

The National Council of Churches in India

Our Strengths	<i>13 Million People 30 Member Churches 17 Regional Christian Councils 17 All India Christian Organizations 7 Related Agencies 3 Autonomous Bodies</i>
We manifest	<i>the Body of Christ</i>
Our Faith Journey	<i>is Historic and Enriching</i>
Our Togetherness	<i>continues for almost a century</i>
We strive for	<i>Promoting Church Unity Providing fellowship and a common forum for dialogue Fostering common concerns among the Churches in India Interpreting and communicating the Mission of the Church, relating to everyday aspect of life Enhancing Services by the Churches...</i>
Focus of our Mission	<i>Local Congregation, Church Structure, State and</i>
Engagement	<i>Society</i>

**Together in Mission
We are called to Witness**



NATIONAL COUNCIL OF CHURCHES IN INDIA
Christian Council Campus, Post Bag # 205, Civil Lines, Nagpur 440 001
Maharashtra, INDIA Grams: AIKYA, Nagpur
Phone: +91-712-2531312 Fax: +91-712-2520554
Email: ncci@nccindia.in Website: www.nccindia.in

Policy on HIV & AIDS



A Guide to Churches in India

Policy on HIV and AIDS

A Guide to Churches in India

**Ecumenical Solidarity for HIV & AIDS (ESHA)
National Council of Churches in India**

CONTENTS

Preface

Policy Guidelines

1. Scope
2. Preamble
3. The Context
4. Vision
5. Biblical Theological Basis
6. Church Response to Key Issues
 - 6.1. Stigma and Discrimination
 - 6.2. Gender
 - 6.3. Sexuality
 - 6.4. Confidentiality and Counseling
7. Further Affirmations
 - 7.1. On Interpersonal Relationships
 - 7.2. On Making the Church Accessible to PLHAs and Others
 - 7.3. On Perspective Building
 - 7.4. On Church's Role in Community
8. Forward Plan of Action
9. Bible Study Guide
10. Glossary
11. Definitions

Policy on HIV and AIDS - Published by Rev. Dr. Roger Gaikwad,
General Secretary, NCCI, Christian Council Campus, Civil Lines,
Nagpur - 440 001, Maharashtra

© NCCI, 2009
First Print, 2009
Reprint, 2012

All rights reserved. No part of this book may be reproduced or
transmitted in any form or by any means, electronic, mechanical,
Photocopying, recording, or by any information storage and retrieval
System, without the prior permission in writing from the publisher.

Original Printing by ISPCK
At Cambridge Press Delhi
ISBN: 978 908099 0 0

A Note from the General Secretary, NCCI

It was during the XXVIth Quadrennial Assembly of the NCCI at Shillong in May 2008 that the NCCI adopted a Policy on HIV and AIDS. The implication of the adoption of this policy was that all the constituent members of the NCCI (the 30 member churches from the Reformation and Orthodox Church traditions, the 7 Related Agencies, the 17 Regional Christian Councils, the 17 All India Christian Organizations, and the 3 Autonomous Bodies) would adopt, adapt and implement this policy. 1000 copies of this policy along with other important information were published by the NCCI and made available all over the country. We are glad to note that all those booklets have been almost exhausted. Hence there is the urgent need to reprint the Policy along with other up-to-date contemporary inputs in a new booklet.

It is now thought that around 2.39 million people in India are living with HIV. Of these, an estimated 39% are female and 3.5% are children. While India has been successful in containing the overall prevalence of the epidemic, there is no room for complacency as the epidemic spreads from high risk groups to general populations, from men to women and from urban to rural areas. HIV/AIDS continues to be a major threat to the world. It has shown maximum impact on the most productive segment of the labour force. In countries with high HIV prevalence rates, it has cut the supply of labour and slashed income of workers, adversely affected enterprise performance and national economies.

HIV/AIDS affects fundamental rights at work, particularly with respect to discrimination and stigmatization of workers and people living with and affected by HIV/AIDS. Stigma and discrimination at the workplace gets reflected in the form of loss of employment and livelihood opportunities in addition to ostracism and seclusion faced by workers either due to known or presumed HIV status.

The threat of HIV to the Indian working population is evident from the fact that nearly 90% of the reported HIV infections are from the most productive age group of 15-49 years. India has a working population of over 400 million, 93% of whom are in the informal economy.

The informal/unorganized sector labour is hard to reach and is characterized by low literacy, negligible social protection benefits, difficult working conditions, and limited access to health care services. Besides, a large number of people migrate, both internally as well as overseas in search of better employment/livelihood opportunities. Though not all migrant workers are at equal risk, the process of migration enhances vulnerability to infections such as HIV, particularly to those who are single, stay away from families for long durations, and work under difficult conditions.

In India, as elsewhere, AIDS continues to be perceived by many as a disease that affects “others” people living on the margins of society, whose lifestyles are considered “perverted” and “sinful.” Discrimination, stigmatization, and denial (DSD) are the expected outcomes of such values, affecting life in families, communities, workplaces, schools, and health care settings. Because of HIV/AIDS-related DSD, appropriate policies and models of good practice remain undeveloped. People living with HIV and AIDS (PLHA) continue to be burdened by poor care and inadequate services, while those with the power to help do little to make the situation better. It is imperative upon the Churches to address these issues. NCCI is committed to facilitate this process.

The Policy which the NCCI adopted in 2008, has also influenced some member churches to come out with their own policies on the matter (e.g. most recently the Church of South India). Churches and church-related bodies are now making important statements, such as:

- We believe in the value of human life as a gift from God, thus we believe that all people, healthy and diseased, are loved by God.
- We do not believe that those who have tested positive for HIV or have AIDS have incurred punishment from God.
- No one with HIV will be excluded from the activities and fellowship of the Church.
- We understand that since this virus is not spread by casual contact, there is no risk of contracting the AIDS virus from any infected adult or child in the church setting.
- We shall provide information and education to all members on HIV/AIDS; the magnitude, impact and preventative and control measures.
- We shall implement non-discriminatory policies, procedures and practices for managing individuals who have HIV/AIDS in all our institutions.
- We shall join forces with other organisations to counter HIV/AIDS and alleviate the impact by sharing the results of the work and supporting their efforts

In an effort to further strengthen this campaign it is but fitting that NCCI-ESHA is reprinting the Policy on HIV and AIDS.

Rev. Dr. Roger Gaikwad
General Secretary, NCCI

NCCI...ESHA.... and the AIDS Virus:

As we bring out this reprint it would be important to remember those who made the first path breaking edition possible, and emulate what they hoped to achieve, so we would briefly quote from what Rev. Dr. P.B.M. Basaiawmoit, now Vice President of NCCI, wrote in the 'Foreword' of the earlier edition, as it is still relevant today: 'The Policy will enhance the present work of NCCI and also pave the way towards a more significant involvement of Churches in India to address the pandemic. We take this opportunity to acknowledge with gratitude, all those who have been part of this journey since the time NCCI has been involved in this area, and particularly those of our partners who have contributed towards forming this Policy'.

Although some member churches started their response to HIV and AIDS earlier, it was since 2002 that NCCI has played a unique role in bringing the critical issues around HIV and AIDS to the consciousness of the Indian Churches. In 2004, soon after organizing the historical "Ecumenical Church Leaders Conference on AIDS" in Mumbai, NCCI created a "Task Force" for HIV and AIDS, comprising of one representative from almost every member church and this allowed churches to tackle the Virus and the issues of stigma and discrimination, care and support, human sexuality, and gender, at their own pace, while learning from the mistakes and best practices of others. Many churches worked out individual responses, but it was NCCI that made these responses united and cohesive.

Through the ESHA Program, NCCI brought out the 'Policy on HIV and AIDS - A Guideline to the Churches' in 2008. As a natural corollary, ESHA began to implement the essence of the policy at grassroots level through 40 selected "Pilot Sites" between 2009 - 2011. We feel immensely proud today that ICCO and Kirk en Actie found the results of our collaboration fruitful enough to continue to accompany us on our journey till November, 2013. It is now our ardent desire to distil the essentials of this Policy further by mainstreaming some of the work done on the ground, and incorporating the findings of the recently concluded Phase into forthcoming activities. There is much more to be done, many more targets to be achieved, before the Virus can be contained. In order to do this ESHA links up with all of humanity whom this Virus threatens, regardless of religion, caste, sex, profession, or sexual orientation.

In our journey we wish to take with us our Member Churches, Organizations, and Christian Institutions, who will need to initiate new programs on their own and set up their own mechanisms to deal with issues that are offshoots of HIV/AIDS (e.g., stigma) - while NCCI remains - as always a facilitator and a guide. Only then can we claim to be harbingers of God's Kingdom on earth.

Fr. Philip Kuruvilla

General Coordinator, Ecumenical Solidarity on HIV and AIDS [ESHA] program
NCCI, Nagpur.

Introduction

The Church's response in India towards addressing HIV and AIDS took a historical step forward when the then Commission on Life of the National Council of Churches in India took the initiative to involve individual churches and institutions in India to critically review the work done thus far and to formulate a policy on HIV and AIDS with a view to presenting it at the XXVI Quadrennial Assembly of the NCCI at Shillong from 30th April - 5th May 2008.

A series of Round Table meetings of church leaders, experts, and representatives from Church-based organizations were organized at Delhi, Bangalore, Kolkata and Nagpur and a National Consultation held at Ecumenical Christian Centre, Bangalore from March 26-28, 2008 as part of the policy development process.

1. Scope

This policy reflects the voice of 30 member churches, 17 Regional Christian Councils, 17 all India Christian organizations, 7 related agencies and 3 autonomous bodies of the NCCI spread across India, as an affirmation of faith towards an effective church response in addressing challenges related to HIV and AIDS.

The policy serves as a helpful tool to reflect our own calling as a church and as a Christian in our meaningful response to HIV and AIDS. It will be a helpful source for church looking forward to develop a policy on HIV and AIDS so as to involve effectively towards addressing the pandemic at different levels.

2. Preamble

Churches that have developed a policy have gained significantly in bringing together a collective approach and involvement of their various Constituencies towards addressing the HIV and AIDS pandemic.

A policy on HIV and AIDS of the NCCI is especially significant in that, this policy as well as its development process, opens avenues for churches with different theological backgrounds to engage in a learning process that will strengthen their own understanding and initiative. NCCI is committed towards influencing an

effective church response towards HIV and AIDS pandemic in India, both at intra-faith and interfaith levels. This policy prepares the ground for triggering an effective and positive response of churches in India with the potential to influence the faith and action of 13 million Christians in India to practice a holistic and inclusive lifestyle in the context of the pandemic.

The policy will thus guide and challenge the churches in India to commit themselves to the issue of HIV and AIDS, towards building a just and stigma-free inclusive society; and stimulate their proactive mission engagement in this area of need.

3. The Context

HIV prevalence in India is estimated to be 2.5 million, i.e. 0.36% of the population. This makes India the country with the second largest number of HIV infected persons. Most of the infected and affected are the poor, the marginalized and the oppressed: migrant rural and urban poor, drug users, women in prostitution, sexual minorities. This is because HIV and AIDS is much more than a medical abuse. It often breeds amidst poverty and related migration which removes the protection provided by education, housing, economic stability, social standing, whereby globalization and neo-liberal policies further accentuates the problem. Vulnerability to HIV also arises from gender violence, sexual exploitation, social inequities where corruption and oppressive social structures becomes barriers to justice and equity. HIV and AIDS pandemic today poses the greatest challenge to mankind in the form of widespread stigma and discrimination that is due to ignorance, fear, moralistic and judgmental attitudes, which is multilayered and manifests itself in inhumane ways.

HIV and AIDS leaves behind a trail of misery and destitution: marginalized by stigma and discrimination from the society, thousands will face death amidst deepening poverty, many among them are widows and orphans who continue to live in misery. They are denied basic human rights such as dignity of life, freedom of expression, right to life, and basic necessities. Christ stood against such forces of discrimination and oppression, setting a great example. Historically the Church followed Him, supporting the suffering and the sick, embracing the so-called outcasts, providing them with love, compassion and hope and challenging the forces of oppression.

In the context of the HIV and AIDS pandemic, the response by the Government and the civil society though significant, has a predominantly medical perspective and does not address the contributing social factors. The church in India has pioneered, at different levels, the Indian response and provides some outstanding examples of prevention, care and support.

However, these responses have been inconsistent and patchy. An effective church response needs to be extensive, not just as a provider of services, but also as an agent of change, influencing society to meaningfully address the causes of the disease and its impact; particularly the issues related to stigma and discrimination and thereby adopt relevant and effective prevention strategies to control the pandemic. This calls for a deeper understanding and conviction within churches.

4. Vision

We believe that the Church is called to be an inclusive church that lives as a healing, worshipping and prophetic community, upholding the right to dignity of every human being, transforming a world challenged by HIV and AIDS.

5. Biblical Theological Basis

God created the world (cosmos) out of love. A part of the cosmos (humankind) rejected His love and rebelled against the will of God. In doing so, it broke the love-relationship with God, where this rebellion / broken relationship with God in the Bible is termed Sin. Jesus came into the world so that He may re-establish the lost relationship between humankind and God, so that Cosmos may have life, life in abundance. (Jn.10:10). This purpose of God in creating humankind is fulfilled through loving one another and living the fullness of life. When this is denied because of structures, ideologies and practices, it disrupts the purpose of God. The Holy Spirit constantly urges us to strive for justice in a broken world.

God as a Relational God demands that as human beings, we recognize the unique gift of the 'image of God' in each other, regardless of manmade barriers. The Gospel calls for a compassionate response to those who are suffering. Human suffering is not an occasion for the church to make external judgments or to debate as to who or what the cause of suffering is, but to offer unconditional care and compassion. It is within this framework of mutual love and affirmation that we find the grace to introspect and become responsive and responsible individuals, families and communities. It is such an empowered community that will live in fellowship including those infected, affected or stigmatized by HIV and AIDS, without prejudice and without judgment.

The Church as the Body of Christ is called upon to celebrate the unity that transcends all human divisions (1 Cor.12:12ff). The visible church today however stands as a fragmented body of Christ when it hesitates to accept the image of God in those infected and affected with HIV and AIDS. The Church as an ecclesia is called out to live in koinonia (fellowship), seeking not the holiness of a few, but the wholeness of all without any distinction of caste, color and creed, thereby catalyzing the realization of basileia (Kingdom of God) on earth.

6. Church Response to Key Issues

Among the various issues that determine the vulnerability and progression of HIV, church's response towards the following issues require greater attention in the Indian context.

6.1. Stigma and Discrimination

Stigma kills more than HIV itself. Prevailing stigma is responsible for people, infected and affected to hesitate to access counseling, testing and treatment services and be denied these facilities, thus forcing them to withdraw from church and society. They are sent out of their families, separated from their own children, and made to feel worthless. By its silence and its failure to stand up against such stigma, the Church has perpetuated this stigma and discrimination.

The Church as the Body of Christ is challenged to confess its brokenness and vulnerability when it denies the image of God in the other.

- a. We acknowledge that stigma creates and perpetuates gross inequities, wounding physically, socially, economically, psychologically and spiritually) both the infected and the affected thus leading to discrimination. We therefore condemn all forms of stigma and discrimination.
- b. We recognize that we are called to be the salt and the light of earth, proactively identifying, preventing and breaking down all forms of stigmatizing barriers and working towards realizing Kingdom values.
- c. We recognize that eternal life is a wholesome reality as mentioned in Jn.3:15, which cut across all forms of manmade barriers of stigma and discrimination. We call upon the Church to be a wholesome community open for dialogue and nurture each other in an interdependent manner.
- d. We acknowledge that all of us are part of the same Body of Christ, that He sees as equal, and that we are equal partners in the sacred ceremonies and daily life of the church. We will uphold healing which brings together those stigmatized due to HIV and AIDS and the community at large. We recognize that AIDS is like any other ailment which requires love, care and concern where both the PLHA and the community as a whole are equal caretakers of hope and healing.
- e. By our teaching, our practice, and by exerting our collective and individual influence, we will actively advocate with society in general and the government in particular.

- Against all forms of stigma, taking strength from the diverse ministries of the church, including education, social service and health, that reach every part of society.
- For access to ART and other medical support relevant to HIV and AIDS.
- For access to correct information through awareness and capacity building programmes.

6.2. Gender

Men and women are vulnerable in different ways. They have differential access to information, prevention and care and differential rates of susceptibility to infection. Judgmental attitudes that view HIV as a result of immoral behavior further accentuate gender inequalities. Gender inequality is one of the factors associated with the spread of HIV and its consequences. It is also at the centre of gender based violence which is a pervasive public health and human rights issue worldwide, increasing the risk to HIV. In today's patriarchal society, women's secondary status and worth is counted ideal, normal and normative. As a result, there is a growing feminization of HIV in India.

Structures that perpetuate poverty and the discrimination of caste and gender deny the image of God in the other and thus increase the vulnerability of people to HIV and further oppress those who are affected. The Church has often overlooked to see the relationship between these issues, and has rarely exhibited a collective will to challenge society and itself to affirm the image of God.

- a. We affirm that plurality and diversity is a gift from God. There is no place for discrimination of people on any basis, or for ascribing differential value to them based on their caste, color and sex.
- b. We need social structures that are just, particularly structures of gender justice, so that violence is curbed, personhood is respected and access to basic services is availed.
- c. We affirm that Christ's body that is broken by differences such as these requires to be mended.
- d. We recognize that at all levels gender equity and empowerment of men, women and children is essential to both the Church and society's response to HIV and AIDS. Women and men created in the image of God are called to be equal partakers that head towards a just society.

- e. We recognize the need for a re-reading of the bible with new eyes, as an intrinsic process to affirm the body of the female and male as of equal worth before God, ascribed with equal opportunities, role and responsibilities in Church life and society.
- f. Therefore we acknowledge the imperative of the Church' prophetic role to:
 - Advocate, encourage and ensure gender equality at all levels.
 - Practice gender justice at home, church and society; promote equal sharing of roles, resources and responsibilities.
 - Move beyond 'charity' and 'service' to advocacy against structures that perpetuate poverty, caste and other discriminating societal categorization.

6.3 Sexuality

The cultural taboo that surrounds the subject of sex and sexuality has often hindered and delayed the process of sensitization, prevention, and care because of the judgmental attitude that always correlates sexuality with sin. The spread of HIV has mostly thrived among risky behaviors in pre-marital, live-in relationships, extra-marital relationships as well as among sex workers (male, female, transgender, commercial and non-commercial), same sex partners and companionship relations (widowers etc.). It has also resulted in the hidden but increasing reality of sexual violence and child sexual abuse. The most victimized among those discriminated by cultural taboo are the MSMs, lesbians, eunuchs, SWs and the IVDUs where the hesitant church has found it difficult to address this issue even though they may be a part of the Church.

The gift of life from God includes the gift of sex and sexuality. Sex is not only for procreation but to celebrate and mutually affirm God's gift of the human body with respect and responsibility.

Keeping this as the foundation of our basic understanding.

- a. We affirm that our body (including sex and sexuality) is a gift from God.
- b. Therefore, we uphold the value of ethical understanding of human sexuality and stand for responsible sexual behavior so that the spread of HIV may be effectively prevented.
- c. We recognize our role, function and calling to be a sensitive and a responsive community, where we ensure enabling environments for discourse, education and guidance on different phases of life where attraction, knowing each other, making choices and decisions affirm mutual fidelity in marital relationships.

- d. We condemn all patterns of coercive sexual relationships which include rape, child sexual abuse and behaviors that demean the sanctity of the body.
- e. We also acknowledge the reality where many people are either forced or have chosen a different sexual orientation and practice due to which they are forced to live a secluded and quite often a stigmatized life. In spite of such diverse understandings on this issue, we affirm that we all remain a part of the One Body of Christ, that we endeavor to be interdependent and that we are responsible for each other.

6.4 Confidentiality and Counseling

- a. We will work to ensure that members of our congregation who feel that they need help in terms of HIV testing and counseling will assured of confidentiality, of supportive pre and post test counseling, and the congregation's commitment to care without discrimination.
- b. We acknowledge the reality of vulnerabilities to the spread of HIV infection in terms of risky behavior and promiscuity within pre-marital, marital and extra marital relationships. Therefore, we affirm the need for enabling environments which promote easy access to right and complete information, counseling and confidentiality on HIV and AIDS.
- c. We affirm to network with Government and other organizations in terms of provisions for voluntary and integrated counseling and testing to support pre and post test counseling for those in need within the congregation and the society.
- d. We affirm to uphold the dignity of all people including persons living with HIV infection or AIDS, as any other member of the congregation and maintain confidentiality in keeping with NACO guidelines and ethical norms. In the event of voluntary disclosure, we affirm to stand by the person irrespective of his/her HIV status.

7. Further Affirmations

7.1. On Interpersonal Relationships

- (a) We realize that there is need for the church to urgently recapture the meaning and purpose of its calling in responding to the brokenness of self, broken family relationships, broken communities.
- (b) We will promote fairness in respect and relations between, women, men in church and society, and in the education provided by the church.

7.2. On Making the Church Accessible to PLHAs and Others

(a) We, the church, will be open to, and be the voice of, people living with HIV, alive to the discrimination they suffer, their experiences in forming communities of support, especially for affected children, widows and widowers.

(b) Our worship and liturgy, homilies, Bible studies, and other activities of the church groups will reflect sensitivity to HIV and AIDS.

(c) We support care for care-givers, reaching out in a communion spirit to all including those living on the margins of society and seeing each affected family as a rightful unit of the church.

(d) We will work to make all our areas of mission engagement (education, health, development, church life, etc.) accessible to all people, vulnerable, infected and affected by HIV and AIDS, providing care and support where possible, and proactively networking for prevention, post exposure prophylaxis, and other care prevention, care and support services.

(d) We shall diligently strive to close the gap between what the church is called to be and what the church does, in terms of response, sensitivity, care and support.

(e) We shall strive to become healing, inclusive communities.

7.3. On Perspective Building

With a view to understand and practice the unconditional love of God, we will commit to re-reading the Bible from the social, cultural, political and religious context in consonance with the way Christ re-interpreted the law of his time on earth to communicate the unconditional love of God.

7.4. On Church's Role in Community

We recognize Church's unique role towards building bridges, and commit ourselves:

- Towards breaking barriers of silence, embarrassment, conflicting interpretations and build communion for social dialogue.
- Towards empowering our members for addressing the root causes for enabling HIV and AIDS prevention.
- To strive towards the goal whereby all people who require treatment for HIV and AIDS and related opportunistic infections can get that treatment and related counseling regardless of their financial, geographical and socio-cultural situation.
- To empower, and create opportunities for, those who are infected and affected by HIV and AIDS to advocate for their issues and needs.

8. Forward Plan of Action

To facilitate and help member churches towards a meaningful involvement in terms of:

i. Perspective building through theological orientation.

ii. Capacity building to effectively address the issues of prevention, care and support related to HIV and AIDS within and outside the Church.

iii. Networking and Advocacy.

Each member church is encouraged to make use of this policy, adopting or adapting it as per their distinct context of faith. The NCCI is available for assistance in developing, mentoring, implementing and reviewing the policy from the theological, mission engagement, gender sexuality, general education and church life perspectives.

9. BIBLE STUDY GUIDE:

The Policy on HIV & AIDS: A Guideline to the Churches in India can be best utilized only when the Church actively internalizes it in her daily ministerial outreach to people within and outside the Church. To initiate further explorations and deliberations through sermons, small group bible studies and discussions on issues addressed in the policy, these bible studies provide brief outlines on issues such as stigma & discrimination, Gender, Sexuality and Care & Support to help pastors, evangelists, church leaders and lay persons to address HIV & AIDS from a Christian and ethical perspective.

Bible Study 1: Attitudes Towards Disease:

Read Luke 8:42b-48. Since Old Testament times, women were believed to be unclean at the time of their monthly bleeding. As a result they stayed away from the temple during this time. According to the Law of Moses (Leviticus 15), if Jesus was touched by a woman with bleeding it would make him unclean.

- Why did Jesus not tell the woman off for touching him?
- Imagine the scene! Consider Jesus' words, 'I know power has gone out of me'. Have any of us experienced the power of healing prayer?
- This woman would have felt unclean for 12 years. How did Jesus respond to her?
- Do we sometimes make people living with HIV feel 'unclean' or rejected from our worship? Why? How can we change this?
- Why did Jesus make the woman come forward and admit she had touched him? What can we learn from this?

Pray for people living with HIV to experience God's love and peace and to trust in him for their health and future.

Bible Study 2: Jesus' Response to Sin:

Read John 8:1-11. The teachers of the law brought a woman to Jesus who had been caught committing adultery. The accusers wanted to shame the woman and to trap Jesus. The man, who had also committed adultery, was not brought to be judged (usually it was seen as the fault of the woman). They brought the woman out in public, ready to be stoned.

- How did Jesus respond to their accusations?
- How did Jesus remain in control of the situation and his own feelings?
- How did he judge the woman's sin?
- What can we learn from Jesus' example in judging others?

Jesus did not defend the woman's actions, but he was willing to stand up to the powerful. His actions showed love and the desire to restore relationships. He taught forgiveness, rather than condemnation.

Bible Study 3: Wisdom in Sexual Behavior:

Read Genesis 39:5-20. The story of Joseph shows us a young man who feared God and decided to live in obedience to God's laws.

- What shows us that this was true? (Verses 8, 9, 12)
- How did Joseph resist temptation?

If we consider Joseph's position as a slave in Potiphar's house at this time of temptation, we can only admire him for his courage.

- Why did Potiphar's wife react as she did?
- How did Joseph suffer for his beliefs?

Joseph chose to live in sexual purity because he knew this was God's teaching. It made life very difficult for him and he suffered for a long time.

- How is this story an encouragement to us?

Bible Study 4: God's Plan for Sex is Good!

Church leaders so often find it embarrassing to talk about sexual issues. This means that our children often learn about sex from rumours, other children and the media. They miss out on understanding God's plan for sex.

Read Song of Songs 4:9-16. This is a part of the Bible that is not often read in public. The whole book describes the joy of two people enjoying their love for each other.

- How does the man describe his bride in verses 10 and 11? What words do we use to describe our love for our partners?
- What do you understand by verse 12?
- Discussing with young people about the benefits of waiting to enjoy sexual relations until they marry can often seem very difficult to them and sometimes negative in today's world. How do the words of verses 12-15 paint a very different picture?
- What does the bride say to welcome her husband in verse 16? How does she show her pride in offering the gift of her love?

Read Matthew 19:3-9. Jesus' teaching on the wonder and sanctity of marriage in verse 5 is very clear. A man and a woman become 'one flesh' a bond that should not be broken.

- What does Jesus' teaching mean for people who enter into casual sexual relationships?
- What are the consequences of ignoring God's plan for sex?

Bible Study 5: The Body of Christ:

Read 1 Corinthians 12:12-26. The body of Christ has HIV and AIDS! The body of Christ is starving. The body of Christ has no proper home. This is because when one part of the body suffers, the whole body suffers (verse 26). There is no 'them' and 'us'. We are all affected.

Sometimes the church denies the existence of HIV and AIDS among its members and leaders. Why might this be? What is the result?

- How can the people of God act as a body in their response to HIV and AIDS?
- How can we act as the hands and the feet of Christ?
- What would be the response if the wider church always responded as 'one body' to those in need?

Bible Study 6: Amazing Love:

While on earth, Jesus demonstrated His love in the most challenging way possible. He was filled with compassion as he looked at the people around him. Read Matthew 9:35-36.

- How did Jesus show his love to those he met?
- How can we show love to those around us?

Read Luke 15:1-7. Jesus often annoyed the Church authorities by spending much of his time with, and showing love to, people the Church felt were unacceptable.

- Why did Jesus choose to spend so much time with rejected people? How does Jesus deal with the criticism of the Pharisees and teachers of the law?
- How can we show love to those who are rejected by our society?

God calls us to stop judging others and instead to love them with the same challenging love that he showed. We are saved by his grace alone. We all continue to fail God, and therefore have nothing to boast about.

Bible Study 7: Holiness in Practice:

Read Leviticus 19:1-18. The command to 'love your neighbor' first appears in Leviticus 19:18. It summarizes verses 1-18, which contain various Old Testament rules and regulations. Look at this passage in Leviticus. Divide the commands (verses 3, 4, 9, 12, 14, 16 and 18) into those concerned with:

- Worshipping God
- Personal holiness
- Holy living standards in relation to other people.

These commands are given with a note of authority. Whose authority is this? Note the general nature of some commands (verses 2, 3 and 11) and the precise detail of others (verses 5-8, 9, 13 and 14). God wants us to be holy, both in large matters and in the small details of our daily lives.

- How does God's law make provision for the poor and for 'outsiders'? (See verses 9 and 14)
- How can we care for the disadvantaged as individuals, within our family, and within our church?
- How can we express love and care for those living with HIV & AIDS in our community?

Bible Study 8: HIV and AIDS and the Glory of God:

By the time of Jesus, many of the teachings of the Old Testament had been oversimplified, resulting in beliefs such as: 'If you are suffering, it must be because you have sinned'.

Read John 9:1-7. The disciples realized the problem that this passage raised. Surely this man had not sinned before he was even born?

- Consider Jesus' answer when the disciples asked about whose sin was responsible. What did he mean? What does this mean for us?

Jesus encouraged his followers to pray for more of God's love and glory to be seen even in the suffering that you and I see today. And so this blind man was not only healed but revealed God's glory in Jesus the savior.

So our attitude to AIDS should not be 'Whose fault?' but rather, 'God's opportunity to do what?' The light of Jesus is seen best when there is suffering or doubt. May his light in us shine as we support those living with HIV and AIDS.

- What do people in our area say about people living with HIV and AIDS?
- How can we be practical in our love?
- How do we get the spiritual strength from the Lord to be positive about difficulties which we and others face?
- How can we pray for and support all those living with HIV and AIDS and those who care for them?

Bible Study 9: Why suffering?

Read Genesis 1:31, 2:15. Disasters and suffering were never part of God's original plan for us. He created all things and formed a partnership with us. However, this partnership was broken (Genesis 3) and we suffer the consequences.

- How much is suffering part of these consequences?

Read Romans 8:18-25. Today there is suffering but it is temporary, and will one day give way to something eternally glorious.

- How does God offer us a way back to the partnership?

Knowing God, the prospect of suffering should not terrify us we learn here that we are safe in his hands and that this world will one day be transformed into a new world. Until that glorious day, God requires that we act justly, love kindness and walk humbly with him (Micah 6:8).

Bible Study 10: Caring for Orphans and Widows?

Read Deuteronomy 10:12-22. Verses 12-13 echo the great commandment of Deuteronomy 6:5 that Israel should love the Lord their God with all their heart, soul and strength. In verses 14-19 this passage continues to remind Israel about who God is, what he does and what he wants those who believe in him to do. This is repeated twice each time in a beautifully balanced series of three verses. Verses 14 and 17 remind us who God is, verses 15 and 18 tell us what God does and verses 16 and 19 tell us what he wants us to do.

- What does verse 17 say about how great God is? What does it mean to say that God 'is God of gods and Lord of lords, the great, the mighty and the awesome God?'
- In the second part of verse 17 we read that God is 'not partial and takes no bribes.' What does this say about God and how he uses his great power?
- What does verse 18 tell us about what this great God does?
- Why is God so interested in seeing justice done for orphans, widows and immigrants? How can we care for the orphans and widows in our community?

Orphans, widows and immigrants are usually the weakest people in any society and the people most in need of care and protection. If the God we love cares about them so much, so should we.

Bible Study 11: Caring for children?

It is very easy to value children more for what they can become, rather than for what they are in themselves. Children may be seen as a bit of a burden from the time they are born, until the time when they can be useful. This is how children were viewed in the time of Jesus. What Jesus said about children and his attitude to them was, therefore, very revolutionary in his time.

Read Mark 9:33-37 The Greek word used in the New Testament for 'child' is also used for 'servant' or even 'slave'. Children were, therefore, seen as similar to servants or slaves. In this story, Jesus uses a child as a visual aid to teach his disciples.

- How does God's law make provision for the poor and for 'outsiders'? (See verses 9 and 14)
- How can we care for the disadvantaged as individuals, within our family, and within our church?
- How can we express love and care for those living with HIV & AIDS in our community?

Source: Tear Fund Publications

10. GLOSSARY:

CMAI	—————	Christian Medical Association of India
CSA	—————	Christian Service Agency
FBO's	—————	Faith Based Organizations
GDP	—————	Gross Domestic Produce
ICCO	—————	Inter Church Organization for Development Cooperation
IEC	—————	Information, Education and Communication
INP+	—————	Indian Network of Positive People
IVDU's	—————	Intra-Venous Drug Users
Kerk in Actie	———	Church in Action
MSM	—————	Men having Sex with Men
NACO	—————	National AIDS Control Organization
NACP	—————	National AIDS Control Programme
NCCI	—————	National Council of Churches in India
NGO	—————	Non-Governmental Organization
PLHA	—————	People Living with HIV and AIDS
STI	—————	Sexually Transmitted Infection
SW	—————	Sex Worker
WCC	—————	World Council of Churches

11. DEFINITIONS:

HIV (Human Immunodeficiency Virus): is a retrovirus that can lead to acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.

AIDS: Acquired Immune Deficiency Syndrome or acquired immunodeficiency syndrome (AIDS or Aids) is a collection of symptoms and infections resulting from the specific damage to the immune system caused by the human immunodeficiency virus (HIV) in humans

PEP: Post-exposure prophylaxis (PEP) is any prophylactic treatment started immediately after exposure to a pathogen (such as the disease causing virus), in order to prevent infection by the pathogen and the development of disease.

CD4: (cluster of differentiation 4) is a glycoprotein expressed on the surface of T helper cells, regulatory T cells, monocytes, macrophages, and dendritic cells. CD4 is also a primary receptor used by HIV-1 to gain entry into host T cells. CD4 count expressed in cells per micro liter of blood assesses the immune system of the body. Lower CD4 count denotes lower immunity level of the body and vice versa. While CD4 tests are not an HIV test (they do not look for the presence of viral DNA, or for the presence of specific Antibodies) they are critical in assessing the immune system of patients. Treatments are often started when the CD4 counts reach a low point, around - 200 cells per micro liter. CD4 tests are also used to judge treatment efficacy. These commands are given with a note of authority. Whose authority is this?

Note the general nature of some commands (verses 2, 3 and 11) and the precise detail of others (verses 5-8, 9, 13 and 14). God wants us to be holy, both in large matters and in the small details of our daily lives.

STIGMA: an attribute which significantly discredits an individual in the eyes of others.

DISCRIMINATION: a form of behavior which results in unequal/unjustifiable treatment. Stigmatizing attitude do not always translate into discrimination, but the effect of the -ve attitude may still be damaging or hurtful to the person.

EPIDEMIC: is a classification of a disease that appears as new cases in a given human population, during a given period, at a rate that substantially exceeds what is “expected”, based on recent experience (the number of new cases in the population during a specified period of time is called the “incidence rate”).

PANDEMIC: is an epidemic of infectious disease that spreads through human populations across a large region (for example a continent), or even worldwide.

FATAL: is something that is capable of causing death to a living being.

CHRONIC: persistent and lasting, disease or medical condition, or one that has developed slowly.

HEALING COMMUNITIES: A healing community is a community of God's people, dedicated to Him and one another in love, that expresses that love by brining healing of body, soul and spirit to their communities.

SEXUALITY: is how people experience and express themselves as sexual beings.

SEXUAL MINORITIES: is a group whose sexual identity, orientation or practices differ from the majority of the surrounding society.

MAINSTREAMING (internal & external): mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, through both their usual work and within their workplace. Mainstreaming HIV/AIDS can be defined as the process of analyzing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage.

External mainstreaming refers to adapting humanitarian and development work to reduce the impact of HIV/AIDS.

Internal mainstreaming looks to change organizational policy to reduce the impact of the disease.

PREVALENCE: of a disease in a statistical population is defined as the total number of cases of the disease in the population at a given time, or the total number of cases in the population, divided by the number of individuals in the population.