WHAT DOES THE BIBLE SAY?

I came that they may have life and have it more abundantly. *John 10:10*

**Motherhood**

Scripture reiterates the sacredness and significance of motherhood. God honors Eve, Hannah, and Elizabeth, whose roles as mothers are essential to our faith. Similarly, we also have stories of the sorrow and grief of maternal mortality, as seen in the lives of Rachel (*Genesis 35:16-20*) and Eli’s daughter-in-law (*1Samuel 4:19-20*).

Sadly, maternal and infant mortality are common tragedies for many women and families in developing countries. As frequently as once every 2 minutes, a woman dies while giving birth or in the days right after birth. Such tragedies can be prevented through interventions such as family planning, good prenatal and post-natal care, and skilled birth attendants.

Jesus’ call to abundant life demands that his example, hearing the cries of those who bear great sorrow, cannot be ignored. Despite social isolation and rejection, the woman who is bleeding placed her faith in Jesus and reached out to touch his garments in order to be healed. Jesus’ acceptance of her (*Matthew 9:20-22*) revealed his compassion, his acknowledgment of her suffering, and his boldness to challenge the status quo and intervene for her to have life in all its abundance.

The church is called to do the same.

WHAT IS FAMILY PLANNING?

Family planning matters, despite barriers of culture, misinformation, and gender inequalities. Since the formation of the Millennium Development Goals in 1990, the global community, through the United Nations, has proven that the decrease in maternal mortality is attributed to effective family planning made accessible in spite of economics or other hindrances.

**Family planning:**

- Enables spacing and timing of children so that a woman’s body recovers, enhancing a healthier pregnancy
- Is a key factor for reducing infant and maternal mortality
- Promotes a clear understanding of sexual and reproductive health
- Prevents sexually transmitted infections (STIs)
- Gives tools to make the decisions that prevent unplanned pregnancies and the spread of HIV/AIDS, and reduces abortions
- Contributes to the wellbeing of women and girls increasing their opportunities for education, economic growth and contributions to the church and the nation.
WHAT DOES THE UNITED METHODIST CHURCH SAY?

Women, who are crying out for not only their own survival but also the survival of their families and communities, deserve access to services and care that empower their personal decision-making. As a global church, we are called to eradicate systems of oppression and marginalization that inhibit women’s health and well-being.

*2012 Book of Resolution, #3203, “Maternal Health: The Church’s Role”*

We affirm the right of men and women to have access to comprehensive reproductive health/family planning information and services which will serve as a means to prevent unplanned pregnancies, reduce abortions and the spread of HIV/AIDS.

*162. G Social Principles of the United Methodist Church*

WHY IS IT IMPORTANT? FACTS

The following facts will address the need of family planning among the Latino community:

- Hispanics accounted for more than half of the nation’s growth in the past decade.¹
- In 2011, of the 329,797 babies born in the United States to teens aged 15-19, Hispanic/Latina teens had the highest birthrates, as they have had since the year 2000.²
- According to The Center for Disease Control and Prevention, teen pregnancy costs U.S. taxpayers more than $9 billion per year. Teen pregnancy also contributes to school dropout rates; statistics show that about 50 percent of teen mothers receive a high school diploma by the age of 22 versus 90 percent women who do not gave birth during adolescence. Teen pregnancy also increases poverty because teen mothers are more likely to be unemployed when they are young adults.³
- The study, The Population With a Bachelor’s Degree or Higher by Race and Hispanic Origin: 2006–2010, shows that of the population aged 25 years and over 18.9 percent of non-Hispanics/Latinos have a bachelor’s degree and 11.2 percent have a masters/professional degree, whereas among Hispanic/Latinos only 8.9 percent have a bachelor’s degree and only 4.1 percent have a master’s/ professional degree.⁴
- The Latino community is still the fastest growing population in the USA. Although there has been increase in education in the past years, Latinas are still less represented in higher education. Thus, Latinas are more at risk and have higher dropout rates, poverty, and HIV/AIDS. Therefore it is necessary that the church becomes active and responds to these realities.

WHAT CAN THE CHURCH DO?

- Advocate with local and national governments to increase the availability and access to maternal health and family planning services.
- Use church time, space, and an attitude of openness and acceptance to educate congregants about the benefits of maternal health and family planning.
- Examine and tackle cultural misconceptions about family planning in sermons, small group studies and other programs that will promote the benefits of family planning.
- Connect with area hospitals in community efforts to address the need for family planning locally.
- Ensure that youth groups are engaged in sexuality education including the benefits of quality family planning.


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• Use the local media, marketplaces, etc. to promote your church’s role with a local family planning office.
• Live out loud your desire to see the fulfillment of abundant life for all, especially the health of the women and girls in your congregation.

CONTACT US!

For more information, please email
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SEXUAL VIOLENCE
Pastoral Resources for Action – Latino/a

WHAT DOES THE BIBLE SAY?

And Tamar put ashes on her head and tore the long robe she wore. And she laid her hand on her head and went away, crying aloud as she went (II Samuel 13:19-20).

The horrors of sexual and gender based violence (SGBV) are brutal. SGBV is a demonstration of power and control that ignite deep emotional and physical wounds that scar one’s life. Scripture records this in the stories of Tamar, (II Samuel 13), the victim of Judges 19, and Dinah (Genesis 34). All are grim reminders of the need to practice and affirm the sacredness of all and each person’s right to safety and loving care.

The history of our faith is the history of attempts to recover the insight of Genesis 1 that all creation is sacred in God’s sight, and all human beings are made in the image of God. Jesus was an advocate for the sacred worth of all. In the account of the woman caught in adultery (John 7:53-8:11), we see Jesus actively oppose violence against women. Jesus saw beyond the stigma and blame that her accusers imposed on her. Unlike King David, Jesus did not employ his power to conceal the injustice, but instead recognized her dignity, interrupted the proposed violence and sought to restore her to community. Jesus’ response expresses his commitment to abundant life (John 10:10) and his call to create circumstances in which abundant life can thrive. Jesus’ gracious response reaches for the redemption of both victim and perpetrator and stops the cycle of violence.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

Violent, disrespectful, or abusive sexual expressions do not confirm sexuality as God’s good gift. We reject all sexual expressions that damage the humanity God has given us as birthright, and we affirm only that sexual expression that enhances that same humanity.

¶161.H Social Principles of the United Methodist Church

WHAT YOU SHOULD KNOW ABOUT LATINAS AND SEXUAL VIOLENCE¹

Latina girls reported that they were likely to stop attending school activities and sports to avoid sexual harassment.

Married Latinas were less likely than other women to immediately define their experiences of forced sex by their spouses as “rape” and terminate their relationships; some viewed sex as a marital obligation.

¹ The following information was taken from the Office for Victims of Crime. http://www.ovc.gov/pubs/existeayuda/
For the increasing numbers of women who make the journey across the Mexico-U.S. border, rape has become so prevalent that many women take birth control pills or get shots before setting out to ensure that they won’t get pregnant.

According to a report released by the Southern Poverty Law Center (2009), 77 percent of the Latinas surveyed said that sexual harassment was a major problem in the workplace. Immigrant Latina domestic workers are especially vulnerable to sexual exploitation because they depend on their employers for their livelihood, live in constant fear of being deported, suffer social isolation, and are vulnerable to their employer’s demands. Campesinas or female farmworkers are 10 times more vulnerable than others to sexual assault and harassment at work; among all the burdens they bear, these are often the heaviest.

WHAT CAN THE CHURCH DO?

Speak out against sexual violence advocating and raising public awareness to the issue as a crime and consequences of poverty, alcohol and drug abuse.

Involve men in preventing and speaking openly against sexual violence.

Use local media (music, talk shows, and marketplace forums) and other modes and opportunities for men to stand boldly against rape and begin to confront and prevent perpetrators.

Focus on changing the cultural attitudes of entitlement, gender inequality, and the violent approach to many social activities, including sports that have crept into the church and misinterpret God’s call that all are equal in Christ.

Prioritize teaching about the rape and its harmful effects to congregations in sermons and Bible study; shine the truth of scripture on the issue, allowing the Spirit of God to move.

Unite with other faith communities to create safe places and other means for the healing and care of survivors, reaching out to victims and perpetrators alike.

Begin mentoring in congregations and the community that will give adolescents a close encounter with others for one-on-one discipleship and growth in Christ.

CONTACT US!

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DOMESTIC VIOLENCE

Pastoral Resources for Action – Latino/a

WHAT DOES THE BIBLE SAY?

The frequency and acceptance of domestic violence within our communities is sometimes overlooked. Yet it weighs down, isolates, creates pain, seems endless, and limits vision, making life unbearable for the survivor of the abuse. Luke 11:46 tells of loading people with burdens that are hard to bear, grievous and undesirable by others; yet no one is willing to lift a finger to help them. Such is domestic violence.

In Luke 13: 10-17, Jesus encounters the woman who had been bent over for eighteen years, unable to stand straight. She was so overcome with the burdens that she could only see the ground, she saw feet rather than faces, was alone, helpless and appearing to be worthless. That is what the burden of domestic abuse does, as it grips, immobilizes, and keeps victims oppressed. It is the role of the church to intervene and stop the abuse.

Jesus calls, not waiting to be asked, a gracious initiative that would change her life. He gives a kind yet powerful touch, speaks to her situation, brings freedom and courageously goes against cultural norms. God was glorified, and a woman and daughter who was bound for a long time was set free.

Everyone did not celebrate. Jesus shamed those gathered because their excuses for keeping her a victim were not acceptable. Something wonderful had happened – that which bound the woman had been broken. Christ touched one who was doubled over in pain and enabled her to walk upright again. May we go and do likewise and remove the burdens of violence, and abused suffered by so many, allowing freedom and glorifying God.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

We recognize that family violence and abuse in all its forms—verbal, psychological, physical, sexual—are detrimental to the covenant of the human community. We encourage the Church to provide a safe environment, counsel and support for the victim. While we deplore the action of the abuser, we affirm that person to be in need of God’s redeeming love.”

161.G Social Principles of the United Methodist Church

The United Methodist Church affirms the sacredness of all persons and their right to safety, nurture and care. It names domestic violence and sexual abuse as sins and pledges to work for their eradication. The church commits itself to listen to the stories of battered spouses, rape victims, abused children, adult survivors of child sexual abuse, and all others who are violated and victimized. The church further commits itself to provide leadership in responding with justice and compassion to the presence of domestic violence and sexual abuse among its membership and within the community at large.

2012 Book of Resolutions, #3423, “Violence against Women and Children”

Latino/a Community

Domestic violence happens every day in our communities, usually by someone close to our lives. Statistics show that Latinas are less likely than non-Hispanic/Latinas to report rape and other types of
abuse. According to a study by *Encuentro Latino National Institute on Family Violence*, Latinas and other women of color are less likely to seek help. The survey also shows,

- About 6% of Latinas are abused during pregnancy.
- Between 0.7% and 20% of Latinas report having been abused during the previous years, with 23.4% reporting experiencing some form of intimate partner violence (IPV) at some point in their lives.
- About 21% of Latinas reported experiencing physical assault at some point during their lives, and 7.9% reported having experienced an intimate partner rape.

There are many factors that contribute to domestic violence in the Latino community, some of these are presented by the National Latino Network Organization.¹

- **Cultural values:** *Familismo* refers to the central place that the family has in most Latinas’ lives. Strong family roles point to the father as the primary breadwinner and to the mother as the person responsible for the well-being and cohesiveness of the family. *Gender role expectations.* For many Latinas, their role as mothers is still the most important aspect of their lives, a responsibility against which most of their decisions and actions are weighed. A study found that Latina survivors prioritized their children over themselves, protected them, and provided for them as best as they could.

- **Religion:** often plays a strong role in Latinas’ decisions on how – or if – to address Intimate Partner Violence (IPV). Religious beliefs may stop some Latinas from using services because they believe that the “sanctity of marriage” precludes them from taking steps that could result in divorce or separation. Negative and/or uninformed reactions of religious leaders when IPV is addressed often result in Latina survivors feeling responsible for making their marriage work regardless of the violence they are experiencing.

- **Economic factors & Immigration:** were also identified by Latina survivors as important elements that affect Intimate Partner Violence. Immigration is, for many Latinas, the most salient element of their lives and is a prime barrier to their ability to access resources.

**WHAT CAN THE CHURCH DO?**

- Believe the person who has been abused.
- Provide resources for the training of congregations and the community about domestic violence, especially involve men in preventing and speaking against domestic violence.
- Advocate with other organizations for the fair enforcement of domestic violence laws.
- Unite with other faith-based communities to create safe places and other means of providing immediate and continual care.
- Provide economic empowerment for girls such educational scholarships and jobs
- Provide adequate, proper and continued care for victims, such as safe houses and legal assistance
- Follow up on the persecution of perpetrators reaching out with adequate prison and jail ministries.
- Congregations are to live out loud and practice and celebrate our gender equality and God’s love call for our equality.
- Work for Immigration reform so that women can speak up and seek assistance from first responders.
- **Contact us.** For more information, please email Susan Greer Burton, Director of Women’s & Children’s Advocacy, sburton@umcjustice.org

**WHAT DOES THE BIBLE SAY?**

Read Luke 17:12-19

The parallels between leprosy in scripture and HIV/AIDS are staggering. Both are dreaded, because there is stigma, shame, blame, and are seen as death sentences that cast the victims away from community and family. Hence, Christ’s encounters with lepers sets standards for ministry with those infected with HIV/AIDS.

- Jesus hears and responds to the loud cry for mercy.
- Jesus immediately brings hope to what appears to be a hopeless situation.
- Jesus enables return to community.
- Jesus acknowledged the person’s return.
- Jesus engenders praise, thanksgiving and glory to God.

For bible study questions see guided questions for Luke 17:12-19

**WHAT DOES THE UNITED METHODIST CHURCH SAY?**

“The global AIDS pandemic provides a nearly unparalleled opportunity for witness to the gospel through service, advocacy, and other healing ministries. United Methodist public health specialists, health workers, social workers, teachers, missionaries, clergy, and laity live and work in areas where the AIDS pandemic is spreading. United Methodist congregations, schools, health facilities, women’s, men’s, and youth groups can play a major role by providing awareness, support, education, and care to those affected by HIV/AIDS.”

*2012 Book of Resolution, #3243, “The Church and the Global HIV/AIDS Pandemic”*

In response to the HIV/AIDS crisis in the world, The United Methodist Church commits itself to a holistic approach of awareness, education, prevention, treatment, community organizing, public advocacy, and abstinence.

*2012 Book of Resolution, #3243, ”The Church and the Global HIV/AIDS Pandemic”*

**WHAT DO THE FACTS SAY?**

- According to the United States Centers for Disease Control and Prevention (CDC), there are more than 1.1 million people living with HIV/AIDS in the USA.
- Hispanic/Latinos represent 21% of the new HIV/AIDS infections, three times more than their white counterparts.¹
- Among Latinas, new infections are 15%; this is four times more than white women. Twenty percent of the new infections are between the ages of 13-24.²

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¹ CDC. *HIV Surveillance Supplemental Report*, Vol. 18, No. 5; October 2013

**Disproportionate Impact:** Latinas remain disproportionately impacted by the HIV/AIDS epidemic acquiring the virus from their male partners. Latinas also face barriers to health care and HIV testing, preventing them from knowing their status. Because of infrequent HIV testing, Latinas then are often diagnosed during a very late stage of HIV infection and as a result develop AIDS sooner than white women. As a consequence, AIDS has become a major cause of death for Latinas—in 2004, HIV infection was the 5th leading cause of death for Latinas aged 35–44 years.³

**Barriers to Care:** Hispanics/Latinos have the highest rate of uninsurance of any racial/ethnic group in the country, with more than 30% lacking insurance in 2010. Language barriers pose an additional challenge as U.S. Census 2012 data found that 74% speak a language other than English at home, and 33% are not fluent in English. This diminishes their ability to understand and navigate the health care system and utilize HIV prevention, testing, and treatment services, particularly if translation services and bilingual staff are unavailable. Finally, immigrants may be less likely to access HIV care due to fear of disclosing immigration status and possible deportation.⁴

**Stigma:** The stigma associated with HIV and homosexuality may help to spread HIV in Latino/a communities. In some communities, the cultural value of machismo may create reluctance to acknowledge sensitive, yet risky behaviors, such as male-to-male sexual contact or substance abuse. Fear of disclosing risky behavior or sexual orientation may prevent Latinos from seeking testing, treatment and prevention services, and support from friends and family. As a result, too many Latinos lack critical information about how to prevent infection.

**Cultural factors:** There is no single Latino culture in the United States. Research shows that Latinos born in different countries have different behavioral risk factors for HIV. For example, data suggest that Hispanics born in Puerto Rico are more likely than other Hispanics to contract HIV as a result of injection drug use or high-risk heterosexual contact. By contrast, sexual contact with other men is the primary cause of HIV infection among men born in places such as Mexico and the 50 U.S. states.⁵

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**WHAT CAN THE CHURCH DO?**

The church must go beyond charity and bring transformation that reflects our faith that empowers for God’s glory, addresses the social injustices of inequality, poverty, and sexual violence, which are silent factors in the spread of HIV/AIDS.

Radically reaching out, inspired by the unity of the Acts 2 church, through worship and all ministries of the church that stand up against structures and policies that continue inequalities, poverty and gender disparity. How?

- Developing programs that provide long term communal care for those affected by HIV, from advocacy of health care to assistance with daily care.
- Integrating maternal and child health care, family planning, sex education, within the Sunday school curriculum, sermons, youth group, and intergenerational activities.
- Breaking the silence and cultural taboos of openly and objectively discussing sex, contraceptives, HIV/AIDS and other STIs.

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⁴ CDC. HIV Among Latinos. Available at: www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html


3/29/16
• Teaching our adolescents about the ills of gender inequalities, sexual violence, unsafe sex, and drug use.
• Be Christ’s true ambassadors, willing to live the faith and risk that comes with the true practice of being Christ’s presence for such a time as this.
• The church’s goal has to be to END THE STIGMA / END AIDS.
• Advocate for funding for the elimination of HIV/AIDS.

CONTACT US!
For more information, please email
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Pastoral Resources for Action
Guided Questions for Luke 17:12-19

In your community what gets in the way of people experiencing hope?

What does it feel like when you are shunned or excluded from your community?

How is shaming and stigma visible?

Why do we blame victims of HIV/AIDS? How do we benefit from this blame?

How do we make those who are infected and affected seem estranged?

If we were to be more like Christ we would offer healing, and care for those living with HIV/AIDS and those who are affected; how have you been a part of this healing?

In your community a place of welcome or does it hold on to the fear and stigma associated with HIV/AIDS? How could you change this culture of misinformation and fearful?

What traditions or customs do we have to welcome people back to the community?

How will you celebrate God’s presence among you as you work to end HIV/AIDS in our community?