

EVANGELICAL LUTHERAN CHURCH IN MALAWI

CAN THE PULPIT BE USED?

A HANDBOOK FOR USE IN
BREAKING THE SILENCE ON HIV/AIDS ISSUES



BY

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Introduction to the Handbook: Can the Pulpit be Used?

Why the pulpit? "As long as I am in the world, I am the Light of the world." Jesus saw the blind man and responded to his need. His action brings the Kingdom of God closer to the man who suffered blindness and was neglected by many. In Matthew 5:13-14, Jesus tells his disciples, "You are the Light of the world". Like Jesus, the disciples were to shine and bring the Kingdom of God closer to people. With this action, Jesus transfers his Light or Ministry to the church and its followers. Just like Jesus, the church is to shine and bring the Kingdom of God to people. Our work for peace with justice is not by chance but a mandate as received from Christ. The love of God for all people must compel us to use the pulpit, "the church", to actively be involved with people's lives both in time of joy and in time of sorrow.

So can the pulpit be used? Yes! The church cannot be passive and watch many people die of preventable diseases. We will use the pulpit to save people's lives by embarking on programmes that provide supportive care and counseling, preventive education, as well as home based care for orphans and widows. The pulpit is to be used in order to assure all of God's love, and to use counseling to translate God's love into action and services.



This silence must now be broken so that we can speak openly about AIDS and human sexuality.

Preamble to the Handbook

This Handbook assumes that the leaders of Support Groups, Clubs, and facilitators of learning sessions have gone through "Trainer of the Trainer" workshops as organized by the Evangelical Lutheran Church in Malawi (ELCM) Diakonia Department, or the Evangelical Lutheran Development Programme (ELDP), as well as those offered by the ecumenical groupings.

Participants in the lessons being offered through this Handbook shall be members of all age groups. Special attention should be given to Sunday School children. The facilitators can divide participants by age groups or other underlying factors to facilitate a good learning environment. Each learning set up must take concerns of the age group in question seriously.

Counselling in this Handbook should be understood as pastoral care and support for those infected and affected by HIV/AIDS and who need help. This should be done with four major goals in mind:

- Preventing or minimizing the risks of exposure to HIV for those who may not yet be infected.
- Preventing or minimizing the risk of re-exposure and further transmission for those who are infected by HIV or are already sick with AIDS.
- Relieving the psycho-social stresses which the HIV/AIDS affected individuals may be experiencing, assuring accompaniment.
- Building awareness for prevention, care and support in general.

Counselling is important in order to assist HIV infected and affected persons to live positively with HIV infection, make appropriate decisions, and cope with problems arising from HIV. Remember that counselling has proved to help people cope with their difficulties.

Poem by 7-year-old Salim Yasin

*Look what it has done to me
First it was my papa, then my mama followed
Both gone for a journey
A journey never to return.*

*Here I stand alone in the world
With nothing to call a family
An orphan I have become
Yet I am so young.*

*Now my future is so uncertain
But I weep for you
I weep for us
Weep for us
Who are busy killing the future
Creating a generation of AIDS orphans.*

CAN THE PULPIT BE USED?

A HANDBOOK FOR USE IN BREAKING THE SILENCE ON HIV/AIDS ISSUES

PART ONE - DISCUSS OPENLY ABOUT THE DISEASE

And you will know the truth, and the truth will set you free. John 8:32

DON'T BE FOOLED OR CHEATED - HIV/AIDS KILLS!

Q. What then shall I do?

A. Choose LIFE and stay alive.

Q. How?

A. Know the facts about HIV/AIDS.

Q. What is HIV?

A. HIV = Human Immuno Deficiency Virus

Q. What is AIDS?

A. AIDS = Acquired Immuno Deficiency Syndrome

Acquired = not hereditary

Immuno = the body's defense system

Deficiency = impairment of the immune system

Syndrome = collection of signs and symptoms

Q. How is HIV transmitted?

A. Sex with infected person
Infected blood and blood products
Unspecialized medical instruments
From infected mother to child during pregnancy, delivery, or breast feeding

Q. What does NOT transmit HIV?

A. Shaking hands	Kissing ?
Hugging or socializing	Eating together
Coughing or Sneezing	Swimming
Using the same bathroom facilities	Mosquitoes
Living together	Hair Cuts

"Now . . . talk to them freely about the disease. To us it is not a shame."

In presentations at the Pan African Conference, Nairobi, Kenya, 2002



Group Exercise: Discuss your understanding of AIDS. What is HIV/AIDS and how else is it transmitted? How can we avoid being infected?

Individual Homework: How about me? Am I at risk? How do I know about my status?

To understand more about HIV/AIDS and its progression in the human body, there are a variety of resources from the AIDS Commission and some specialized HIV/AIDS NGOs.

PART TWO – ENDING STIGMA

Let anyone among you who is without sin be the first to throw a stone at her. John 8:7

KNOWING YOUR STATUS AND DEEPENING YOUR KNOWLEDGE OF AIDS

Stop judging others and think of yourself and your status.

Q. What do I do to know my status?

A. Go for Voluntary Testing.

Q. What if I know I am:

Negative? KEEP IT THAT WAY! Protect yourself.

Don't contract the virus.

Positive? Know the facts about the disease, and work to live positively, minimizing its spread.

Stigmatization is sinful. We must work to remove its association to HIV/AIDS and replace it with love and with compassion for the affected and the infected.

Q. What are the facts?

A. Accept that status and understand that currently there is no known cure for AIDS, nor is there a vaccine for HIV. See ways to utilize the Anti-Retro Virals (ARV) now available in some central hospitals.

Q. Who are the sick?

A. Those who have been tested and found to be positive. Some of the general, or common symptoms for HIV and AIDS, which apply to all age groups, are:

- ❖ Persistent or Chronic Fever - high temperature that comes and goes
- ❖ Diarrhea and weight loss
- ❖ Tuberculosis
- ❖ Skin infections, rashes, herpes
- ❖ Opportunistic infections



Q. What should an HIV/AIDS infected person do when they are sick?

A. Make regular visits to a clinic or health center, and stay healthy. Continuous, irresponsible sexual activities will contribute to the multiplication of the virus in the body and put others at risk.

Q. How should an infected person live his or her life?

A. A person with HIV/AIDS can live life just like any other person, provided they abstain from irresponsible sex and from infecting other innocent people. Continuing to engage in irresponsible sex will increase risk to others. People who can take care of themselves are known to live longer with the support of current drugs known as ARVs.

Married couples, where one is found to be positive, must be encouraged to seek counseling and ensure that the virus is not passed on to the other who might still be negative. To ensure this, the facilitators must help with putting preventive measures in place soon after the discovery on the status of the couple is made known. Openness will help achieve this need. Remember that people who test positive have not necessarily sinned. They need information on how to live positively with HIV/AIDS. This information is available. Facilitators must help and assist participants in accessing useful information.

PART THREE - SUPPORT ONE ANOTHER

All have sinned and fall short of the glory of God; Romans 3:23

COUNSELLING

Who are the affected and infected? We are all affected!

Q. Who should be counselled?

A. Those who are sick, have tested positive, and those who are troubled. People with HIV/AIDS need our love and care, as well as our prayers and support. Counselling and other interventions are necessary to prevent weight loss - the earlier we start, the better, in order to have the greatest impact.



Q. How should the church and community treat those who are positive?

A. We must stop isolating and discriminating against those known to be living with the disease. It is also important to show signs of appreciation to those who publicly disclose their status, as they can be a help to society in dealing with matters of HIV/AIDS. It is a known factor that people are afraid of disclosing their status because they fear being stigmatized by the community. Let us therefore, as a church, support and love those among us who are living with the virus. As church we are to love like Jesus. God's love is unconditional and does not discriminate in any way.

Q. What about the children?

A. They, too, must be given priority. Orphaned children also need our love, support and care. Extended families should open their houses to the orphans. Of all people who suffer due to HIV/AIDS, orphans suffer the most. Let us all unite in providing care for them.

Q. What of those children who have lost a parent?

A. Like we do with the adults, children must be accompanied in their grief. They will also need to be helped to understand what is going on and the consequences of the death of a parent. The tendency to undermine children during grief must be discouraged. Their concerns will have to be taken seriously into account. Trainers must learn how to prepare children for an impending death of a parent.

Q. Why should we give a priority to counselling?

A. In order to ensure our love and care counselling should be given a priority. It gives spiritual guidance and assurance to certain reactions resulting from discovery of having HIV/AIDS, shock from the death of a beloved one or friend, and stress and anxiety. People feel guilt, shame, isolation, stigmatization, and discrimination. Only in counselling can we assure them of our care and support. The support groups and HIV/AIDS Clubs are best suited to play this role. Remember that people who are infected by HIV are our own brothers and sisters. They need our prayers and support.

Assignment: Do you know anyone who is infected or affected and needs help? If so, what are you doing to help? If you need more information on how to assist, ask your group facilitator.

PART FOUR - GOD'S WILL FOR ALL

I give you a new commandment, that you love one another.

Just as I have loved you, you also should love one another. John 13:34

"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." Matthew 25:40

CAREGIVING and NUTRITION

Q. Is there a relationship between HIV/AIDS and nutrition?

A. Yes, there is a link between HIV/AIDS and nutrition. The facilitators need to provide information about food, effects of nutrition, and general dietary needs. Most of this information is found and printed by the National Aids Commission in Malawi. It should be noted that nutritional status affects HIV disease progression and mortality. Generally, poverty is enemy number one in our efforts to combat HIV and AIS. Just as there is a link between poverty and diseases, there is also a clear link between HIV/AIDS and nutrition. We must help the sick, especially children, with nutritional needs.



Q. What of the Under-5 aged orphans?

A. These are most vulnerable of all groups. Our Church runs feeding centres in many parishes throughout the country. Facilitators should therefore find out the location of these feeding centres, and recommend malnourished children to get extra feeding from these centres. It's also important for facilitators to inform the participants about the Church's Mobile Clinics, in order to deal with opportunistic diseases, such as malaria and diarrhea. Caregivers must always be on the lookout for opportunistic diseases that easily take lives.

Q. What of the Youths and their education?

A. Facilitators should be knowledgeable and inform participants of the availability of a number of bursaries for orphans offered by the church. The Diakonia Department administers and runs the following bursaries: school fees for primary and secondary school orphans. There is also skill training bursury to enable young people to train in skills offered by the church at the Madisi Training School as well as possibilities to attend technical schools in the country which can empower and equip youth with vital skills in life.



Q. Are there programs for widows?



A. Women who have been widowed because of HIV/AIDS or other diseases can apply for small-scale loan fund to help them start their own income-generating activity. With this fund, women can and should be able to sustain themselves and the needs of their children.

The aim of all these programs is to ensure integration of all of our members in church and in society, regardless of their status. Trainers must include small-scale business training for their participants, equipping them with small-scale businesses. Where possible, a Revolving Loan Fund will be established to help individuals and groups with small capital amounts.

PART FIVE - GOD LOVES US

*When we cry, "Abba! Father!" it is that very Spirit bearing witness with our spirit that we are children of God, and if children, then heirs, heirs of God and joint heirs with Christ—if, in fact, we suffer with him so that we may also be glorified with him.
Romans 8:15-17*

SPIRITUAL ACCOMPANIMENT

Suffering is part of our carrying of the cross with Jesus.



Q. Of all people, why me?

A. You are not alone. many more people are sick and suffering like you.

Q. Why does God allow me to suffer?

A. Suffering is not from God, nor is it a punishment of our sins. God allows suffering to happen to us as a way of disciplining our lives. God hates sins, but loves us all. In fact, most of our suffering is self-inflicted, and caused by human to fellow human, and not necessarily from God.

Facilitators must encourage and help people to see the loving nature of God in Christ who died for us. When the person accepts her/his condition, chances are that they may easily cope up. The counsellors must assist them in the process of accepting the new challenges. Use the skills acquired in the Trainer of Trainers' workshop to help you deal with this challenge. Show them how god allowed Jesus to suffer and die for us.

Congregations and Lay Leaders must ensure that the infected and affected are accompanied and supported all the time through regular visits to offer encouragement and to bring assurance of God's love. Our church's policy does not allow people to be excluded from Holy Communion on the basis of their HIV status.

In case of death: Counsellors face the challenge of helping the other members of the family through the period of grief. Children must be given special care and support. Where possible, counsellors must help children cope with grief, ensure that their concerns are addressed, and their questions are responded to. Remember that if left unaddressed, child grief can have long negative impact on the child.

Facilitators should ensure that children and adults alike are prepared adequately for the impending death of a beloved one. This must be done with a lot of care, taking into consideration the sensitivity of the matter.

Facilitators, particularly the ordained in this case, must ensure to avoid accusatory or condemnatory remarks of the departed or the surviving family members that would prejudice or offend the mourners. Funeral services must be conducted without investigating the causes of death. Remember that HIV/AIDS is to be understood like any other disease communities are facing.

Group Assignment:

- I. Discuss and agree how you and your congregation are going to ensure that the church policy on HIV/AIDS is upheld and that the affected are accompanied, loved, and not stigmatized or discriminated against.
- II. Many suggest that suffering is from God. What is your group position on this question?

NOTE: For further study on suffering, please refer to Chapter 6, page 50, in the thesis document.

PART SIX - LET JUSTICE FLOW!

Do not worry about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. Philippians 4:6

FACING UNDERLYING ISSUES

Group Assignment: There are issues that do undermine our efforts in the fight to combat HIV/AIDS. Some of the major ones are:



Harmful Cultural Traditions

- Identify and name traditional-cultural practices that are harmful to women and society at large in this age of HIV and AIDS.
- What do you propose to be the way forward in dealing with these issues in the face of AIDS? Give some practical examples.
- Identify the vulnerability of the girl child in this era of HIV and AIDS.
- How do you propose we address the challenge?

NOTE: *For further study in this subject, please refer to Chapter 4, page 33, in the thesis document.*

Economic Justice and Human Empowerment

- Poverty and economic injustices have been widely acknowledged as one of the factors contributing to the rapid spread among young people.
- Identify and propose ways of equipping women and youth towards economic and social improvement. Give some practical examples.
- Discuss what you and your parish should be doing to fulfill this need.
- What role should the church as a whole play?

NOTE: *For further study in this subject, please refer to Chapter 3, page 16, in the thesis document.*

Public Awareness

- The young people (youths) are said to be heavily devastated by the pandemic. What in your view should be done to reduce the spread of HIV amongst young people?
- Discuss and agree on effective methods of prevention for the youths.
- How could those preventative ways be implemented?

NOTE: *For further study in this subject, please refer to Chapter 7, page 91, in the thesis document.*

Human Sexuality and Family

The family set-up comprising of husband and wife united in holy matrimony is the way God initiated marriage in the beginning.

- Discuss and analyze your understanding of human sexuality and marriage in this age of HIV and AIDS.
- In view of HIV and AIDS, what is your position on pre-marital sex and the need to go for voluntary testing before marriage.
- Should parents discuss sex and human sexuality with their children? If so, give examples of how this should be done given our cultural values.

NOTE: *For further study in this subject, please refer to Chapter 7, page 87, in the thesis document.*

Partnerships

- Studies and research have revealed that there is a clear link between poverty and disease, in this case, HIV/AIDS. Discuss this link and identify ways and means in which church partnerships can address this issue.

NOTE: *For further study in this subject, please refer to Chapter 10, page 118 in the thesis document.*

PART SEVEN - LET US WALK TOGETHER!

Bear one another's burdens, and in this way you will fulfill the law of Christ. Gal 6:2

SUMMARIZED TYPES OF COUNSELLING FACILITATORS CAN APPLY IN ANY GIVEN SITUATION

1. **Primary counselling**

This form of counselling is directed to people who are not known to be infected and indulge in risk behaviours e.g. Uninfected individual engaging in prostitution. Counsellors need to instill behavior change in such individuals to help them not to contract the deadly virus.

Secondary prevention

This form of counselling is directed to people who are HIV infected in order to prevent re-infecting or infect others e.g. in case of a proven HIV infected couple. It is in cases like this that our church policy on HIV/AIDS encourages preventative measures that would protect the other couple.

2. **Problem solving counselling**

This type of counselling help individuals to identify problems, analyze them and try to find alternative solutions e.g. A father to (4) young children who is a bread winner is found to be HIV positive. He has to think of the future of his family and dependants. He must be encouraged to abstain from infecting others or accumulating more viruses by continuing to indulge in irresponsible sex.

3. **Decision making counselling**

This type of counselling is a continuation of the problem solving counselling which enables the HIV infected and affected persons to make decisions concerning difficult issues. This care includes preparing them for an impending death.

4. **Crisis counselling**

This type of counselling involves crisis-resolution. A crisis is a server form of stress, which may be caused by a serious life threatening situation e.g. sudden breaking of the news to an individual that he/she is HIV reactive before pre-test counseling was done. Counsellors and support groups must realize that this is the time they are needed most.

5. **Bereavement counselling**

This type of counselling involves supporting individuals, their families and friends throughout the grieving process to prevent a complete upset of psychological and biological function e.g. when a husband dies leaving a dependent wife and children. Both adults and children must be given attention during grief and mourning.

6. **Pastoral counselling**

This type of counselling caters for spiritual needs of HIV infected and affected individuals, hence gives them hope of life after death.

Pastors and religious leaders have a unique role to play in the overall fight against AIDS. Apart from attending to the physical and psychological needs of persons affected by AIDS, they are well placed to cater for the spiritual needs of those with whom they come in contact. Please ensure that this need is met.

NOTE: *For further study on the impact counseling can have on those who suffer, please refer to Chapter 7, Pages 66-75, in the thesis document.*

PART EIGHT - IMPARTING KNOWLEDGE FOR LIFE

The fear of the Lord is the beginning of wisdom; all those who practice it have a good understanding. Ps 111:10

SUMMARIZED EDUCATIONAL SKILLS WITH WHICH FACILITATORS SHOULD BE FAMILIAR

AIDS Education

AIDS education through the formal education system are important, especially if programmes reach students at an early age before some begin to drop out of school. These programmes can be class based or extracurricular, using peer education methodologies.

There is however a considerable disagreement over HIV-AIDS education for young people including at what to teach, at what age, in what setting, by whom and to what extent.

Important components of AIDS education for young people include addressing peer pressure and norms that encourage risky behaviours. Changing young peoples risk-taking behaviour requires going beyond providing information to helping young people acquire the ability to refuse sex and negotiate sex with sex partners.

There is controversy over what messages should be given to children which has hampered AIDS and sexuality education. Many times sexuality education begins after many students have already begun experimenting sexually. Studies have shown that sexuality education begun before youth are sexually active helps young people stay abstinent and use protection when they do become sexually active. The sooner sexuality education begins the better.

PLEASE NOTE THAT:

HIV/AIDS education programmes for young people should be age-appropriate, ie programmes for younger adolescents should focus on avoiding or delaying sex, while those for older adolescents should include discussion of condoms and other contraceptives in addition to urging abstinence.

Life Skills Education

According to WHO life skills are defined as abilities for adaptive and positive behaviour that enable people to deal effectively with demands and challenges of everyday life. Amongst the challenges facing the youth in Malawi today are: HIV/AIDS, STDs, Drug and substance abuse, growth and development, relationships, violence and delinquency, cultural and traditional practices and lack of skills to deal with pressure, resource management and access to services. The youth are particularly vulnerable to these challenges because of their economic, psychological as well as their physiological circumstances. Imparting appropriate skills to the youth is therefore an essential requirement to enable them to deal effectively and positively with such challenges.

Sexuality Education

Sexuality is much more than sexual feelings or sexual contacts. It is an important part of who a person is and what he or she will become. It includes all feelings, thoughts and behaviours of being male or female, being attractive and being in love as well as being in relationships that include sexual intimacy and physical sexual activity. Sex is a more limited term, referring to one's reproductive system and behaviours as male or female.

PART EIGHT - Continued

Economic Empowerment

Due to economic hardships many women, especially young girls, may be exposed to all sorts of behaviours that predispose them to contracting HIV/AIDS, STDs, etc. This is compounded by the fact that a lot of young people today have been orphaned as a result of the HIV/AIDS pandemic.

AIDS preventions that focus on protecting people's health will have more impact if they are joined by other efforts to improve the people's economic and social status.

Proper support mechanisms should be put in place to assist these groups of people, especially orphans, for them to survive. Such initiatives should include vocational skills development and loan schemes.

Voluntary Counseling and Testing (VCT) and Referral

Early testing for HIV/AIDS offers many benefits. As treatments become more available for HIV infection, early testing and counseling could lead to timely care, improve the medical management of HIV related illnesses and provide an opportunity to reduce perinatal transmission of HIV.

HIV testing is important because once aware of their HIV-positive status, some infected people change their behaviour to avoid transmitting the virus. In addition, starting retroviral therapy as soon as possible lowers the viral load and may therefore reduce the risk of transmitting HIV. For those who test HIV negative, testing can provide an impetus to develop a plan for avoiding infection.

However many people, including youth, do not go for HIV testing because of several reasons such as: unavailability of testing facilities, existing facilities lack privacy and confidentiality, retrovirals are still not available to most Malawians, and stigma associated with being HIV positive. Facilitators in HIV/AIDS Clubs and Support Groups should encourage people to go for voluntary counseling and testing accompanying them with the support and care they shall need after testing.



Helpful Biblical texts that can be used in time of need or counselling:

In time of discovery and denial:	Rom 8:12-17	Mark 14:36
In time of frustration and anger:	Rom 8:31-39	Matt 26:40
In time of sickness and suffering:	Rom 6:3-4	John 11:25-27
In time of trials and temptation:	Rom 8:18-23	Luke 4:1-12
In time of loss and grief:	Job 14:7-9	Heb 13:14-16
In time of anxiety and isolation:	John 15:1-11	John 14:1-7
In time of hope and new beginning:	John 3:16	Rev 21:1-4

PART NINE - REJOICE IN THE LORD ALWAYS!

Do not let your hearts be troubled. John 14:1

PRAYERS

A Prayer for Forgiveness and Strength

God calls us as a people, a whole people, none of whom is worthless. We are called to bear witness to the good news that no one is a stranger or an outsider, and that in Jesus Christ all division and separation have been broken down. In the face of the worldwide crisis of HIV/AIDS we are called to be one people, yet hardness of heart, discrimination and oppression prevent us from being who God calls us to be. For this we ask forgiveness.

God of compassion, we often misrepresent you

As a God of wrath, yet you are a God of love, raising us all to life; and so we ask;

Lord, have mercy. Lord, have mercy.

Lord Jesus, you banish the fear that has paralysed us in responding to the needs of all who are affected by HIV and AIDS. When we falter, encourage us and strengthen us; and so we ask: Christ, have mercy. Christ, have mercy. Spirit of unity, you build up when we break down; you unite when we divide; you comfort when we condemn; and so we ask: Lord, have mercy. Lord, have mercy.

May the God the Father, God the Son, and God the Holy Spirit have mercy on you (us), forgive your (our) sins and bring you (us) to everlasting life.

Amen

(Martin Pendergast - Prayers, Litanies and Liturgies)

A prayer for those who are sick

Merciful God, We remember before you all who are sick this day, and especially those infected with HIV and AIDS. Give them courage to live with their fears. Help them to face and overcome their fears. Be with them when they are alone or rejected. Comfort them with your healing Spirit, that they may find and possess eternal life now and forever. Amen.

(Author unknown)

A Prayer for Caregivers

Almighty God, be with those who support and care for people living with HIV and AIDs. Grant them patient and attentive ears, gentle hands, loving eyes, and faithfulness to your Gospel, which bears witness to the dignity of every human being. We ask this in the name of Jesus Christ our Saviour. Amen.

(Author unknown)

PART TEN - YOUR WORD IS A LIGHT UNTO MY FEET!

They devoted themselves to the apostles' teaching and fellowship, to the breaking of bread and the prayers. Luke 2:42

BIBLE STUDY SUGGESTIONS

Find an appropriate text, applicable to your group's situation

1. Reading of the Text

This can be done by a number of people who read verses after verses until the whole text is read and understood. In some cases it may be repeated once or twice just to make sure that all are following. Sometimes reading is done in turns by the members of the group.

2. Pause

Pause to reflect on the passage to understand it. Silence can be observed for sometime. It is time to be focused on the text that has been read.

3. Discussion

The text is discussed; everyone should be free to share what the text has communicated to them. This is called "understanding the text." Questions may be asked as to how each person understood the text. What was the context in which the passage was written, to whom, and for what purpose? How does it speak to me today?

4. Sharing

What is the law in the passage? What is the gospel in the passage? What is God saying to us? This should be done with a lot of reverence. It is here where solitude and silence should be exercised more often. One or two people might be encouraged to share a short reflection (meditation) of what it is that God has spoken to them in this passage today, sharing the word, and listening to what God is saying to the group, and asking what to do in different situations.

5. Prayer

Silence, meditation, spirit centered, focused, speaking by heart, and listening by mind, leading to a clear soul, calm and peace with God. In some cases a spiritual song can be sung slowly and silently as people offer prayers. At the end, another silence should be observed, and then the closing that is done by sending each other with peace.

Special Prayers

Special prayers for the sick can be offered and those who need such prayers should be encouraged to request them. Encouragement and spiritual accompaniment must not be lost in the Bible Study group or the support groups.

Conclusion

Due to the complexity of the epidemic, as well as to how it has impacted lives, it is clear that there cannot be one effective way of combating it, nor can the church have the monopoly over all wisdom in facing its challenges.

For this reason, while my thesis project tries to urge the church's role in the fight and the handbook proposes ways for engaging the people in the fight, both works do not provide all the methods or answers to the challenge. My sense is that both these works provide the point of departure on a road we are having to travel in our efforts to reduce the suffering of those infected or affected as well as to hurt the spread of the pandemic. It is therefore important to understand the thesis as a background material and as the justification for the handbook.

The handbook itself is again a starting point that will have to be tested and evaluated. The results of the evaluation would then form the next step in the development of this tool, leading possibly to a revised version of the handbook. Again, this process can be on-going, based on the experiences being gained with that process leading to more advanced handbooks which can continue to provide learning and serve as tools for pastors and lay people in their efforts to combat the disease. It is therefore my hope and prayer that users will find this tool useful as they sharpen their skills in helping people cope with the challenges brought by HIV/AIDS.



*Ambuye akudaliseni, nakusungeni.
Ambuye awalitse nkhope yake pa inu, nakuchitireni chisomo.
Ambuye akweze maso ake pa inu, nakupatseni mtendere.*

Rt Rev Dr Joseph P Bvumbwe
Lutheran Bishop of Malawi
Evangelical Lutheran Church in Malawi
February, 2005

APPENDIX CONTAINING HELPFUL INFORMATION FOR FACILITATORS

➤ **Shock**

Confusion and bewilderment are typical. Some people react courageously while others lose emotional control. In either event, shock will have severely damaged their usual ways of dealing with problems. There is no way to predict the reaction. Some people will go into shock and a state of crisis, then come round to acceptance, with medical care and counseling. Others will resort to denial, and face up to their condition only when they become too ill or weak to keep up a defense.

➤ **Stress**

Stress affects everybody who is infected or fears of being infected because of having engaged in risk behavior. Various factors cause stress: fear of being infected; having to decide whether or not to be tested; knowing about the outcome of AIDS and AIDS-related conditions; facing premature death; having to change familiar and pleasurable forms of behavior. Stress diminishes the ability to make decisions, to understand information, and to change behavior so as to protect one's own and other's health.

➤ **Anxiety**

Anxiety is a reaction to several issues at once: fear and uncertainty about the future; fear of possibly having an infected a spouse or partner; later concern about the future of dependent children or other relatives; and fear of loss of social support and of being left alone.

➤ **Anger**

Anger is part of shock reaction and may persist for a long time. It may be directed inwardly or at the family, or at fate for dealing a mortal blow.

➤ **Denial**

Denial is a common and normal reaction to unpleasant or unbearable news about one's health, and can be positive or productive if it induces a strong motivation to survive against all odds and predictions.

➤ **Fear of illness**

Fear of illness or of increasing disability and disfigurement, and of death can result from ignorance about HIV infection and its effects, as well as from knowledge about the disease.

➤ **Fear of desertion**

A positive diagnosis may lead to questions about the circumstances in which infection occurred. A secret life may be revealed, perhaps involving prostitutes or extra-marital relations. The person may be branded as immoral. In such circumstances people often fear desertion by family and friends, or loss of work or even of their home and social security.

➤ **Isolation**

The HIV infected person may react by withdrawing from all social intercourse.

➤ Depression

Some degree of depression is to be expected as a natural reaction to a frightening reaction to a frightening and life-threatening illness. When alternating hopelessness and relative cheerfulness give way to continuing hopelessness, the possibility of depressive illness must be considered. It is usually characterized by persisting and perhaps deepening sadness, fatigue and apathy; changes in sleep patterns and eating habits; feeling of self-blame, guilt and helplessness. There is often loss of control and of harming oneself or others.

➤ Suicide

Although thoughts of suicide can be irrational and a sign of depression, they may also be rational, in the sense that suicide would be a solution to an impossible problem. Such thoughts are very common, but suicidal acts are rare in people with AIDS. Attempted suicide, however, is fairly common among HIV-infected people.

➤ Resentment at changes in living partners

With progressing illness the person with AIDS related complex (ARC) or AIDS may become unfit for work while yet well enough to be out and about. Boredom with a life that is increasingly restricted – in diet, activity, social contacts – is common, and often fuels anger. Resentment at having to follow a restrictive medical regimen can lead to rejection of counseling or medical advice.

➤ Self-blame

Preoccupation with the circumstances in which infection occurred may lead to self-blame and consequent thoughts of helplessness, worthlessness and suicide. With progressing disease, changes in appearance can bring a sense of being punished for sin or misbehavior. Patients may feel guilty for living on while others whom they knew have died of AIDS.

➤ Loss

The level of self-esteem is closely related to self-blame. Intense guilt and sense of being avoided by others will erode the sense of self-worth. Self-reproach is common and delusions of being harmful or poisonous to others occur. A threat of suicide can never be accurately assessed. It may be used as a way of reinstating some degree of control over one's life. It upsets carers and loved ones and may lessen their likelihood of abandoning the person. No threat of suicide should be ignored, even if uttered jokingly or flippantly. The sense of dependency, helplessness, and loss of control engendered by chronic and fatal illness is a critical issue in counseling. The counselor pays great attention to restoring some sense of independence and control.