

The power of stigma and the power of love

by Gracia Violeta Ross Quiroga

As the daughter of an evangelical pastor in Bolivia, disclosing my HIV status presented the risk of facing blame, guilt and condemnation.

When I tested HIV positive in 2000, I decided to speak openly about my HIV status and my experience as a rape survivor.

The decision was based on my belief that faith communities and networks working on HIV and AIDS had to break the silence surrounding the spread of HIV among women.

What is stigma?

Stigma is a mark of disgrace associated with a particular circumstance or negative attribute. To stigmatise (to cause someone to suffer stigma) is to label a person or a group of people, based on preconceptions, wrong information or a conscious decision to reject others. When the idea of separating some people or a group of people with certain conditions turns into action, it becomes discrimination.

Stigma inside the church

Christianity is all about love. Jesus moved beyond questions of morality and purity to



Richard Hanson / Tearfund

Stigma causes much shame and loneliness.

communicate his love to people. Despite this, I have seen people being stigmatised in church. The following people have not been treated as equals, in some cases because they do not meet particular expectations of moral perfection:

- young, unmarried people who are facing unwanted pregnancies, and their families
- people with disabilities
- unmarried women
- single mothers
- drug users
- alcohol addicts.

Jesus faced questions from religious leaders about why he mingled with sinners, women of questionable reputation, tax officers, sick people, children and many others. In addressing the needs of these often stigmatised people, Jesus not only restored their physical health and well-being but also restored their dignity. One beautiful example is the healing of an 'impure woman', whom he called 'daughter'.

I remember when a certain pastor's teenage daughter became pregnant. The father did not approve of sex outside marriage and

asked her to have an abortion. After some time he could not continue to live with the secrecy of his actions, so he confessed to the church. The church's reaction was to discipline him and his family, but it was done without love. The daughter decided to move to another country and we never heard about her again.

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Footsteps is a paper linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide a stimulus for new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to grassroots development workers and church leaders. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

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Design Wingfinger Graphics, Leeds

Printed by Bishops Printers on 100 per cent recycled FSC accredited paper, using environmentally-friendly processes.

Translation E Frias, A Hopkins, M Machado, W de Mattos Jr, S Melot, N Nguieffo, G van der Stoel, S Sharp, E Trewinnard

Subscription Write or email, giving brief details of your work and stating preferred language, using the addresses given above.

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Tearfund is a Christian relief and development agency building a global network of local churches to help eradicate poverty.

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Published by Tearfund. A company limited by guarantee. Registered in England No 994339. Registered Charity No 265464 (England and Wales) Registered Charity No SC037624 (Scotland)

Was all the pain, shame and blame she suffered necessary to teach her a lesson? What did she need more, a lesson or love? We sometimes forget that Jesus reserved his harshest words for people who gave more attention to the outward appearance of religion than to loving their neighbours. Do we want the church in our community to be associated with love or condemnation?

Recently, another woman confessed to having had sex before marriage, but she repented and decided to marry her boyfriend. The pastor would not let her marry wearing a white dress. I asked the pastor, "If she has repented and if we believe God has truly forgiven her, why is there a need to remind her about her sin with a beige dress?" Thankfully, in the end she was allowed to marry wearing a white dress.

In my daily life and advocacy around HIV, I have to address my own stigma towards some groups of people, such as some overtly gay men, transgender people and sex workers. I experience a constant internal challenge to remember God's love and grace.

Grace is an attribute of God. His graciousness means he does not give any of us what we deserve and instead he gives us what we don't deserve – love, care and forgiveness.

As a Christian, I try to remember that because God loved me enough to care for me when I did not deserve it, I have no right to stigmatise others.

Stigma outside faith communities

Stigma does not happen only inside faith communities. Many aspects of a person's identity and circumstances can be stigmatised: ethnic identity, sexuality, gender, marital status, health status, age and size, appearance, economic condition, education level and race.

Stigma is present in all societies and cultures. Some of the reasons we stigmatise others are:

- lack of information
- wrong information
- our values and beliefs
- to get a sense of security and contentment from knowing that someone else is less happy than us.

Stigma makes 'the other' (the person or group of people that is different from ourselves) the target of our own fears, insecurity, guilt and lack of assurance. The power of stigma is only an illusion that covers up our feeling of insecurity at other people's expense.

Stigma inside you

The one who stigmatises becomes a victim of stigma in the end. You can't expect to enjoy good relationships with other people if you continue to build walls between yourself and others. You can't expect to stigmatise others without expecting to live in loneliness in the end.



Sharing an anti-stigma message in Cambodia.

EDITORIAL



Helen Gaw
Editor

Stigma originally meant an actual mark on a person's body, but the word is now also used to describe the way we mark people out as different from us.

Stigma is a difficult subject to discuss. Sometimes we are blind to the stigma around us and even within us. Sometimes we recognise stigma exists but we are afraid to talk about it because other people never do.

Even when we are able to talk about stigma and take action to prevent it, there may be challenges. When we bring stigma into the light, we expose deeply-held beliefs that need to change. Many people find this uncomfortable, because it threatens their sense of identity.

Stigma causes discrimination, which holds back community development and keeps

people in poverty. Instead of communities reaching goals together – such as making education available to all children – some people may be left out or left behind.

In this issue we share articles from different stigmatised groups, such as people with disabilities (p16), people living with HIV (p1-3) and former prisoners (p5). The stigma of having a particular health problem (such as a fistula, p8-9, or leprosy, p6-7) often prevents people from seeking treatment. This can lead to unnecessary suffering and even death.

It is a sad fact that faith groups are often responsible for stigmatising others. Churches have excluded people and justified it by quoting the Bible. Instead of helping people to find healing from shame caused by stigma, they have made it worse. For this reason we have included two Bible studies on p7 that share a different message. The prejudice that leads to stigma

can be overcome by building relationships with those who are different from us – for example, people who have a different faith (p10-11).

We particularly look at ways of changing attitudes. Sharing personal stories is a powerful way of doing this (see p14). We are thankful for all those who have shared from their own experience in contributing to this issue of *Footsteps*.

Footsteps 87 will be on the topic of non-communicable diseases – diseases that cannot be caught or spread.

Helen

PS: I will be taking a break from editing *Footsteps* to care for my newborn child. Look out for the new editor in the next issue!

Stigma inside you will paralyse any growth with thoughts such as 'I can't do it', 'I am not good enough', 'No one loves me', 'I don't deserve any better' and similar lies.

All you need is love

Two weeks ago, my sister told me a very sad story. My four-year-old niece had a close friend in school. The two children came home and played. When the mother of the friend came to collect her child, she saw pictures of me and asked my niece to stop being a friend of her daughter.

My sister talked to her. The woman said that her daughter could not visit my niece any more because while playing, an accident could occur, and if my blood happened to be around, her daughter would be at risk of getting HIV. She even asked if my two nieces (three and four years old) had been tested for HIV, given their constant interaction with me.

Since my nieces were very young, we have read together the story of a child living with HIV (Daniel) and his best friend in school (Leticia). The main message of this



Gracia Violeta Ross Quiroga makes necklaces with her two nieces.

story, produced by Brazilian NGOs working with children living with HIV and affected by the HIV epidemic, is that Leticia truly loves her HIV positive friend. This is the story of two children who are friends. One is HIV positive, and the other one does not care about that.

With the simple method of storytelling, my nieces have been told the facts of HIV since they were six months old. Therefore, my nieces know they can't get infected with HIV just by being in my house.

My four-year-old niece told me: "...her mother would not let her be my friend because she thinks, oh! She thinks that I have HIV! Can you imagine, Aunt?"

Most importantly, my nieces learned to love before they learned to hate. As love, not hate, was their first automatic response to stigma, they could reject the ignorance and continue to love me.

Children naturally love and mingle with most people around them but we teach them to hate.

What attitudes do you need to change in yourself? What will you teach children around you?

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Peace-building within our communities

This ROOTS book looks at tools for peace-building and conflict transformation work. It contains case studies of peace and reconciliation work in communities. It is available in English, French, Spanish and Portuguese.



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A Health Handbook for Women with Disabilities

by Jane Maxwell, Julia Watts Belser and Darlena David

Women with disabilities often discover that the social stigma of disability and inadequate care are greater barriers to health than the disabilities themselves.



A Health Handbook for Women with Disabilities will help women with disabilities overcome these barriers and improve their

general health, self-esteem, and abilities to care for themselves and participate in their communities. It is not a medical text or a rehabilitation manual, but it contains lots of useful advice and suggestions developed with the help and experience of women with disabilities in 42 countries.

Disabled Village Children

by David Werner

This manual, written especially for those who live in communities with limited resources, explains how to create small community rehabilitation centres and workshops run by either people with disabilities or the families of children with disabilities. More than 4,000 drawings and 200 photos make *Disabled Village Children* understandable to all.



Topics in the 2009 reprint include how to build six different wheelchairs using local resources, therapy techniques such as making educational toys, and low-cost rehabilitation aids and adaptations for home and community.

A Health Handbook for Women with Disabilities and *Disabled Village Children* cost £20 each. Both are available in English and Spanish. They can be downloaded free of charge from www.hesperian.org

To order, please contact:
TALC, PO Box 49, St Albans, AL1 5TX, UK
Email: info@talcuk.org
Website: www.talcuk.org

Obstetric fistula: Guiding principles for clinical management and programme development

by Gwyneth Lewis and Luc De Bernis

This is a practical guide intended for health care professionals and planners, policymakers and community leaders. It provides essential, factual background information along with principles for developing fistula prevention and

treatment strategies and programmes. It is available in English and French.

To order, send your full name and postal address to:
World Health Organization, Department of Reproductive Health and Research, Documentation Centre, 1211 Geneva 27, Switzerland

Fax: 0041 22 791 4171
Email: rhrpublications@who.int
Website: www.who.int/publications

Hand in Hand: Bible studies to transform our response to HIV

edited by Isabel Carter and Maggie Sandilands

These Bible studies are designed to equip pastors and church leaders to help their congregations to have a deeper understanding of HIV and a true unbiased biblical perspective.



Contributions have been given from experts on theology and HIV from around the world.

It is available in English, French and Russian. All can be downloaded free of charge from www.tearfund.org/tilz.

Printed copies of the English and French versions are available for £3.75 and £3.95 respectively from the Tearfund online resources shop. Please email footsteps@tearfund.org if you need help with ordering.

Where There is No Psychiatrist: A mental health care manual

by Vikram Patel

This book is a practical manual of mental health care for community health workers, primary care nurses, social workers and primary care doctors, particularly in developing countries. It gives the reader a basic understanding of mental illness, describes more than 30 clinical problems associated with mental illness and uses a problem-solving approach to guide readers through their assessment and management.

The book costs £9 and can be ordered from TALC using the contact details above.

Useful websites

Fistula

www.unfpa.org/fistula

Stories, information and resources on the subject of obstetric fistula.

Facial disfigurement

www.facingtheworld.net

Facing the World is a UK-based charity that helps to find treatment for children in different parts of the world who have severe facial disfigurement. You can apply for assistance online on behalf of a child.

A helping hand for ex-prisoners

In some places, stigma and discrimination are made worse through official practices that deny people their rights or exclude them from society. Here, an organisation in Kyrgyzstan that runs a rehabilitation centre for male ex-prisoners shares how it is helping them to reintegrate into society.

It is very difficult for ex-prisoners in Kyrgyzstan to find employment. Many of them do not have a specific place of residence. They feel rejected by their families and society. They are afraid of law-enforcement authorities and many of them misuse alcohol and drugs.

When they enter prison their passports and other identity documents are taken away. This practice dates from the time of the Soviet Union. Although Kyrgyzstan has changed in many ways since independence, this law remains the same. At release a prisoner needs a reference that will allow him to take his passport. Until he gets it, he has very little chance of rebuilding his life. He has no income, no registered address and no means of getting a job. He cannot open a bank account or go to a doctor. This is because he does not exist in the eyes of the law and has no way of proving his identity. It is difficult for ex-prisoners to get their documents back.

Recovering documents

We developed relationships with the local authorities, the police and the Ministry of Justice in order to help men recover their documents and find a new start in life.

Before a prisoner comes to our rehabilitation centre he is registered at the local police station. Our staff, who are involved in restoring ex-prisoners' documents, give the police a reference on the ex-prisoner's behalf, with the condition that he will go through a year-long rehabilitation programme in the centre.

We aim to gain the trust and respect of the local authorities because they are responsible for authenticating ex-prisoners'

documents and providing new documents when necessary. We also work closely with the local residents because their initial reaction towards ex-prisoners is mistrust, and fear that they might break the law at any moment. This leads to rejection and stigma.

Developing trust

Our experience has shown that this can be overcome by developing trust with local authorities and local residents through demonstrating that ex-prisoners are able to reintegrate and make a positive contribution to society, for example, by:

- developing their confidence and team work through construction projects and other activities
- helping them to recover from addictions

- inviting them to participate in church programmes and community events
- helping them to rebuild relationships with their families
- providing a half-way house to give them the opportunity to learn how to live independently after being in an institution (eg how to cook, go shopping, clean and make decisions without supervision)
- teaching life skills such as relationships, managing money and income generation.

This has helped to change society's stigmatising attitude towards these men. People realise that they have equal value and worth.

At the end of the year-long rehabilitation programme at our centre, the ex-prisoners are able to collect their documents. As a result, they regain their identity and have the opportunity to rebuild their lives. In making this possible, we hope to challenge the old official practices in a positive way, so that there is a long-term change in the treatment of ex-prisoners.

Kyrgyzstan is a country in Central Asia. It shares a border with China on its eastern side. The organisation working in Kyrgyzstan was founded by an ex-prisoner who was inspired to help others like him.



Men meeting on a street in Kyrgyzstan.

Stopping stigma: a community dialogue

by John Mark Bowers



Elizabeth, a widow living with leprosy (in the centre of the picture, wearing a yellow headress), attends a community meeting.

Discussing stigma with others can be a first step to overcoming prejudices. Here we provide a suggested outline for a group discussion.

AIMS

- Discuss stigma and identify it in the local community
- Consider a story about Jesus, as an example of holistic healing from stigma, disease, and shame
- Conduct a role play on accepting and helping someone who suffers from stigma
- Share ideas for reaching those who suffer from stigma in the community

TIME

30 minutes

This script is a guideline. It has been written for use with Christian community groups, but you may want to adapt it for groups

with different beliefs. You can improve it with local examples, stories and proverbs. How can you make it relevant for your group?

TASK 1 Identifying stigma

Let's discuss:

- What does stigma mean?
- What types of situations create stigma in our community?

TASK 2 Jesus' example

I invite you to hear a story about how Jesus treated a man who suffered from shame related to a sickness. This man had a disease called leprosy, which caused sores to spring up on his entire body. The law was that people with leprosy must live outside of the camp away from everyone, and must shout "Unclean! Unclean!" when they approached town. Being unclean, this man could not work or raise a family.

THE MAN WITH LEPROSY (LUKE 5:13-14)

While Jesus was in one of the towns, a man came along who was covered with leprosy. When he saw Jesus, he fell with his face to the ground and begged him, "Oh, Lord, please, if you are willing, heal me!" Jesus was moved with compassion, and he did what no one else would dare – he reached out his hand and touched the man. "I am willing," he said. "Be healed!" And immediately the leprosy left him. Then Jesus told him, "Don't tell anyone, but go, show yourself to the priest and offer the sacrifices that Moses commanded for your cleansing as a testimony."

In a group of three or four people, discuss: In what ways did Jesus reach out to this man?

Consider the man's physical, social, emotional, and spiritual needs.

After a few minutes, ask participants to share their answers. Affirm answers according to the four categories mentioned below:

PHYSICAL: When Jesus cured the man's leprosy, his physical body was restored to health. He was empowered to work again, earning his own living.

SOCIAL: When Jesus healed his disease, his relationships were restored. When he touched him, he was considered clean and could rejoin his family and community.

EMOTIONAL: When Jesus reached out to touch him, his dignity was restored. He experienced the love of God and understood that he was valuable in God's sight.

Leprosy facts

- Leprosy develops very slowly over about five years. Symptoms sometimes take 20 years to appear.
- Leprosy is only mildly infectious. It is spread by droplets from the nose or mouth of people who have untreated leprosy during close and frequent contact. It is not spread through touch.
- Leprosy can be cured by medicines. Disability can be prevented if the treatment starts early.
- Stigma often prevents people from seeking treatment.

SPIRITUAL: He learned that Jesus cared for him and wanted him to be able to rejoin the worshipping community. Jesus told him to show himself to the priest to fulfil the law and as a sign to all that he would welcome those who had been excluded and give them new hope.

TASK 3 Role play

Either the facilitator or another person can play the part of Ruma. This script is for the person playing Ruma, who may wish to partially cover her face or speak facing away from the group.

Ruma is returning to the community where she grew up. You are going to play the role of Ruma's fellow community members. Listen to Ruma's story, and be prepared to come up to me (as Ruma) and say how you are going to help me and my children.

THE ROLE PLAY OF RUMA

My name is Ruma. Some of you know me from our childhood. About a year ago my

husband threw acid at me. He said I was unfaithful. It wasn't true. The acid hit the side of my face, burning my skin away. I am often in pain and I have lost sight in one eye. My in-laws cast me out of the house and the community. I ran away with the children. For months I couldn't work. We sold many things to survive. Wherever I go, people are frightened by the way I look. My children are teased by other children. No one will buy from my business.

Ask each participant to answer the question: What can you do to help me (Ruma)? Consider my physical, social, emotional, and spiritual needs and the needs of my children.

TASK 4 Ideas for action

Think about people in the community who have suffered because they have been left out of normal community life. It is our responsibility to show compassion to those who suffer. Think about those who are not considered 'normal' or 'one of us'.

Discuss: What steps can we take to help those in our community who have been treated badly because of stigma?

After all of the participants have spoken, thank them for their ideas.

Think about someone who suffers from stigma in your community. I invite you to consider a way that you can help them, and turn your idea into action.

Ask the participants to tell the person next to them one thing they are going to do.

To help stop stigma in our community, I invite you to share what you have learned with a friend or neighbour.

It may be appropriate to end the session by praying together.

John Mark Bowers is the Curriculum Program Manager at the Chalmers Center for Economic Development.

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BIBLE STUDY What do we really know?

by Rev Michael Beasley

Read Luke 8:42a-48.

As human beings, we often know less about others than we think we do. Consider the story of the woman with the haemorrhage. What do the following people know about the situation described, and what don't they know?

- the crowd
- Jesus
- the woman herself

The crowd have no idea what is going on. Had they known that a woman with a haemorrhage was among them they would have run a mile – away from someone they regarded as ritually impure. Religious leaders taught this as law (see Leviticus 15:25-27, 31). As Jews of Jesus' time, the crowd would see the woman as an outcast to be shunned. Her bleeding would have been seen as demonstrating in her own body her sinfulness and distance from God. "Who touched me?" Jesus says. Even

Jesus' knowledge is incomplete. While he knows that power has gone from him, he's aware that he doesn't know whom it has benefited. The only person who really knows what is happening is the woman. She alone knows her situation and need, and that she has reached out in faith to Jesus for healing.

Not only does Jesus heal her physically, he restores her emotionally, spiritually and socially by bringing her to the attention of the crowd and announcing she is healed.

We can often assume that we understand a situation when in reality we have very little information about it. Consider these questions:

- *What do others really know about you? What assumptions do they make?*
- *What do you really know about others? What assumptions do you make?*

Read Psalm 139.

- *What does this psalm say God knows about you?*



Warren Allcott / Tearfund

When we consider our own lives, our thoughts and feelings, our hopes, fears, secrets and shortcomings, it is amazing to know that God loves us in spite of all that we are. Yet God does – so much so that he was willing to give his only Son, so that everyone who believes in him may not die but have eternal life. If God feels like that about you, and all that you are, might he feel the same for everyone else as well?

The Rev Dr Michael Beasley is Director of Mission in the Diocese of Oxford. He has worked extensively on education sector responses to HIV in Africa, Asia and the Caribbean.

Fistula

compiled by Helen Gaw

Obstetric fistula is a hole in the birth canal that develops as a result of long or obstructed labour. Women who have a fistula cannot control the flow of urine and suffer continual leaking, which can cause a bad smell. Usually their babies have not survived labour. They are often excluded from family and community and develop other health problems.

The World Health Organization estimates that two million women live with untreated obstetric fistula in Asia and sub-Saharan Africa alone. In Europe and North and South America, women were more likely to develop fistula before access to health care improved.

Ways to prevent obstetric fistula

- delay the age of a woman's first pregnancy
- stop harmful traditional practices (female genital mutilation or cutting)
- get medical help early in labour

Common fistula myths

Evil spirits are to blame

She is being punished

It happens because the woman offended the gods

It is a curse

- Have you heard any of these explanations for fistula? What do you think about them?
- Is it important to address these beliefs as part of caring for women with fistula?

Fatu's story

A picture book telling Fatu's story is used by women working with Health Poverty Action as fistula advocates in Sierra Leone. Without words, the pictures show how Fatu experienced a long labour before seeking medical help, the effect fistula had on her life, how she found a cure and how she decided to help others like her.

Like Fatu, the fistula advocates are women who have lived with fistula and undergone surgical repair. Simple surgery to repair the hole can cure up to 90 per cent of women with fistula, but in many places surgery is not available. This means it is all the more important to share the message of prevention. The advocates use Fatu's story to talk to people in their communities about fistula, creating awareness of how it is caused, how to prevent it and how to access treatment.

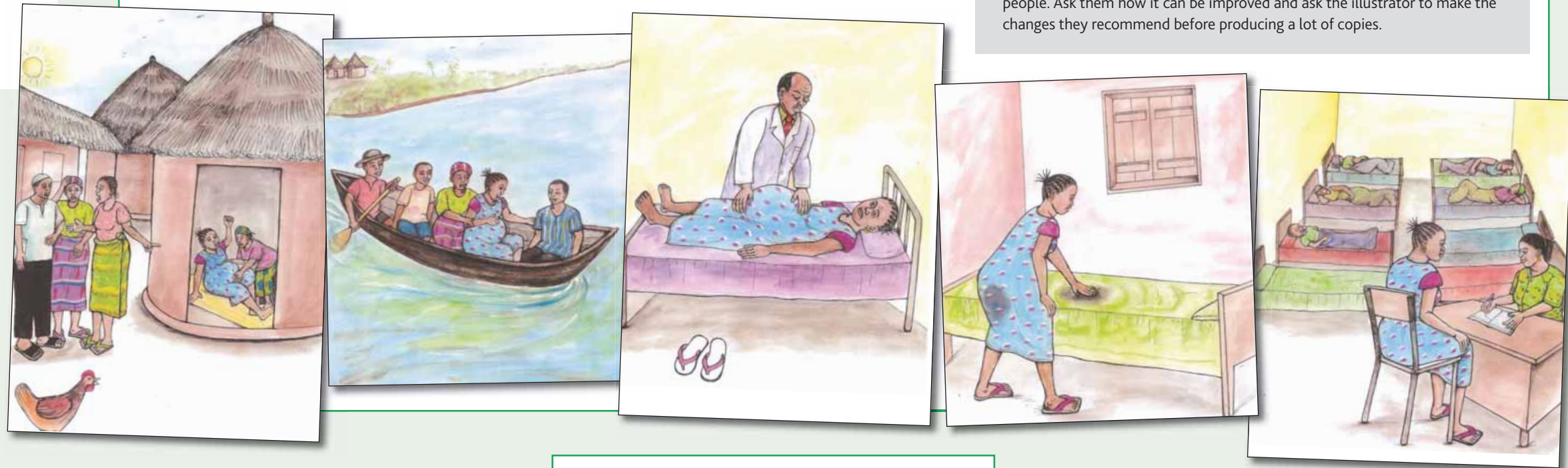
The picture books are designed for the advocates to carry with them so they can share the message as part of their daily lives. They have used the books to start discussions in market places, schools, churches, mosques and at community gatherings and even on public transport. They also talk to pregnant women at health centres and during antenatal clinics to emphasise the importance of seeking health care at the hospital when labour starts, rather than waiting until there is a problem.

The women say that telling Fatu's story has led to:

- increased knowledge of the true causes of fistula
- the dispelling of myths surrounding fistula in their communities
- more women choosing to give birth in hospital
- fewer women developing fistula

Create your own picture book

- Make a list of the most important things you want to communicate. This should include how fistula is caused, where to get treatment and how to prevent it.
 - Think of a story which shows how a woman is likely to develop fistula in your area and adapt it to include the important messages.
 - Make a list of the illustrations you will need to tell the story.
 - Find a good local illustrator. Before you agree to employ the illustrator, ask him or her to produce a few sample illustrations so you can decide whether you like the style.
 - Think about how you will reproduce the illustrations when they are completed. You could:
 - employ a local printing company
 - use a scanner to create a digital version and a printer to make as many copies as you need
- If this is not possible, consider asking the illustrator to create black and white line drawings that can be photocopied or copied easily by hand.
- Test the first version of the book with a small but representative group of people. Ask them how it can be improved and ask the illustrator to make the changes they recommend before producing a lot of copies.



What about those who cannot be healed?

A small number of women cannot be healed, even after many attempts at surgery. The Fistula Hospital in Addis Ababa, Ethiopia, sets an example for how to care for these women. Desta Mender – which means 'village of joy' in Amharic – is a community of women who need long-term care. A number of them rely on special bags provided by the hospital that collect their bodily waste. They are able to live peacefully together without the fear of stigma. They can learn new skills, and many become carers and helpers to the nurses at the hospital. In fact, all the nurses' helpers are women with fistula who need long-term care – around 100 of them.

Traumatic fistula

Obstetric fistula develops because of the baby's head pressing on the birth canal for a long period of time during labour. However, a hole in the birth canal may also be a result of direct tearing caused by sexual violence. There are many cases of traumatic fistula in war-torn areas where rape is used as an illegitimate weapon of war.

A woman with a traumatic fistula may need special encouragement to seek help. She is likely to be experiencing stigma and shame. She may be very fearful as her condition is a constant reminder of the abuse she suffered.

There is hope, because like obstetric fistula, traumatic fistula can be cured by surgery.

Finding help

- Do you know where the nearest hospital for treating fistula is? Can a local health worker tell you?
- If the nearest hospital is far away, can you find out if medical staff trained in fistula care are able to travel nearer? Can you approach the local health authority to request action?
- What can be done to help women with fistula travel to find treatment?

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Illustrations: Sahr Ellie – Ministry of Health and Sanitation, Health Promotion Unit, Sierra Leone

Building peace between faith groups

by Joe Campbell

Prejudice between different groups is the beginning of what can grow into serious division, conflict and often violence. Both sides feel misunderstood and shut out by the other. Each feels more comfortable among 'their own people'. This is fertile ground for those who have extreme views on both sides to spread rumour and create fear.

In one town in Eastern Nepal, a group of local faith leaders representing the five different faiths in the town decided that the time had come to take action. No longer would they allow those with extreme views to set the tone for community relationships. The attacks and counter-attacks had gone far enough.

The leaders formed an interfaith group for peace. This was not a group to promote interfaith worship, or blend one faith into another. No, this group agreed to take action and work for peace. They decided to focus on the harm done to the community rather than on bad people doing bad actions. They wanted to build a peaceful community that showed tolerance and respect for all those who called the town their home.

It took several months to get involvement from all the faith groups, because people did not know or trust others from different faith groups. Despite living in the same town, very often these faith leaders had never really met. They and their people had lived parallel lives, with little or no contact between them. Within their town their people had been growing apart.

Starting to learn

With ongoing support and advice from the staff of the United Mission to Nepal, slowly the level of trust was raised. The leaders learned that all their faiths had significant teaching about peace and relationships with others, and they realised these truths had never been truly taught to the people. They learned about the faith practices



Joe Campbell

Interfaith discussion group, Nepal.

and festivals of the others. They had opportunities to ask questions: questions with the aim of learning, not questions designed to accuse or undermine the other faith.

Each leader in turn needed to reassure friends and family in their own faith group that they were not 'watering down' or changing their faith. From time to time each was invited to bring others from their faith group to spread the conversation further and to widen the influence of the group. Training was given in mediation and negotiation skills. Most importantly, time was given to build confidence and trust among the group.

Acting together

Over time, relationships in the interfaith group were established and trust and respect were restored. The right moment had come to take action for peace. The faith leaders worked on projects together, arranging rallies and parades to celebrate international peace day and to celebrate the signing of Nepal's peace agreement. They produced interfaith posters and leaflets for use in schools and community settings. They took every opportunity to be seen together and were not ashamed of their new friends. For example, Christians visited Muslim schools and Muslims visited Hindu schools, distributing and explaining the poster they had designed together.

Now their aim is to maintain and nurture these relationships and allow them to become part of the life of the community. It is not beginning a good work but continuing it that will give the best results. The faith leaders hope that over time,



The poster created by the interfaith group in Nepal. The title in white says 'Non-violence and peace'.

violence will be reduced and people will be more comfortable living closer to one another, understanding and occasionally even joining the festivals and holidays of the others. A community is being established where each faith group feels the respect and recognition of the others. The leaders' aim is that fears and negative talk about minority groups will become a thing of the past.

The challenge

Most of us would rather not get involved in interfaith groups. We make excuses and at times act and behave as though we believed all the rumour and prejudice. Yet in our hearts we know this is not the way God wants our world to be. When we behave with respect and love towards the other, the stranger, then his love can reach out over and beyond us to bring healing and hope to people caught in a cycle of fear and violence. Jesus really did say, 'love your enemies' – and he practised it himself.

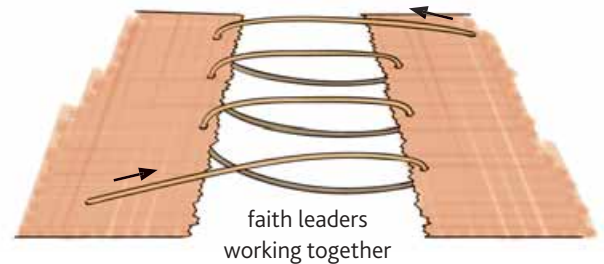
Joe Campbell has been active in community relations and peace-building work for over 25 years. He is from Northern Ireland and has worked with leaders and divided communities in Northern Ireland, England, the Balkans and the Middle East, as well as more recently in Nepal with United Mission to Nepal.

Mending the gap – a peace-building diagram

Prejudice, stigma and fear divide a community. This is shown by a torn piece of cloth.



Faith leaders build connections of trust that begin to draw the sides together. This is shown by stitching the torn cloth.



As more connections are made, people become more comfortable with those from the other side. Communication brings the divided community together again. This is shown by the stitches being pulled tight to mend the cloth.



To communicate this message to others, find a piece of torn cloth and stitch it together to explain the different stages as shown, or redraw the pictures.

Peace-building activities

- In a village or town where faith is being used as a reason for division, create a small interfaith group for peace. Choose two people from each faith who are recognised and respected by their group. Only begin when all the faiths are adequately represented. Explain that this is not about interfaith worship or compromising the core beliefs of any group, but it is about taking action for peace and building trust in your village or town.
- In an interfaith gathering, invite each group to record on separate sheets what they know and believe about each of the other groups. When all have finished they make short presentations in turn to the whole group. This can

create enjoyment and laughter as the group being described can correct the mistakes and misunderstandings of the others. Everyone learns from this. Allow plenty of time. This is not an exercise to be rushed.

- Arrange a series of learning visits to different worship centres, perhaps one every two weeks. The host group can explain important symbols, festivals, forms of worship and other details. The guests can ask questions for information and understanding.
- In work or development projects, take the time and make the effort to include the different minority groups in your area. Involve them from the start and take their opinions and advice seriously.

- Always look outside the group to see how you can serve the local community together. Working on a project together can create an example for the whole community.

You will need...

- confidence in the belief that people change
- courage to approach and build relationships with those holding extreme views
- to take advice and consult widely
- to focus on harm done to the community rather than 'bad people'
- to be prepared to build the long road to peace

Compassionate counselling

by Gladys K Mwititi and Al Dueck

Mental illness is an affliction that must be faced directly rather than denied, and responded to compassionately rather than with punishment. People with mental illnesses have often been dismissed as 'crazy'. Condemnation would view people with mental illness as hopeless. Compassion is the opposite of condemnation. A compassionate person communicates sympathy, empathy, concern, kindness, consideration and care.

This article has two parts. In the first part we share an example of how to care for someone who believes they may be troubled by evil spirits. In the second part we consider how to counsel those who are depressed. Like physical illness, mental illness can last a short while or a lifetime. The examples here show the possibility of recovery. (The book *Where There Is No Psychiatrist* advises on long-term mental health problems – see p4.) Although Oasis Africa mainly has experience of working in African cultures and societies, much of the advice here is relevant to all cultures.

PART ONE Jamba's story

Jamba encountered the occult and was traumatised by the experience. His doctor referred him to Oasis Africa for counselling.

Jamba had suffered from anxiety attacks and nightmares for almost a month. Though only 25, Jamba looked older than his years. His parents died when he was 15, and for the past 10 years, he had acted as the head of his family, caring for his seven brothers and sisters. Jamba attended a local church from time to time.

Jamba was married, and the stress of caring for his new family increased his exhaustion. Before long, Jamba began to experience sleeplessness and headaches that would not respond to medication.

Finally, someone advised him to seek the help of a traditional healer. Jamba told of his visit to this man's dwelling, an experience that totally changed his life. The 'healer's' front room served as a reception area, where Jamba was asked to empty his

pockets and leave all of his belongings as well as most of his clothes. Then he was ushered in to see the 'doctor.' He found himself in a dark room where he had to squint to see anything. When his eyes became accustomed to the darkness, he saw a wrinkled, clean-shaven man, naked to the waist, sitting on the floor.

The 'healer' beckoned Jamba to sit facing him. Jamba remembered the incantations the man said over him as he danced around Jamba and chanted in a strange tongue. At some point, the rhythm moved Jamba into a hypnotic state. A raw egg was broken over his head and the dancing ended. The man now looked at Jamba in the darkness, with eyes that shone through the hazy light. He told him, "I have cast a spell on you. I know you have a business with a regular income. At the end of every week, I want you to bring me an amount of money. If you don't bring me your money, you will die." Jamba ran, sprinting all the way to the police station to report his frightening ordeal. He even forgot his wallet and clothes.

This incident was the beginning of horrible nightmares and panic attacks for Jamba. He was afraid of falling asleep, because the medicine man always appeared in his dreams. He had headaches, he did not feel like eating or sleeping, and he feared that in his condition, he might leave his family and younger siblings with no help. He also feared that eventually, someone would come to him from the 'healer' demanding money. His friends and colleagues told him that he must have been bewitched by the medicine man, and Jamba believed them. His mind was often filled with thoughts of death. He thought this was because he had disobeyed the medicine man. However, Jamba was determined not to give in to his fear or to the threats he had received, although coping with this stress was proving very difficult.

How to respond

Was Jamba oppressed by an evil spirit? In the situations of people like Jamba,



A friend can help by listening and caring without judging.



A counsellor helps a child who suffered trauma following a natural disaster.

there is much difference of opinion as to the cause of their suffering, as well as about appropriate treatment. Christian counsellors cannot avoid this debate. Our approach at Oasis Africa considers four aspects: psychological, physical, theological and demonic.

PSYCHOLOGICAL

In Jamba's case, the counsellor examined the impact of losing his parents at such an early age, and the burden of caring for a whole family of younger siblings instead of enjoying adolescence. In subsequent sessions, Jamba was able to mourn his parents as well as the loss of his youth. He and the counsellor also worked together on his anxiety and panic attacks, using relaxation exercises, and changing his work schedule to include periods of rest and leisure. He became better at looking after himself, and learned how to give more responsibility to his younger brothers instead of continuing to act endlessly as their 'father.'

PHYSICAL

Physical illness and emotional well-being cannot be separated. One impacts the other. We should always ask the question: Is this problem caused by a lack of physical well-being? The counsellor began by asking Jamba about not only his history, but also his physical condition. Gradually, the counsellor was able to learn what was troubling Jamba. He was exhausted, afraid of becoming sick and failing to support his family.

THEOLOGICAL

Some people think that all emotional problems are a result of specific, individual,

sinful behaviour. Although it is true that guilt can cause emotional problems, it is not the only cause. At an appropriate time, the counsellor explored Jamba's faith, and urged him to imagine Jesus as victorious over the evil spirit(s) that he feared had oppressed him. The counsellor told Jamba that following Jesus meant that evil was overcome, that Jesus understood suffering, and that Jesus was a healer for the sick. Jamba eventually joined a study and fellowship group of young adults in his church, and their support increased his courage to face his fears. In time, the nightmares and panic attacks ceased.

DEMONIC

Some Christians believe that all emotional problems arise from demonic influence, and that treatment must be limited to exorcism and spiritual warfare. However, not all mental and emotional instabilities are demonic in nature, and much care should be taken in diagnosis as well as in treatment. Therefore, while prayer was appropriate and important – because Jamba's fear of evil spirits was affecting him, and because there was a possibility that evil spirits had indeed been troubling him as a result of the medicine man's words – Jamba also needed to strengthen himself emotionally, spiritually, physically, and psychologically. If Jamba had not done this important work in personal and spiritual growth, his fears might have left for a while only to come back later. A prayer for deliverance or exorcism without compassionate listening or discernment can leave the person with greater fears of demons and without the confidence to recover and remain free from troubling thoughts.

PART TWO Depression

Christians sometimes say that depressed people are lacking in faith. Many Christians view depression as a sign of spiritual defeat. Often they ignore the fact that the peaks and valleys of emotional life are part of normal living.

The causes of depression are varied. Any attempt to explain away causes or to claim to find a cure-all for depression simplifies a very complex situation.

There is a distinction between occasional periods of sadness and clinical depression, which needs treatment. A counsellor will help people in both situations, but those with clinical depression will need more intensive treatment over a longer period of time.

HOW DO WE RECOGNISE CLINICAL DEPRESSION?

When depression starts affecting sleep, appetite, our capacity for work and social relationships and starts controlling our responses to life.

WHAT IS NEEDED WHEN COUNSELLING DEPRESSED PEOPLE?

First, if depression is a symptom of a physical illness, providing insight that this phase will pass can provide hope. What the client needs is help, encouragement, and support to recover from the illness.

If the depression is a reaction to a life event such as bereavement, loss, or terminal illness, the Christian counsellor realises that counselling may be long and difficult. Sadness is normal, except when it extends beyond a normal grieving period.

Do:

- give an opportunity to retell the story of a loss
- explore the role a person who died played in his or her life
- prepare for the pain of anniversaries, birthdays, significant family times and festivals that will be difficult without the person who died
- address immediate tasks at hand.

Don't:

- give quick solutions

- suggest some miraculous spiritual technique to end the pain
- give false hope by saying "All will be well soon"
- over-spiritualise the pain, saying things like "God must surely be teaching you something".

To help depressed people, you need:

- compassion and warmth
- a non-condemning attitude
- the ability to listen carefully.

The role of the counsellor is to affirm hope through listening. The counsellor must watch for signs that the person wants to kill him or herself, and for any ideas the

person has about hurting someone else. The counsellor should seek to protect the person being counselled and others who may be in danger.

Counsellors need to have a referral list available. As soon as the situation becomes too difficult for us, if possible we must refer the person to someone more experienced. This should be done in a positive way, so that we continue to communicate hope and care.

This article is based on extracts from Christian Counselling: An African Indigenous Perspective by Gladys K Mwiti and Al Dueck, with thanks to the authors for permission.

www.oasisafrica.info

Discussion

- Think of a person you know who you think may be suffering from mental illness.
 - How is she or he treated by people?
 - Can you think of a good way to support him or her?
- How do spiritual beliefs influence our understanding of mental illness?
 - When are beliefs harmful?
 - When are beliefs helpful?
 - Think of examples.

Reconciliation – telling a different story

Philbert Kalisa grew up in exile in Burundi before training as a church leader. Since the time of the genocide, when many people were killed in a conflict between two tribes, the Hutu and Tutsi, he had a vision of bringing reconciliation in his parents' country – Rwanda.

However, after many years of training, hoping, praying and waiting for an opportunity to hold peace-building workshops in Rwanda, it seemed that the very first one was going to fail.

Discussion

Philbert discovered that one way of overcoming stigma resulting from conflict between groups is to tell personal stories that overcome generalisations and prejudice.

- Share an example of when your own opinion of a person – or group of people – changed when you heard a positive story.
- Think of ways of sharing positive stories. Is there one story you can tell that will help to bring reconciliation between people? Where will you tell the story? In the market, in church, with your family?

At the first gathering of 60 church leaders, the tensions caused by trying to discuss experiences of the conflict, genocide and its aftermath were so great that twelve police officers had to stand guard over the group for the whole day.

Some of the leaders were widowers because of the conflict. Many of the leaders were angry and started calling one another 'machete' (a type of large knife used to kill and maim people during the genocide). During the break, the Hutu and Tutsi went to separate places and did not speak to one another.

Philbert remembers what happened next:

'I was wondering what to do and found myself standing near one Hutu. I said to him: "What do you think? Should we stop?"

'He said he could understand Tutsi anger because the Hutu killed them, but he said: "We were not all like that. I had Tutsi refugees staying in my own house, and hid them from my children."

'One of the Tutsi who had stayed with him was there. He was a pastor.

'I asked the two of them to share the story with everyone. When they told the story, the Tutsi said: "I am alive because of this man". The two men embraced, and the tension in the room was overcome.



A community meeting in Rwanda.

'The Hutu and Tutsi both started to understand that there were people in each group who do good things, and that not everyone is bad. It became a blessing, and we started singing and praising God.

'We talked about forgiveness and reconciliation. The two men became pioneers and I took them with me when I did training with other groups.'

Philbert and his team deliver peace-building workshops, and then ask communities to identify people who will set up a unity group and keep the conversations going.

Rev Philbert Kalisa was interviewed by Katie Harrison, Tearfund's Head of Media.

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Stigma in Brazil

In Brazil there is huge stigma for those who come from the 'interior' to live in a big city. It is much worse for those who migrate from anywhere in the north-east to the south-east. Local prejudice and ignorance creates a barrier to social mobility and success for many capable people. To survive, people keep their origins quiet, trying to blend in to their new surroundings.

For me this has led to many interesting conversations, having moved recently from the north-east to Rio de Janeiro.

Jason and Roosevelt, both from the north-east, are final year students at theological seminary in Rio de Janeiro. When they arrived they grew weary of comments referring to the north-east region as an educationally backward, infertile, semi-arid region of the country. People looked surprised when Roosevelt spoke about his job as a maths teacher and described the lush trees back home. In fact, north-east Brazil has a diversity of peoples, climates and dialects. There are many universities in north-eastern cities, much fertile land, and many people from the south-east have moved north-east to enjoy a good lifestyle.

Roosevelt became president of the students' union in the seminary although many grumbled at a north-easterner being a leader when there were so many capable students from Rio (Cariocas). Yet as Jason points out, even a recent governor of Rio de Janeiro state was, in fact, a north-easterner, from Piauí.

I asked them what they felt the churches here could do to reduce prejudice and stigma. Quoting Philippians 2:3, Roosevelt began by suggesting that those receiving people arriving from elsewhere should "be humble towards others, always considering others better than [themselves]", and that this should be the attitude not just towards north-easterners, but to any migrants arriving from outside. Jason spoke of "respecting diverse forms of intellect" and gave the example of his grandfather, who had no formal education, yet was

highly intellectual, being able to calculate planting times, seed quantities and harvest yields, in a community which had a deep understanding of plant-based medicines.

I imagine that this is an issue for migrant communities throughout the world. Perhaps, in other contexts where migrants are stigmatised through prejudice and ignorance, Jason and Roosevelt's advice will be helpful.

Mark Greenwood
Rio de Janeiro
Brazil

River blindness

I received *Footsteps* 83 three days ago and thank you very much for it.

I would like to ask you for information about medicines to fight river blindness. The article in *Footsteps* 83 mentioned ivermectin, a reliable medicine against river blindness. My question is whether this medicine can be taken as a preventive measure, all the more so because we live in an environment which is infested by the carriers of this disease.

Jean-Charles Mbala-Mampouma
jcmampouma@yahoo.fr

EDITOR'S NOTE: *Ivermectin is widely distributed in endemic countries to reduce the spread of river blindness and to help to prevent it.*

If you are living in an endemic zone – ie an area where river blindness is normally present – it is usually possible to get supplies of ivermectin

through the onchocerciasis (river blindness) control programme in your country. Ask your local health department for more information. Taking a dose of ivermectin every year or every two years helps to prevent it. If any symptoms develop, which may affect the skin as well as the eyes, you need to see a doctor who is well informed about the illness.

Helping street children accused of witchcraft

Christian Development Centre is an NGO in DR Congo. After the various wars, many children are malnourished, excluded from school, declared to be sorcerers, and finally find themselves on the street and in the marketplaces. They are between death and life. They die like goats in the streets with no one seeing. The CDC therefore plans to assist them by providing meals. We would welcome advice and assistance from *Footsteps* readers in this project.

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EDITOR'S NOTE: *Calling a child a sorcerer or a witch is against the law in DR Congo. Tearfund partners have been trained in child protection, which includes preventing this abuse and supporting children who may have been stigmatised by it. Footsteps welcomes letters and articles from readers who have experience of how this abuse has been challenged and how children have been reintegrated into their families.*



Recife, north-east Brazil.