance of the first HIV cases in 1981, more than 60 million people have been infected with the virus and around 20 million of whom have died. In the year 2003, throughout the world around 40 million people were living with HIV, 5 million people were newly infected and 3 million died of AIDS. More than 90 per cent of persons live in developing countries” (Weinreich & Benn 2004:5). It is notable that we have already lost at least 20 million people since the outbreak of AIDS in 1981. These statistics suggest the importance of two questions: how many people need ARVs and how many people have access to them?

ACTIVITY 2

Find out how many people in your country need ARVs and how many have access to them.

According to Weinreich and Benn, ARVs have been available since 1996. Notably, since “the introduction of combination ARV therapy, death rates from AIDS have fallen by as much as 70 per cent in rich countries” (79). Moreover, “of the 800,000 people globally who take ARV drugs, around 500,000 live in industrialised countries” (80). The following table from Weinreich and Benn (80) gives the actual number of people on ARVs and the estimates the need for ARV therapy in developing countries.

Region	No of people on ARV therapy	Estimated need	Coverage
Sub-Saharan Africa	50,000	4,100,000	1%
Asia	43,000	1,000,000	4%
North Africa & Middle East	3,000	7,000	29%
Eastern Europe & Central Asia	7,000	80,000	9%
Latin America & Caribbean	196,000	370,000	53%
Total	300,000	5,500,000	5%

I am sure you are aware that ARVs do not cure HIV. However, they can reverse its impact, allowing individuals to live normal lives again. However, in total, only 5 per cent of people, worldwide, who need ARVs have access to them. The rest suffer for a long time and die by the millions—deaths that could be avoided. The majority of those who die of AIDS-related illness are in so-called ‘Third-World’ countries. Why are ARVs unaffordable and unavailable to all those who need them? What could be more important than the lives of fellow human beings? What could possibly justify allowing 3 million people to die while we sit and watch? What happened to our compassion, our community identity, our neighbourliness and our godliness? According to Weinrich and Benn:

“Initially, access to ARV for poor countries was often not regarded as a realistic option. However, in recent years the demand to increase access to ARV, for PLWHA in developing countries has been raised ever more loudly by AIDS activists, scientists and civil society. Since then, a change has taken place” (80).

The agency and advocacy of these groups has had a positive impact. The impact of these groups should challenge us to be justice-seeking churches. Though the situation has improved, clearly much work remains to be done; note that only 5 per cent of those who need ARVs receive them. As Rev. Canon Gideon Byamugisha reminds us, “AIDS death is avoidable and postpone-able”. Our world does not need to lose 3 million people to AIDS related-illness while ARVs are reserved for the select few.

What does the church say regarding access to affordable ARV treatment? What are the theological perspectives that should empower the church to speak out with and for those who need treatment? Let us now begin to explore these issues in the church statements below.

Remembering The Vows Of The Churches

We will advocate for access to health care and drugs to treat opportunistic infections, relieve pain and distress through palliative care and prevention of mother to child transmission. We support the efforts of those who are campaigning for access to anti-retroviral drugs (*Plan of Action* 2001:9-10).

Covenant 3: Treatment And HIV&AIDS Drugs

We shall remember, proclaim and act on the fact that the earth and everything in it belongs to the Lord and that the Lord has given it over to all human beings for custodianship (Psalms 24:1 and Genesis 1:29). We shall, therefore, openly and persistently undertake a prophetic and advocacy role for all the infected who are denied access to affordable HIV&AIDS drugs until anti-retroviral are available to all who need them (AACC 2003).

Recall that in unit 1 we said, “Compassion also denotes an important source of energy...to right a wrong when we can...to protest when we are impotent to effect change” (Purvis 1996:52). My dear reader, try for a moment to put yourself in the shoes of a PLWA who is in need ARVs but cannot access them because of their expense. Try to imagine what it means to live everyday with endless opportunistic infections and with long and intense suffering. I am sure that we cannot fully imagine how it feels. We can understand that it is unacceptable for anyone to suffer when it is avoidable, especially if there are drugs that can dramatically improve their health to normal functionary status. Since ARV’s high prices demand commitment from governments and the international community to provide drugs for all in need, they are a good target for protest, advocacy and prophecy in our compassionate quests.

The ecumenical *Plan of Action* stated that lobbying “for access to health and drugs to treat opportunistic infections” was a commitment of the church of Christ, who must be compassionate just as God and Christ are compassionate. The *Plan of Action*

further says, “We support the efforts of those who are campaigning for access to anti-retroviral drugs”. The church, as an international body, could have a tremendous impact if it organises and mobilises its members for worldwide protests and advocacy.

ACTIVITY 3

Explain what your church is doing to ensure that people suffering from AIDS-related illnesses have access to ARVs. If nothing, suggest ways of working in solidarity with AIDS Campaign groups in your community.

Following closely in the footsteps of the *Plan of Action, The Covenant Document on HIV/AIDS* makes a similar commitment. In the above quote, the AACC and its member churches made a Covenant with God, stating that, “We shall, therefore, openly and persistently undertake a prophetic and advocacy role for all the infected who are denied access to affordable HIV&AIDS drugs until antiretrovirals are available to all who need them”. How does the AACC and its member churches justify this standpoint theologically? Let us turn our attention to this question by exploring biblical and African perspectives on access to treatment.

Biblical Perspectives For Provision Of Medical Care

The Covenant Document on HIV/AIDS provides two scriptures to support the availability of ARVs to those who need them: the creation story in Genesis 1 and Psalm 24:1. The passage in Genesis underscores that God is the Creator of the earth and all that is in it. Furthermore, the story depicts God blessing people and giving them access to the resources of the earth. As we said earlier, in any situation in which some people have been denied access to the earth resources or are forced to live in poverty God’s will is vastly violated. The rights of the impoverished are denied. Psalm 24: 1 reiterates the creation story, stating that, “*The earth is the Lord’s and all that is in it, the world and those who live in it*”.

These two scriptures provide a basis for arguing that ARVs should be made available to all. Namely, no human being should claim any ownership if it means that millions are sent to their death. The researchers and creators of ARVs do not own them—they have been collected from God’s earth. If God gave all of us the resources of the earth,

why should any of us be denied access to affordable ARVs? Indeed, if the Creator God gave all of us access to the earth's resources, why are some members of the earth's community poor? God is not the author of poverty. Rather, in God's compassion the Creator God gave all of us access to the resources of the earth. The fact that Third-World countries have had to watch, and continue to watch, millions of their people die of AIDS-related illnesses, an avoidable and postpone-able death is theologically problematic. The church needs to move beyond merely vocalising the above commitments, to find ways of acting on them systematically until "anti-retroviral medications are available to all who need them". The commitments of the churches must be translated into action if the church is to exist as a compassionate and healing community.

ACTIVITY 4

1. *State the percentage of your country people who live under the poverty datum line.*
2. *List names of HIV&AIDS activists in your country. How can your church collaborate with them in advocating for the availability of "ARVs to all who need them?"*

Access To Treatment: Some African Indigenous Perspectives

What is the African theological position on access to treatment and the right to be well? Please, read the Akan (Ghanaian) sayings below:

1. "If God gives you sickness, God gives you a cure."
2. *Nkwa tenten nti na Odomankoma boo oyare no, oboo aduru nso kaa ho* (Translation: It is because the creator wished long life for us that when the Creator created diseases, he/she also created medicine to cure the disease) (Saayman 1996:155-160).

In both proverbs, the origin of illness is attributed to God. However, both proverbs emphasise that the Creator God does not foresee any disease that is incurable or a situation in which one has no access to medical care. The Creator God is the author of all medicine, for there is nothing that we use that does not come from God's creation. The Creator God thus regards access to medicine as a natural right of all who are ill.

Any time the sick are denied access to medicine, there is a gross violation of the rights of the sick and God's will for them. God, in short, has compassion for the sick.

ACTIVITY 5

1. List two proverbs or sayings from your culture/s about disease and medicine.
2. Write down their meanings and how they encourage compassion.

SUMMARY

In this unit we focused on PLWA, AIDS-related illness and access to ARVs and treatment as necessary acts of compassion. We began by listening to the voices of PLWHA who demonstrated agency by ensuring that those who suffer from AIDS-related illnesses in their care have access to ARVs. Secondly, we sought to understand the magnitude of the problem. Our assessment indicated that 3 million people died of AIDS in 2003, while ARVs have been available since 1996. We noted that only 5 per cent of those who need ARVs have access to them. The majority of PLWA in Third-World countries suffer endless and avoidable pain and die of avoidable and postpone-able deaths. Thirdly, we assessed the church's commitment and realised that on paper, through the *Plan of Action: The Ecumenical Response to HIV/AIDS Response to HIV/AIDS in Africa* and *The Covenant Document for HIV&AIDS*, the church stands in solidarity with the "campaigns for access to affordable ARVs". Fourthly, we assessed the biblical basis for the church's standpoint and discovered that it is centred on creation theology. The latter recognises that the earth and everything in it belongs to God. Finally, we examined some African perspectives on access to medicines. Once more, the African theological argument was creation-based, namely, based on the belief that God created medicine so that all who are ill may be made well and have a long life. As we saw in unit 2, the creator God is a compassionate God.

SELF-ASSESSMENT ACTIVITY

1. How do the stories of Heath and Mokgethi demonstrate the agency of PLWHA in the struggle for access to ARVs?
2. From Ms Motlana's story, what do we learn about the impact of ARVs?
3. How many people died of AIDS-related illnesses in 2003? And why are these deaths avoidable and postpone-able?
4. Explain why only 5 per cent of people who need ARVs have access to them.
5. The churches have committed themselves to support advocacy groups for ARVs availability, what is their theological basis?
6. Discuss some African theological arguments for access to medicine.
7. Suggest ways in which the church worldwide can make an international campaign for the availability of ARVs to all who need them.



FURTHER READING

Byamugisha G. 2003 "World AIDS Day," pp. 77-81 and Chitando, E. "Persons Living with HIV/AIDS," pp. 207-209. In M. W. Dube. Ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

Heath, J. P. 2005. "HIV- and AIDS-related Stigma: Living with the Experience," pp. 27-32. In UNAIDS. *A Report of a Theological Workshop Focusing on HIV and AIDS-related Stigma*. Geneva: UNAIDS.

Kgosikwena, Kagiso B. 2001. "Pastoral Care and the Dying Process of PLWHA: Speaking of God in Crisis," pp. 186-199. In *Missionalia* 29/2.

Moila, Phillip M. 2002. "Health, Sickness and Healing," pp. 35-46. In LWF. *Crises of Life in African Religion and Christianity*. Geneva: LWF. *AIDS: Meeting the Challenge*. Geneva: WCC.

Visser, Anneke & Helen Ditsebe Mhone. 2001. *Needs Assessment Report: People Living with HIV/AIDS in Botswana*. Gaborone: COCEPWA.

UNIT 7

COMPASSION WITH & TO CAREGIVERS IN THE HIV&AIDS CONTEXTS

OVERVIEW

Welcome to unit 7. In the last unit we focused on people with AIDS-related illnesses. We underlined that turning our compassion into action should include pressuring governments and medical companies to ensure that ARVs are affordable and available to all who need them. In this unit, we continue with the journey of putting compassionate faith into action by exploring the magnitude, demands and impact of ‘care-giving’. Though we are looking forward to the day when ARVs are available to all in need, in the interim millions of people with AIDS-related illness have to be cared for. This unit addresses the following questions: Why caregivers? What does care-giving entail? Who are the caregivers in our families? How can the church become compassionate to the caregivers? For the latter question, we will look at the biblical story of the Good Samaritan (Luke 10:25-37) and African theological perspectives on care giving and caregivers. Lastly, we will explore two church projects in Botswana that exemplify compassion to caregivers. This unit will be concluded by asking what actions the church can take to travel with (accompany) caregivers.

OBJECTIVES

By the end of this unit, you should be able to:

- ✚ Explain the demands of care-giving in the HIV&AIDS context
- ✚ Describe the tasks facing caregivers
- ✚ Discuss biblical and African theological perspectives on care-giving
- ✚ Discuss the church’s commitments to care-giving
- ✚ Describe examples of church care-giving projects
- ✚ Propose congregational activities focused on compassion with and to caregivers

TOPICS

Unit 7 Compassion With & to Caregivers

- ✂ Introductions: Why Caregivers in the HIV&AIDS Era?
- ✂ What does Care-giving Involve?
- ✂ Who are the Caregivers in the Family?
- ✂ Some Biblical Perspectives on Care-Giving (Luke 10:25-37)
- ✂ Some African Theological Perspectives on Care-giving
- ✂ Remembering the Vows of the Churches and What the Church Can Do
- ✂ On Being a Care-giving Church: Two Cases from Botswana
- ✂ Compassionate with and to Caregivers: A Congregational Approach

Summary, Self-Assessment, Further Reading

Introductions: Why Caregivers In The HIV&AIDS Era?

Please read the poem below. It paints a vivid picture of caregivers, their tasks, their identity and the impact of the demands of care giving. The poem highlights the issues facing caregivers, namely, stress, burnout, the need for self-care and poverty.

She became the mother again
To her daughter of 47—
Changing nappies;
Washing her,
Force-feeding her...
And, Lord, she sighed a lot
On that sleeping mat!
She became the mother
She became the mother again to her grandson of 23
Changing nappies; washing him, force-feeding him...
And, Lord, she cried a lot on that sleeping mat!
She became the mother again
She loved them all
Yet they left her alone
With the cause of their deaths—and without a mother
This woman of 1920 (Angifi P. Dladla, 2004:8)

Within your community or church you have likely encountered caregivers who have chronically and terminally sick people in their families. In the HIV&AIDS struggle, caregivers are important since, by and large, HIV&AIDS remains incurable. Further, we have seen in the previous unit that only 5 per cent of people with AIDS-related illnesses worldwide have access to ARVs and 3 million people die each year. The majority of persons who die, having had no ARVs and receive care from families and friends before their death. The fore mentioned figure, paints a vivid picture not only of their suffering but also of the demands of care incurred by their caregivers. In the last unit we focused on the needs of the sick (access to treatment). In this unit, we will focus on compassion with and to caregivers. Let us begin by looking at why Home-Based Care (HBC) became a central strategy and then we will examine what it entails.

ACTIVITY 1

Have you ever listened to or assisted a caregiver who is caring for a terminally or permanently bed-ridden patient? Describe what it involves.

The concept of Home-Based Care (HBC) became a central strategy to the HIV&AIDS struggle in the mid-1990s when an increasing number of people began to move from being HIV+ to having AIDS. That is, many people who had been living with the HIV virus began to fall ill as their immune system weakened. Hospitals, doctors and nurses became increasingly overburdened; in some cases, people with AIDS-related illness occupied 60 per cent of hospital beds. It became clear that care-giving could not be left to the hospitals, especially since without access to ARVs most patients were unlikely to get significantly better. As a result, a Home-Based Care (HBC) was designed to meet the needs of the terminally ill. Before launching the HBC program in Botswana, a *Baseline Study for the Community Home Based Care Programme* stated that:

Rapid increase in the incidence of AIDS and HIV clearly has implications for the National Health System's ability to cope with the provision of medical care to both HIV&AIDS and non HIV&AIDS patients. HIV&AIDS related admissions are beginning to dominate patient admissions at the hospitals. Indeed, AIDS related admission at Nyangabgwe hospital in Francistown have increased by five fold in three years, with AIDS now being the most common diagnosis for the medical ward admissions, and accounts for 40 per cent of the

total death in the ward. If Botswana medical system is to maintain or, for that matter, improve the quality of medical care, there is a clear need to address this new stress that is being brought by AIDS. As with most countries in the world, this solution has been found to lie with Home Based Care (HBC) programme. Botswana is suited for this programme for a number of reasons. First, the family in Botswana is traditionally the caring unit in the society and therefore the programme that builds on it will most likely be successful and effective. Secondly, studies elsewhere have found that terminally ill patients prefer to die at home (AIDS/STD Unit 1996:1).

ACTIVITY 2

Describe the HBC program in your country.

The above quote provides the background to HBC programmes in the mid-1990s. Please note that the study mentions that “the family in Botswana is traditionally the caring unit”. Though this statement is correct, during the HIV&AIDS epidemic the family, just like the hospitals, has been overburdened by the demands of care-giving. Thus, it has become evident that, “family caregivers and members of the CHBC team frequently experience burnout. Burnout is the result of excessive emotional and physical strain without necessary care to support the caregiver” (WHO 2002:43). Twenty-four years into the HIV&AIDS epidemic, care giving has been extended to include orphans, whom we will consider in the next unit. Compassion with and to caregivers is therefore necessary. Is the church called to care? How can the church become compassionate with and to caregivers? Before we explore this question, let us look into two other issues: the acts of care giving for the terminally ill and the identity of caregivers in the family.

What Does Care-Giving Involve?

Most probably you have been a caregiver to a friend or family. You may have received care from friends or family. In such times, caregivers become your hands and feet, standing in for your poor health. In their study, *Community Home-Based Care in Resource Limited Setting: A Framework for Action*, WHO outlines four core activities in caregiving: basic physical care, palliative care, psychosocial support and counselling, and care of the affected and infected children. Physical and palliative care demand the following:

Basic nursing care includes positioning and mobility, bathing, wound cleansing, skin care, oral hygiene, adequate ventilation and guidance and support for adequate nutrition. Symptom management depends on the ill person's condition. However, basic symptom management includes: reducing fever, relieving pain, treating diarrhoea, vomiting and cough; skin, mouth, throat and genital problems and general tiredness and weakness and treating neurophysical symptoms...Palliative care is the combination of active and compassionate long-term therapies intended to comfort and support individuals and families with life-threatening illness (WHO 2002:35-36).

Given that most AIDS patients in HBC programmes are terminally ill, the demands on caregivers are constant. Some caregivers can no longer go to work. Since AIDS caregiving is also medically and nutritionally demanding, when the caregiver and the patient are both out of work poverty worsens for the family, especially because AIDS patients are often working adults. Caring for the caregiver and protecting them from burnout and poverty is central to the struggle against HIV&AIDS.

Who Are The Caregivers In The Family?

Who are the caregivers in the HIV&AIDS struggle? In the above quotation from the Botswana study, they mention that, "the family in Botswana is traditionally the caring unit in the society." We need to probe further and ask: who are the caregivers in the family? Try to remember a time when you were sick in your family or when someone was sick: who was your care provider? Typically mothers, grandmothers, sisters and aunts provide care giving in family settings. To get a picture of what happens in most families, let us study the graph shown below (taken from *The Rapid Situation of Orphans in Botswana*: 1998).

Distribution Of Caregivers By Study Sites And Relationship To Orphan

Study Site	Total orphans	Father	Mother	Grand Mother	Grand Father	Orphan	Relatives	Comm-unity	Total
Mahalapye	647	7	44	110	3	0	46	-	210
Serowe	636	20	71	108	12	4	1	-	216
F/town	519	7	19	67	11	5	27	11	147
Maun	448	7	39	44	7	1	72	-	80
Tutume	446	6	25	87	10	6	39	3	176
Palapye	349	3	19	57	5	14	28	-	126
Moleps	347	38	38	53	6	6	20	-	161
Masunga	286	1	18	70	10	-	20	-	119
Mochudi	232	14	27	34	7	-	26	-	112
Kanye	586	16	67	85	8	8	35	1	256
Total	4496	119	367	715	79	44	314	15	1523

ACTIVITY 3

1. Study the above graph and note persons who are most often caregivers in the family.
2. Explain why certain groups of people are more likely to be caregivers.

Grandmothers carry the heaviest load as caregivers (715 are taking care of orphans in the study). Mothers are the second largest group to care for AIDS orphans (367). Fathers (119) and grandfathers (79) are the third and fourth, respectively, most frequent caregivers. Undoubtedly, within the family the burden of care falls mainly on women, mothers and particularly grandmothers. Notably, most grandmothers are retired and are likely to have:

- Limited financial income
- Poor physical strength and health
- Less time, less likely to live long to see the orphans grow into adults

A grandmother who is caring for young orphans is thus facing a daunting task of providing for their school expenses, food, shelter and providing social and emotional guidance while she has limited financial power, energy and time.

The findings of this study are confirmed by various other studies. In their book, *AIDS: Meeting the Challenge*, Weinreich and Benn write that, “Caring for and visiting the sick are an important part of most traditional societies. Caring for the sick was and still is largely performed by female family members. Women also form the majority in home care groups” (2004:75). In his book, *Breaking the Conspiracy of Silence: Christian Churches and the AIDS Crisis*, Messer recalls a scenario from an Indian AIDS hospital that not only highlights women’s role in care giving but also draws attention to the fact that women often receive less care themselves. Here is how he describes the story:

We walked from ward to ward individually presenting gifts. Outside men’s wards, women (mothers and wives of the sick) looked through the bar-like windows at what we were doing. Once we stepped outside, they greeted us with smiles and gestures of appreciation for the gifts. But outside the women’s wards,

no one looked through the windows. Those inside were terribly alone. I was told that husbands and families visit, but we certainly didn't see any (2004: xv).

Indeed, the above observation is confirmed by the *UNAIDS Fact Sheets: Global Crisis, Global Action*:

Women also find themselves discriminated against when trying to access care and support when they are HIV positive...Family resources are more likely to be devoted to buying medication and arranging care for ill males than females. All the while, the burden of caring for ill family members is made to rest mainly with women and girls. As the impact of the AIDS epidemic grows, girls tend to drop out of school in order to cope with tasks of caring for siblings and ill parents (2001: 22).

The above quote includes the plight of children and orphans who act as caregivers (see also graph). We will discuss this issue in unit 8 when we focus on orphans.

ACTIVITY 4

Explain how your church participates in your national Home-Based Care program.

The quote from Weinrich and Benn, like the graph, reminds us of the role (or potential role) of the community in care-giving activities. HBC is such an expansive and demanding activity that family members cannot be expected to handle it alone. HBC was thus designed to involve a network of various professionals, such as:

- Medical teams for medical references
- Social workers for welfare and psychological health
- Religious leaders for spiritual health
- Volunteer caregivers to relieve the main caregiver/s

These services are provided by different departments, NGOs, CBOs and FBOs. Yet, the above quote (Weinreich and Benn) highlights that even volunteer and CBO caregivers are women. Voluntary care giving for both orphans and the sick is

continuous work; thus, the HIV&AIDS devastated world is dependent on women's continuous unpaid labour. Both fulltime and volunteer caregivers are fully occupied. Angifi P. Dladla's poem, entitled "She became mother again", paints a vivid picture of the demands placed on women caring for chronically ill people in the family. Please re-read the poem and attempt to answer the following questions:

ACTIVITY 5

1. *What does the poem suggest about the age of the caregiver when it says she had a daughter of 47, grandchild of 23 and she was born in 1920?*
2. *State why the caregiver "sighed a lot and cried a lot"?*
3. *Describe what the author means by saying, "she became mother again"?*
4. *Suggest ways in which churches, at congregational level, could be compassionate with and to such women caregivers.*

The negative side of this noble task is that more women are becoming impoverished because they cannot go to their farms, run their informal businesses or participate in the formal economy. Women, girls and grandmothers who act as caregivers need our compassionate support. The above graph, which indicates the distribution of caregivers, shows that community participation is still low. The church must organise, at the congregational level, to become compassionate with and to caregivers. Does the church have a mandate to care? What is the theological base? Let us explore this question by examining a biblical passage and some African views on care.

Some Biblical Perspective On Care-Giving: A Case Of Luke 10:25-37

Is the church called to the ministry of care giving? According to Gideon Byamugisha, "The Church with its members is called to the ministry of caring. This means promoting the acceptance of people with HIV&AIDS, fighting against their discrimination and involving them in developing programmes which address the needs of the people..." (2000:31). I am sure you know the famed story of the *Good Samaritan*. Let us read the story below:

The Good Samaritan

Just then a lawyer stood up to test Jesus. 'Teacher,' he said, 'What must I do to inherit eternal life?' He said to him, 'What is written in the law?' He answered, 'You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with your entire mind; and your neighbour as yourself.' He said to him, 'You have given the right answer. Do this and you will live'. But wanting to justify himself, he asked Jesus, '*But who is my neighbour?*' Jesus replied, 'A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away leaving him half dead. Now by a chance a priest was going down that road; and when he saw him, he passed on the other side. So likewise a Levite, when he came to the place and saw him, he passed on the other side. But a Samaritan while travelling came near him; and when he saw him, he was *moved with compassion*. He went to him and bandaged his wounds; having poured oil and wine on them. Then he put him on his own animal, brought him to an inn and took care of him. The next day he took out two *denarri* gave them to the inn keeper, and said, Take care of him and when I come back, I will repay whatever you spend. Which of these three do you think, was a neighbour to the man who fell in the hands of robbers?' He said, '*The one who showed mercy.*' Jesus said to him, 'Go and do likewise.'

This story was told in response to the question: *Who is my neighbour?* Jesus' answer underlines that:

- A neighbour is one who is *moved with compassion* and is willing to give care as long as there is need.
- A neighbour is one who does not spare himself/herself in giving care. The man in the story uses his hands, oil, animal, money and time to care for a half dead man.
- Some people refused to be neighbourly. They turn their head and walked away. They refused to enter into the situation of the man who was left for dead. They refused to be moved by compassion.

Those who looked away were both religious leaders: a priest and a Levite. Why were they not moved by compassion? Why did they forget that the law says “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with your entire mind; and your neighbour as yourself”? Perhaps the moral of the story is that our faith loses character when it lacks compassion (Matthew 25:31-46). Or perhaps Jesus wanted to underline that “no matter what social class you hold in your society and faith community, you should not ever think giving compassion to the sick through care-giving is optional for you” (John 13:12-16).

Clearly, Jesus is saying neighbourliness shall be measured by our compassion. Jesus says the sick and hurting must be given care, medicine and nursed back to wellness. Jesus is saying, “Where there is no compassion there is no neighbourliness and where there is compassion there is neighbourliness”.

ACTIVITY 6

Using the story of the Good Samaritan, outline the characteristics of a good neighbour.

Lastly, note that Jesus’ story features only men. As we have already seen in the above graph of caregivers, men are not often involved in care giving. Consequently, women (grandmothers, mothers and the orphaned girl-children) are overburdened by care, which often results in their poverty. The fact that Jesus featured a man as a caregiver is thus instructive. In addition, many scholars have noted the importance of Jesus’ use of a Samaritan as “the good neighbour as compared with a Jewish priest and Levite”. The Samaritans were despised by the Jews at that time (John 4:9). The story intentionally challenges ethnic/race, gender and class stereotypes and divisions. It underlines that even men can give care: they can bind wounds, wash the sick, feed them, change them, etc. In unit 6, Rev. Heath and Mokgethi set a similar example.

ACTIVITY 7

Using the story of the Good Samaritan, write a short project proposal to your church leader on how to mobilise men to be caregivers in the HIV&AIDS context.

Some African Theological Perspectives On Caregiving

Let us now turn to explore African perspectives on care giving. For the African church and communities, how is care giving defined? Read the boxed saying and proverb below from the Akan of Ghana.

Aboa a onni dua, Onyame na opra ne ho (It is God/Onyame who drives away the flies for the tailless animal) God, therefore, is the help of the afflicted.

1. 'It is God who pounds fufuu for the one-armed person' God, therefore, is the help of the afflicted or handicapped. (Saayman 1996:158)

From the above Akan proverbs, God/Onyame is presented as a caregiver to the afflicted and handicapped. The first saying presents a God/Onyame who is busy tending to a "tailless animal", that is, helping those who are in situations where they can no longer clean, feed, wash and dress themselves. The proverb uses the imagery of disability. Disability theology is a new theological framework. One of the perspectives it highlights is that disability is something that can and usually happens to all of us through the course of life. We injure our knees, backs, hands, ankles, necks and we lose our sight. As we age, we realise we are no longer able to perform many tasks. Certainly, HIV disables the body by deteriorating its ability to protect itself from infections. AIDS-related illnesses are symptoms of a body that has been disabled by its lack of immunity, hence endless opportunistic infections and the need for constant care. The above Akan proverb states that, "It is God who pounds *fufuu* for the one-armed person". This means that God is the help of the afflicted or handicapped. If God/Onyame is a caregiver then we ought to be caregivers as well.

ACTIVITY 8

1. List proverbs and sayings from your culture/s about care giving and caregivers.
2. Explain how they can help us to become care-giving African communities.

Remembering The Vows Of The Churches & What The Church Can Do

The church has indeed begun to move in the direction of being compassionate with and to caregivers. However, the gravity and breadth of the problem means that the church must do much more if it wants to meet the actual needs. We need more men, volunteers and organisations to be involved. Let us close this unit by reminding ourselves of the commitments of the church from the *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa* and *The Covenant Document on HIV/AIDS*, written by the All Africa Conference of Churches (AACC) (shown below).

We will become caring, safe and supportive communities for people living with HIV&AIDS. We will recognize the heroic work done by caregivers and volunteers, and find ways of supporting them and honouring their ministry (*Plan of Action*, 2001:9).

Covenant 2: Love and HIV&AIDS Care

We shall remember, proclaim and act on the fact that love is from God and everyone who loves is born of God and knows God. Those who say, 'I love God,' and hate their sisters and brothers are liars, for unless you love your sisters and brothers whom you see, you cannot love God whom you have never seen (1 John 4:7-21). We shall, therefore, do all that is necessary and within our power to encourage both men and women to love, care, support and heal all those who are infected and affected by HIV&AIDS in our communities, countries and continent (AACC 2003).

ACTIVITY 9

1. *Re-read the commitment made in the Plan of Action and re-state, in your own words, what the church pledges to do in regards to care-giving.*
2. *State the covenant the AACC and its member churches made with God in the area of care.*
3. *Explain why it is important for the Covenant of care to emphasise three issues: remembering, proclaiming and acting.*

It is notable that the Covenant statement is based on loving our neighbour, just as we have seen in the story of the Good Samaritan. The text, taken from 1 John, is quite emphatic—we cannot say we love God, whom we have never seen, if we cannot love our brothers and sisters that we see. These statements and proclamations of the church are a positive step. But have they been turned into action? Do we have examples of church projects that are giving compassion with and to caregivers? Let us explore two examples from Botswana.

ACTIVITY 10

Describe a church project you know that is giving compassion with and to caregivers.

On Being A Care-Giving Church: Two Cases From Botswana

Two examples of such projects will be described below; one is run by Catholic nuns and another one is run by the Anglican Church. The Catholic nuns in Mogoditshane are running a day care centre for orphans, which include HBC for PLWA. They have identified homes that include sick people, especially those with working caregivers. During the day, while the family caregiver has gone to work, they come in to talk to the sick person, give them food and water, turn and change them.

The Anglicans also run a day care centre, called Holy Cross Hospice, for working caregivers in the family. Families with sick people and working caregivers are identified and the arrangements are made. In the morning their mini van goes to pick

up the sick and bring them to the centre. They spend the day at the centre being cared for, fed, given some skills, and counselled about their future, particularly in regards to their children. At the centre, they mingle with others who are having similar concerns and conditions, thus enabling them to provide support to one another. At the end of the day they are driven back to their homes and reunited with their families. Needless to say, these two projects exemplify giving compassion with and to caregivers. They relieve the caregiver from exhaustion and allow them to continue working. This saves the caregiver from burnout, quitting work and from the vicious circle of poverty.

Compassionate With And To Caregivers: A Congregational Approach

The central inquiry in this unit was: How can we be compassionate with and to caregivers? We underlined the gravity and breadth of the situation which implies that a significant number of people are acting as caregivers to terminally/chronically ill family members. Above, we have two examples of the churches becoming compassionate with and to caregivers. If you and your church leaders want to begin such a project in your congregation, here are some suggestions of where and how to start:

1. Give a factual talk about the huge task of giving care, and challenge the church theologically to the ministry of care giving through involving itself in voluntary support.
2. Find out how many people in your church have chronically or terminally ill people in their care and organise some voluntary caregivers who will assist the affected families.
3. Organise the Mothers Union or youth to do research in your neighbourhood and find out how many families have very sick people in their care.
4. Organise a project on *Man Give Care* which will mobilise other men in the congregation and the community to be involved in caring for the sick.
5. Find out where your village, city or town HBC program is located and express interest in having a training workshop on skills of care giving to chronically ill people for your church.
6. Find out from government programs, NGOs, CBOs and FBOs what they are doing to support caregivers and how your church can collaborate with them.

Assess which of the above ideas is best suited to your congregation. Any of them will be a good beginning to get your church to be compassionate with and to caregivers.

SUMMARY

In this unit, we continued with the journey of putting compassionate faith into action by exploring the magnitude, demands and impact of care giving on caregivers. Though we are looking forward to the day when ARVs will be available to all people who need them. There are currently millions of people with AIDS-related illness that have to be cared for. Our central concerns in this unit were: Why caregivers? What does care-giving entail? Who are the caregivers in the family? How can the church become compassionate with and to the caregivers? What is the theological foundation for being a compassionate church and communities? In answer to the last question, we looked at a biblical passage (Luke 10:25-37) and at African theological perspectives on care giving and caregivers. We revisited the commitment of the church to care giving and caregivers and examined two church projects in Botswana that exemplify compassion to caregivers. Lastly, we outlined possible ways of giving compassion with and to caregivers in the congregation.

SELF-ASSESSMENT ACTIVITY

1. Explain why care giving became central to the HIV&AIDS struggle.
2. Identify the most frequent caregivers in the family.
3. Describe what care giving for the terminally ill PLWA entails.
4. Explain why the caregivers need our compassion.
5. Briefly discuss the theological basis for being compassionate to caregivers.
6. Describe the commitments of the church to care giving and caregivers.
7. Write to your pastor and suggest ways of identifying all caregivers in your church and finding ways of journeying with them.
8. Explain why we need more men in care giving.



FURTHER READING

De la Porte, Andre. 2003. "Hopeful Compassion: Spiritual Care for the Person Living with HIV/AIDS," pp. 122-142. In Musa W. Dube. eds. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programs*. Geneva: WCC.

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WHO. 2002. *Community Home-Based Care in Resource-Limited Settings: A Framework for Action*. Geneva: WHO.

Unit 8

COMPASSION WITH AND TO ORPHANS

OVERVIEW

Welcome to unit 8, which is focused on compassion with and to orphans. We will explore how HIV&AIDS creates and impacts orphans. We explore who cares for orphans and how the church can express its compassionate faith by becoming a parenting church in the HIV&AIDS era.

OBJECTIVES

By the end of unit 8, you should be able to:

- ✂ Describe the magnitude of orphans in the HIV&AIDS era
- ✂ Describe the situation and needs of orphans
- ✂ Discuss the theological basis for compassionate acts with and for orphans
- ✂ Discuss the commitments of the churches towards orphans
- ✂ Propose ways of being an orphan care-giving (parenting) church

TOPICS

Unit 8: Compassion With And To Orphans

Introductions: Orphans in the Age of HIV&AIDS

The Magnitude and Challenge of Orphans: A Statistical Picture

Theological Basis for Compassionate Acts with and to Orphans

- ✂ Hebrew Bible Perspectives
- ✂ Indigenous African Perspectives on Orphans
- ✂ New Testament Perspectives on Children and Orphans

Remembering the Commitments of the Church to Orphans

Faith in Action: A Case Study from Botswana

Getting into Action: What You Can do at a Congregational Level

Summary, Self-Assessment Activity, Further Reading

BOX 1

A caregiver was reported to have suffocated a nine-year orphan to death after learning of her HIV status. A man was reported to have driven his sister's children more than 100 kilometres away and abandoned them by the roadside. He feared that the children could be infected and he was not ready to nurse them when they got terminally sick. Some Good Samaritan found them and brought them back to their grandmother who takes care of them. (ASU 1998: 15).

AIDS has exposed orphans to severe social, psychological and economic stress. In most cases before death, children serve as caregivers to their parents. After death they also end up providing care to their grandparents who were initially their caregivers. With the death of their parents, orphans lose their economic base, parental guidance and care. The assessment identified several orphans who are emotionally stressed as they get into the second and third generation of orphan hood, having lost their biological parents, followed by the second and third caregivers. After they lose all potential caregivers they have no other options but to *look after themselves*. Many of them are worried about death, the future or the welfare of their younger siblings in case they also die (21).

While the above is a quote from a Botswana case study, UNAIDS confirms that:

Children in households with HIV-positive member suffer the trauma of caring for ill family members. Seeing their parents or caregivers become ill and die can lead to psychosocial stress, which is aggravated by the stigma so often associated with HIV&AIDS. *Many children are struggling to survive on their own in child-headed households*. Others have been forced to fend for themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialised and under-educated young people (2001:29-22).

These quotes give us a window into the situation of orphans in the HIV&AIDS context. Those who lost their parents and guardians to AIDS not only suffer multiple griefs, they also experience HIV&AIDS stigma and discrimination. The stories in box 1 tell of children being murdered and abandoned for fear that they may be infected by HIV. Orphaned children suffer stigmatisation not only from neighbours, friends, schoolmates and teachers but also from family members, as the above story indicates. This often leads to school dropout, child labour, sexual exploitation and sex work, making their chances of contracting HIV even higher. The orphaned girl-child is particularly prone to abuse and often carries heavier burden of care. *The Rapid Assessment on the Situation of Orphans in Botswana* of 1998 found that:

The lives of the orphans, especially young girls, have been transformed from childhood. They become not only care givers, but in some instances the heads of households. They are barely mature enough to understand what it means or have acquired the basic skills needed. The team interviewed girls who were sexually harassed by clients. They could not discuss the issues freely as they feared losing care they received from their caregivers. Some had been denied the opportunity to go to school. These conditions force them into early marriages and opportunistic commercial sex (1998:21 &23).

The opening stories, in box 1, identify three categories of need: social, psychosocial and economic. We should note that orphans need long-term solutions. That is, even if we were to discover an HIV vaccine today, we would still need to offer compassion with and to orphans for at least a quarter of a century for them to become fully empowered members of our societies and world. The opening quote from the Botswana study and the UNAIDS research project indicate that orphans are actively involved in dealing with their situations—offering compassion to their parents, grandparents and siblings. Our compassion with and to orphans is therefore a must. Our interventions should begin by listening to the orphans and building on their own efforts.

ACTIVITY 1

1. *Write down a story that you have heard about orphans from your own country.*
2. *List organisations and departments that care for orphans in your country. Explain what they do for orphans.*
3. *Describe what your church does to show compassion with and to orphans.*

The Magnitude And The Challenge Of Orphans: A Statistical Picture

How many orphans are there? UNAIDS research in 2002 found that, “AIDS has orphaned at least 10.4 million children currently under 15 years of age (that is, they have lost their mother or both parents to the epidemic). The total number of children orphaned by the epidemic since it began—13.2 million—is forecast to more than double by 2010” (2001:27). In their book *AIDS: Meeting the Challenge (2004)*, Weinreich and Benn found that “More than 14 million children below the age of 15 have lost one or both parents due to AIDS” (32). These numbers tell us the magnitude and the challenge of AIDS orphans. These children have economic, social, psychological and spiritual needs. If they are to grow up as a socially empowered generation, their needs must be addressed. Orphans are not only children of today—they are the adults, the workers, the leaders and the parents of our future world. Securing their future is securing the future of our world. How can the church become compassionate with and to orphans? What should guide the church? What are the theological perspectives that should inform the church’s acts of compassion with and to orphans? We will explore these questions after the activity below.

ACTIVITY 2

1. *Research the number of orphans in your country.*
2. *Describe a church project in your community focused on orphans.*

Theological Basis For Compassion With And To Orphans

In search of a theological basis for compassion with and to orphans, we will examine both biblical and African resources. In this module we use the phrase *compassion with and to orphans* to underline that orphans are not helpless, awaiting our compassion. Rather, they have clear ideas about what they need for their lives. They are taking care of one another and sometimes heading their own households. Orphans are compassion givers. Our compassion, therefore, must be inclusive to their interests and needs. An approach that ignores the voices of the oppressed runs the risk of patronising and thus failing to empower or liberate the concerned group. Let us begin to assess some biblical and African theological perspectives on orphans and how they can inform our quest for being compassionate with and to orphans in the HIV&AIDS context.

Some Hebrew Bible Perspectives

Did orphans exist in the Bible? What did the Hebrew Bible say about orphans? Please, read the quotes in box 2 (shown below) for a glimpse of the biblical perspective on orphans:

BOX 2

You should not abuse a widow or orphan. If you do abuse them, when they cry out to me, I will surely heed their cry; my wrath will burn, and I will kill you with the sword and your wives shall become widows and your children orphans (Exodus 22: 22-24).

For the Lord your God is God of gods and the Lord of Lords, the great God, mighty and awesome...who executes *justice for the orphan and widow*, and who loves strangers providing them food and clothing. You shall also love the *stranger*, for you were strangers in the land of Egypt (Deuteronomy 10: 17-19).

You shall not deprive a resident alien or an orphan of justice; you shall not take a widow's garment in pledge. Remember that you were a slave in Egypt and the Lord redeemed you from there. Therefore, I command you to do this (Deuteronomy. 24:17).

If you *do not oppress the alien, the orphan, and the widow*, or shed innocent blood in this place, and if you do not go after other gods to your own hurt, then I will dwell with you in this place, in the land that I gave of old to your ancestors forever and ever (Jeremiah 7: 6).

What is the theme in the quotations listed above? In all of the quotations the orphan, widow and stranger are grouped together. They are grouped together because they represent some of the most vulnerable members our communities. Why are the orphans and the widows regarded as vulnerable? Both have lost the man who was their legal guardian: the orphan lost a father and the widow a husband. Since most societies of ancient and contemporary times were patriarchal (male-centred), women and children did not have legal property rights. They could not inherit the property from their male relative unless there was another close male relative who was willing to intervene. The death of a husband or father automatically meant that the widow or

orphan was faced with poverty. The story of Ruth, in the Bible, exemplifies this situation. These social circumstances made orphans and widows some of the most vulnerable groups. Thus, they were identified as being in need of special protection. In the Old Testament both the orphan and the widow were under God's care. While these circumstances were true for women and orphans in ancient biblical times, they also continue to hold true for women and orphans in some modern cultures as well.

ACTIVITY 3

Please re-read the verses in box 2. Identify a perspective from the biblical passages that should inform and provoke our compassion.

It is important that we identify a theological basis, provided by the verses to protect orphans (widows will be considered in the next unit) from exploitation and abuse. The first three quotes are taken from the parts of the Bible considered *law*, thus they are *legal protection of orphans*. Secondly, we note that in the first verse, *God is presented as the protector of orphans and widows*; any abuse will be heeded by God who will respond swiftly and vengefully: "I will kill you with the sword and your wives shall become widows and your children orphans" (Exodus 22:22-24). In this verse God is depicted as a man talking to other men—God will thus respond by inflicting orphan hood and widowhood on their (men's) families. The verse intends to challenge each man/husband to imagine their own children and wife orphaned, widowed and subjected to random abuse. The challenge presupposes that no man/husband would want his children to be orphaned and or his wife to be widowed and subjected to random exploitation and oppression. The verse thus underlines that God is the unequivocal protector of these vulnerable members of society. A person who ignores and abuses orphans and widows ignores and abuses God—at their own risk! Orphans (and widows) are God's children and are under God's watchful eye. Above all, this verse assumes that if we are God-fearing worshippers, like God our Parent, we will be compassionate to orphans (Luke 6:36).

Thirdly, it is notable that *the above verses recall the Exodus story*—that is, the story of God as a compassionate liberator God who was moved by compassion to free the Israelites from the oppression of Pharaoh. In unit 2, we discussed the liberator God as

a compassionate God. God was compassionate to the Israelites: he saw their suffering, knew their pain and liberated them from slavery. We acknowledged that God is still the compassionate God who takes the side of the oppressed. Since Israelites were recipients of God’s compassion at a time of their suffering, they (and we) are expected to be givers of compassion to marginalised groups—in this case orphans, widows and aliens.

Fourthly, God as the protector of orphans has implications for everyone in society. It does not mean that we should neglect the needs of orphans, aliens and widows, while waiting for God is taking care of them. The first implication is that if God protects orphans, who will dare to act to the contrary? The reference to the Exodus story suggests that just as the Israelites enjoyed the compassion of God who set them free from oppression, we are called to give compassion and avoid abusing the vulnerable and powerless. In unit 2, we noted that God’s compassion was demonstrated through sending “Emmanuel the God With Us” (Matthew 1:23) to be fully immersed in the human condition of suffering and survival. It is the same God that calls all of us, not only the Israelites, to be compassionate. Christians are challenged to remember that Christ is the embodiment of God’s compassion to humanity. Now that the Spirit allows the Christians to cry “Abba Father...bearing witness...that we are children of God” (Romans 8:15), the gospel of Luke reminds believers that acknowledging God’s Fatherhood has implications: we are called to be “compassionate just as [y]our Father is compassionate” (6:36). In fact, if you re-read Deuteronomy 24:17, in box 2, you will realise that the God who cares for orphans says, “*Therefore, I command you to do this*”. Those of biblical faith are commanded to care for orphans, widows, aliens or vulnerable groups in their communities and to make sure that they are not denied justice.

ACTIVITY 4

Use a verse in box 2. Design a poster to help your church begin a project on orphans.

Some African Perspectives On Orphans

Sotho-Tswana traditions also acknowledge that orphans often face hardship. The following three sayings and proverbs are good examples. First, the Sotho say that an

orphan is a, “*Ke namane ea kanyesetsa*”. This translates to mean that an orphan is, “A calf getting milk from other cows”. They go on to say, “*Namane ea kanyesetsa ha e hole*” (translated as “A calf that depends on another cow’s milk does not grow”). This is an identification of the fact that the life of an orphan is difficult. Another Sotho saying reads, “*Khoho ha e tlohelisoa mahe, a bola*”. This translates to mean “If a hen is made to abandon its eggs, they will rot”. This phrase is meant to highlight that: “The absence of a parent brings hardship to children” (Mokitimi 1997:47, 50, 55). Contrary to the biblical images, orphanhood and parenthood are defined by female imagery of nurturing: cow and hen.

ACTIVITY 5

1. *Outline the cultural aspects that make orphans vulnerable in your society.*
2. *List some sayings and proverbs about orphans and orphan-hood in your culture. Explain what they tell us about orphans.*

In box 3 below, we have two Akan proverbs about God. Please, read them carefully and answer the activity questions that follow.

BOX 3

1. If you cheat the crab, God sees your buttocks. (Nothing is hidden from God; all cheating and unkindness that people do to each other are seen by God, who brings them to book).
2. If God gives you a calabash full of palm wine and a living man kicks it over, God fills it up again. (When God blesses a person and an evil-minded person or neighbour attempts to thwart it, God continues to bless that person).

ACTIVITY 6

1. *Explain how the above proverbs can assist us in building a theology that empowers orphans.*
2. *Compare these proverbs with the Hebrew Bible verses in box 2. How is God portrayed in regards to the vulnerable in these two perspectives?*

Some New Testament Perspectives On Children And Orphans

Did Jesus ever say anything about orphans? In the gospels Jesus did not speak specifically about orphans, but he spoke about children. It is important that we should consider what Jesus said about children because the difficulties of orphans are inextricably linked to their status as minors who have no legal status in most societies. Let us read Mark together to discover Jesus' perspective on children's empowerment (see box 4 below).

BOX 4

People were bringing *little children* to Jesus in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, 'Let the little children come to me; do not hinder them; *for the kingdom of God belongs to them. I tell you, whoever does not receive the kingdom of God as a little child, will never enter it.*' And Jesus took them up in his arms, laid his hands on them and blessed them.

From the above story, we see that the children of ancient times were disempowered, just as they are today. Note that the disciples, the followers of Christ, did not think that children had the right to come to Jesus. Hindering children from coming to Jesus, or God, includes letting children suffer from HIV&AIDS stigma, hunger, sexual abuse, child labour, lack of legal protection, and lack of guidance and love.

Activity 7

1. Write about your church: are they like the disciples—hindering children from coming to Jesus?
2. Suggest how your church can empower and protect children.

In the above story Jesus is clearly stating his perspective on the social status of children is saying that:

- Children should not be hindered from coming to him
- The kingdom of God belongs to them
- They are the model of acceptable faith
- Lastly, that Jesus, who was a man, takes them in his arms and blesses them

By his acts and works Jesus has moved children from powerlessness to being powerful and respectable members of society. God's very kingdom belongs to them. Adults who aspire to enter God's kingdom, to know and do God's will, should use children as a role model. In other words, children are specially empowered in the ethics of God's kingdom, both through having a place and having a voice. Moreover, Jesus sets an example for men—men should hold and care for children, that they can be a blessing for children, instead of hurting or sexually abusing them. Jesus' teaching on children offers a theological position that challenges the church to protect and empower children, especially in the context of HIV&AIDS. This perspective should help Christian believers to look closely at their theological resources, ensuring that child empowerment is at the centre. Thus, the church will empower children in order to build communities and churches that respect and honour children's rights.

In addition to Jesus' focus on child-empowerment, traditional Botswana sayings give us the following wisdom: the Setswana believe that "*Susu a ilelele suswana gore suswana atle a moilele,*" (Translation: The elders must respect children so that children will respect them). In other words, children have full human rights just like their elders. They also state, "*Botlhale jwa phala bo tswa phalaneng*" (Translation:

The wisdom of the elders comes from the young ones). These saying stresses that children should be listened to, they should not be dismissed on the basis of age; in fact, they are cradles of wisdom. Another saying states, “*Ngwana yo o sa le leng o swela tharing*” (Translation: A child who does not express himself/herself can die on its mothers back). This saying highlights the importance of allowing children to articulate their needs and to respond accordingly. We need to recover and emphasise these beliefs to encourage our communities and churches to listen and travel with children, especially orphans in the HIV&AIDS era.

ACTIVITY 8

1. *Write down some sayings and proverbs from your culture/s about children. Explain if they empower or dis-empower children in the society.*
2. *Write down a folktale that features an orphan. Explain how it can assist us in understanding the plight of orphans and empowering all children, especially orphans.*

What does the New Testament say about orphaned children in particular? James 1:27 reads, “Religion that is pure and undefiled before God the Father is this: to care for orphans and widows in their distress.” Clearly, in the ancient times, it understood that orphans and widows, who had lost their legal guardians, were likely to experience distress. James 1:27 resonates with Matthew 25:31-46 (which we studied in Unit 3), by strongly linking faith with compassion, so much so that faith or religion without compassion is not considered faith at all. It is these perspectives that should move all believers to be compassionate faith communities towards orphans in the context of the HIV&AIDS epidemic.

Remembering The Commitments Of The Churches To Orphans

We have now seen that there is a strong and clear theological basis for being compassionate with and to orphans. Let us now turn our attention to the church and explore how this theological basis has informed and moved them to respond to orphans in the HIV&AIDS era. Has the church made any vows, commitments or

covenant with God concerning orphans? Actually, the church has publicly declared its compassion with and to orphans. Please read the quotations in box 5.

BOX 5

We will support local congregations in caring for child-headed families and all vulnerable children, especially orphan. We will encourage our churches to initiate or collaborate with income generating programs for people living with and affected by HIV/AIDS, especially families caring for orphaned children (*The Plan of Action*, 2001:10).

Covenant 7: Children And HIV&AIDS

We shall remember, proclaim and act on the fact that, the Lord our God welcomes children. God has given his kingdom to them and God is the father of all orphans (Mark 9:33-37; 10:13-16; Psalm 68:5 and Psalm 146:9). We shall, therefore, work to empower and protect all children and denounce all the national and international structures, cultures, policies, laws and practices that expose children to sexual abuse and exploitation. We shall also work to protect children from HIV&AIDS stigma and discrimination, the dispossession and poverty and from exposure to HIV&AIDS infection and a lack of quality care (AACC 2003).

Thus, the church has pledged to:

1. Support local congregation in caring for child-headed families and all vulnerable children, especially orphans.
2. Encourage churches to initiate or collaborate with income generating projects for PLWHA and families caring for orphaned children.
3. Remember, proclaim and act on the fact that the Lord God welcomes children and that God is the father of all orphans.
4. Work to empower and protect all children.
5. Denounce all national and international structures that expose children to sexual abuse, exploitation, stigmatisation, dispossession and poverty.

ACTIVITY 9

From the above listed commitments of the church towards children and orphans, describe an activity undertaken by your church or one that could be taken that confirms this position.

Faith In Action: A Case Study From Botswana

Let us examine one example of a church acting in compassion with and to orphans in Botswana, a country with about 80,000 orphaned children. The government is attempting to ensure that orphans' needs are met; however, the challenge requires the intervention of other actors, including the church. The Botswana Christian AIDS Intervention Program (BOCAIP) has an orphan project called Bana Ba Keletso (Translation: Children of our Dreams). It is a day care project for non-school going orphans. It is located in Molepolole Village, about 40km from Gaborone. It hosts about 300 orphans and is assisted by volunteer mothers who come to spend the day with the children.

The Bana Ba Keletso project collects orphaned children from their homes in a mini bus in the morning and brings them to the centre to spend the day. During the day, they are washed, fed and taught games, songs, drawing, reading skills and how to be self-assertive. At the centre the children play with others. Children with special needs, such as those who display depression, symptoms of abuse or AIDS, are identified and given further attention. For example, those that need medical or social welfare services are referred to further services. In the evening, the children are delivered back to their homes to sleep. The program thus seeks to meet material, psychosocial and social needs of orphans without separating them from their relatives or their siblings. It relieves overly burdened grandmothers and protects children from child labour, stigmatisation, verbal and physical abuse—at least during the day. Children spend their time in an environment in which they receive love, counselling, care and guidance and yet they are not separated from their surviving relatives and siblings.

ACTIVITY 10

Describe an orphan care project in your community, country or church.

Getting Into Action: What You Can Do At A Congregational Level

Our central concern in this unit is: How can we become compassionate with and to orphans? How can the church become a parenting church to AIDS orphans? This question is important given the fact that 15 million children have already been orphaned and the number is expected to double by 2010. We further underscored that orphans will be with us for the next twenty-five years, even if we discover HIV vaccines today. We pointed out the orphans are the children of today and the adults of the future, who shall shape and lead our world. It is therefore important that they are given all they need to become fully functional individuals in the society. We opened the unit by identifying the material, mental, social and spiritual needs of orphans'. We explored one example of the church becoming compassionate with and to orphans.

If you and your church leaders want to begin such a project in your congregation, here are some suggestions of where and how to start:

1. Give a factual talk on the challenges faced by orphans and challenge the church theologically to undertake a ministry of orphan care giving through voluntary service.
2. Find out what other churches are doing and how to work with them.
2. Find out how many people in your church have orphaned children in their care and organise some voluntary caregivers who will assist the affected families.
3. Find out where your village or city orphan social welfare programme is located and express interest in have a training workshop on needs of orphans. Or set up a training session orphan care giving for the men, youth and women of the church. Thereafter, either:
 - a. Organise the Mothers' Union or Youth to do research in your neighbourhood to find out how many families have orphaned children in their care.

- b. Organise the youth to work with social workers to identify abused orphans, child-headed household, school dropouts, and HIV positive children and find ways of compassionately empowering them.
- c. Organise a project titled “Men do Give Care” to mobilise men in the congregation and the community to be trained and involved in a campaign against intergenerational sex and sexual abuse of the girl-child.
- d. Find out from NGOs, CBOs and FBOs what they are doing to support orphans and how your church can collaborate with them.
- e. Organise a children’s Sunday service that features orphans in the program.
- f. Lobby your church to budget for orphan care.

Assess and decide which of the above ideas is best suited to your congregation. You do not have to do all of them. Any one of them will be a good beginning to get your church to be a compassionate, parenting church with and to orphans.

SUMMARY

In this unit we examined:

- The needs and magnitude of orphans in the HIV&AIDS epidemic
- Theological basis (biblical and African) for compassion with and to orphans
- The written commitments made by the churches to travel with orphans
- One church orphan care project as an example of putting faith in action
- Various possibilities for getting your faith community to start an orphan care project to express its compassion with and to orphans

SELF-ASSESSMENT ACTIVITY

1. State the current estimated number of orphans in the world.
2. Describe the needs of orphans in your country.
3. Discuss two biblical perspectives on orphan care.
4. Discuss some African perspectives on orphan needs and plight.
5. State three items that the church committed itself to do for orphans.
6. List three possibilities for starting an orphan care project in your church or community.



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Unit 9

COMPASSION WITH AND TO WIDOWS IN THE HIV&AIDS CONTEXT

OVERVIEW

Welcome to unit 9. We shall be journeying further in our quest to put our compassionate faith into action. We shall focus on widows in the HIV&AIDS context and explore the magnitude of the problem. We shall look at the cultural and biblical basis for being compassionate towards widows and ways of collaborating with the government and NGOs to empower widows.

OBJECTIVES

By the end of this unit, you should be able to:

- ✂ Describe the situation of widows in the HIV&AIDS era
- ✂ Expound on the biblical base for compassionate care with and to widows
- ✂ Discuss the commitment of the churches towards widows
- ✂ Suggest practical ways of empowering widows
- ✂ Design a church project for collaborating with NGOs and governments to empower widows

TOPICS

Unit 9: Compassion With And To Widows In The HIV&AIDS Context

Introduction: Listening to the Voices of Widows

Moving with Compassion: Theological Perspectives on Widows

- ✂ Hebrew Bible on Widows
- ✂ New Testament on Widows

Remembering the Commitment of the Church

Faith in Action: Compassion with and to Widows in the HIV&AIDS Era

Summary, Self-Assessment Activity, Further Reading

Introduction: Listening To The Voices Of Widows

In the last unit, we realised that the social standing of orphans and widows is linked in patriarchal cultures (male centered cultures) because both are rendered powerless in such societies. Gender construction (the social roles given to men and women) in patriarchal societies are constructed from the male (patriarchal) perspective. These often assign women to the status of minors and associate them with evil. For example, in Genesis 2-3, Eve was not only created from and for Adam but she led humanity into sin by listening to the serpent. Remember that in unit 1, in our definition of stigma, we said that HIV&AIDS stigma and discrimination is often linked to pre-existing stigma. For women and widows, HIV&AIDS stigma and discrimination is linked to pre-existing social constructions that associate women with evil, illness, powerlessness and care giving. Widows are forced to carry the burden of care for their sick husbands and children, are accused of witchcraft when their husbands die, face gruelling death cleansing rituals, are subjected to levirate marriages and sometime are dispossessed of their properties.

ACTIVITY 1

1. *Look at your culture. Is the origin of evil linked to women in your culture?*
2. *Explain how the pre-existing constructions of women in your culture expose them to further stigmatisation in widowhood.*

Statistically, it is difficult to find information that specifies the number of women who are widowed per year as a result of HIV&AIDS. It is also difficult to find projects that specifically seek to meet the needs of widows. Information about widows tends only to be mentioned in relation to HIV&AIDS prevention, especially when the rituals of death are assessed for their role in aiding the epidemic. The silent and silenced voices of widows suggest two things: first, it is an area that still needs further research and secondly, compassion with and to widows is vital. It is, therefore, important for us to listen to the voices of widows in the HIV&AIDS era. In box 1, we have two stories that give us a window into the lives of widows in HIV&AIDS contexts.

BOX 1

My husband was ill for six months and passed away from AIDS when he was 35. He used to work as a general labourer in a big firm and only came home at weekends. We had eight children, but the last two both died. This leaves me with six children to feed. It is very hard. The eldest have had to leave school to try and earn money, but I am trying to keep the youngest four in school. In the early stages of my husband's illness we could cope. It became difficult when he lost his job. We had to spend a lot of his savings on special food for him and he lost his medical coverage. I grow maize and try to make money selling crochet work, but it is not sufficient. If I die, the oldest children will have to take care of the young ones (SAFAIDS & WHO 1995:22).

Deborah in Uganda lost her husband to AIDS and is herself very sick. Her brother-in-law tried from the beginning to inherit her, but she categorically refused so as not to infect him and his wife. He repeatedly told her he does not care that she has AIDS and is willing to take the risk of becoming infected. He harassed her for almost a year; when she held firm and refused, he cut off all financial support to her and her four children. Once she refused him, she was ostracised by the entire family and cannot rely on them for anything, even moral support. Now he is trying to claim the land that his brother left jointly to them (SAFAIDS & WHO 1995:20).

Let us first begin by assessing the *agency* of these widows. By using the term 'agency' we are drawing attention to the fact that widows are not helpless people awaiting our compassion. Rather, *widows are active decision makers, who are fully confronting their situations and making efforts to find solutions to their problems*. They are makers and givers of compassion even when their situations are very unfavourable. It is important to acknowledge their agency for it is only then that we seek to give *compassion with active* widows. In the first story, we met a woman who provided care to her husband for six months prior to his death and then provide care to her children before their death. She is now a provider for six children. She grows maize and does crochet to raise money to feed her children and keep them in school. Her efforts are not enough, so she has been forced to send the eldest children to work. Given the fact that her husband died of AIDS, she anticipates that she may die the same way. She plans that, "the oldest children will have to take care of young ones".

ACTIVITY 2

State two ways that the church can show compassion with and to this widow.

Let us examine the second story, the story of Deborah in box 1. She is a widow who is already sick. Nevertheless, she demonstrates agency in the struggle against the spread of HIV through determined refusal to accept her brother-in-law's insistence to inherit her. Deborah knows that this would infect him and his wife. She has suffered greatly for her honourable decision. Like the woman in the former story, she is a mother of four children and her material inheritance is being taken from her because she refuses to enter a levirate marriage. In both cases, we know that the widows may be dying soon, but what about their young children? Who will care for the widows? Perhaps now you understand why widows and orphans are closely linked in the Hebrew Bible.

ACTIVITY 3

Imagine that you are Deborah's pastor; what acts of compassion would you show her?

Moving With Compassion: Theological Perspectives On Widows

The stories in box 1 have helped us to hear the voices of widows as voices of compassion, in need of compassion. They help us to see the situation of widows, as sick mothers, trying to provide for themselves and their children and confronting unfriendly cultural biases. They helped us to see that widows are not helpless, rather they are agents of their own lives, working hard to prevent the spread of HIV and to raise their children. They also highlighted that the widows' efforts need support from Faith Based Organisations (FBO) and Community-Based Organisations (CBO). In this section, we will look at the scriptures to identify biblical perspectives on compassion with and to widows. We will start by examining perspectives from the Hebrew Bible and will then examine the New Testament.

Hebrew Bible On Widows

BOX 2

Do not oppress the widow, the orphan, the alien or the poor; and do not devise evil in your hearts against one another (Zechariah 7:10).

Learn to do good; seek justice, rescue the oppressed, defend the orphan, *plead for the widow* (Isaiah 1:17).

Father of orphans and protector of widows is God in his holy habitation (Psalm 68:5).

In these three verses, as we have seen in the previous unit, widows appear together with orphans and aliens, as some of the most vulnerable members of society. The first verse is a command: “*Do not oppress the widow*” (Zechariah 7:10). The second verse encourages believers to “seek justice” and to “*plead for the widow*”. In the last verse, *God becomes the “protector of widows”*. Since we have already explored this theological perspective in the previous unit, we shall not dwell further on it. It suffices to emphasise that God is depicted as the protector of widows, which has ethical implications for us. First, it means that no one should exploit widows, for God is watching. Secondly, it means that all godly people and organisations should ensure that widows’ rights and needs are fully met. Let us now turn to the New Testament and explore its perspective on widows.

ACTIVITY 4

Use Isaiah 1:17, in box 2 to design a slogan that mobilises the church to campaign for widows’ rights.

New Testament On Widows

In the New Testament, the Gospel of Luke and Acts feature a number of widows. At the very beginning of Luke’s gospel, Prophet Anna, the widow, is featured as a woman of prayer who welcomes the arrival of Jesus (2:36-38). In this gospel, Jesus raises a widow’s son back to life (7:11-17), tells the parable of the widow and the

unjust judge (18:1-8) and comments on the widow's offering (21:1-4). In Acts, widows' needs lead to changes in leadership (Acts 6:1-7) and Thabita/Dorcas is featured as devoted to the care of widows (Acts 9:32-43). Let us now look closely at Luke 18:1-18, the parable of the widow and the unjust judge.

BOX 3

Then Jesus told them a parable about the need to pray always and not to loose heart. He said, In a certain city there was a judge who neither feared God nor had respect for people. In that city there was a widow who repeatedly came to him saying, 'Grant me justice against my opponent'. For a while he refused, but later he said to himself, though I have no fear of God and no respect for anyone, yet because this widow keeps bothering me, I will grant her justice, so that she may not wear me out by continuously coming. And the Lord said, Listen to what the unjust judge says. And will not God grant justice to God's chosen ones who cry to God day and night? Will God delay long in helping them?
I tell you, God will quickly grant justice to them.

The story features two people: a widow and a judge. One is powerful (the judge) and another is powerless (the widow). The widow comes to the judge to plead with him to use his power for her situation—namely, seeking justice. The widow's request from the judge is: "grant me justice from my opponent". The story does not tell us what exactly her grievance was. Perhaps a relative had taken all property from her without securing her position. Whatever it was, she was desperate, for the story tells us that she was "continuously coming" with the same request. The unjust judge finally decides to grant her request. However, the judge did so not because he believed that she deserved justice but rather because he did not want the widow to bother him.

ACTIVITY 5

Using Psalms 68:5, in box 2, explain why the judge is characterised as one who did not fear God.

How does Jesus respond to the judge's careless handling of the widow's needs? First, it is notable that the unjust judge is described as one "who neither feared God

nor had respect for people.” It is not surprising that he did not pay attention to a widow. He displayed no respect for the fact that “God is the protector of widows” and that we are encouraged to “learn to do good, seek justice, rescue the oppressed, defend the orphan, *plead for the widow*” (Isaiah 1:17). Jesus thus compares the unjust judge with God, a just judge. He asks: “And will not God grant justice to God’s chosen ones who cry to God day and night? Will God delay long in helping them?” Note that Jesus characterises the widow among: “The chosen ones who cry to him day and night”. These are the oppressed, the aliens, the widows—the most powerless members of societies. God has chosen to keep an eye on them. The question now is: does God ignore the widows’ requests like the unjust judge? Jesus is quite emphatic about his answer: “*I tell you, God will quickly grant justice to them.*” As said earlier, the perspective of a God who watches over and takes care of the most oppressed members of our societies, challenges all members of the society to have the same attitude. In this story, the unjust judge delays giving justice to the widow. God, on the other hand, is portrayed as a just judge who makes sure that justice is quickly served to the widow because justice delayed is justice denied. Such is the requirements from faith communities as they seek to be compassionate with and to widows in the HIV&AIDS era.

ACTIVITY 6

List ways in which your church can become a protector of widows’ justice.

Remembering The Commitments Of The Church

Let us examine the vows made by the church towards widows in box 5 below. Please, read the church’s commitment carefully and answer the questions in activity 7.

BOX 5

We will also help widows, widowers and caregivers who have responsibility for children especially those elderly people who are caring for grandchildren, or left destitute by the death or sickness of adult children (*Plan of Action* 2001:10).

Covenant 6: Gender Inequalities And HIV&AIDS

We shall remember, proclaim and act on the fact that the Lord our God, created humankind in his/her image. In his/her image, he/she created them male and female, he/she blessed them both and gave both of them leadership and resources in the earth; he/she made them one in Christ (Genesis 1:27-29; Galatians 3:28-29). We shall, therefore, denounce gender inequalities that lead men to risky behaviour, domination and violence; that deny women leadership, decision making powers and property ownership thus exposing them to violence, witchcraft accusation, widow dispossession, survival sex and fuelling HIV&AIDS infection and lack of quality care and treatment (AACC 2003).

ACTIVITY 7

1. *State the pledge in the Plan of Action towards widows.*
2. *In Covenant 6, what is the problem confronting widows?*

Faith In Action: Compassion With And To Widows

Church commitments, vows, plans of action and covenant documents are all statements of intent. They describe what the church needs and plans to do. It is the members of faith communities, you and I, who must put these statements of intent into action in our congregations. Consequently, one major aim of this module is to contribute towards building “*an HIV&AIDS competent church.*” Our question in this section, therefore, is: “What can you and your faith communities do to be compassionate with and to widows in the HIV&AIDS era?” Below are some ideas are action:

1. Give an informative talk about the situation of widows in your country.
2. Give a sermon about God and widows and challenge the church to pay heed to the needs of widows.
3. Use *AfricaPraying: A Handbook on HIV Sensitive Sermon Guidelines and Liturgy* (page 196-200) to lead a Bible study for the Mother's Union or women's meeting on widows in the Bible and their situation now.
4. Bring a speaker from an NGO who is specialised in this issue to your church and have him/her lecture about the needs of widows in your country.
5. Bring a widow to your church to tell her story of struggle and survival.
6. Work with your church leader to establish a department of widows and orphans in the church.
7. Work with the Mother's Union to identify widows in your church and the neighbourhood.
8. Work with youth to assist sick widows who have school aged children with homework.
9. Work with lawyers in your church to assist sick widows with children to write their wills to protect their children from dispossession and to assist dispossessed widows to get justice; lobby the government to put in place legal protection of widows and orphans.
10. Work with social workers in the church to assist widows.

These are just a few ideas; there should be many more things that you and your church can do to show compassion with and to widows. You do not have to attempt to do all of them. Choose one or two, which seem most appropriate for your context and get your church active.

ACTIVITY 8

1. Write down one item from the above list which interests you most.
2. Explain how you intend to get your church involved with your chosen item.

SUMMARY

In this unit, we began by listening to the voices of widows in the HIV&AIDS era. We sought to understand their situation and needs. We analysed HIV&AIDS stigma confronting widows as a reflection of patriarchal cultures that characterize women as weak minors, without legal and property rights, and associates them with evil. We realised that widows in the HIV&AIDS era are normally women who have given care to their late husbands, who are taking care of their children, who are likely to be HIV positive, and who, more often than not, are facing dispossession and poverty. We realised that they are not helpless but are actively confronting their situation; they are givers of compassion to their family members. Nonetheless, we underscored that they need compassion to affirm their efforts. Secondly, we explored the Hebrew Bible and the New Testament for theological perspectives on widows. We realised that God is depicted as the protector of widows, insisting that justice should be served to widows in our societies. Thirdly, we explored the commitment of the church towards widows and found them encouraging. Lastly, we outlined ten possible activities that one can do at a congregational level to be compassionate with and to widows.

SELF-ASSESSMENT ACTIVITY

1. List challenges facing widows in the HIV&AIDS era.
2. What are patriarchal cultures and why do they often make widows powerless?
3. Discuss theological perspectives from the Hebrew Bible regarding widows.
4. Discuss the New Testament perspective on widows.
5. Describe the church's commitment towards widows in the HIV&AIDS era.
6. List six activities that can be done to show compassion with and to widows at your church.



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Unit 10

COMPASSION AS STEWARDSHIP IN GOD'S CREATION

OVERVIEW

Welcome to the last unit! We are now taking the last part of our journey in exploring how to practically express our compassionate faith. In this unit we will focus on God's created world and human beings as stewards of creation. We will define stewardship as the responsibility of managing God's creation to the intended standard of the Creator. Compassion shall therefore be seen as part of good stewardship, that is, the art of constantly working to keep all of creation to God's standard. Compassion will be seen as partnership with God in fighting all forms of discriminations, injustice, poverty and human rights violations. We shall thus read and interpret Genesis 1 in light of compassion as good stewardship. Our aim in reading Genesis 1 is to explore how life was created and to grasp the quality of life that God intended for us to have. Our assumption is that when we understand God's standard for creation, we will become compassionate stewards.

OBJECTIVES

By the end of this unit, you should be able to:

- ✂ Define stewardship
- ✂ Explain the link between stewardship and compassion
- ✂ Discuss the biblical basis for human stewardship over creation
- ✂ Analyse Genesis 1 for compassionate stewardship
- ✂ Discuss the commitments of the church as acts of compassionate stewardship

TOPICS

Unit 10: Compassion As Stewardship In God's Creation

Introduction: Defining Stewardship

Compassion as Good Stewardship with God's Creation

Listening to the Creator God in the Created World (Genesis 1)

Interpretation of Genesis 1 for Compassion as Good Stewardship

✠ Creation of Human Beings

✠ Verses 28-31: Stewardship and the Right to Resources

Sacredness of Life, Stewardship in Creation & Compassion

✠ Sacredness of all Created Life

✠ Why do We Need Compassion?

✠ Compassion as Stewardship with God's Created World

Remembering the Church's Commitment

Summary, Self-Assessment Activity, Further Reading

Introduction: Defining Stewardship

Let us begin by defining *steward* and *stewardship*. According to Emmanuel Asante, “[A] *steward is a person entrusted with management of another’s property.... the Steward is a servant, not in the sense of one who simply takes orders and does the bidding of another. Rather, the steward decides, gives orders and takes charge*” (1999:20). Stewardship means “*the function of delegated responsibility*”. The steward owes [his/her] authority to the Master, who delegated to him [her] the responsibility of household administration or management” (21-22). Good examples of stewardship in the Bible include Joseph’s role in the king’s house (Gen. 39:4-6).

ACTIVITY 1

1. *Define the word steward.*
2. *Define the word stewardship.*

Why should we link stewardship to compassion? We do so primarily because all human beings have been given the role of stewardship in God’s creation. This was expressed in the story of creation; God said, “Be fruitful and multiply, and fill the

earth and subdue it; *and have dominion* over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth”. God said, “See, I have given you every plant yielding seed that is upon the face of all the earth, and every tree with seed in its fruit; you shall have them for food” (1:29). Psalm 24:1-2 reads, “The earth is the Lord’s and all that is in it, the world, and those who live in it; for he founded it on the seas and established it on the floods”. In short, as humans we live in God’s created earth, all that is in the earth still belongs to the creator, God. However, we have been given the responsibility of *stewardship* to act as managers (dominion over) of God’s created world.

Compassion As Good Stewardship To God’s Creation

Compassion, the art of standing in solidarity with those who suffer and working with them to change their situation, is the art of respecting God’s creation. Compassion is part of good stewardship, for it acknowledges that:

- God created life to be good
- God created all humans in his own image
- God blessed all human beings and gave them dominion over the earth
- God gave them access to the earth’s resources
- The earth and everything in it, however, still belongs to the Lord

Earlier, we said that in the HIV&AIDS era we need a theology of compassion because life is difficult for millions of PLWHA, who are subjected to stigma and discrimination and denied access to medicine; life is difficult for caregivers, widows and orphans who are suffering from poverty, dispossession and discrimination; and life is difficult for the affected families, friends, communities and countries, for they face a feeling of hopelessness about the future. Compassion is thus stewardship because it seeks to remind us that God created the earth good; God created all people in his image and gave all people access to resources (thus poverty, lack of access to medicine and dispossession is failure of human beings to manage God’s created world in such a way that no one suffers). Good management of God’s creation is good stewardship, ensuring that all remain under the blessings and generosity of the creator God. This is God’s will for all of life and people. Believers ought to express their good stewardship of God’s created world by insisting on compassion with and to all

whose lives are denied their sacred rights. Compassion in the HIV&AIDS era is, therefore, partnership with God in serving justice with and to all members of God's creation. Compassion is the struggle to keep the whole creation sacred. Compassion is the struggle for a healed world and healed relationships by fully assuming the responsibility of good stewardship in and with creation as a whole.

ACTIVITY 3

State four reasons why compassion is part of good stewardship.

For us to fully understand compassion as the art of good stewardship (dominion over the earth), we need to understand how the owner of creation created life. Let us therefore begin by reading Genesis 1. This reading will enable us to see, hear, feel and know how the creation came into being and how the owner wants the earth to be managed.

ACTIVITY 4

Explain the link between compassion and good stewardship.

Listening To The Creator God In Creation

Let us revisit how and why life was created and what it was meant to be. We will do this by reading Genesis 1, the story of creation. If you have people with you, please assign them different parts for the reading. If you are alone, please read all sections aloud.

Reader 1

In the beginning when God created the heavens and the earth
The earth was formless and void...
Then God said, 'Let there be light.'
And there was light...

ALL: *And God saw that the light was good*

Reader 2

And God said, 'Let there be a dome in the midst of waters...'
'Let the waters under the sky be gathered together in one place,
And let the dry land appear'
And it was so

ALL: *And God saw that it was good*

Reader 3

Then God said, 'Let the earth put forth vegetation
Plants yielding seed and fruit trees of every kind on earth'
And it was so

ALL: And God saw that it was good

Reader 4

And God said, 'Let there be lights in the dome of the sky...
Let them be for signs and for seasons and for days and years...'
And it was so...

ALL: And God saw that it was good

Reader 5

And God said, 'Let the waters bring forth swarms of living creatures
Let the birds fly above the earth across the dome of the sky...'
So God created....

ALL: And God saw that it was good

And God said, 'Let the earth bring forth living creatures of every kind...'
And it was so

ALL: And God saw that it was good.

Reader 6

Then God said, 'Let us make humankind
In our image, according to our likeness...'
So God created humankind in God's own image
In the Image of God, God created them
Male and female God created them...

ALL: God blessed them...

Reader 7

And God said, 'Be fruitful and multiply
And fill the earth and subdue it
And have dominion over the fish of the sea
And over the birds of the air
And over every living thing that moves upon the earth
God said 'See, I have given you
Every plant yielding seed that is upon the face of the earth
And every tree with seed in its fruit
You shall have them for food...
And it was so

*ALL: God saw everything that God had made
And indeed it was VERY good.*

ACTIVITY 4

Explain why it is repeatedly said that “God saw that it was good.”

Interpretation Of Genesis 1 For Compassion As Good Stewardship

Note that the earth was formless and covered by darkness. God begins to bring order to it. We also note that Genesis 1 states that God created all life forms and that creation was good. God is depicted as creator of both heavens and the earth. Secondly, God creates through God’s word. The word is powerful, so powerful that its very utterance is realised in a concrete event or object; this is confirmed by the repeated phrase “and it was so.” In verses 20-23, God begins to create animal life and this closes with the same evaluation, “And God saw that it was good...” This repetition is emphatic at God’s intention, care, love and artistic vigour that accompanied creation. Nothing was of less value. *Quality life is a requirement for the whole creation.*

ACTIVITY 5

Explain how we can let God’s creative and powerful word light the earth and to recreate the formlessness and darkness that hovers over our earth in the HIV&AIDS era.

Creation Of Human Beings

In verses 26-27, God begins to create human life—the very last form of life to be created. God says, “let us make humankind in our image”. Two points are notable here: First, the phrase ‘in our image’ is significant. While the Bible discourages any physical representation of God, human beings are said to be created in God’s image, in God’s *likeness*. What does this mean? How are we created in God’s image? What are the implications? The emphasis here is that humankind as a whole was created in God’s image and likeness, regardless of race, ethnicity, gender, ability/disability, culture, class, age, sexual orientation, etc. The fact that we are all created in God’s image and likeness guarantees each person equality, human rights and dignity.

Discrimination based on any form of human difference violates the Creator God, who saw it fit that all people should be created in God's own image and likeness.

That a person is HIV positive does not change the fact that he/she was made in God's image and likeness. This verse allows us to support the human rights of all and to fight all forms of oppression, including HIV&AIDS stigma and discrimination, as part of our stewardship of God's creation.

ACTIVITY 6

Explain why it is important that human beings were made in God's image and likeness.

Verse 27 underlines that the biological sexes, men and women, were both created in God's image and likeness. Given that gender, which we defined as the cultural construction of men and women, has legitimised the discrimination of women—this verse needs to be recaptured and underlined. In particular, given that gender inequalities are a major driving force behind the spread of HIV&AIDS, it is important to underline that men and women were created equal and that our families, churches and communities must embrace and promote the empowerment of both sexes.

Stewardship And The Right To Resources: Verses 28-31

Verse 28 is also significant; human beings are blessed and given the power to multiply and to fill the earth. This is the mandate of reproduction. This verse authorises the right to live and have children. In the HIV&AIDS context, where the epidemic plunders life, this blessings needs to be recaptured. We need to realise that the spread of the deadly virus itself and its termination of lives before their full realisation contradicts God's intension for the multiplication of life. However, this verse must not be used to promote unprotected sex or to discourage abstinence, in cases in which married women are forced to have children with HIV positive husbands. The quality of life (life was created good) remains important in multiplication. This verse should be used to promote prevention and access to ARVs for all those who need them.

“Fill the earth and *subdue it and have dominion over it,*” verse 28 continues. *Verse 28 is notable for assigning stewardship to human beings.* Recall that we defined stewardship as the role of managing property for someone else. Because they were made in God’s image, human beings are given a unique responsibility in “God’s created world.” Human beings are given the role of managing the earth for God. They are custodians and stewards of God’s earth, charged with the role of keeping the earth good. This is a leadership position in the earth community. Both men and women, indeed people of all races, ethnic groups and nations, are given the role of stewardship over God’s good earth. The latter point needs to be underscored given that vulnerability to HIV&AIDS is higher amongst those groups who are denied leadership and decision-making roles, such as women, marginalised ethnic groups and races, disabled/physically challenged people, people of different sexual orientation, and children. This verse underlines that it is God’s will for all people to have a leadership role, management of resources and decision-making power in God’s created world and over their own lives. Stewardship is a God-given right for all. It is the affirmation that all human beings are creatures of God’s likeness and image.

ACTIVITY 7

Give a proverb or saying from your culture that promotes the leadership of all people.

In verse 29, “God said, see I have given you every plant... for food.” Access to God’s resources is extended to all. *No one should be poor.* Our stewardship should underline that poverty is a violation of God’s will for all people. We should constantly ask: Why are some people poor? Who and what hinders them from their God given right to have access to God’s resources? Whatever answer that we give, let us *fight poverty for it is not God’s will for anyone.* As you know, in the HIV&AIDS era poverty ranks as the number one sponsor of the epidemic. It hinders both prevention and provision of quality care. The church must, therefore, fight and condemn poverty.

ACTIVITY 8

Describe a tradition in your culture that helps the community fight poverty.

In verses 30-31, God's creation ends with a final and emphatic overall evaluation: "*God saw everything that God had made, and indeed, it was very good*". In our stewardship, we need to underline that the latter calls us all to keep God's creation balanced, good, interdependent and blessed, according to the blessings that were given to us. We all have the right to life, quality life. Life must be good for God meant it to be *very good!*

Sacredness Of Life, Stewardship In Creation And Compassion

We began by defining stewardship as management of property that has been put in your trust. We underlined that since God has entrusted us with God's own created world (Genesis 1:28-31 and Psalm 24:1-2), we are God's stewards. We do not own the earth and all that is in it, God owns it. Compassion is the art of continually managing God's created world to the level of God's will and intention. We read Genesis and highlighted a number of points, which underline that *compassion is part of good stewardship*. Below, let us highlight some of the major points in the creation story and link them with both stewardship and compassion.

Sacredness of All Created Life

From the Creation Story, it is evident that:

- All life is sacred.
- All things were created good, in diversity and interconnection.
- Both men and women were created in God's image.
- Both men and women were blessed and given the right to multiply.
- Both men and women were given leadership and stewardship roles on earth.
- Both men and women were given access to the resources of the earth.
- Animal and environmental rights have a place in our biblical theology.

Why do we need compassion?

Because:

- We have not kept the earth, the whole creation, good.
- We have not always seen diversity as God's creative hand.
- We have not always affirmed that all people were created in God's image.
- Many people are denied leadership and decision making roles.
- Many people do not have access to the resources of the earth; they live in poverty.

- In the HIV&AIDS era, PLWHA are subjected to stigma and discrimination and caregivers, widows and orphans are subjected to burnout, poverty, dispossession and discrimination.
- We need compassion to be good stewards who continually seek to keep God's created world to God's standard of creation.

Compassion as Stewardship with God's Created World

- Our role as God's stewards is to keep the earth and everything in it good.
- Good stewardship means that no one should be subjected to HIV&AIDS stigma and discrimination, for such is a violation of God's image and likeness.
- Good stewardship means that no person should be poor, for God gave the earth resources to all of us.
- Good stewardship means that no one should be denied leadership and decision making power, for God gave all of us custodianship over the earth resources, including HIV/AIDS drugs.
- Good stewardship means that no person should be denied their human rights and dignity in life, since God created all of us in his image and likeness.

Remembering The Churches' Commitments

It now about 24 years since HIV&AIDS was scientifically discovered in our world. Since then, we have come to understand that HIV&AIDS is more than just a virus eating at our biological bodies. Rather, we have come to understand that HIV&AIDS is an epidemic that is part of other social epidemics; it is increased by injustice. Injustice is a reflection of bad management (stewardship) of God's world. Where there is bad stewardship, there is discrimination against people on the basis of gender, race, ethnicity, class, age, sexual identity and HIV&AIDS health status. Such stewardship does not honour the fact that all people were made in God's image and likeness. Where there is bad stewardship over God's resources there is uneven distribution of wealth. This is characterised by the accumulation of wealth in the hands of few while billions live in stark poverty. Such stewardship does not honour the fact that God gave all human beings access to the resources of the earth. Bad stewardship is evident in violence, human rights violations, children's rights abuse and corruption of national and international structures. Bad stewardship means bad relationships between people, the environment and God. HIV&AIDS has revealed to us that where there is bad stewardship there is ill health. How

has the church responded to some of these revelations? Please, read the quotations below and attempt to do the subsequent activity.

The gravity of the HIV/AIDS epidemic has helped to expose the systemic issues that foster social injustice and inequality, multiply the loss of life to AIDS: violence and conflict; poverty; debt; gender inequality (*Plan of Action* 2001:6).

Covenant 5: Poverty And HIV&AIDS

We shall remember, proclaim and act on the fact that the Lord God our God, who created all the resources of the earth, blessed both women and men and gave them the resources of the earth for their sustenance (Genesis1:28-29). We shall, therefore, work to empower the poor and denounce all the cultural, national and international structures, laws and policies that have condemned billions to poverty, thus denying them their God given rights and, in the HIV/AIDS era, exposing them to infection and denying them quality care and treatment (AACC 2003).

ACTIVITY 9

1. *According to the Plan of Action, what are the 'systematic issues' that have been exposed, which multiply AIDS? List them.*
2. *In Covenant 5, the church has promised to work towards a number of things. Please list them.*

SUMMARY

In this module we focused on compassion. We defined compassion as the capacity to be in solidarity with those who are suffering and to work with them to bring changes to their situations (unit 1). We explored our theological foundation for compassion by underlining that God the creator, liberator and parent/father is a compassionate God (unit 2). We underlined that the coming of Christ into the world is, itself, an expression of God's compassion to the world. We further highlighted that Christ himself was compassionate (unit 3). We explored African cultures for their perspectives on compassion (unit 4). We explored ways of being a compassionate

church (unit 5). We explored compassion with and to PLWA (unit 6), caregivers (unit 7), orphans (unit 8) and widows (unit 9).

In this last unit, we returned to the creation story and underlined that compassion is being good stewards of God's created world. It is the responsibility to take care of the whole earth. We underlined that God created the world and everything in it to be *good*. God blessed all human beings and gave them stewardship over the earth and access to the resources of the earth. We thus underlined that compassion is part of good stewardship. As stewards of God's earth, compassion allows us to constantly check if we are keeping all of life sacred, good, interconnected and respected.

Since HIV&AIDS is an epidemic within other social epidemics of poverty, gender inequalities, stigma and discrimination, national corruption, discrimination on the basis of race, ethnicity, age, sexuality, ability/disability and international injustice that promotes economic deprivation and hinders access to HIV&AIDS drugs we need to recapture our role as stewards of God's creation. These social evils hinder quality life for millions of people. In fact, these social evils attest to our bad stewardship in managing God's earth—*we have not kept all of life good; we have not respected the dignity of all people; we have not given all people access to leadership, stewardship and resources, as the Creator intended*. Our commitment to compassion is a commitment to good stewardship and to justice—that is, ensuring that God's creation as a whole remains sacred and good. Through the story of creation the church should be encouraged to undertake compassionate stewardship and through prophetic acts call for a just world in which no one is discriminated against. This is God's will for all life and people. Believers ought to express their good stewardship of God's created world by insisting on compassion with and to all whose lives are denied their sacred quality: *Justice with and for all means health for all*. On these grounds, let us close this unit and module by reminding ourselves of the closing words of *The Covenant Document on HIV/AIDS*:

Covenant 10: Justice And HIV&AIDS

We shall remember, proclaim and act on the fact that the Lord our God sees, hears, knows the suffering of his/her people and comes down to liberate them (Exodus 3:1-12; Luke 4:16-22). We shall, therefore, declare the jubilee and we shall proclaim liberty throughout the land and to all its inhabitants (Leviticus 25:10), for unless and until justice is served to all people in the world, until justice rolls down like waters and righteousness like an ever-flowing stream, HIV/AIDS cannot be uprooted (AACC 2003).

SELF-ASSESSMENT ACTIVITY

1. Define the words steward and stewardship.
2. Define compassion (go back to unit 1).
3. What verse in Genesis underlines our role as stewards of God's creation?
4. Discuss why poverty, gender inequality, HIV&AIDS stigma and discrimination are examples of a lack of good stewardship.
5. Explain why compassion with and to the discriminated is part of good stewardship.
6. Outline and discuss the commitment of the church to poverty eradication and justice.



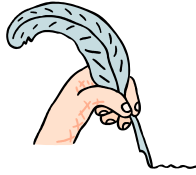
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TEST: UNIT 6-10

TIME: 1 HOUR

INSTRUCTIONS

1. Attempt to answer all of the questions.
2. Please write your answers in your notebook.
3. If you cannot answer any question, please feel free to return to the relevant unit and re-read.

QUESTIONS

1. List the number or percentage of people living with HIV&AIDS in your country and globally.
2. Write to your church board and explain why advocacy/prophecy for the availability of affordable ARVs to all who need them is a crucial act of compassion.
3. Using the example of grandmothers, elaborate how and why care giving has become an immensely demanding task for women.
4. "Jesus was a caregiver." In two paragraphs, use scriptural evidence to illustrate the statement.
5. Explain how your church is: a) involved in Home-Based Care, or b) how it can become involved.
6. List the number of orphaned children in your country and globally.
7. "God is the Father of orphans and widows." Explain how this scriptural perspective can assist the church in defending the needs and rights of the mentioned groups.
8. Explain how your church is: a) involved in orphan care or b) how it can become involved.
9. Define the word stewardship.
10. Explain why good stewardship is an important part of building compassionate communities.



EXAMINATION

Time: 3hrs

Instructions

1. Answer FOUR questions, ONE from each section.
2. Your answers must be in an essay form.
3. Each answer must be 1-2 pages in length.
4. Write all your answers in your notebook.

QUESTIONS

Section 1: Attempt ONE Question Only

Either

1. “The Liberating God is the compassionate God.” Discuss
2. “Christology is God’s Compassion to humanity.” Discuss

SECTION 2: ATTEMPT ONE QUESTION ONLY

Either

1. Write a letter to your bishop or church leader and explain that, in the HIV&AIDS era the church of Christ must show the face of Christ through compassionate acts.

Or

2. Write a letter to your public newspaper on the topic of “The African Worldview challenges us to be compassionate communities and nations to PLWHA”.

Section 3: Attempt ONE Question Only

Either

1. Write a project proposal on Home-Based Care for your church.

Or

Write a project proposal on orphan care for your youth group in the church.

Or

Prepare a sermon on “Caring for Widows is a divine call for all the God-fearers”.

Section 4: Attempt ONE Question Only

Either

1. “International justice is an important part of building compassionate communities.” Discuss.

Or

2. “Justice for all is health for all.” Discuss.



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USEFUL INTERNET RESOURCES

- UNAIDS (www.UNAIDS.org) is a joint United Nations Program on HIV&AIDS, offering worldwide information on the epidemic.
- AIDS Org (www.aids.org) provides updated information, especially treatment news.
- Bill and Melinda Gates Foundation (www.gatesfoundation.org)
- AIDS Map (www.aidsmap.com) offers worldwide information and articles.
- www.lutheranworld.org—Lutheran World Federation
- United Methodist HIV/AIDS Ministries Network (www.gbgm.umc.org/health/aids)
- www.wcc-coe.org/english.html (then click on Ecumenical HIV&AIDS Initiative in Africa (EHAIA))