

VOLUME III

Health-Promoting Churches

Mwai Makoka

Gerald West



***Contextual Bible Studies
on Health and Healing***

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World Council
of Churches

Health-Promoting Churches Volume III
Contextual Bible Studies on Health and Healing
Mwai Makoka and Gerald West

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Contents

<i>Preface</i>	vii
<i>Introduction</i>	ix
<i>Development Process and Acknowledgements</i>	xi
<i>Contextual Bible Study as Process</i>	xv
1. Women's Health	1
2. Priorities and Pastoral Care in Women's Health	6
3. The Challenge of Pandemics such as COVID-19 to Leadership Styles and Skills	10
4. Being Inclusive with People with Disability	15
5. Communal Responsibility for Health Care in the Context of Unjust Health Care Systems	19
6. Disparities in Health Care	22
7. Gender-based Violence and Mental Health	26
8. Mental Health on the Margins	30
9. Mental Health: For Christians Experiencing Social Exclusion and their Christian Communities	33

10. Accompanying Those Living with Anxiety, Depression, and Fear in the Context of Pandemics such as COVID-19	37
11. Different Understandings of Healing and Resources for Healing	40
12. Cross-border and Interethnic Healing	44
13. Partnership in Holistic Health Care and Healing	47
14. Healing and Herbal Medicines	50
15. Stigmatization of those Living with HIV or Disability	53
16. Institutional and Theological Constraints to Church-based Health Care for People Living with HIV or Disability	57
17. Health Care for Migrants, and those Displaced by Conflict, Economic Factors, or the COVID-19 Pandemic	61
18. Health Care Systems and How to Situate the Church within Them	65
19. Health Care Inclusion for Those Who are Marginalized by Ethnicity, Disability, Gender, or Age	68
20. Mental Disability and Stigmatization, even within Families with Children with Mental Disabilities	72
21. Population Growth	75
22. Access by Adolescents to Sexual and Reproductive Health Information and Services	78
23. COVID-19 and Human Rights	84

24. Psychological Trauma	89
25. Working with Children on Embracing Changes Brought by the COVID-19 Pandemic	97
26. Working with Children on Loss and New Life	100
27. Children: Education, Nutrition, and Health Care	103
<i>Poem on COVID-19</i>	107

Other books in the Health-Promoting Churches series

1. Health-Promoting Churches: Reflections on Health and Healing for Churches on Commemorative World Health Days <https://www.oikoumene.org/resources/publications/health-promoting-churches>
2. Health-Promoting Churches Volume II: A handbook to accompany churches in establishing and running sustainable health promotion ministries <https://www.oikoumene.org/resources/publications/health-promoting-churches-volume-ii>

Preface

Health and healing have always been important in the work of the World Council of Churches (WCC). A study undertaken across all regions from 1979 to 1987 emphasized the important role of churches in the health landscape, not least in health education. The WCC mission statement *Together towards Life* reaffirms that as health and healing were central features of Christ's ministry and call to his followers, they should be central to the mission of the church. Further to this commitment, in February 2022, the WCC re-established a commission on health, the Commission of the Churches on Health and Healing, which aims, among other things, to foster deeper engagement of member churches and to inspire them to embrace and advocate for holistic health.

The WCC was heavily engaged in the Primary Health Care movement, including the 1978 Alma-Ata Declaration. Since 1980, the World Health Organization has adopted a healthy-settings approach to health promotion, including healthy cities, healthy villages, and health-promoting schools. Unfortunately, places of worship have not been recognized and reached with this approach. The WCC's Health-Promoting Churches programme is, thus, an opportunity to strengthen existing efforts in churches in a coherent and evidence-based manner.

These contextual Bible studies will accompany churches into deeper reflection on often difficult health issues in the context of the

Ecumenical Global Health Strategy, the health-related expression of
WCC's Pilgrimage of Justice and Peace.

Rev. Prof. Dr Ioan Sauca
Acting general secretary
World Council of Churches
April 2022

Introduction

The World Council of Churches (WCC) defines health as a dynamic state of wellbeing of the individual and society. It is a state of physical, mental, spiritual, economic, political, and social wellbeing. Moreover, it is a state of harmony between human beings, between humans and the material world, and between humans and God.

In June 2018, the WCC central committee approved the Ecumenical Global Health Strategy, its purpose being to support churches as healing communities. Also, in February 2022, the WCC central committee approved the re-establishment of the Commission of the Churches on Health and Healing. Central to these initiatives is the Health-Promoting Churches model, which aims to support the healing ministry of churches, especially at the congregation level, to make the church a place:

- of health education
- of practical action
- for advocacy and care for creation
- of empowerment for public witness.

While Volume I of Health-Promoting Churches provides health education on several health issues, including suggestions for practical actions, and Volume II provides a framework for establishing programmatically strong health promotion ministries, this third volume accompanies churches in their in-depth reflection on difficult health

issues. The WCC has previously used the Contextual Bible Study methodology to good effect in helping churches address various challenging issues.¹ The participatory way in which this manual was developed has ensured that various voices and experiences are represented, enriching the publication for a global audience.

Dr Isabel Apawo Phiri
Deputy general secretary for
Public Witness and Diakonia
World Council of Churches

1. See: Ezra Chitando and Nyambura J. Njoroge, eds., *Contextual Bible Study Manual on Transformative Masculinity* (Harare: Ecumenical HIV and AIDS Initiative in Africa [WCC EHAIA], 2013), <https://methodist.org.za/wp-content/uploads/2020/06/Chitando-and-Njoroge-2013-Contextual-Bible-Study-Manual-on-Transformative-Masculinity-English.pdf>; Fred Nyabera and Taryn Montgomery, eds., *Contextual Bible Study Manual on Gender-Based Violence* (Nairobi: The Fellowship of Christian Councils and Churches in the Great Lakes and The Horn of Africa [FEC-CLAHA] 2007), <https://jlifc.com/wp-content/uploads/2020/04/tamar-campaign-contextual-bible-study-manual-english-version-final-complete.pdf>; Ezra Chitando and Nyambura J. Njoroge, eds., *Let the Children Come to Me: Contextual Bible Study Manual on Young People* (Harare: Ecumenical HIV and AIDS Initiative in Africa [WCC EHAIA], 2017), <https://jlifc.com/wp-content/uploads/2021/01/Let-the-Children-Come-to-Me-Book-WCC-Youth-focus-child-marriage.pdf>.

Development Process and Acknowledgements

This manual was developed in 2021 when the COVID-19 pandemic was raging. Four online workshops were held, each workshop was conducted twice in different time zones, one with French and the other with Spanish interpretation for the convenience of participants. The workshops aimed to:

- equip participants with the skills to prepare and lead contextual Bible studies (CBS) in their organizations and churches
- help participants prepare CBS on health and healing
- compile and publish *Health-Promoting Churches: Contextual Bible Studies on Health and Healing*, with contributions from the participants.

There were 282 registrants for the workshops. About 60 of these people participated, and 31 provided written contributions to the Bible studies. Each workshop session lasted one hour, and each was convened by Mwai Makoka, a medical doctor, and facilitated by Gerald West, a Bible scholar. The workshops were later summarized in a fireside chat between the two, and the recording is available on

the WCC YouTube channel.² A more detailed write-up of the process has been published.³

The contributors provided a theme or topic, contextual analysis, a Bible text, and questions. The editors synthesized the contributions, merging some of these where necessary and incorporating insights from the workshop discussions. The editors also edited and revised the Bible study questions. In addition, the editors provided notes to shed more light on the health topic (Makoka) and the Bible text (West). In this way, the Bible studies are well rooted in the health realities of our time.

It is my honour to thank all participants of the workshops for giving generously of their time, experience, and insights. Those who made substantive written contributions to the Bible studies are: Angela Sawyer, Bongsi Moyo, Cheryl B. Anderson, Dumisani Sikhakhane, Daniel O'Neill, David Tombs, Lynne Taylor, Dev Anandarajan, Edgar Antonio López, Elvira Beracochea, Gabriel Akimana, Georgewill Osaki, Jeremy Baker, Juliana Gil Ortiz, David Castillo Mora, Karen Eller, Karoline Mora Blanco, Kelechi Sarah Utoware, Mutale Mulenga-Kaunda, Mwai Makoka, Gerald West, Nathan Esala, Ndifreke Andrew-Essien, Pratap Jayavanth, Ronald Lalthanmawia, Sven-Erik Fjellström, Sinenhlanhla Sithulisiwe Chisale, Thandi Soko-de Jong, Linet Musasa, Norman Tembo, and Paulo Ueti.

My colleague Prof. Ezra Chitando accompanied us throughout the process. The contribution of my co-editor, Prof. West, is a labour of

2. WCC Webcast: Contextual Bible Studies on Health and Healing, <https://www.youtube.com/watch?v=gAxyNfyEX6A>.

3. Gerald West, Mwai Makoka, and Ezra Chitando, "Constructing Contextual Bible Studies in the Context of Health and Healing," in *Ta vare – en bok om diakoni, sjelesorg og eksistensiell helse. Festskrift til Hans Stifoss-Hanssen* [Take care – a book about diaconia, pastoral care and existential health. Festschrift to Hans Stifoss-Hanssen], ed. A. Austad and L. J. Danbolt (Oslo: VID vitenskapelige høyskole, 2022), https://vid.brage.unit.no/vid-xmlui/bitstream/handle/11250/3001282/240622_HSH_elektronisk.pdf?sequence=1, 102–13.

love, as he gave of his retirement time to do this work, which he loves. Thanks to Maggie Machledt Girard for the illustrations and Lyn van Rooyen for coordinating the publication process.

Mwai Makoka
Programme Executive for Health and Healing
World Council of Churches

Contextual Bible Study as Process

Contextual Bible Study (CBS) connects scripture and context. Contextual Bible Study has developed as a participatory Bible study method over more than 40 years of community-based and church-based work of the Centro de Estudos Biblicos (CEBI) in Brazil and the Ujamaa Centre for Community Development and Research in South Africa.

Central to CBS is the threefold process of See-Judge-Act, developed by the Catholic worker-priest movement in Europe and taken up in many global south contexts.

Contextual Bible Study begins with “See”: seeing the realities of our context, both individual and systemic. Jesus summoned his disciples to discern “the signs of the times” (Matthew 16:3), lamenting that the religious leaders of that time were unable to truly “see” their context. In this project, we are enjoined to see the realities of health and healing in our contexts. Contextual Bible Study focuses on seeing reality “from below,” truly seeing how those who have been marginalized experience health and healing.

Contextual Bible Study then continues with “Judge”: judging this reality from God’s perspective in scripture. Jesus taught his disciples to pray, “Your kingdom come, your will be done, on earth as it is in heaven” (Matthew 6:10). What can we learn from scripture about God’s kingdom on earth with respect to health and healing? Having analyzed our realities (See), CBS brings scripture into dialogue with our realities

(Judge), using scripture as a sacred reflective surface on which we see what God wants to do in our contexts with respect to health and healing, scripture that would speak redemptively to the context.

Contextual Bible Study then summons us to action: “Act.” If our contextual realities with respect to health and healing do not conform to God’s kingdom on earth, what needs to change? How can we work with God to bring about this change? When Jesus saw the reality of the two blind men sitting on the side of the road, he asked, “What do you want me to do for you?” (Matthew 20:32). Seeing reality in the light of God’s prophetic vision for God’s kingdom on earth requires us, like Jesus, to act. “Moved with compassion, Jesus touched their eyes; and immediately they regained their sight and followed Him” (Matthew 20:34). Our actions will take many forms, but act we must, moved by compassion for those who yearn for health and healing in our contexts.

The CBS process

Each of the Bible studies in this resource manual has been produced by participants from churches around the world, who have collaborated in a series of eight online workshops.

In preparation for the first workshop, participants were given the following task:

Identify and analyze (See) one specific aspect of health and healing with which you think we should engage through CBS. Work with others in your context, if possible. Try to be as specific as you can, doing some preliminary analysis of your reality with regard to health and healing. Do not generalize; be context-specific. Write a short summary of your contextual analysis, clearly identifying the specific aspect of health and healing you have identified. Please bring this summary with you to the first workshop.

The CBS process began with sharing the lived realities of the participants, each reflecting on the health and healing concerns of their particular contexts. As each week passed, and as we moved from workshop to workshop, we built together a picture of our world and its health and healing needs.

Each workshop gradually offered additional resources for participants to become a part of the CBS process. We moved together from contextual analysis (See), to scriptural rereading (Judge), to CBS construction (Act). Each of the Bible studies in this resource manual has been produced by participants engaging in this process. The published article referred to in Development Process and Acknowledgments (above) reflects more fully on this process.

Our final set of workshops focused on facilitation. The process of contextual Bible study is a facilitated or animated process. It requires a different kind of leadership: not leadership from above, but leadership from alongside. Again, the resources on facilitation offered in this resource manual have come from our workshops. Many voices from many contexts have shared their experiences of facilitation. We have collated these and offer them here as a resource. Each Contextual Bible Study includes additional aspects of facilitation, particularly in cases where facilitators need to be particularly sensitive in dealing with the health-and-healing topic that is the subject of reflection through Bible study.

CBS facilitation

Facilitation is a form of leadership from alongside, in which the emphasis is on enabling the participation of each and every person and ensuring that the CBS process is completed, moving from See to Judge to Act. Each CBS moves from a contextual health-and-healing theme (See), to a slow and careful rereading of scripture (Judge), to contextually appropriate action (Act).

Participants agreed that a fundamental requirement of a facilitator is that they should be careful and attentive listeners. Listening presupposes trust in the community of participants, and this trust is vital to the CBS process. Trust in the community of participants and trust in the CBS process are the two pillars of these Bible studies.

Another key dimension to the CBS process is time. Rereading scripture together changes us, so we must allow sufficient time for group discussion and scriptural rereading to reshape us. At least one or two hours need to be set aside for each Bible study.

The COVID-19 pandemic has taught us that we can conduct CBS workshops via online platforms like Zoom. The CBS process is an embodied process, so facilitators need to find ways of creatively constructing embodied space using online platforms.

A number of elements were identified in the workshops as crucial to successful facilitation. As a facilitator, you need to:

- prepare thoroughly prior to facilitating the CBS workshop
- approach the CBS workshop with humility and an expectation that you will learn from the participants
- come among the participants as a companion and guest, respecting their safe and sacred space
- work with them to ensure that the CBS space remains a safe and sacred space for each person
- be attentive to the voices and bodies present, listening to what is said and what remains unsaid
- be attentive to the cross-cultural, multilingual, gendered realities of the participants
- use breaks in the CBS process (for tea/coffee, etc.) to come alongside those who are dominating or who are withdrawn, discerning how to enable them to participate more appropriately

- be patient and trusting of the CBS process, but keep the CBS process moving, ensuring that it is completed in the available time
- offer regular summaries of what is shared, feeding this back to the workshop
- translate and adjust the CBS questions to clarify them, should participants be unsure about a question. The CBS process is a question-driven process, so clarifying the questions is vital
- acknowledge and honour the presence and dignity of each participant, and each small breakaway group, by recording and documenting what they share publicly.

CBS facilitation checklist

Here is a list of the ‘whats’ and ‘hows’ of facilitation.

What?

- What kind of space is available? Is the space physical or digital?
- What time frame is available?
- When will you include tea/lunch breaks?
- What resources will be required? (e.g., flipcharts, pens).
- What icebreakers will you use to animate the group at the beginning of, and during, the process?
- What language/s will you use?
- What is your identity as the facilitator? Do you come from within or outside the group?
- What religio-cultural liturgies will frame the CBS?

[Please reflect on these and add others that come to mind from your experience.]

How?

- How many participants will be in each small group? Are the participants together in a physical space or a digital space?
- How will you divide the participants into small groups?
- How will you facilitate the movement between plenary and small groups?
- How will you facilitate the reporting back?
- How will you document the dignity of each contribution, in both the plenary and small groups?
- How will you pace the CBS to complete the process?
- How will you ensure a safe group process and the participation of each person in the small groups?

[Please reflect on these and add others that come to mind from your experience.]

Doing CBS

Contextual Bible study is a process and a practice. This manual gives you all the tools you need to become a practitioner of CBS. If possible, join with others in your context and work together in conducting a CBS. You can share the CBS tasks. We encourage you to choose a Bible study that fits your context and learn by doing. Then choose another, and another. We look forward to receiving your feedback.

Women's Health



Mark 5:21-43

This first Contextual Bible Study was used as an example throughout the workshop process. It is based on a similar Bible study developed by the Ujamaa Centre in South Africa. We have included in this example guidelines for facilitation in square brackets [...]. This Contextual Bible Study focuses on women's health in general.

Notes on women's health

The theme of women's health is an intersection of biological, socio-cultural, religious, socio-economic, political, and other factors. The biological nature of females means that they experience menstruation, which can involve complications such as anaemia and abnormal bleeding, stress, complications of pregnancy and childbirth, and cancers of the breast and ovaries. There are taboos, myths, and misconceptions around menstruation, and these restrict women's participation in society. Some cultural norms limit women's access to information and services for their sexual and reproductive health. In many countries, there is a lack of political will toward and investment in women's health issues. Take the example of menstrual hygiene: in many settings, there is no local manufacturing capacity for menstrual products, creating reliance on imported and highly taxed products, and poor sanitation facilities that do not accommodate or encourage menstruating girls to attend school. All these factors combine to place a continuing burden on young girls and women, restricting their opportunities for education and socio-economic emancipation.

Notes on the text

Mark 5:21-43 tells the story of two women, both of whom interrupt Jesus. While Jesus is with a large crowd (5:21), Jairus, a synagogue leader, interrupts Jesus on behalf of his young daughter, who is critically ill. Jesus follows Jairus to his home, but on the way, he is interrupted for a second time by a woman. Again, Jesus stops what he is doing and devotes his attention to this woman. In the way Mark tells this story, it becomes clear that it is one story about two women, a young woman and an older one. Mark signals to us that these two women are connected in a number of ways, which we will explore together in our Bible

study. Notice how Mark helps us recognize that this is one story: it begins and ends with Jesus moving from one geographical region to another, from the area of the Decapolis (5:20) to the area of Bethlehem, his home town (6:1). Between these two geographical movements we have a single story: a story about women's health and healing.

[Contextual Bible Study is a community-based process, including local liturgy. Surround the CBS with the use of local church/community liturgy.]

CBS Questions

1. Conduct a dramatic reading of Mark 5:21-43, inviting participants to read the parts of the various characters.

[This requires preparation, inviting participants to take the voices of the narrator and characters. They will need to practice.]

2. What is the text about?

[Keep participants in one group for this question, enabling them to hear each other and to recognize that the CBS process is participatory.

The facilitator must resist answering this question! The facilitator should encourage participants to share their understandings of the text. This takes patience.

Each and every response should be acknowledged and recorded publicly by the facilitating team.

This question takes time! Do not rush it. Through this question, participants take ownership of the CBS.]

3. Who are the characters in this story, and what do we know about each of them from the story? Draw a picture or diagram of the story to illustrate the role of each character.

[Divide the participants into small groups for this question. You may need to construct the small groups on the basis of gender and/or age, etc. Be sensitive to the cultural heritage of the participants.]

Allocate sufficient time for the small group discussion and drawing. Make sure you have flipcharts and crayons.

Allow time for each small group to report back to the whole group, taking turns. The drawings can be used as a resource. If there is time, invite one or more of the other small groups to ask a question concerning the drawing of each group as it shares its drawing.]

4. Mark connects these two women, inviting us to see similarities in their experiences and their encounters with Jesus. By rereading the story carefully, we can identify a number of similarities between these two women. What do these two female characters have in common in the text and in their world?

5. In what ways does Jesus work with these women for healing and health?

[Questions 4 and 5 may be answered together in the small groups if there are time constraints. Again, allow each small group time to report back, first on Question 4 and then on Question 5, taking turns to report back.]

6. These two women live in a world in which the health of women is marginalized. In what ways is the health of women in your context marginalized? Try to be specific in identifying the systems that marginalize women's health in your context.

[CBS is a process, moving from text to context, so make sure you allocate the available time to include Question 6.]

Again, divide participants into small groups to answer Question 6 and allow time for reporting back.]

7. Jesus acts to change the reality of these two women. What can you, and your local church and community networks, do to change health systems for women in your context?

What can you do immediately?

What can you do with careful planning? Share your action plan with the other small groups.

[CBS is a process, moving toward contextual transformation, so make sure you allocate the available time to include Question 7.

Again, do Question 7 in small groups and allow time for reporting back.]

Priorities and Pastoral Care in Women's Health



Mark 5:21-43

This Contextual Bible Study is based on the same text as the previous CBS and demonstrates how it is possible to adapt a CBS for a related contextual issue. The suggestion for this CBS came from our CBS workshops. Note that the first series of questions is the same, but the focus shifts in Question 5.

Notes on competing health priorities

Health resources – personnel, equipment, medicines, medical supplies and infrastructure – are inadequate in many countries. In fact, their adequacy is a matter of degree and comparison. Health workers are, therefore, often faced with competing priorities and have to decide how to allocate the limited resources between equally deserving needs. Policymakers have to balance the allocation of health resources to health promotion, disease prevention, and curative, rehabilitative, and palliative services. During the COVID-19 pandemic, health care workers were even having to choose to whom to give oxygen therapy, and pharmaceutical manufacturers had to decide whether to prioritize manufacturing COVID-19 vaccines at the expense of other vaccines. In this Bible study, we will see Jesus faced with two urgent priorities and the wisdom with which he dealt with them. We will also reflect on his exemplification of “person-centred health care,” which challenges us to aspire to a health care system that is compassionate and sensitive to the dignity of each person.

Notes on the text

Although we study the same text in this CBS as in the previous Bible study, in this Bible study, we focus on a different detail within the story. Biblical texts always have more to offer than we are able to recognize when we first read them. We bring our questions to the Bible, and our questions enable us to recognize detail within the text that we previously may not have seen as significant. In the previous Bible study, we focused on how the two women are connected as women. In this Bible study, we focus on the different ways in which their healing takes place.

CBS questions

1. Conduct a dramatic reading of Mark 5:21–6:1, inviting participants to read the parts of the various characters.
2. What is the text about?
3. Who are the characters in this story, and what do we know about each of them from the story? Draw a picture or diagram of the story to illustrate the role of each character.
4. Mark connects these two women, inviting us to see similarities in their experiences and their encounters with Jesus. By rereading the story carefully, we can identify a number of similarities between the women. What do these two women characters have in common in the text and in their world?
5. Jesus responds to the women individually, treating each of them with dignity. What are the differences in how Jesus engages with each one?
6. Why do you think Jesus prioritizes the healing of the older woman, and why do you think he engages with her publicly?
7. Why do you think Jesus engages with the healing of the young girl in private, taking with him only a few of his disciples (v 37) and the child's father and mother (v 40)?
8. Are women treated with dignity in health care in your context?
9. What needs to change in the health care of women in your context so that women, both older women and younger women, are treated with dignity?

10. In what ways do the decisions and actions of Jesus resonate with health care priorities and pastoral care responsibilities in your context?

11. In the face of high demand on limited health resources, it is expected that effective health promotion programmes, like the WCC's Health-Promoting Churches model, will be able to ease the pressure on curative health services, allowing them to provide more expert care for complicated illnesses. What health promotion activities can you undertake to relieve the pressure on curative services?

12. What will you do to bring about these changes? Share your action plan with the other small groups.

CONTEXTUAL BIBLE STUDY 3

The Challenge of Pandemics such as COVID-19 to Leadership Styles and Skills



Exodus 18:1-27

This Contextual Bible Study comes from Sweden, but it is relevant to all our contexts, particularly as government leadership, health care leadership, and church leadership struggle to cope with the demands of the COVID pandemic. This CBS also includes suggestions for using liturgical resources. Contextual Bible studies are always situated

within safe and sacred sites and shaped by the liturgies of local communities of faith.

Notes on leadership for health

The World Health Organization considers leadership and governance to be among the building blocks for health systems. In this sense, health leadership is concerned with making policies, mobilizing and allocating resources, designing strategies that are effective and based on sound evidence, networking, harnessing partnerships with other stakeholders, empowering people for community and personal care, building the trust of the community in the science behind the interventions, and more. Pandemics and other health emergencies put leadership and governance structures to the test. Fortunately, pandemics also provide an opportunity for sectors that were not previously concerned with health matters to become more engaged.

Notes on the text

In the midst of the wilderness wanderings of the people who have fled from slavery in Egypt, there is a pause as the story turns to questions of leadership style. Exodus 18:1-22 reintroduces us to Jethro, Moses' father-in-law (2:16-21, 3:1). Jethro has heard about Moses leading the people out of Egypt. We also read, however, that Moses has sent his wife, Zipporah, who is Jethro's daughter, back to her father's household at some point. This is the first we read of Moses doing this. There is no explanation. Jethro may have come to see what kind of leader Moses has become. Jethro now brings Zipporah and the sons of Moses back to him. Furthermore, Jethro watches and reflects on the leadership style of Moses. We join Jethro in this Bible study to reflect on different leadership styles.

CBS questions

1. In small groups of two or three, share how the COVID pandemic has impacted your health care systems and institutions.
2. Conduct a dramatic reading of Exodus 18:1-27, inviting three participants to take the roles of the narrator, Moses, and Jethro.

[Prepare by having five candles ready as the reading begins.] Light one candle for each character mentioned, as they are mentioned:

Jethro, after reading verse 1
Zipporah, after verse 2
Gershom, after verse 3
Eliezer, after verse 4
Moses, after verse 5.

3. Who are the characters in this story, and what do we know about them?
4. *[Divide the participants into three groups, with each group allocated one of these characters in the story: Jethro, Moses, and Zipporah. Each of these groups has its own unique CBS questions. Each group reports back to the others once they have completed their series of questions. It may be appropriate to select only women for the Zipporah group, giving women a safe space in which to probe the gender dynamics of the text.]*

4.1 Jethro group

4.1.1 Reread the text, focusing on the character and role of Jethro.

4.1.2 How does Jethro engage with Moses? Identify each of the things Jethro says and does. What process does Jethro follow in offering advice to Moses?

4.1.3 What skills can we learn from Jethro? How can we bring the contribution of Jethro into our contexts? Who are the leaders who need to listen to Jethro in our contexts?

4.1.4 If we need a Jethro contribution in our organizations, how can we make this happen?

4.1.5 The WCC's Health-Promoting Churches model is designed as a community-based model to empower communities to understand and implement solutions to their health needs. How can you use the Jethro type of leadership to help your church become a health-promoting church? What will you do?

4.2. Moses group

4.2.1 Reread the text, focusing on the character and role of Moses.

4.2.2 What style of leadership does Moses use? How does Moses change his style of leadership after Jethro recommends a different leadership style?

4.2.3 After Jethro leaves, Moses goes back to his old style of leadership. Why is it so difficult to change leadership styles?

4.2.4 Do we have Moses-type leaders in our contexts? Where are they, and who are they? How do we reach our Moses-type leaders, assisting them to change their style of leadership?

4.3 Zipporah group

4.3.1 Reread the text, focusing on the character and role of Zipporah.

4.3.2 What has happened to Zipporah while Moses has been becoming a leader? The text tells us that Moses "sent her away/back." Why might Moses have done this?

4.3.3 Why do you think Jethro brings back Zipporah and their children, Gershom and Eliezer, with him when he comes to visit Moses?

4.3.4 What happens to the wives and children of prominent leaders in your community? What are the gender expectations of leadership in your context?

4.3.5 How can we support the wives and children of our leaders?

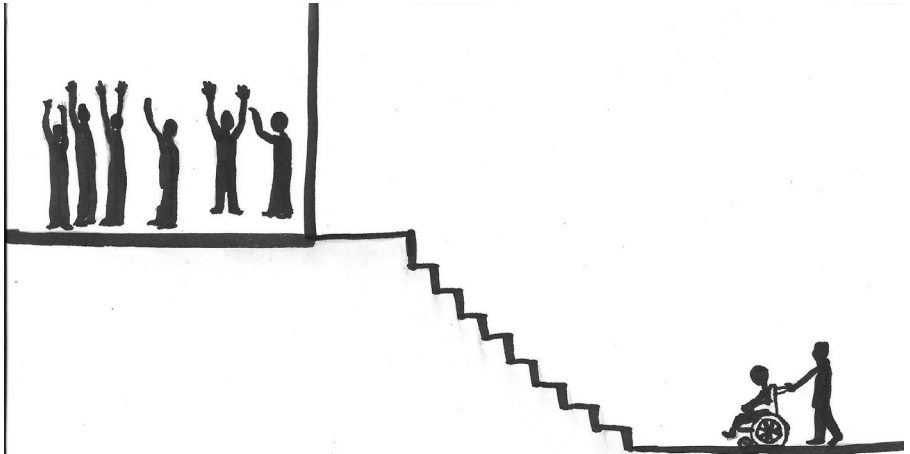
5. After each group has reported on its reflections and action plans, light three candles.

5.1 Light a candle for the local leaders who have been mentioned during your discussions.

5.2 Light a candle for those who play a role in encouraging leaders to be more participatory in their leadership style.

5.3 Light a candle for the unknown, unmentioned people in your society, like Zipporah, who often play the most important roles in bringing about change.

Being Inclusive with People with Disability



John 5:1-15

This Contextual Bible Study comes from the Asian context but is relevant to many other contexts in which people living with disability are excluded.

Public health perspectives on disability

The World Health Organization (WHO) lists the following “10 key facts on disability”:

1. Over a billion people live with some form of disability.
2. Disability disproportionately affects vulnerable populations.

3. Half of the people with disability cannot afford health care, compared to a third of people without disability.
4. Children with disability are less likely to attend school.
5. People with disability are more likely to be unemployed.
6. People with disability are vulnerable to poverty.
7. Rehabilitation helps to maximize functioning and support independence.
8. People with disability can live and participate in the community.
9. Disabling barriers can be overcome.
10. The Convention on the Rights of Persons with Disabilities (CRPD) promotes, protects, and ensures the human rights of all people with disability.

It is also important to understand that many disabilities are preventable; therefore, no effort should be spared to ensure primary prevention of disabilities. The following categorization of physical or mental disabilities is useful in this regard:

- Inborn disabilities are disabilities acquired at or during birth.
- Disabilities acquired at or during birth are mainly due to complications of childbirth, in particular, prolonged labour and poor skills of the birth attendant.
- Inborn disabilities may be genetic (i.e. inherited from parents) and can be passed on to offspring, or are due to problems with fetal development (e.g. caused by environmental toxins, malnutrition, or infections during pregnancy).
- Disabilities acquired after birth can be due to:
 - a. diseases (infectious diseases such as polio and trachoma, and non-infectious diseases such as strokes)

- b. age-related conditions (e.g., degenerative diseases of muscles, nerves, joints)
- c. trauma, burns, and injuries (intentional and unintentional injuries).

Notes on the text

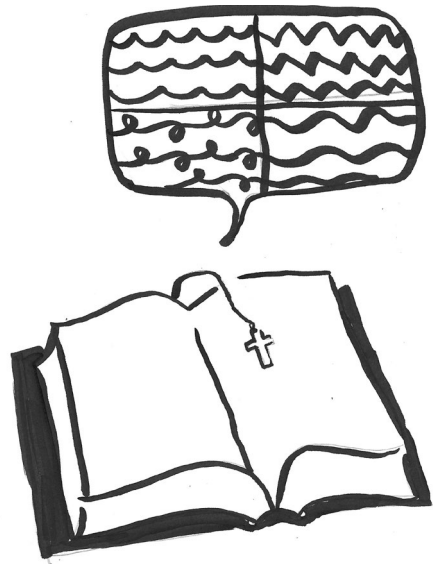
This story takes place at an important moment in the ministry of Jesus. According to John's gospel, this is the second time that Jesus has come to Jerusalem. When Jesus goes to Jerusalem for the first time (2:13), he disrupts and condemns the exploitative economic practices of the temple. On this second visit to Jerusalem, the temple is not his destination. Instead, he goes to a place where those who are excluded from the temple gather for healing. Only after that does Jesus go to the temple (5:14), to continue his healing care of the man he found by the pool outside the temple.

CBS questions

1. Conduct a dramatic reading of John 5:1-15, with different people taking the parts of each of the characters and the narrator.
2. What is this story about?
3. Who are the characters in the passage, and what does the text tell us about each of them?
4. Jesus has entered Jerusalem (v 1), where the Jewish temple is located. However, Jesus does not go to the temple immediately but to the site where people with disease and disabilities gather. Why do you think persons with disabilities gather at this place? And how does healing usually take place at this site?

- 5.** How does the healing of this man, who has lived with a disability for 38 years, take place?
- 6.** Jesus later finds this man in the temple (v 14). The Jerusalem temple did not permit those with disabilities to enter the temple, considering them unclean. This man has not been able to enter the temple for 38 years! By healing this man outside the temple, among others with disabilities at the pool, what is Jesus trying to teach the leaders of the temple?
- 7.** In what ways are persons with disabilities excluded in your current context?
- 8.** In what ways are persons with disabilities included in your current context?
- 9.** What could this person have been suffering from? In your current context, how can such a disability be prevented?
- 10.** What is the role of the church in engaging with persons with disability, and what will you do to make your church a more inclusive community? Share your action plan with the other small groups.

Communal Responsibility for Health Care in the Context of Unjust Health Care Systems



2 Samuel 24 and 1 Chronicles 21; 2 Reigns 24 and 1 Supplement 21

This Contextual Bible Study comes from the context of the USA, where health care is unequally available, but it is relevant to any context where unequal health care is a reality. The Bible study introduces readers to the telling of the same biblical story from different perspectives in different ancient versions. The facilitator will need to make sure that each of these four texts is available. The first two versions, 2 Samuel 24

and 1 Chronicles 21, are based on the Hebrew Bible and are, therefore, available in any Bible translation. The second two versions, 2 Reigns 24 and 1 Supplement 21, are based on the Greek Bible, the Septuagint, and can be freely downloaded from the internet in the New English Translation of the Septuagint (NETS): <http://ccat.sas.upenn.edu/nets/edition/>.

Notes on the text

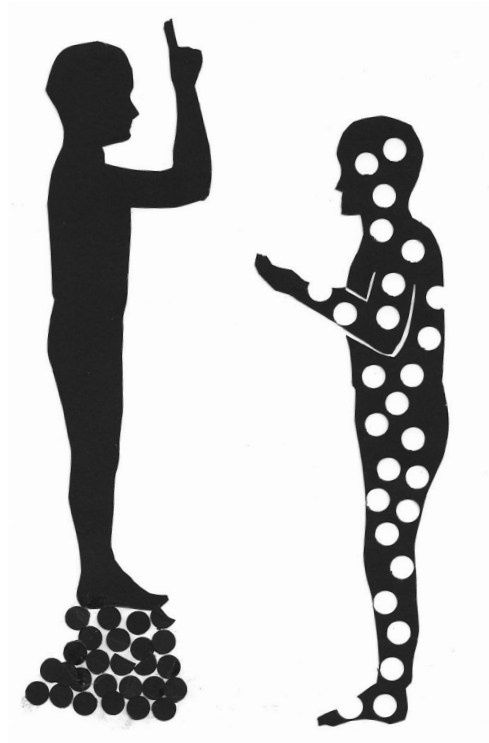
This Bible study helps us understand how the Bible has developed over time. The story told in 2 Samuel 24 is retold, with some changes, in 1 Chronicles 21. The changes are significant because they show us how a later community of faith has taken up and retold a sacred story from an earlier time. We find a similar process taking place when the Hebrew stories are translated into Greek. Translation is a form of reinterpretation, so we find some differences between the Hebrew versions of this story and the Greek versions. Each of the versions of this story engages with the question of counting the people, and each offers a different perspective. Is counting the people – taking a census – a good or a bad thing? What are the consequences of a king taking a census?

CBS questions

1. Form small groups of equal size and ask each group to focus on one of these texts. The first two versions (2 Samuel 24 and 1 Chronicles 21) are Hebrew versions, and the second two versions (2 Reigns 24 and 1 Supplement 21) are Greek versions. The participants are welcome to use any translation of 2 Samuel 24 and 1 Chronicles 21 that they want to use. The freely available NETS translation of the Greek Bible versions should be used for 2 Reigns 24 and 1 Supplement 21. This CBS requires considerable preparation by the facilitator.

2. What is the story (in your version/variant) about?
3. Draw a picture of the story's main characters and plot. (Your picture could be a single picture or a series of pictures that tell the story. Feel free to use stick figures.)
4. Listen to each of the other groups explain their pictures of their version of the story. What details do you notice in their pictures, and how are their pictures different from yours?
5. Who and what contributes to the conflict, problem, plague, or epidemic in your version of the story?
6. What do you notice about how the different characters in the stories analyze the conflict, problem, plague, or epidemic, and how they propose to resolve it?
7. What clues does the narrator of the story give that indicate what the narrator thinks would help to resolve the plague or epidemic in your version of the story?
8. Which groups are treated as essential in this story, and which groups are treated as expendable? In what ways are they treated as essential or expendable?
9. What resources does this story (in any or all of its versions) offer your community when they engage with epidemics like the COVID-19 pandemic?
10. What plan of action do you want to take collectively to help your community respond to this and other pandemics? Share your action plan with the other small groups.

Disparities in Health Care



Joshua 9:1-27

This Contextual Bible Study comes from the USA context and is shaped by health disparities between white Americans and African Americans, but it is also relevant in other contexts in which race or ethnicity are used to discriminate in access to health care. The Bible study could be undertaken in marginalized racial or ethnic communities, dominant communities, or mixed communities. Facilitators will need to be sensitive to these different contexts.

Notes on health equity

Health equity is the absence of unfair, avoidable, and remediable differences in health status among groups of people. Health equity includes issues like housing, education, food and nutrition, safe environment, mobility and transport, economic and commercial factors, and policing and safety factors.

There is evidence that health and illness are determined by a socio-economic ladder, with those at the bottom of the ladder suffering more diseases and poor health and those at the top enjoying more access to conditions and provisions that promote health and wellbeing.

When we try to address inequity in health, it is often necessary to look beyond the immediate or apparent causes of poor health to underlying historical, cultural, ethnic, or political factors.

Notes on the text

This section of the story of Joshua comes in the middle of a series of stories about conflict and war between neighbouring ethnic groups. Among these ethnic groups are the Gibeonites. Recognizing that they will probably be defeated by Joshua and the Israelite army, they use trickery to forge an alliance with Joshua, pretending to come from far away rather than from a neighbouring territory. The story explores interethnic relationships and the ways in which particular ethnic groups are historically disadvantaged.

CBS questions

1. Read Joshua 9:1-27 aloud, and then ask a group of participants to act it out.
2. When the surrounding nations hear how Joshua has defeated the city of Jericho, most of them form an alliance to fight against Joshua.

However, the Gibeonites adopt a different strategy. How do they respond? (You may find it useful to read Deuteronomy 20:10-18.)

3. Later, when Joshua discovers that the Gibeonites have sought peace through crafty ways (v 4), he responds harshly. Reread verses 22–27. What happens to the Gibeonites within the Israelite community? How long are they condemned to manual labour?

4. Reread verse 23, and Nehemiah 3:7 and 3:26, 31. What kinds of manual work do the Gibeonites do?

5. What story do you think the Gibeonites would tell their children, generation after generation? How would they explain their limited opportunities?

6. The Gibeonites remained a marginalized community within Israel for generations. Do you think they would have had access to the same health care as their Israelite neighbours? Ancient temples were sites for health care. Would the temple they had helped to sustain be a site of care and healing for them too?

7. Do you see specific similarities with marginalized racial groups or ethnic groups in your context? What is their story? How do we explain their limited opportunities?

[If this CBS is done within marginalized racial or ethnic communities, the question would shift: What is our story? How do we explain our limited opportunities?]

8. Can you name other biblical texts that talk about God’s concern for all humanity? Share some examples.

9. Discuss how and why both the marginalized and privileged groups should work together toward a solution that reflects God’s concern for all humanity?

10. With the biblical texts in mind that you named in response to Question 8, what are the steps that we can take to remove health disparities for all our communities, particularly historically marginalized communities? Share your action plan with the other small groups.

Gender-based Violence and Mental Health



2 Samuel 20:3 (and 2 Samuel 15:13-16 and 2 Samuel 16:20-23)

This Contextual Bible Study comes from Aotearoa New Zealand, but is relevant to many contexts in which gender-based violence is accompanied by a culture of victim-blaming and stigma. Facilitators will need to take particular care in facilitating this CBS.

Notes on gender and gender-based violence

Gender refers to socially constructed characteristics of women, men, girls, and boys, including norms, behaviours, and roles associated with being a woman, man, girl, or boy, as well as relationships with each other. As a social construct, gender varies between societies and changes over time.

Gender is different from sex, which refers to the different biological and physiological characteristics of females, males, and intersex persons, such as chromosomes, hormones, and reproductive organs. Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities.

Gender-based violence is the most severe form of gender discrimination, but other forms are also experienced, especially by women and girls. The World Health Organization estimates that about 30 per cent of women globally have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

Men should be concerned with gender because they may also be victims of gender inequality and discrimination or victims of toxic masculinity due to their upbringing and societal norms, and because for any sustainable societal improvement to be achieved, men and boys need to proactively become part of the solution.

Notes on the text

These texts form part of the story of David and the transition from David's leadership to the leadership of Solomon. The story is a complex and bloody one, as political alliances shift and change. Women are often victims of the political turmoil between rival men. Bathsheba, who is part of the royal court, is raped by David while her foreigner husband, Uriah, is away at war. Tamar, David's daughter, is raped by her brother Amnon. (Amnon is then murdered by Tamar's brother Absalom;

Amnon and Absalom are rivals for David's throne.) This story continues the violence against women.

CBS questions

1. Listen to a reading of 2 Samuel 20:3. If there are different versions or translations of the Bible in the group, use these to listen to different versions. Next, listen to the two background texts, 2 Samuel 15:13-16 and 2 Samuel 16:20-23. Then listen to 2 Sam 20:3 again.

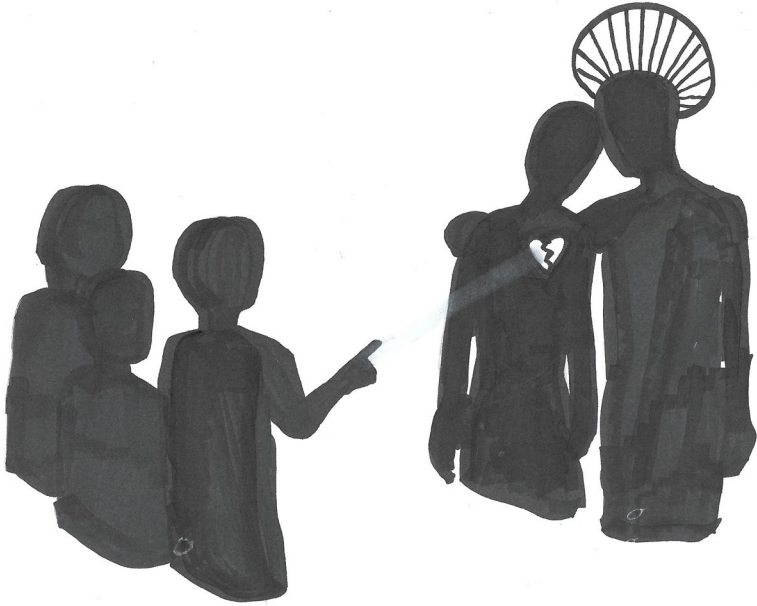
[The facilitator or another participant should read the text while the rest of the group listens.]

2. What is 2 Samuel 20:3 about? What useful information do the background texts offer for reading 2 Samuel 20:3?
3. Who are the characters mentioned in 2 Samuel 20:3? What are we told about them in 2 Samuel 20:3? What more do we know about them from the two background texts, 2 Samuel 15:13-16 and 2 Samuel 16:20-23?
4. Why did David leave these ten women in Jerusalem when he left the city in a hurry? What happened to the women? Who was responsible for what happened?
5. How does David treat the women on his return? Why does he treat them this way? Are David's actions more likely to help healing or cause further harm to the women?
6. What emotions might the women feel at different points in the story? How might they relate to each other, especially when they live in seclusion together? What mental health challenges might they face? How might they support one another?

- 7.** In your own context, is the church more likely to reach out to support survivors who experience gender-based violence, or is the church more likely to marginalize survivors? Why does the church respond the way it does?
- 8.** What can be done to improve church responses to survivors of gender-based violence in your community? Are there specific steps that you and others can take to address a feeling of isolation?
- 9.** In the promotion of holistic health and wellbeing, what can churches do to prevent gender-based violence? Devise a specific action plan to help your church recognize the impacts and mental health challenges of gender-based violence. Share your action plan with the other small groups.

CONTEXTUAL BIBLE STUDY 8

Mental Health on the Margins



Mark 5:1-20

This Contextual Bible Study comes from Australia but engages with any context in which people find themselves on the margins of society, with little connection to the community.

Notes on mental health

The Bible has many stories of mental health problems, some of which, like this text, depict extreme mental disease. Many cases, however, are

subtle and not easily recognizable. Mental health disorders, unlike physical or somatic disease, frequently manifest as abnormal behaviour that is unlike the symptoms we usually associate with disease, such as pain, swelling or bleeding.

Because of this, mental disorders do not evoke the same empathy as other diseases. They are largely misunderstood, overshadowed by stigma, misconceptions, prejudice, and superstition. Mental disorders include depression, mood disorders, and neurological disorders like dementia and epilepsy. For more information, refer to the reflection on World Mental Health Day in Health-Promoting Churches Volume I.

Notes on the text

Mark signals to the reader where each of the stories he tells about Jesus begins and ends. He uses geographical shifts to indicate the beginning of a new story. Sometimes the chapter divisions are in an appropriate place, but often not. In this case, Jesus moves from a Jewish area to a Gentile area (5:1) and then back to a Jewish area (5:21). Between these movements, we have the remarkable story of a man who lives among the tombs of the dead, afflicted by a form of mental illness.

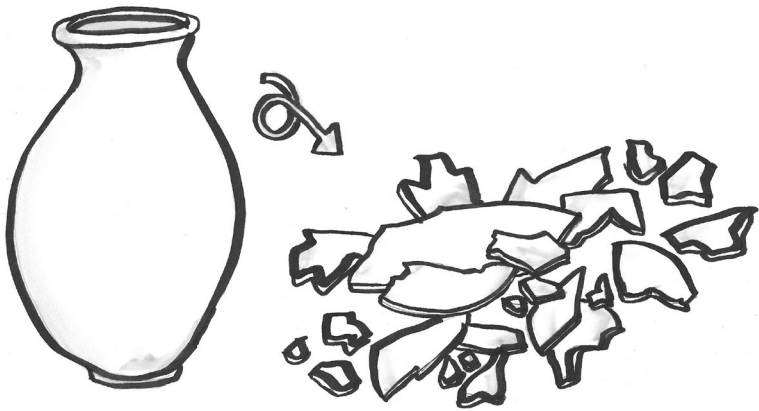
CBS questions

1. Conduct a dramatic reading of the biblical story found in Mark 5:1-20, inviting participants to read the parts of the various characters.
2. What is this story about?
3. Who are the characters in this story, and what do we know about them from the story?
4. What is the setting or place in which the story is located? Draw a picture or diagram of the relationships between the characters and their location in the setting of the story.

4. How does this story describe the mental health of the man from the tombs? What images does the text use to tell us about this man's mental health?
5. There are indications in the story that this man is probably a Gentile: he is from Gerasa (v 1), and the way he addresses Jesus indicates this (v 7). The reference to 'Legion' (v 9) also indicates that he may have been the victim of Roman military violence. What does this information add to your picture of the man's mental health condition and to your understanding of Jesus' engagement with him?
6. What keeps you from full participation in the community?
7. What might keep others from full participation in the community?
8. How might your church help others to better participate in the community?
9. What will you do to encourage your church to enable participation in the community? Share your action plan with the other small groups.

Refer to *Health-Promoting Churches* vol. 1, 38–41 and vol. 2, 50–55.

Mental Health: For Christians Experiencing Social Exclusion and their Christian Communities



Psalm 31

This Contextual Bible Study comes from Australia and focuses specifically on the perspective of Christians who experience social exclusion. The CBS comes in two parts, one for people within the socially excluded groups and another for the church more generally. Part 1 leads into Part 2, so Part 1 needs to be facilitated before Part 2, with the resources of Part 1 taken into Part 2. Conducting this CBS in this order will require careful preparation and planning.

Notes on social aspects of health

Both the World Health Organization (WHO) and WCC definitions of health include the word “social.” Health and wellbeing cannot be experienced in isolation. Equally, a person’s family and community are often instrumental in healing processes.

Social exclusion can be a cause or a result of various health problems, including mental health problems. Unfortunately, social issues are often less recognized and are not prioritized as critical to holistic health.

Notes on the text

Psalms are ancient poems, songs, or hymns. They are made up of stanzas, or sections. Each stanza forms a unit of meaning. It is often useful to divide a psalm into its stanzas as we read it, as this helps us to understand the theological logic or argument of the psalm. Some translations do this for us, but it is a good discipline to try and do this ourselves. Psalm 31 is a lament, as the psalmist cries out in distress to God.

CBS questions

Part 1

1. Read Psalm 31, asking different participants to read each of the following sections of the psalm: verses 1–2, 3–5, 6–10, 11–13, 14–18, 19–20, 21–22, 23–24.
2. What phrases and what images of the psalm resonate most strongly with you?
3. Reread verses 11–13 in a few different translations. How do these verses reflect your own experience of discrimination?

4. Reread verses 14–18 in a few different translations. How do these verses reflect your own experience of faith?
5. Lament is a key component of this psalm. Psalm 31 turns to God from the midst of trauma, giving voice to both the trauma of exclusion and a deep trust in God’s embrace. Write a short psalm of lament that reflects your own experience.
6. What might Psalm 31 and your psalm of lament say to the church today?
7. Why and how would some people feel excluded in your church?
8. What will you do to summon the church to be inclusive of those who feel different and thus excluded from the dominant group? Share your action plan with the other small groups.

Part 2

1. Read Psalm 31, asking different participants to read each of the following sections of the psalm: verses 1–2, 3–5, 6–10, 11–13, 14–18, 19–20, 21–22, 23–24.
2. What phrases and what images of the psalm resonate most strongly with you?
3. Reread verses 11–13 in a few different translations. How might this passage be read by a faithful Christian who experiences social exclusion by the dominant group?
4. Can you give examples of persons who are excluded, stigmatized, marginalized, or discriminated against in your community?
5. Reread verses 14–18 in a few different translations. How might this passage be read by a faithful Christian who is excluded by the dominant group?

6. Read the laments that have been written in response to Psalm 31 by faithful Christians who experience exclusion, stigma, and marginalization.
7. How do you feel, hearing their psalms of lament?
8. Write your own psalm of response, aligning yourself with the inclusive God who embraces everyone
9. What will you do to summon the church to be inclusive of all and overcome the markers that are used to exclude others? Share your action plan with the other small groups.

Accompanying Those Living with Anxiety, Depression, and Fear in the Context of Pandemics such as COVID-19



Luke 24:13-35

This Contextual Bible Study has its roots in various contexts, including Thailand, Brazil, and South Africa, and has been adapted from a version constructed by the Ujamaa Centre and the Anglican Alliance.

Notes on depression

Depression is a mental disorder that causes persistent sadness and a lack of pleasure or interest in activities that the sufferer previously enjoyed or found rewarding. Additionally, depression can disturb sleep and appetite and cause fatigue and loss of concentration. Depression reduces a person's ability to function and lead a productive life. It is estimated that depression affects over 260 million people worldwide.

Fear, anxiety, worry, or sadness are inevitable in life, but it is a problem when they become excessive, prolonged, persistent, and disabling, or when they overwhelm a person's coping mechanism.

Holistic health care opens the possibility of seeking solutions from a wide range of sources, including medical (psychological and pharmacological treatments), psycho-social counselling, pastoral counselling, and accompaniment.

Notes on the text

This story comes from the final chapter of Luke's gospel and tells of events that take place after the death of Jesus. This is a story of loss, confusion, and fear. But it is also a story of companionship, hope, and transformation. Two disciples are walking from Jerusalem to Emmaus. As they walk, a stranger joins them on the journey.

CBS questions

1. Conduct a dramatic reading of Luke 24:13-35, with participants taking the roles of the various characters and the narrator.
2. What do we think this text is about?
3. Who are the main characters, and what do we know about them? Draw a picture or diagram of the characters and their journey.

- 4.** Read verses 13–24 again. Why are the disciples sad and depressed (v 17)? What words and phrases tell us about their mental health? How does Jesus engage with them when he comes alongside them?
- 5.** Read verses 25–27 again. After Jesus has listened to them carefully, what does he then do? Why do you think that Jesus focuses on reinterpreting scripture (the Old Testament) for them? How does a different understanding of scripture change how they understand themselves and their world?
- 6.** Read verses 28–35 again. Accompanied by Jesus, the disciples have analyzed their context and reflected on scripture. How do they then respond? What is the significance of their sharing a meal together?
- 7.** By the end of the story, a sense of hope, purpose, and solidarity has been restored. How did this happen?
- 8.** In what ways are the two disciples transformed by their journey with Jesus? How do they act when they come to Emmaus? How do they act when they come to Jerusalem?
- 9.** Are there confused, anxious, depressed, and fearful people in your church and community? Share your and their stories, being sensitive and respectful.
- 10.** Drawing on your reflections on the Emmaus story, discuss what you can do to make your church more responsive to those living with confusion, anxiety, depression, and fear? Share your action plan with the other small groups.

Different Understandings of Healing and Resources for Healing



2 Kings 5:1-19

This Contextual Bible Study comes from a number of contexts, including Sweden, South Africa, and Liberia.

Notes on diversity of healing practices

All healing is of God. While it is easy to associate divine intervention with instantaneous miraculous healing, most of God's healing touch today is experienced in many humble situations at the hands of people who are not recognized as "miracle workers."

The Western medicine model has dominated the health landscape, and this has enabled humankind to experience huge advances in health. Nevertheless, much is lost when we disregard, discard, or otherwise underutilize other practices of healing – indigenous healing knowledge and practices, herbal medicine, and so on.

Notes on the text

Within the books of Kings, we also find the stories of prophets. Prophets emerge within ancient Israel alongside the beginning of kingship. The prophet Elisha is one of the best-known biblical prophets, following in the footsteps of the prophet Elijah. We find the stories about Elisha across the books of Kings, beginning in 1 Kings 17. Elisha was based in the northern parts of ancient Israel, in the area of Samaria. The stories of Elisha are only loosely connected to one another. This story is not directly related to the story that precedes it. Naaman, the main character in this story, is not an Israelite. He is an Aramean.

CBS questions

1. Do a dramatic reading of 2 Kings 5:1-19, inviting participants to read the parts of the narrator and the different characters.
2. What is the story about?

3. Who are the characters in the story, and what role does each of the characters play in the healing of Naaman?
4. Reread verse 1 in different translations. The story begins with tension between Naaman as “a mighty warrior” and Naaman as “a leper.” Why is there tension here? What does this indicate about the understanding of sickness and health at that time?
4. What are Naaman’s expectations about how he will be healed? How is he healed? What are the cultural and religious understandings that could prevent Naaman from being healed?
5. What is the relationship between the ordinary and the miraculous in the healing of Naaman?
6. How is healing understood in your context, both in your cultural context and in your church context? How have the HIV and COVID-19 pandemics challenged cultural and religious understandings of healing in your context?
7. In what ways are you able to integrate different understandings and methods of healing in your family and local church?
8. How can you contribute to integrated and holistic understandings of health and healing in your local church and community?
9. *[Conclude this CBS with a liturgical ritual in which you give thanks for healing among the participants and their families and communities:
Prepare a big bowl (if possible, transparent) filled with fresh water.
Reread the text and, when you read 5:14, pause to pour water seven times into another bowl.]*

After the reading:

Invite each participant to come up and look into the second bowl of water and then to give thanks for a specific healing.

Now invite the participants to focus on the first bowl, inviting them to pray for work that still needs to be done to bring health and healing in their church and community.

If possible, light candles around the bowls.]

Cross-border and Interethnic Healing



2 Kings 5:1-19

This Contextual Bible Study comes from Rwanda, Sweden, and South Africa but is relevant to any context where health care is restricted because of national or ethnic boundaries. This Bible study is another example of how the same text may be used to engage with different contextual realities. It also engages with gender roles in health care and healing and is based on a CBS that has been used by the Ujamaa Centre.

Public health perspectives on migration

Migration of workers, especially from low-income to high-income countries, is a common phenomenon. Migration becomes more complicated when it involves health workers, who are often in critical supply and costly to train in their home countries.

On the other hand, immigrants, who are designated illegal or undocumented, are often unable to access health care due to socio-economic barriers or fear of arrest. Migrants and other minority groups may also suspect that health care workers may not be diligent in their duty of care toward them because they lack legal and social protections.

“Medical tourism” is a term that initially referred to the travel of patients from less-developed countries to developed nations in pursuit of treatments not available in their homeland. Although nowadays medical tourism also takes place among equally developed countries, it is still undertaken predominantly by people from poor countries who have the financial means or political connections to receive medical treatment that is not available to the majority in their countries.

Finally, holistic healing opens up the possibility of benefiting from healing practices that are effective but may not be familiar to us.

Notes on the text

Among the stories of Elisha, we have this beautifully told story of Naaman, which we have already considered carefully in the previous Bible study. Though Naaman and Elisha are two of the named characters in this story, the story also includes two unnamed women. This Bible study invites us to consider these characters as we focus more fully on the interethnic (Aramean/Israelite) dimensions of this story.

CBS questions

- 1.** Do a dramatic reading of 2 Kings 5:1-19, inviting participants to read the parts of the narrator and the different characters.
- 2.** What is the story about?
- 3.** Who are the characters in the story, and what do we know about each of them?
- 4.** What are the ethnic and gender identities of each of the characters?
- 5.** What role do each of the ethnic and gender identities play in the healing of Naaman?
- 6.** What enables cross-border and interethnic healing in this story?
- 7.** What are the obstacles to cross-border and interethnic health care in your context?
- 8.** What role do women play in cross-border and interethnic health care in your context?
- 9.** What can the church do to facilitate cross-border and interethnic health care in your context? What can the church do to acknowledge and celebrate the role of female health care workers? Share your action plan with the other small groups.

Partnership in Holistic Health Care and Healing



Mark 2:1-12

This Contextual Bible Study comes from Malawi, Switzerland, and Thailand but offers resources to all because collaboration is required for health care in all contexts.

Notes on partnerships for health

The slogan of “leaving no one behind”, associated with the Sustainable Development Goals (SDGs), can also be understood as “all hands on deck” because everyone must be invited and enabled to make their contribution toward achieving the SDGs. Specifically, SDG 17 is on sustainable partnerships, and in this context, we should harness partnerships within the Christian family and with government ministries of health. Christian health networks are important conduits for the ecumenical sharing of resources, knowledge, and expertise, and they have thrived where network members are keen to contribute to it as much as they gain from it.

Collaboration is meaningful when partners respect each other, do not seek to change the other, recognize the differences in their missions or institutional mandates, and understand that partners may use different “toolboxes” to solve the same problem.

Notes on the text

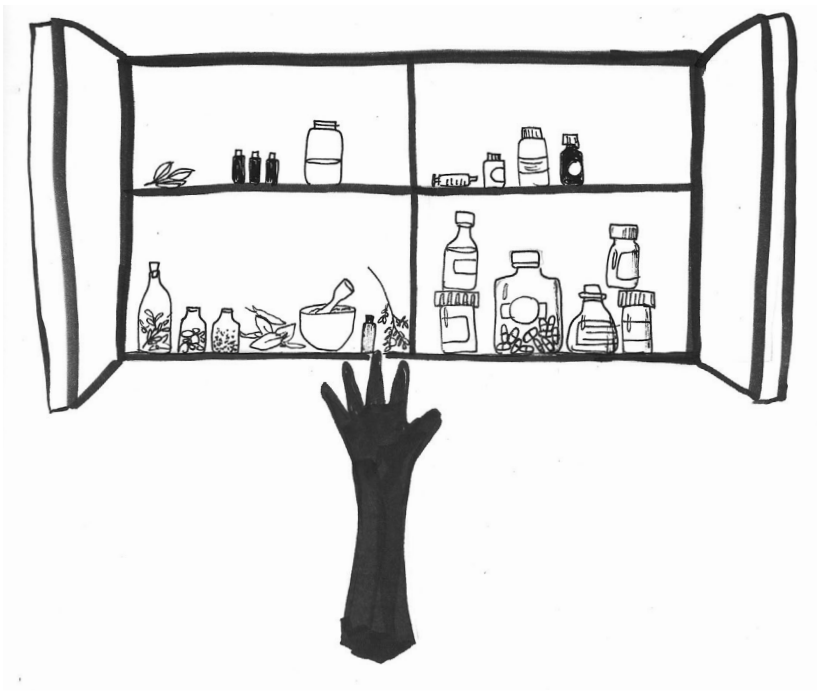
This story comes from the early period of the ministry of Jesus when he was based in Galilee. Once again, we note that Mark uses geographical shifts to indicate the beginning and end of a new story. The story begins with Jesus in Capernaum (Mark 2:1) and ends with Jesus moving to the seashore (2:13). Many of Mark’s stories about Jesus show how willing Jesus is to be interrupted by the needs of others. This is a story of a dramatic interruption. While he is ministering in his own home (2:1), those in need make a hole in the roof of his home!

CBS questions

1. Do a dramatic reading of Mark 2:1-12, with participants taking the roles of the narrator and the various characters.

2. What is the text about?
3. Who are the characters in this story, and what are the relationships between them? Draw a picture or diagram that illustrates how the various characters are connected in this story.
4. Reread verses 3–4. What would the people who brought the paralyzed man to Jesus have had to do in order to bring him to Jesus? What kinds of conversations would they have had with the paralyzed man and with each other?
5. Reread verses 3–5. What role do the people who bring the paralyzed man to Jesus play in his healing?
6. What are the various forms of healing that the paralyzed man experiences?
7. Do people in your context work together for health and healing? Share with each other examples of collaboration in health care and healing from your context. Share examples of how working together can lead to more holistic health care.
8. What partnerships can your church or faith group forge to bring about more health and healing in the community? What are the possibilities, and what are the problems?
9. What is your specific plan of action for health care partnerships in your context? Share your action plan with the other small groups.

Healing and Herbal Medicines



2 Kings 20:1-11

This Contextual Bible Study comes from African contexts and many other contexts in which indigenous herbal medicines are used together with faith healing, as well as modern scientific medicine.

Notes on herbal medicine

Many medicines were developed from naturally occurring biologicals such as plants, animals, and microorganisms. Humans have harnessed the therapeutic properties of plants. This practice, however, is threatened by several factors, including loss of biodiversity, the loss of indigenous knowledge because of the absence of, or weak mechanisms to document, preserve, advance, and transmit indigenous knowledge, and a lack of clarity on how herbal medicine and indigenous healing practices would work in complementarity with Western medicine.

Notes on the text

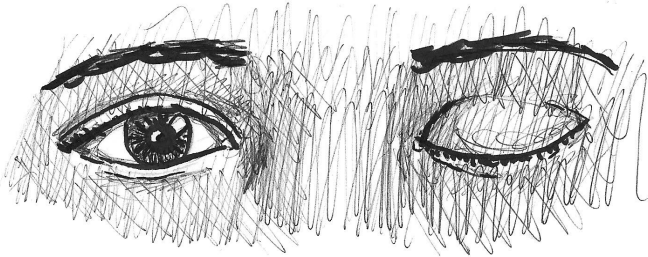
The books of Kings tell the stories of the kings and prophets of both the northern kingdom (known as Israel) and the southern kingdom (known as Judah). The ten northern tribes split from the southern tribes after the death of Solomon (1 Kings 12). Hezekiah is in the long line of kings of Judah, and Isaiah is a prophet who operates mainly within the southern kingdom of Judah.

CBS questions

1. Conduct a dramatic reading of 2 Kings 20:1-11, inviting participants to take the roles of the narrator, the Lord, Isaiah, and Hezekiah.
2. What is the text about?
3. Who are the characters, and what do we know about them from this story?
4. What are the various elements used in the healing of Hezekiah? What role does each of these elements play in his healing?

5. Dried or pressed figs were commonly used for healing in the ancient world, often as part of healing rituals which included forms of religious practice. In what ways are herbal medicines used for healing in your context? Are they used on their own, or are they integrated into religious rituals? Are herbal medicines used within your church community for healing?
6. What are your sources of information on herbal medicine in your context?
7. There are often tensions in the church between herbal medicines and Christian faith healing and between herbal medicines and modern scientific medicines. What is your understanding of why there are these tensions between different forms of healing? Is it possible in your church to have an integrated approach to different ways of healing?
8. What resources are there in your context for a fuller dialogue between different forms of healing? What will you do to facilitate your church engaging more fully with different forms of healing, including herbal medicines? Share your action plan with the other small groups.

Stigmatization of those Living with HIV or Disability



John 9:1-41

This Contextual Bible Study comes from South Africa. It was developed by the Ujamaa Centre as part of its biblical and theological engagement with HIV and AIDS. This CBS has also been used by the Ujamaa Centre in the context of those living with disability. It engages with theological views that claim that HIV and/or disability are punishments from God or the consequences of sin. This Bible study has two parts. Part 1 is the basic CBS, and Part 2 engages with other elements in the text.

Notes on stigma and discrimination

Stigma is the negative perception one person attaches to another because of race, ethnicity, religion, ideology, physical or mental ability, or any other status. Discrimination is the negative treatment of the

person/s who is/are stigmatized. Stigma and discrimination make up a toxic social phenomenon that prevents people from receiving adequate health care services, enjoying social integration in communities, and experiencing fullness of life, thereby worsening any constraint that they face.

As well as engaging with perpetrators of stigma and discrimination, it is necessary to review systemic issues that enable this vice to continue. Elements of self-stigmatization and self-discrimination in society should also be graciously addressed.

Notes on the text

This is one of the longest stories in John's gospel. It is a beautifully told story and deserves our careful attention, which is why we have offered two related Bible studies, each focusing on particular details of the story. The story takes place in Jerusalem, near the pool of Siloam (v 7), where, once again, Jesus identifies with those who have been marginalized by the religious leadership of the temple. Jesus makes it clear that it is the temple leadership who are truly blind.

CBS questions

Part 1

- 1.** Do a dramatic reading of John 9:1-41, with participants being invited to read the parts of the narrator and the different characters, and then share briefly, in twos, how this text has been interpreted in your context.
- 2.** In a number of ways, Jesus engages with a man born blind: Jesus sees him (v 1); Jesus touches him (v 6); Jesus speaks to him (v 7); Jesus finds him (v 35); Jesus has a conversation with him and draws him

back into community (vv 35–41). Reread each of these encounters. What do these encounters say about Jesus and his attitude to the man born blind? Draw a picture that reflects these encounters.

3. The question the disciples ask in verse 2 reveals what they have been taught about sin and sickness. What is this teaching? What is their theology and attitude to sickness?

4. What Jesus says to his disciples in verse 3 and his subsequent actions (see Question 2 above) reveal an alternative teaching. What is this alternative theological orientation?

5. What is the theological theology/teaching of your church toward those who are HIV-positive? Is it like that of Jesus or that of the disciples?

6. How will you respond to this Bible study in your context? For example, how would you preach about HIV and AIDS in a way that counters the dominant theological position that HIV is a punishment from God?

7. What structures could be put in place in your local congregation to make HIV-positive people welcome? Share your action plan with the other small groups.

Part 2

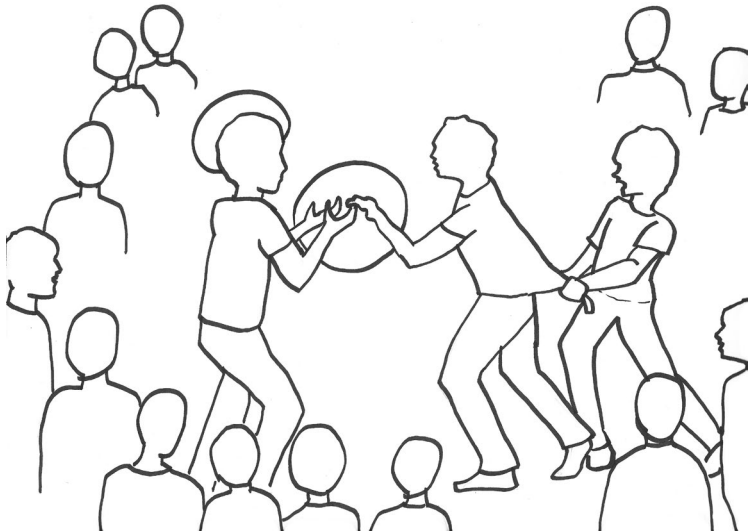
1. Read the text together again. Then summarize together what you did and discovered in the first Bible study on this text.

2. Four other groups of people also interact with the man born blind: his neighbours and acquaintances (v 8); the Pharisees (v 13); the Jews/Joudaioi/leaders of the Jews (vv 18, 24); his parents (v 20). What do

these encounters say about each of these groups, and their theologies and attitudes to the man born blind?

- 3.** What is the theological orientation or attitude of the Pharisees and the Jewish leadership?
- 4.** What prevents the neighbours and family from being in solidarity with the man born blind?
- 5.** What does this text say to your context of HIV?
- 6.** How will we work against stigma and discrimination in our churches and families? Share your action plan with the other small groups.

Institutional and Theological Constraints to Church-based Health Care for People Living with HIV or Disability



Mark 3:1-6

This Contextual Bible Study comes from South Africa. It was developed by the Ujamaa Centre as part of its biblical and theological engagement with HIV and AIDS. This CBS has also been used by the Ujamaa Centre in the context of those living with disability. The questions have been grouped in sets of two related questions for each of the main characters in the story.

Notes on churches as sites for health action

The motto of the Declaration of Alma-Ata on Primary Health Care, created in 1978, was “Health for All by the Year 2000.” In 1986, the Ottawa Charter for Health Promotion took this declaration further by emphasizing that health is made or broken not in the hospital, but in the places where people learn, work and play: at home, at school, at work, and so on. The World Health Organization (WHO) thus developed the healthy settings approach, which included health-promoting schools and healthy cities as a methodology of implementing health promotion initiatives. Unfortunately, places of worship were not recognized or included in this approach, but we know that they are equally important. The WCC’s Health-Promoting Churches programme is, thus, an effort to recognize that churches, as institutions and communities, have a role to play in health promotion, and to strengthen that role.

Notes on the text

Jesus regularly visits local synagogues during his ministry travels. While Jesus is openly hostile toward the temple in Jerusalem, he is often welcomed and accepted in the synagogue. The ancient synagogue was literally, as the name indicates, a place in which people gathered. Synagogues were used for a variety of communal needs: as schools, for communal meals, as hostels, as courts, as a place to collect and distribute charity, for political meetings, and for worship, prayer, and the reading of the Torah.

CBS questions

1. Do a dramatic reading of Mark 3:1-6, inviting participants to read the parts of the narrator and the different characters.
2. What is this text about?

3. There was a synagogue in almost every local Jewish community. The synagogue was like a combined community centre and church.

3.1 From the text, what image do you think the Pharisees have of God?

3.2 From the text, what view of synagogue tradition do the Pharisees hold?

4. Jesus calls the man with the withered hand “into the centre (middle)” (v 3). The congregation would have been facing the wall of the synagogue where the scriptures, the Torah, would have been displayed.

4.1 From the text, what image do you think Jesus has of God?

4.2. From the text, what view of synagogue tradition does Jesus hold?

5. The man with the withered hand is sitting in the back of the synagogue, but Jesus calls him forward, into the centre or middle, in front of everyone and in front of the Torah.

5.1 What image of God do you think the man with the disability has – first, before Jesus calls him forward, and then, after Jesus calls him forward?

5.2 What view of synagogue tradition do you think the man with the disability has?

6. Christian churches have been slow to publicly include people living with HIV or disability.

6.1 What image of God might people living with HIV or disability have?

6.2 What view of church tradition might people living with HIV or disability have?

7. Why was Jesus angry (v 5)?
8. How do your local churches include people living with HIV or disability? Is your local church a safe place for people living with HIV or disability? How should the church respond to people living with HIV or disability?
9. What will you now do to assist your church to work more positively with people living with HIV or disability? Share your action plan with the other small groups.

Health Care for Migrants, and those Displaced by Conflict, Economic Factors, or the COVID-19 Pandemic



Mark 6:30-44

This Contextual Bible Study comes from Nepal, India, and South Africa. The Ujamaa Centre and the Anglican Alliance have used this text for a related CBS. Each of the gospels tells at least one story of Jesus feeding the multitudes who followed him in search of healing and wholeness. We have chosen Mark's version of the story as the

basis for our CBS. Mark's version is probably the oldest version and is, therefore, the closest in time to the community of care that Jesus was constructing.

Notes on migration and access to health services

Migration and displacement of people have taken place since time immemorial. However, this situation has become more acute in recent times for various reasons: lack of economic opportunities and various forms of insecurity, including perennial low-intensity conflicts and wars, unplanned urbanization, and climate change. Within developing countries, rural to urban migration is exacerbated wherever economic and infrastructural development is concentrated only in urban centres or when indigenous people are dispossessed of their land and other means of livelihood.

Immigrants are often unable to access health care due to social, economic or language barriers, or for fear of arrest. Migrants and displaced people may also suspect health care workers of being less diligent in their duty of care toward them than they should be, since they lack legal and social protections.

Notes on the text

This text is part of a larger story in which Jesus sends out his disciples to minister to the marginalized in surrounding villages and towns. In the middle of this story we also hear the story of how John the Baptist was executed by King Herod (Mark 6:14-29). When the disciples return from their ministry work, they report to Jesus, and he then draws them aside so that they can rest. But their rest is interrupted by a large crowd.

CBS questions

1. Listen to a reading of the poem

The Return of Labour Migrants

a poem by Pratap Jayavanth:

With sore feet and cracked heels,
aching shoulder and empty belly,
thousands march without wheels.
Few wept when they saw on telly.

Poor workers see no access to aid,
as the government shuts one eye,
help is needed before hope fades.
Only the kindhearted hear the cry.

The poor have struggled from birth,
will the rich have a heart to share?
Will God's kingdom come on earth,
to ensure neighbourly love and care?

2. Do a dramatic reading of Mark 6:30-44, inviting participants to read the parts of the narrator and the different characters. What is this text about?
3. Who are the characters in this story? Where are they? What do we know about them, and what are the relationships between them? Draw a picture or diagram that represents the characters, their relationships, and their location, as indicated in the story.
4. Reread verses 33–37. The gospel of Mark pays careful attention to place. In this story we are told that Jesus feeds the crowd in a “secluded place” (v 32) between the city and the villages. In the time of Jesus,

cities were often associated with economic oppression. The elites who lived in the city made up less than five percent of the population, yet they consumed the vast majority of the available resources. These elites, which included religious elites, often exploited the villages around the city. City elites extracted economic resources from the villages around them in the form of taxes, tribute, and tithes. Many in the crowd who followed Jesus would have been displaced or marginalized by the exploitative economic relationship between the city and the villages.

Why do you think Jesus chose a place between the city and the villages to feed the crowd? Why do you think Jesus rejected the disciples' suggestion that the crowd go into the villages to find food? Why do you think Jesus insisted that the disciples identify for themselves what resources there were among them to give everyone something to eat?

5. From this story it is clear that Jesus wants to rebuild community, bringing together the vulnerable who have been displaced by various factors. What kind of community does Jesus want to build? What are the spiritual characteristics and material practices of this alternative community?
7. Who participates in the building of this alternative community? Identify the different kinds of people involved.
8. Reread the poem with which we began this Bible study. Who are the displaced persons in your context in need of dignity, health care, and economic opportunities? Be specific about their health care needs and the obstacles that prevent them from receiving dignified health care.
9. What actions will you take to transform your locations into healing communities? Share your action plan with the other small groups.

Health Care Systems and How to Situate the Church within Them



Luke 10:30-35

This Contextual Bible Study comes from Switzerland and Malawi. It includes a careful analysis of how health care systems operate and reflects on how the health care of churches fits within local, national, regional, and global health care systems. This CBS uses the well-known story of the “good Samaritan” but offers an unusual way of rereading it.

Notes on open health systems

The COVID-19 pandemic has highlighted that just as all sectors are affected by health matters, they should be encouraged and enabled to contribute to health. This is known as multisectoral collaboration. Multisectoral collaboration entails transparency on how health resources are allocated and utilized and accountability in achieving results. New stakeholders who are able to mobilize community resources and structures, and strengthen linkages between facility-based health institutions and community-based structures, should be embraced.

“All hands on deck” requires patience and an openness of mind to explore the unique gifts that different stakeholders bring to the table. It also requires us to reform our health systems to harness these differences.

Notes on the text

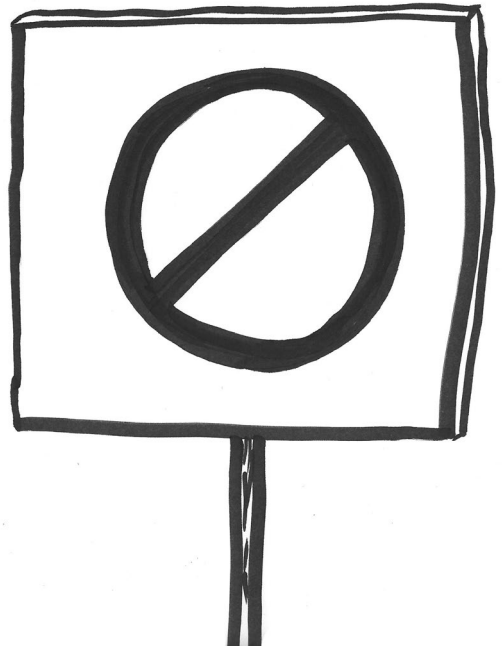
This story follows the story of Jesus sending out 70 of his disciples to minister to those in need in the surrounding areas (Luke 10:1). Overhearing their reports, and the conversation between Jesus and his disciples (vv 17–24), an expert in religious law tries to turn the discussion away from practical matters to abstract matters. He asks Jesus, “What shall I do to inherit eternal life?” (v 25). The expert in the law knows the law in the abstract, but he does not understand that loving God requires loving one’s neighbour in practice. When he asks Jesus the abstract question, “And who is my neighbour?” (v 29), Jesus tells the story of the good Samaritan.

CBS questions

1. Listen to a reading of Luke 10:30-35. Share in pairs how this story has been understood in your church and community.

2. Who are the characters in this story, and what do we know about them? Draw a picture or diagram of this story, indicating the relationships between the characters.
3. How does each of the characters contribute, negatively or positively, to the health care of the destitute and injured man?
4. What are the specific health care tasks that the Samaritan provides? What qualities does he embody?
5. What are the specific health care tasks that the innkeeper provides? What qualities does he embody?
6. Who are the health care “Samaritans” in your context? What forms of health care do they provide? Is the church in your context a health care “Samaritan”? How does the church, as a health care “Samaritan,” fit within the other health care systems in your context?
7. Who are the health care “innkeepers” in your context? What forms of health care do they provide? Is the church in your context a health care “innkeeper”? How does the church as a health care “innkeeper” fit within the other health care systems in your context?
8. What are the opportunities, and what are the obstacles for the church to be a resource for health care within the other health care systems in your context?
9. What should be done in your context to align and integrate the health care resources of the church with the other health care systems in your context? Try to be specific about what actions need to be taken. Share your action plan with the other small groups.

Health Care Inclusion for Those Who are Marginalized by Ethnicity, Disability, Gender, or Age



Matthew 15:21-31

This Contextual Bible Study comes from South Africa, Zimbabwe, and Australia, reflecting on the range of marginalizations that keep people from accessing health care.

Notes on equity

Equity, according to WHO, is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Political, economic, sociocultural, technological, environmental, legal, and institutional structures determine how power and resources are distributed, which in turn determine how people are born, live, and die.

Notes on the text

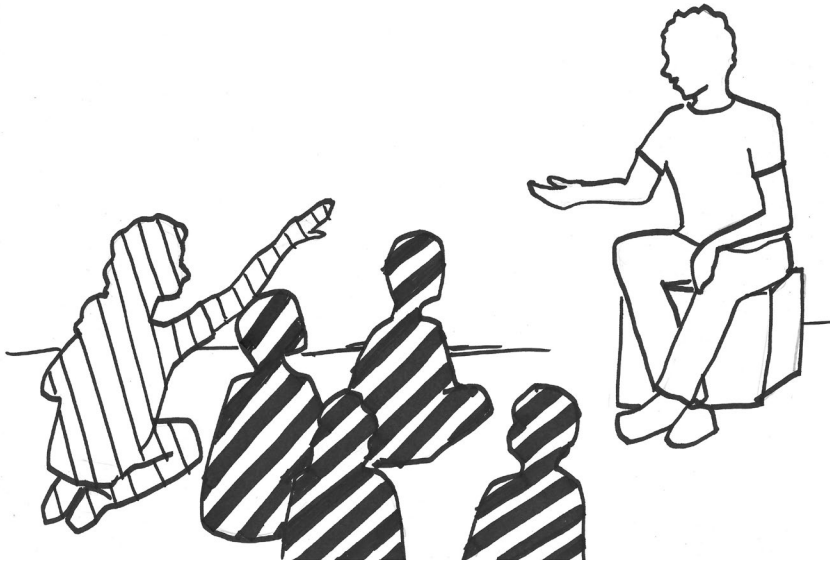
Both the gospel of Mark and the gospel of Matthew include this story. Mark refers to the woman as “a Greek, a Syrophenician” and Matthew refers to her as “a Canaanite,” but it is the same story. The key point in these identifications of the woman is that she is a foreigner outside the Jewish-Israelite community. We have chosen to use Matthew’s version here because Matthew makes it clear how the healing in this particular case leads to many other healings. We will study Mark’s version in another Bible study. Matthew’s story is told when Jesus is in Galilee. While he is in Galilee, Pharisees come from Jerusalem to confront Jesus. Clearly, they are watching him, recognizing that he is a potential threat to their religious and economic systems. They ask him why he allows his disciples to eat food with unwashed hands. Jesus rebukes them for their hypocrisy, arguing that they use the oral law for their own economic agendas (Matt. 15:3-9). Jesus then turns to the crowd who are listening and teaches them that God is not concerned with what goes into the mouth but with what comes out of the heart. He confirms that God will judge the Jewish leadership for its failure to serve the people because they prefer to serve themselves. In the midst of these Jewish discussions, a Gentile woman comes to Jesus.

CBS questions

1. Listen to readings of Matthew 15:21-31 in different translations.
2. What is the text about?
3. Who are the characters in these stories, and what do we know about them?
4. How are these two stories connected? Draw a picture or create a drama that shows the connections between these healing stories.
5. Reread verses 22–24. In these verses, the disciples bring their concerns about the woman to Jesus. What is it that worries the disciples about this woman? How does Jesus respond to the disciples? What is Jesus' initial attitude to the woman?
6. Reread verses 25–28. In these verses, the woman engages Jesus directly, refusing to be silenced. She argues with Jesus. What is the reason Jesus gives for not healing her? What is her argument in response? How does Jesus then respond to her argument?
7. Matthew connects two healing stories, that of a Canaanite woman (vv 21–28) and that of the crowds (vv 29–31). Reread verses 29–31. If we read these verses carefully, we see that many of those who were brought to Jesus for healing were not from the Jewish-Israelite community, for when they were healed, “They glorified the God of Israel” (v 31). In what ways has this foreign woman enabled other foreigners to come to Jesus for healing? In what ways has this foreign woman persuaded Jesus that his ministry of healing is for everyone, not only the Jewish-Israelite community?
8. There are other similarities between the two healing stories. In both stories, there are those who enable the healing of others. What is the role of those who facilitate the healing of others in these two stories?

9. Who are the “disciples” in our contexts, those who hinder the healing of people on the margins, particularly women, children, foreigners, and people living with disability?
10. Who are those on the margins of the available health care systems and health care resources in your context?
11. What arguments should the church be making in our contexts to ensure that available health care is made accessible to all, particularly women, children, foreigners, and those living with disability?
12. Jesus acts to change the reality of the marginalized and discriminated. What actions should the church take in our contexts to ensure that available health care is made accessible to all, particularly women, children, foreigners, and those living with disability? Be specific about what actions can be taken immediately and what actions could be taken with further planning. Share your action plan with the other small groups.

Mental Disability and Stigmatization, even within Families with Children with Mental Disabilities



Mark 7:24-30

This Contextual Bible Study comes from Australia and takes up the reality of families living with children with mental disabilities. This CBS will require careful facilitation, touching as it does on deeply personal and painful family realities.

Notes on mental disability

Refer to the notes on public health perspectives on disability (CBS 4) and on mental health (CBS 8 and 9). Children with mental disabilities, including learning and intellectual disability, have multiple vulnerabilities because they are children, they have a disability, and their disability affects their mental status and development. The families of these children also require healing, care, and support.

Notes on the text

Here we work with Mark's version of the familiar story of the woman who comes to Jesus on behalf of her daughter. The story is very similar to Matthew's version of the story. Indeed, Matthew probably bases his story on the story of Mark, for Mark's gospel was already written when Matthew wrote his gospel. The details are slightly different.

CBS questions

1. Do a dramatic reading of Mark 7:24-30, inviting participants to read the parts of the narrator and the different characters.
2. What is this text about?
3. Who are the characters in this story, and what do we know about each of them?
4. Earlier on in chapter 7, Jesus engages in a discussion with the Pharisees, who confront him about his disciples eating with unclean hands (7:1-15). He condemns the Pharisees for their hypocrisy, making it clear to the crowd who are listening to their theological debate that "there is nothing outside a person that by going in can defile, but the things that come out are what defile" (v 15). Jesus then engages in

a discussion with his disciples (7:17-23), trying to help them understand that it is not “what goes into a person from outside” that defiles but “what comes out of a person that defiles” (vv 18, 20). Jesus is clear: “it is from within, from the human heart, that evil intentions come” (v 21). Jesus then debates with the Gentile Syrophenician woman (7:26-30).

Reread Mark 7:26-30.

5. In his discussions with the Pharisees and his disciples, Jesus shifts the focus away from eating and food to what comes out of the human heart. Why, then, does Jesus talk about food when the woman asks for healing for her daughter?

6. The woman refuses to be ignored by Jesus. Instead, she too talks about food, insisting that there is enough food for all, even those who are on the margins, like the dogs. What does Jesus hear coming from her heart as they discuss this?

7. The woman enables Jesus to change, recognizing that God’s ministry of healing should be extended to all people. Jesus then enables the woman’s situation to change. If we accept that the woman’s daughter had some kind of mental disability, what changes for the woman when she returns home?

8. Healing takes many forms. What forms of healing are required for us to accept and affirm children living with mental/intellectual disabilities?

9. How must we, our families, and churches change so that we are able to accept and affirm children living with mental/intellectual disabilities? Share your action plan with the other small groups.

Population Growth



**Numbers 1:1-16; 2 Samuel 24:1-4;
1 Chronicles 21:1-4; Luke 2:1-5; John 6:1-14**

This Contextual Bible Study comes from Switzerland and Malawi. It invites participants to consider what a Christian response might be to population growth worldwide.

Notes on population growth

Earth is the only planet so far known to support life. Seventy per cent of the earth's surface is covered with water, while 30 per cent is land. Land, water and air are finite elements that must exist in a delicate balance in order to support life on earth. The world population is now close to 8 billion. Since 1974, it is taking less than 15 years for the world population to increase by 1 billion; the finite resources are becoming increasingly unstable and inadequate to sustain the population.

On the other hand, wildlife – life on land, in water and in the air – is dwindling drastically, along with a loss of biodiversity. Strangely, while wildlife is being lost, the pet population is increasing everywhere: for example, in 2021, there were 10.1 million dogs, 10.9 million cats and 1 million rabbits in the UK; in the USA, there were 78 million dogs and 58 million cats.

In addition to the biological resources described above, socio-economic services are also constrained. Climate change, the integrity of finite resources (land, water and air), and the loss of wildlife and biodiversity are all connected to population growth and affect the earth's ability to continue sustaining human life.

Notes on the text

Census-taking in the ancient world was usually associated with military conscription and taxation. This is why biblical texts about counting the people are often negative (see CBS 5). Kings living in cities would take a census of the surrounding villages to conscript the young men into the king's military service and to determine what taxes each village would have to pay to the king. All such biblical texts, except the last one cited here, are accounts of ancient kings (in both the Old and New Testaments) using the census to conscript and tax ordinary people. John's gospel offers an alternative understanding of counting the people.

CBS questions

1. Listen to this series of biblical texts: Numbers 1:1-16; 2 Samuel 24:1-4; 1 Chronicles 21:1-4; Luke 2:1-5; John 6:1-14. Invite a different participant to read each text.
2. What do these texts have in common?
3. Counting the people in the ancient world was usually associated with the military and economic dimensions of life. Leaders took a census in order to know how many fighting men they had access to and how many people they could tax. This is why we find an ambiguous attitude to the census in 2 Samuel, 1 Chronicles, and Luke. In the book of Acts, we read of rebellions that took place during the census (Acts 5:37). Ordinary people often experienced the census as a means of exploitation, of counting them so that they could be conscripted into the military and taxed.
In our contemporary world, governments conduct censuses for a range of reasons. What are some of these reasons?
4. Do a dramatic reading of John 6:1-14, inviting participants to read the parts of the narrator and the different characters. What role does the counting of the people play in this story?
5. What is the population structure of your community and country? Why do you think you have such a population?
6. What benefits or challenges do your community and country experience due to its population status?
7. What is the relationship between population growth in your context and the available resources, particularly health-related resources such as food, water, land, shelter, and primary health care?
8. In what ways should the church be engaged with questions of population growth? Share your action plan with the other small groups.

Access by Adolescents to Sexual and Reproductive Health Information and Services



Genesis 19:1-12

This Contextual Bible Study comes from Zambia and was written by a Zambian woman, but is relevant to any context in which cultural norms and theologies make it difficult for adolescents to talk about and access sexual reproductive health information and services. Given

the violence depicted in this text and the gendered reality of participants, it is advisable to separate men and women in the small group work. This CBS requires careful preparation by the facilitator, who will need to explain the process clearly to the participants.

Notes on adolescent sexual and reproductive health

Sexual and reproductive health (SRH) is central to the health and well-being of individuals, families, and communities. Sexual and reproductive health is relevant to persons throughout life, and not only during their reproductive phase of life. Holistic SRH allows for access to comprehensive age-appropriate and correct information on sex and sexuality, risks and vulnerabilities, and access to services. Inadequate SRH care increases vulnerability to infections and diseases, problems with managing one's reproduction (e.g., unintended pregnancies, too many children, high-risk pregnancies, etc.), sexual dysfunction, as well as taboos, harmful sexual practices, and sexual violence.

Respect for human dignity requires that every person – irrespective of age, sex, marital status, economic status, ethnicity, or literacy – should be afforded SRH care with full respect for their personal agency and dignity. Despite this, SRH continues to be steeped in myths and misinformation, marginalization, cultural oppression, and even misleading theologies.

Notes on the text

Genesis 18–19 tell the story of how three strangers, who turn out to be two angels and the Lord, visit Abraham and Sarah, and how the two angels, disguised as two men, go down into the city of Sodom to visit Lot. The story focuses on the question of who will offer hospitality to strangers. Abraham and Lot offer generous hospitality. The men

of Sodom offer violence. Genesis 18–19 is a single story, a story which contrasts generous hospitality with the violence of threatened rape.

CBS questions

1. This CBS calls for a rereading of a well-known but often misunderstood biblical story. The story is often used to condemn homosexuality. However, if we read Genesis 18 and 19 as a single story, we soon understand that the story is about generous hospitality: the generous hospitality of Abraham to strangers in Genesis 18:1-8 and the generous hospitality of Lot to strangers in Genesis 19:1-3. The men of Sodom lack hospitality and seek to dominate and humiliate the two strangers and Lot when he resists them (v 9). The men of Sodom are heterosexual men who use sexual violence to shame and subordinate other men. In this CBS we focus on a part of the story that is often neglected, the story of the women of Lot's household.

2. Listen to a dramatic reading and acting of Genesis 19:1-13. After the reading, explain to the participants that what follows is an imagined dialogue between the various characters in the story and a news reporter. Invite young people to take on the roles of the following characters: the narrator, Lot, the two men/angels, the men of Sodom, Lot's two daughters (even though they do not say anything), and Lot's wife (even though she does not say anything).

When the text has been read dramatically and acted, invite another young person to be a news reporter, interviewing those in Lot's household. The news reporter asks the characters in Lot's household (Lot, the two men/angels, Lot's daughters, and Lot's wife) the following kinds of questions:

To Lot

- Mr Lot, there was a commotion around your residence during the night, with the men of the city demanding that you should send the men you invited to your home out to them. We understand that the men of the city wanted to take advantage of your visitors. How did you handle their demands?
- Mr Lot, we have heard that you begged these two strangers to rest in your home instead of the city square, where they wanted to spend the night. Why were you worried about their spending the night in the town square?
- Mr Lot, were you not worried that the men outside would harm you and your family while you were protecting the men in your home?

To the two strangers

- How did you feel when Lot begged you not to spend the night in the city square?
- We have heard that Lot, his wife, and his daughters took good care of you in their home. In what ways did they offer you welcome and hospitality?
- What was your reaction when you heard Lot offering to send his daughters out to be raped by the violent men of Sodom surrounding the house?

To Lot's wife

- Mrs Lot, did your husband consult with you before offering your daughters to the violent men of Sodom surrounding your home?
- Mrs Lot, what was your reaction when your husband offered your daughters to the violent men of Sodom surrounding your home?

To Lot's daughters

- How did it make you feel when you heard your own father suggesting that you be sent to the men outside so that the violent men of Sodom surrounding your home could do whatever they willed with you?
- Did your father discuss this with you before offering you to the violent men of Sodom surrounding your home?

[After this exercise, form small groups and invite each small group to engage with the following questions. Each small group should be a safe place, so group the participants as follows: young women in one small group, young men in one small group, older women in one small group, and older men in one small group. After each question or series of questions, in which the characters in the story respond to the news reporter's questions, each small group should report back to the other groups. In this way, there is both safety and sharing throughout this CBS.]

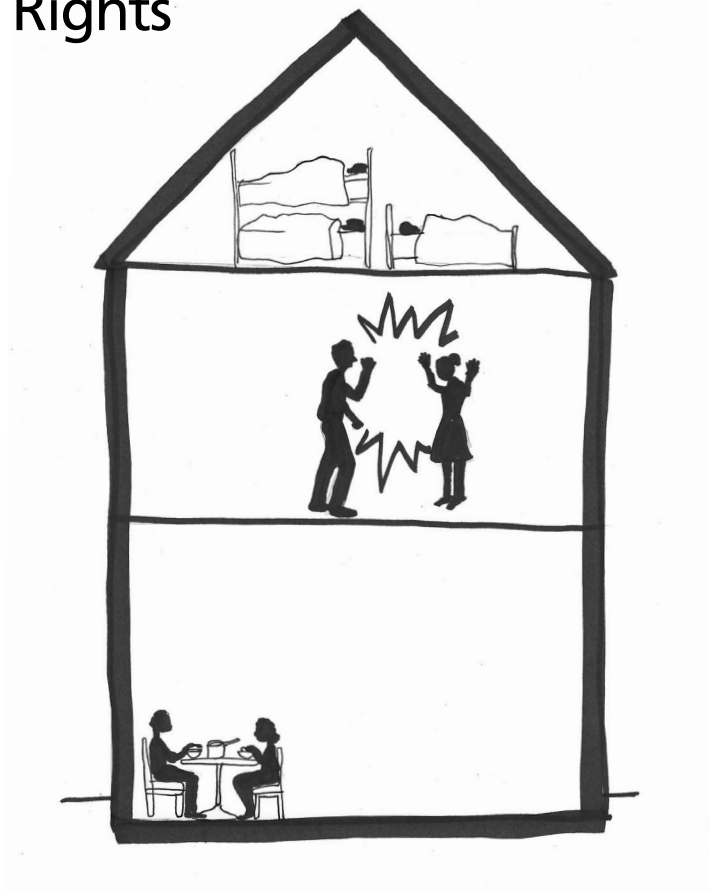
3. Do Lot's wife and daughters do and say anything in the text? Who speaks and acts in this story?
4. Are there women like Lot's wife and young people like Lot's two daughters in your community or in your church? What are the cultural and religious constraints on wives and daughters in your community or in your church? What are the cultural and religious constraints on young people in your community or in your church?
5. What access do young people, especially young women, have to information and decision-making about their sexual and reproductive health care in your context?
6. What information and support services are available in your context for young people, especially young women, that would facilitate

them becoming well-informed decision-makers about their sexual reproductive health care realities?

7. Is the church a safe place within which to invite sexual reproductive health care providers to offer education and services to the young people in the church?

8. *[To young people in the church]* What can you, as young people, do to enable your own church to become a safe place in which young people can discuss SRH, receive information, and develop their capacities to become decision-makers about their own SRH? Share your action plan with the other small groups.

COVID-19 and Human Rights



Mark 1:21-39

This Contextual Bible Study comes from Colombia and focuses on the way in which human rights are refused to the most marginalized, especially workers and women.

Notes on right to health

The Constitution of the World Health Organization (WHO) of 1946 states that “[t]he enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.” The Universal Declaration of Human Rights (1948) further enshrines health as a human right in Article 25. Health is couched as a product of an adequate standard of living, being linked to various socio-economic determinants of livelihood.

While these two instruments have really done a lot to enshrine health as a fundamental human right, sadly, many are not yet enjoying this right. It is, therefore, an almost sacred duty to climb every mountain and cross every valley to ensure that those that are marginalized and left behind can begin to enjoy their right to health.

Notes on the text

At the beginning of his ministry in Galilee, Jesus went to Capernaum with four of his disciples. After visiting the synagogue, where Jesus taught and expelled an unclean spirit from a man, they went to Simon’s house (v 29). At the house he healed many sick people, including Simon’s mother-in-law, and drove out many demons. Then they left Capernaum and went to other Galilean towns, where Jesus continued his ministry by preaching in their synagogues and casting out demons (v 39).

CBS questions

1. In groups of two or three people, talk for five minutes about the relationship between the COVID-19 pandemic and the situation of workers, both in the formal sector (jobs with wages and social security benefits) and in the informal sector (self-employed workers with uncertain incomes and no social security benefits).

2. After a brief report back from the small groups, divide into different groups of two or three and talk for five minutes about the consequences of COVID-19 lockdowns on poor people living in overcrowded conditions.
3. After a brief report back from the groups, divide into different groups of two or three people and talk for five minutes about the consequences of the COVID-19 pandemic for people in contexts with a lack of vaccines, and a shortage of intensive care units and health care facilities.
4. Ask someone to read Mark 1:21-39 aloud for the whole group.
5. Then ask the participants: What is the text about?

[Write the answers on a board or a sheet of newsprint so that they are visible to everyone.]

6. Who are the characters in this story? What do they do? What do they talk about?

[Write the answers on a board or a sheet of newsprint so that they are visible to everyone.]

7. Divide the group into smaller groups of five or six people and ask them to read the text again, paying attention to the moving actions such as “leaving” and “entering,” or “going” and “coming.” Draw a picture or diagramme of how the characters move through the different locations indicated in the story.

[Providing newsprint and crayons, ask each small group to draw a picture or diagram of the locations in the text (the synagogue, the house, the bedroom, the door, the deserted place, the towns) and the characters’ movements through them.]

When the small groups have completed their pictures, gather all the groups together again and ask each small group to share their picture and explain the movements of the characters to the other participants.

After the presentations, introduce the next set of questions, Questions 8–10. These questions should be done in the same groups of five or six people. After these questions have been discussed, bring the small groups together for a report back.]

8. At the synagogue, Jesus heals and liberates one person from the power of an unclean spirit (vv 23–26); while at Simon’s home he heals and liberates many people. What is the difference between these two locations? Why does Jesus need to move (vv 32–34) from one location to another?

9. What is the role played by the community (represented by Simon, Andrew, James, and John) at the house in relation to the sick and possessed people (vv 30–32)? Reread verses 35–37 and 38–39. What is the role of the community in each?

10. Reread verses 38–39. How do Jesus and his community bring health care and healing to the many who need access to health care and healing?

[After the report back from the small groups, introduce the final set of questions, 11–12. These questions should be answered in the same small groups. After these questions have been discussed, bring the small groups together to report back.]

11. Simon’s home is a place of hospitality and healing. What kinds of impact has COVID-19 had on our homes?

11.1 To contain the spread of COVID-19, authorities have asked people to “stay at home.” What does this mean for informal workers? What are the economic implications for their households?

11.2 One of the effects of the COVID-19 pandemic is that more people are having to “stay at home” because of government lockdowns or unemployment. Is the house a safe place for everybody?

11.3 What can you, your church, and your community do to help people who have to “stay at home”? Share your action plan with the other small groups.

12. Jesus and his community ensure that all those in need have access to healing. Do people in your communities have access to health care, including access to vaccines?

12.1 What can you and your community do to help others to have access to health care, including vaccines? Share your action plan with the other small groups.

[As each of the small groups reports back, write the answers on a board or a sheet of newsprint so that they are visible to everyone.

Close the meeting by singing a song that encourages the participants to commit to their action plans.]

Psychological Trauma



Mark 4:35-41, Job 3

This Contextual Bible Study is from New Zealand. It resonates with many similar contexts in which people are traumatized, either through particular events or daily realities. Due to safety issues and the risk of re-triggering traumatic memories, it is divided into two parts. The first part addresses the ability to safely feel emotions; the second part focuses on feelings of abandonment, desperation and powerlessness.

Notes on mental trauma

Mental health disorders are increasingly being recognized all over the world, and they affect almost every age group, gender, and socio-economic group, although some groups may be more affected than others.

However, psychological trauma, such as is seen in war zones, during severe natural disasters or in personal tragedies, elevates our awareness that mental anguish can reach unimaginable and indescribable levels. Extreme mental suffering can occur, testing the ability of human beings to cope, and casting doubt on the adequacy of various therapeutic and support mechanisms, be they clinical, psychosocial, or spiritual.

Today, unfortunately, there is no shortage of countries in conflict, trapping over 100 million people, and on account of climate change and environmental degradation, natural disasters are becoming more common, more severe, and more widespread.

All these developments underline the need to recognize and empower community-based structures such as Christian congregations to help identify, and offer support and accompaniment to affected individuals, families, and communities.

However, prevention is better than cure, which means that churches should also be at the forefront of advancing peaceful means of preventing and resolving conflicts, and of implementing effective measures to reverse the environmental and climate crisis.

Notes on the texts

Mark 4:35-41 is identified as a textual unit by clear shifts in geographical movement, beginning with Jesus teaching the crowd from a boat on the lake (4:1-34), then depicting Jesus sailing in the boat to the other side of the lake (4:35). The story that follows is a remarkable story, with Jesus asleep in the boat in the middle of a storm.

Job 3 is another remarkable text. The book of Job consists of a prose beginning and ending, with a long series of poetic dialogues in between. Job 3 is the beginning of the poetry. It is also the beginning of a changed Job who is no longer silent, but who vocally laments before his friends and God. Job has lost his family and his possessions, and his body is diseased (chapters 1–2). Having suffered in silence for seven days and seven nights, Job finally breaks the silence, beginning a series of theological poetic debates with his friends and God (chapters 3–37). God finally answers Job in the poetry (chapters 38–41). And then, in prose, God and Job complete the story (chapter 42).

CBS questions

[A note on safety: When addressing people's trauma through Bible stories, we need to be particularly mindful of the likelihood of triggering difficult emotions and painful memories. Leaders of this study need to begin with a brief psycho-education and provide practical skills in how to breathe slowly and calmly in order to calm emotions and to self-regulate. Participants should be encouraged to envision a safe place in their minds if they are troubled by anything in the story. Consider carefully whether to have a trained therapist within the session who is also available for consultations afterwards. Request that participants take care when speaking to, comforting, and touching others.]

PART 1

Theme: Getting used to emotions and feelings

Text: Mark 4:35-41.

Step 1

1. Do a dramatic reading of Mark 4:35-41, inviting participants to read the parts of the narrator and the different characters.

[This is a whole-group exercise. Participants are encouraged to listen to the story slowly and deliberately. They are asked to connect with and not be alarmed by their bodily feelings. This is a case of accepting and facing emotions rather than blocking them out. It is important to pay attention to the symbols and metaphors in the stories that bring up memories and emotions.]

2. What is this text about?

Step 2

[In small groups of 3 or 4, and with pens, paper, and Bibles at hand, reflect together on the following questions. Each participant should also write down in private their own personal thoughts.]

3. What is it like being in the boat in a storm?

4. What do the disciples feel in their bodies?

5. How do they reach a decision to wake Jesus?

Step 3

[Report back to the main group using the summary answers as a guide, but also invite participants to share their personal feelings if they feel capable.]

Step 4

[Now, back in small groups, discuss and document the next set of questions.]

6. What do the disciples expect Jesus to do?

7. What fears do we have when we listen to the story?

8. How difficult is it to speak out about our fears?
9. Would we wake Jesus? Could we? How would this make us feel?
10. Is there hope in the story?

Step 5

[Report back to the larger group, and when they have done this, give an invitation to participants to compare anything in the Bible story with their own stories using the following question.]

11. What other issues come up when we share like this with others?

Step 6

Check that people feel safe and reassured before ending the session. Set in place support plans and arrange for follow-up after the study where required. Encourage participants to keep a personal journal and to reflect on personal thoughts and emotions.

PART 2

Theme: Abandonment, desperation, and powerlessness

Text: Job 3

[To begin, the leader might ask what issues have come up since the first study. What was difficult? Was the group space supportive? Did participants have enough support from the leader and the therapist? Did they feel free, or did they feel stuck when trying to tell their own story?

In this session, advise participants to keep gently thinking about their own trauma experiences alongside the Bible reading. Allow plenty of time for them to write about, talk about, and/or draw their own stories. Remind them that emotions are important; ask partici-

pants to listen to them rather than bury them. Remind them that the therapist is available to help them.]

Step 1

[This is a whole-group exercise. The following verses are put up on the power-point, or otherwise clearly displayed.]

“So Satan went out from the presence of the Lord, and inflicted loathsome sores on Job from the sole of his foot to the crown of his head. Job took a potsherd with which to scrape himself, and sat among the ashes” (Job 2:7-8).

“Now when Job’s three friends heard of all these troubles . . . [t]hey sat with him on the ground seven days and seven nights, and no one spoke a word to him, for they saw that his suffering was great” (Job 2:11, 13).

1. How common is this experience for people?
2. Can you relate to this story?
3. What do you think of what the friends did?

Step 2

[The facilitator reads aloud the text from Job 3 slowly, then rereads it using a different Bible translation. Divide into small groups and ask the following questions.]

4. What is Job trying to say?
5. What images or metaphors does he use?
6. What does this make you feel?
7. What can you feel in your body?

Step 3

[In the whole group, gently ask participants to share their discussion from the small group. Ask them to be mindful of those listening to them and be prepared to pause if they need comfort. Together reflect on these questions.]

8. What do you want to say to the friends who have been listening?
9. Which images or metaphors do they most need to hear?

Step 4

Divide again into the same small groups. Ask participants to be prepared to write down their responses, draw them, or enact them in a drama.

10. What does God think of what Job has said?
11. Do you have a story like that of Job that you are prepared to share?
12. What stops people from listening to other people's pain and suffering?

Step 5

[Gather again in the large group. Ask participants to share, or otherwise just write down, what has come up for them so far in the study. When they have done this, read the following text.]

Now read Job 42:7.

13. How could things be different in the way our families and communities help those who suffer from trauma?

14. In general terms, which experiences of psychological trauma can be prevented, avoided, or minimized? What can churches do in these prevention efforts? What actions will you take as a congregation? Share your action plan with the other small groups.

Step 6

In closing, remind participants of the benefit of continuing to record things in their journals, and to share their feelings of what comes up. Ask them to be prepared to continue (re)writing their own stories. Remind them of the availability of the therapist.

Working with Children on Embracing Changes Brought by the COVID-19 Pandemic



Luke 10:38-42

This Contextual Bible Study comes from Costa Rica and is specifically designed as a Bible study for children. This will require careful facilitation.

Notes on social adjustment for children

“There is nothing permanent except change,” the saying goes. Crucial to children’s growth and development is their ability to manage change – and they are often good at it. However, sometimes change is so drastic that it overwhelms them. The COVID-19 pandemic is an example. In such cases, it is wise not only to consider the medical needs of the children (such as nutrition and dealing with infectious diseases) but also to understand them and help them to process, navigate and manage the change. These non-medical issues can easily be forgotten.

Notes on the text

In chapter 10 of Luke’s gospel, Jesus sent out the 70, debated with a teacher of the law about eternal life, and told the parable of the good Samaritan. Jesus then pauses from his teaching and is welcomed into the home of Martha and Mary. In some ways, these two women are like the good Samaritan, offering Jesus a place of rest and care.

CBS questions

1. Listen to this short story.

Times we will never forget

Susana wakes up today, but she is not in a rush. Normally, she would have already jumped out of bed and been getting ready to go to school. As she lies in bed today, she wonders when the virus will go away. When will she return to school? When will her dad get a new job? And how long will her mum work from home? As she thinks about this, her mum opens her bedroom door and smiles at her. The smell of the breakfast her father is preparing enters the room. No more quick breakfasts on the way to school.

Susana feels very happy to be at home, eating at the table with her mum and dad, receiving classes in the company of her father, and being able to enjoy the food that her mother prepares. And what she enjoys the most is that they all play together in the afternoons.

2. What is the story about?
3. Do you identify with the story? In what ways?
4. What has changed in your routines since the COVID-19 pandemic? Which of the changes brought by the pandemic do you like? Which of these changes do you not like?
5. Listen to another story. This time it is one that comes from the Bible, from Luke 10:38-42.

[If the children are not of an age to read, it is advisable to bring pictures of the story and use them to accompany the questions as the story is reread.]

6. What is the story about?
7. Draw a picture of what Martha is doing in the story.
8. Draw a picture of what Mary is doing in the story.
9. What did Jesus say about what Mary was doing?
10. Thinking about the changes that the pandemic has brought to us, and remembering the story of Mary and Martha, what have we learned about what is important?
11. How can we share our time and listen to each other in our social bubble?

Working with Children on Loss and New Life



Isaiah 43:18-21

This CBS comes from Costa Rica and is specifically designed as a Bible study for children. This will require careful facilitation.

Notes on social adjustment for children

“There is nothing permanent except change,” the saying goes. Crucial to children’s growth and development is their ability to manage change. Sometimes this change is very unfortunate and unwelcome, like the loss of parents, caregivers, or loved ones, or other drastic

changes in living circumstances. It is wise always to pay attention to the support for children to cope with such changes.

Notes on the text

The first part of the book of Isaiah, Chapters 1–39, focuses on God’s judgment. Chapters 40 onwards then focus on God’s restoration. Isaiah 43 is a good example of God speaking words of comfort and redemption to the exiled people of Israel.

CBS questions

1. Listen to this short story.

Leaving the past behind

Lucas did not feel like playing. He had been living in his new home for a week, and he felt and looked sad. His father and his grandmother understood perfectly. Very sad things had happened, and it was normal that Lucas did not feel very excited by the fact that he and his father had left their old neighbourhood after his mother died. They had had to move, and now they lived with Lucas’ grandmother.

One morning, after several days of rain, the sun finally peeked out. Lucas went outside to warm himself up in the sunshine. There, he began to investigate the patio of his new house. There was a little dog on the patio, wagging its tail. It was his grandmother’s dog. That morning he made friends with his grandmother’s little dog. He began to understand that although sad things had happened, there were still good things to enjoy. When he played with the dog, he remembered his mother. She, too, had liked dogs.

2. What is the story about?

3. What does the story remind you of from your own life? In what ways?
4. Can you think of something that is new in your life, like Lucas's little dog, that brings you to hope, even though you have lost something or someone?
5. Listen to another story. This one comes from the Bible, from Isaiah 43:18-21.

[If the children are not of reading age, it is advisable to bring pictures of the story and to use them to accompany the questions as the story is reread.]

6. What do you think God means when God tells the people not to live in the past?
7. In your life, is there something from the past that makes it hard to find new things in your life right now? Is there something from the past that you need to remember?
8. According to the biblical text, God will make water flow in the desert. God will bring new life to the desert. God can do new things in difficult circumstances. What difficult circumstances are you living in now?
9. Would you like to ask God to do new things in your life? Let us pray and ask God.

Children: Education, Nutrition, and Health Care



Mark 5:21-43

This Contextual Bible Study is related to the two previous studies but was developed by the Ujamaa Centre in its local work with African pastors and their focus on children. What is significant about this CBS is that it demonstrates how each biblical text contains details that resonate with a particular context. In this case, it is the context of children's health and healing.

Notes on the topic

Childhood is vital but critical. Childhood is the phase in which a person grows and develops, and it thus demands timely availability of a wide range of resources – including food and nutrition, education, and health care. These and other needs are linked, and none of them should be prioritized over the others.

Indeed, most governments pay attention to this, dedicating ministries to the growth and development of children. Organizations like UNICEF, World Vision, and many others are dedicated to promoting the interests of children globally. Early childhood development programmes help to systematically support child development. Many churches, too, run various programmes for children. Nevertheless, over 140 million children under 5 years are stunted, and at least 15 percent of children do not receive their full immunization. More needs to be done.

Notes on the text

This study recognizes and respects Mark's linking of the two stories about the healing of two women. The CBS, therefore, begins in a similar way to the two previous studies on this text (CBS 1 and 2). However, Question 3 shifts the focus of this CBS to a particular part of the text, the story of the healing of the young girl. This study draws on details from the text, and from the world in which the text was produced in the New Testament period. Mark makes it clear that Jairus is a leader in the local synagogue. This CBS reflects on the role of the ancient synagogue in the education of children.

CBS questions

- 1.** Do a dramatic reading of Mark 5:21-43, inviting participants to read the parts of the narrator and the different characters. What is this text about?
- 2.** Who are the characters in this story? What do we know about them?
- 3.** Mark links the healing of two women in this text, an older women and young girl. In this Bible study we will focus on the young girl. Jairus uses the term 'little daughter' (5:23) to refer to her, and Jesus uses the terms 'young child' (5:39-41) and 'little girl' (5:41-42). This young girl was, therefore, probably between five and 12 years old. Reread Mark 5:22-24 and 35-43. As you reread the girl's story, check how your translation translates these terms. What is this young girl's story? Draw a picture of her story.
- 4.** In the ancient world, during the time of Jesus, the synagogue was a community centre, often with a school attached to it. The synagogue and its school provided education to young boys and sometimes young girls. As in many of our contexts, the education of young boys was often given a higher priority in the time of Jesus than the education of young girls. Reread Mark 5:22-23. Who is Jairus? What kind of father is he to his daughter? Given what we know about Jairus, do you think he would have included her in the education programmes of his synagogue and its school?
- 5.** What is the situation in your context with respect to the education of young girls? Are there cultural and societal constraints on the education of young girls? Does the church offer education to young girls? What kinds of education are offered to young girls in your context?

6. Reread Mark 5:35-43. How does this part of the story make it clear that Jesus places the young girl at the centre of his ministry and care?
7. The young girl's story ends with Jesus instructing her parents "to give her something to eat" (5:43). Why do you think the story ends in this way, with this emphasis?
8. What is the situation in your context with respect to the nutrition needs of young girls? Are there cultural and societal constraints on the nutrition of young girls? Does the church offer nutrition to young girls? What kinds of nutrition are offered to young girls in your context?
9. What are the links in your context between children's education, children's nutrition, and children's health care?
10. Jesus places this young girl at the centre of his attention and the centre of her family. In verse 40 we read that he takes "**the child's** father and mother" with him. The young girl is the subject, not her parents. What can we learn from Jesus' child-centred approach for our own contexts? What can we do in our contexts to ensure that children, particularly girl children, have access to quality education and nutrition? Share your action plan with the other small groups.

Poem on COVID-19

The workshops on Contextual Bible Study on health and healing and the subsequent development of this book were overshadowed by the COVID-19 pandemic. The poet, a medical specialist in respiratory diseases, offered this poem that captured his experience with COVID-19. He wrote the poem during the peak of the COVID-19 pandemic, a few days after his return from hospitalization. It vividly captures the merciless onslaught of the COVID-19 virus, and the poet's gratitude to the Greatest Healer for divine guidance of the medical team and a miraculous recovery.

Battle-Scarred Veteran's Missing Medal

(Pratap Jayavanth)

The antiquated radar picked up feeble signals,
The decoder failed to estimate the danger levels.
Waves of alien viral mutants from all directions,
Skyjack airborne ways to nosedive on targets.
Surreptitiously invade moist alleys and airways,
Breaking into alveoli to trigger immune responses,
Destroying vital supply lines and oxygen reserves.
A battle-scarred veteran calls for reinforcement,
An urgent SOS first to the Supreme Commander.
All the generals on the ground immediately respond,
Aerial units swiftly restore oxygen supply to normal,
Subterranean channels ship life-saving medications,

Soldiers in PPE check vital signs, deliver vitamins.
A fortnight later, the veteran hears the bugle at dawn,
War is over, victory declared; he is ready to join duty.
Battle-scarred survivor proudly eyes his war medals,
One that's missing is with His Supreme Commander!

“The essence of contextual Bible study is the transformation of individuals and communities for the better. This book is mind-transforming and will equip Christian communities with the skills to act rightly on their health challenges. I sincerely recommend this book to everyone who is committed to human wellbeing.”

*Rev Dr Fidon Mwombeki, General Secretary,
All Africa Conference of Churches*

“The Covid-19 pandemic has highlighted yet again that the quest for health is as much the business of churches as of health professionals. This book will help church communities to discuss difficult health issues, using the Bible to guide them toward solutions.”

*Bishop Teresa Jefferson-Snorton, Christian Methodist Episcopal Church;
Chair, National Council of the Churches of Christ in the USA*

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