ENGAGING CHURCH LEADERS TO MEET HIV/AIDS CHALLENGES

ABSTRACT:

There is now great opportunity for Christian organisations to introduce new approaches in programme design, analysis, evidence-base, reflection and reform of HIV/AIDS programmes.

-Andrew Tomkins Institute of Child Health, University College, London UK

Why of all the life threatening diseases that exists in the world today, is AIDS talked about so much? What is so unique about this disease that it has drawn the attention of the world leaders, researchers, corporations, foundations and faith based institutions?

The answer to these questions may be simple to those who look at it as just a physical illness. But to those of us who have been in the field of HIV/AIDS, we know the reason, that this is not only a disease that has to do with a person dying of an incurable disease. Like the disease that has spread all over the globe, it is a disease that has percolated into the very aspect of a person’s existence in the society. It is like the two sides of a coin. HIV/AIDS is seen as a physical illness on one side and as a social disease on the other. A coin that has only the head on one side is not acceptable for transaction. Likewise the approach to HIV/AIDS as just an incurable disease, that needs eradication, is not reason enough for anyone to be involved in addressing to the issue. We need to understand that it is a disease which has caused condemnation, social discrimination, moral judgement and stigma against those living with it.

Since AIDS came to be known more than 20 years back, it has created such a widespread presence that there is no country in the world where PLWHA do not exist nor an AIDS death does not occur. The percentages may vary from region to region but it has become a universal disease which has no respect for caste, creed, religion or economic background of a person. It has become a pandemic which poses a serious threat to public health and development all over the world. The impact is felt much more in the developing countries where systems are not in place.

Though research and other services need specialization, fighting and prevention of HIV/AIDS needs the support of every person in the society. Each person has a specific role to play. The present paper is an attempt to understand the role of pastors and church leaders in facing the challenges of HIV/AIDS in context with North East India where there is high percentage of Christian population and likewise HIV/AIDS.

The 8 N E States

- Are connected to the rest of the country by a narrow strip of Land. The chicken neck corridor.
- Have substantial hilly areas;
- Long, in most places inaccessible, international borders; and
- Have predominantly
CENSUS DATA OF N E India 2001:

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<th>Literacy</th>
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N E STATEWISE HIV(Estimated)/AIDS (February 2005)

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<th>AIDS Cases</th>
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NORTH EASTERN SCENARIO

- Meghalaya - 17,664 samples screened and 70 positive (SACS Status report)
- Assam - 43717 samples tested and 558 are found HIV positive (SACS Status report)
- Mizoram 15,547 samples tested 823 positive (SACS May 04)
- Manipur 1,09,219 samples tested 17,418 Positive (SACS May 04)
- Nagaland 31,391 samples tested 1,903 positive (SACS April 04)
- Tripura 278 Positive (Hindustan Times 8 Sept 04)

- Widespread drug use in the NE – no more restricted in a few states
- No. of younger people getting into drug use is going up
- Injecting of Pharmaceuticals a major issue – morbidity is going up
- HIV epidemic started from among IDUs at least in 3 states
  - Rapid transmission of HIV/blood borne diseases.
- Inter state mobility of drug users
- Drug supply rampant?
- Drug users in regard to treatment – serious disadvantage in reach, modality, acceptability, prevention/treatment of HIV/AIDS

North East India Harm Reduction Network

The need for pastors to respond to the HIV/Aids challenge:

HIV/AIDS is a global concern that confronts the church. It is happening within the church whether one likes it or not. Present statistics show that there are 42 million people living with HIV/AIDS out of these 38.6 million people are adults, 19.2 million are women and 3.2 million are children below 15 years. Around 3.1 million AIDS deaths occurred, 2.5 million are adults, 1.2 million are women and 0.6 million are children under 15 years.

Religions in India have a powerful hold on people and their ethical and moral norms. Even though people may not follow the ethical teaching of their particular religion in their day to day living, such norms are used to classify people and discriminate against when occasions arise. People who are HIV infected are considered as betrayers of religious values. These rules were made long time ago when society thought of controlling social evils by prohibiting social evils. By prohibiting it, it was thought that people were motivated not to indulge in alcohol, drugs and sexual immorality. But it was not a success even in those days.

Most Churches have the tendency of simply classifying drug addicts and HIV persons as sinners and keep them away ascribing to certain negative characteristics that is universal and found in every person in varying degrees. It can be said that it is not so much for the negative characteristics that they are kept aside. It is mainly because the churches do not know how to handle such cases. The problem for Churches became still worse when they were faced with the young failing to respond to all the good preaching of the church.

The churches need to realize today that HIV HIV positive people are not the manifestation of the negative characteristics in a person or that they are morally inferior to others or weak in character. The church must understand that they are people who need holistic healing. If the church can accept this, its approach to the HIV positive people has to be broad based than just preaching to them. It has to involve the service of many persons who are qualified to deal with it than the clergy alone.
Since HIV/AIDS is not limited to any religious or non-religious groups, it can easily be a programme for inter-religious activity as all religions consider human life valuable. Once the church and other religious organizations take the mission to the positive people as one of their priorities, with the resource and personnel they have at their service would be beneficial to many secular and voluntary organizations who are already involved in the field.

The church has a key role to play. Christ commands us to show love to those that need it, visit the sick and those in prison.

God-given mandate: Jesus, when challenged by a teacher of the law to name the greatest commandment gave the following answer. *Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: Love your neighbor as yourself. All the Law and the prophets hang on these two commandments.* (Mt. 22:37-40). As Christians we are called to be agents of change. A change which is not driven by any force but by compassion. Jesus showed this by practically being with the people who were suffering physical pain, social discrimination, injustice and moral judgment. His ministry of healing was generated from within and not from seeking popularity or position. If the church has been called to extend God’s kingdom on earth, it is to go along the path that Jesus trod. There can be no other reason but this, as to why the church should not involve?

Role of pastors and church leaders in the community:

Like some countries in Africa, the Church is a respected institution in North East India. Pastors and church leaders have the advantage of being respected in a tribal community. Their preaching and teaching coupled with exemplary living has its impact on people to live responsible lives, not only within the church but also outside. They can be role models to others in seeking and caring for those who are suffering. If ever there was a need for the pastors and church leaders to show the compassion of Jesus the time cannot be better than now. Only when they show, others will see; only when they give, others will give; only when they seek, others will seek out. They should no longer consider the challenge as of others but as of theirs too. The current problem of HIV is an opportunity for the church to share the love of God.

Equipping church leaders and pastors to respond to the HIV/Aids challenge:

- Knowledge of the problem:
- Contextualizing sermons and teachings:
- Active participation:
- Pastors as service providers:
- Provide pastoral training materials
- Assist in formulating guidelines and policy documents on HIV/AIDS
- Provide training on care and counseling
- Organize workshops on specific themes for church leaders
- Encourage networking with other churches
- Plan exposure trips

How to encourage congregations to respond to the HIV/Aids challenge:

- Raise awareness and sensitization
- encourage volunteerism for care and counselling
- engage congregation in events that relate to HIV/AIDS
- organise seminars/workshops on parenting skills, marriage, youth issues, etc.
- encourage giving towards HIV/AIDS causes
- encourage peer support groups among the affected and infected.
- encourage support to affected persons, especially women and orphans.

**NEIDAC Strategies towards Churches' Involvement:**

The VISION of The North East India Drugs and AIDS Care is to ‘Build a Caring and Compassionate Community.’ Its MISSION is: To motivate, equip and assist individuals, churches and other voluntary agencies in North East India in a ministry of healing particularly in the areas of substance abuse and HIV/AIDS.

Motivating the members, leaders and the intelligentsia of the community to get involved and address issues related to substance abuse and HIV/AIDS. Equipping churches, institutions and community based organisations with skills to deal with substance abuse and HIV/AIDS issues. Assisting families and groups to meet the challenges that arise due to substance abuse and HIV/AIDS. Caring for affected individuals by providing counselling and other services.

NEIDAC as a facilitating agency in the North East has realised the importance of the churches' involvement in HIV/AIDS for which it needs further intervention programmes. With this in mind NEIDAC feels the need for motivating the churches to become active in social action.

Looking at many global scenario where churches have come forward to tackle the pandemic, churches in the North East too need to consider Christ like love for the despised and the rejected people in the society. Thus, inculcating the spirit of love, care, compassion, consideration and understanding towards the HIV/AIDS affected people and their families. The following are some of the strategies which NEIDAC has adopted and is implementing towards involving the churches in N E India:

1. Building interpersonal relationship with local churches.
2. Networking with other Christian organisations outside North East India.
3. Identification of catchment areas for better representation and participation.
4. Providing technical assistance and training in setting up of Counselling / helpline cells in the churches.
5. Motivate the churches to start voluntary groups and give orientation on working with HIV/AIDS affected people.
6. Formation of Church youth groups as part of voluntary group activity. Thus creating a positive pressure group towards behaviour change in the community.
7. Identification of volunteers from within the local churches for carrying out home based care activities.
8. Training and orientation as an ongoing activity of the church.
9. Networking with different health care centres and continue building up interpersonal relationship for referrals for home based care.
10. Start up community based home care. The volunteers who have been identified and trained would then carry out the activities.
11. A regular review and caring for the care givers be given by the church leaders to prevent burn out amongst the volunteers and ensuring an effective home based care programme.
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