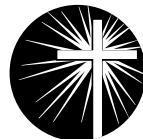


Ministering to those affected by HIV/AIDS

TRAINING MANUAL FOR CHURCH WORKERS



**Eastern
Mennonite
Missions**

*together with Christ,
transforming the world*

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Eastern Mennonite Missions
P.O. Box 458
Salunga, Pa. 17538-0458
info@emm.org

Book design by Diana Baldwin, cover design by Greg Yoder

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Introduction

As of this writing, UNAIDS estimates that 46 million people live with HIV/AIDS. These numbers include people from all around the world. Though currently sub-Saharan Africa is reported to have the highest infection rate, many countries in Asia are not far behind, and in a few years they may surpass Africa as the area with the greatest number of infections. Many of those infected are young adults, some of the most productive members of societies.

The Church has a vital role to play in stopping the deadly trend of this disease. Church leaders must take the initiative to get involved in the fight against HIV/AIDS. To do so, they must have a basic knowledge of: the disease, its modes of transmission, the prevalence in areas where they live and minister, and local resources for testing, counseling, and treatment.

With this knowledge, church leaders can more effectively provide the pastoral care that the entire community needs as it struggles with this devastating disease. This is an opportunity for the church to reach out to the world with the message of Christ's forgiveness, love, and compassion. As you use this manual, focus on the fact that those affected by HIV/AIDS are people, children of God. They are *not* the disease. As you come into contact with affected people, continue to ask yourself, "How would Jesus have treated those affected by HIV/AIDS?"

May this manual be used to the glory of God!

Beth Good
HIV/AIDS Program Coordinator

Eastern Mennonite Missions

P.O. Box 458, Salunga, PA 17538

717 653-6728

email: bgood@allvantage.com

Reverend Ephraim Baint Disi Mbewe shared the following at an HIV/AIDS Consultation Workshop during the Mennonite World Conference, Bulawayo, Zimbabwe, on August 16, 2003. Pastor Disi is General Director of the Brethren in Christ Church in Malawi.

My pastoral challenges

Twenty plus years since the HIV/AIDS pandemic started, people are still scared to tell the truth about AIDS. We all agree that it has caused panic, fear and anger.

My experience as a PLWA (Person Living With AIDS) is that people respect you for being honest. No one will believe you if you deliberately play down the risks. No matter how you fervently follow guidelines so that you cannot be infected. Guidelines may be difficult to follow in all situations, and thus how I found myself in this predicament. In a nutshell, I got infected through my late wife, not that she was unfaithful but



by either a medical accident or negligence. When I was told about my sero status that I am HIV positive in 1996, I accepted with mixed feelings. Then I resolved immediately, to “confide” to my close church leaders. I disclosed my sero status openly to the public in March this year when I organised a “Pastors and Wives’ seminar on HIV/AIDS.” I took them by surprise and share my ‘open secret.’ Since then, people have trusted me for telling them the truth, they have seen what the risks are and I now think that some of them feel secure because they still accept me as their leader. This was also a time when we as a Church in Malawi reflected on the pandemic and came out with a resolution on our approach and participation in the fight against the pandemic.

A few weeks ago I wrote a circular letter to different Para-Church Organisations, Church Leaders and friends about “My Open Secret.” Some were shocked, but some encouraged me and pledged their support. The Executive Director of the Bible Society of Malawi wrote back to me and said. “...You are indeed a good resource person in the fight against HIV/AIDS. I therefore encourage you to continue breaking the silence by sharing from your personal experiences...I personally believe that as an infected person, you have more effect than thousands of HIV pamphlets.” I believe, expect and hope that many more, particularly Church Leaders would share the same sentiments and give me their support/pulpits to share my experiences.

It is by God’s grace that I have reached this far. My CD4 count has been below 200+ since 1999. Profoundly and gratefully, I would like to thank the pioneer Canon Gideon

Byamungisha, the Ugandan Anglican priest who has championed the fight against HIV/AIDS and in helping to 'break the silence' in African churches. He is the one who has encouraged and he still continues to encourage me. I list down some of my activities below:

Pastoring PLWAs

As a Pastor, I can tell what people are going through. My main emphasis is not to force people (PLWAs) to share openly, but to accept the condition without blame shifting, to live 'positively' and to prepare a level ground whereby they are able to come up into the open voluntarily. I have gone through several painful stages, for me to break the silence – it is not easy.

Pastoring congregations regarding HIV/AIDS:

Now that the BIC Church in Malawi knows that I am HIV+, when I stand to talk on HIV/AIDS, people listen attentively. In some cases I can see in their eyes 'grief', but I always give hope and encouragement to them to abstain and remain faithful to their partners. The message for the youth is explicitly "Abstain" – there is no alternative way. For those who doubt their sero status, I do encourage them to go for testing and follow whatever counseling is given to them. Many of their congregations still ask me challenging questions, and one of the questions is of course the 'condom.' My response has always been assertive – follow medical/clinical advice.

Pastoring as a PLWA – a big challenge:

Most of us have a natural fear of this disease – HIV/AIDS. It does not matter who we are whether we are Lay Persons, Pastors, Doctors, Nurses or Counselors. Initially, when I first knew about my status, I 'positively accepted', though I did not immediately share it with anyone. I would like to be a role model. My preaching or sermons are not judgmental or full of hypocrisy (sic). As a Pastor I have identified a number of people I would like to help spiritually, psychologically, physically, and morally. I also teach at Evangelical Bible College of Malawi on this subject. Everyone on this college – from the Principal to the students know who I am. Some have openly come to me and said, "Pastor, we still do not believe you are HIV+ in the way you talk/share with us."

Let me close with a Psalm:

The Lord will keep you from all harm...

He will watch over your life...

He will watch over your coming and going...

He will watch over you now and forever more... (Psalm 121:7, 8)

Thank you for your attention,
Reverend Ephraim Baint Disi Mbewe

Unit 1: The disease

Objectives

At the completion of this unit, learners should be able to:

- Demonstrate an understanding of what HIV is and how it works in the body.
- Discuss the difference between HIV and AIDS.
- Demonstrate an understanding of how HIV is transmitted.
- Discuss various signs and symptoms of HIV/AIDS.
- Identify various illnesses that are common among people with AIDS.

Section 1: What is HIV?

HIV stands for **human immunodeficiency virus** and is considered a **sexually transmitted infection (STI)**. STIs are diseases that are primarily transmitted through sexual contact. Some of these diseases may also be transmitted in other ways.

What does the virus do to the body?

The human body is made up of millions of cells. These cells perform many different functions within the body. For example, if a person has a cut on the hand, the body sends special cells that cause the cut to stop bleeding, and other cells to keep infection from setting in. Those cells that prevent infection from harming the body are part of the **immune system**.

The immune system is made up of different cells and organs of the body which filter, weaken, and destroy diseases or infections that may enter the body. It functions in a similar way as the defense players of a football team. In football, the defense must prevent the opposing players from scoring a goal. If the defense is strong, the opposing team will not be able to break past them and score. However, if the defense is weak, the opposing team will be able to break through and score.

Diseases are like the opposing players who attempt to score on the body's goal, causing sickness. The immune system must prevent disease from entering the goal. In healthy people the immune system is an excellent defense. HIV, however, attacks and destroys the body's defense so that very few cells act as defense, leaving the body open to many different diseases.

People infected with HIV may not show any signs or symptoms of the disease for many months or even years. They may feel and look quite healthy. However, even during the time when the infected people feel well, the virus is in their blood and multiplying. The people are also still able to pass the disease on to others.

Eventually, in the body that is infected with HIV, the **immune cells** (cells that fight different sicknesses and infections, the "defense" players) are destroyed by the virus. As those important immune cells are attacked, immune system weakens and becomes unable to fight off diseases it would normally be able to control.

When the body is first infected with HIV a person may only feel minor symptoms similar to a mild illness such as a cold or flu. The person may have some fever, tiredness, and night sweats. Some people may notice some swelling of small **lymph nodes** in their neck, arm pits, or groin. These symptoms go away and may not even be remembered.

When the body has a large number of cells infected with the virus, the person will begin to develop other conditions related to AIDS. These may include skin problems such as boils or warts that spread over the body; another common symptom is a thick white coating in the mouth and throat. This is an infection called **thrush** and is common in people with poor immune systems. Other early signs: constant tiredness, fevers, and night sweats. ***It is important to remember that these may be signs and symptoms of other more common diseases. If a person is at risk for HIV, he or she should be tested to find out what the problem really is.***

When the infection is in the later stages, a person begins to show symptoms of **opportunistic infections**. These are infections not often found in people with strong immune systems. But the person infected with HIV, who has a weak immune system, becomes very sick with these infections. When the person is sick with two or three of these infections, the person is then considered to be suffering from **AIDS**.

Common infections include chest infections such as **pneumonia** and **tuberculosis (TB)**, skin infections such as boils or warts, and brain infections that may cause the person to act differently or have problems standing or walking. A person who has AIDS will not die directly from the AIDS virus, but will die from one of the many illnesses that attack the body since the immune system is not working properly. For example, a person may die of TB because his or her immune system was weak due to AIDS. *However*, not everyone who dies of TB has AIDS!

AIDS may also attack a person's mind, causing him or her to behave differently than before. This is one of the symptoms of AIDS and is not because the person is a bad person.

AIDS stands for **Acquired Immunodeficiency Syndrome** and is a medical diagnosis based on a number of symptoms and not a single illness. A diagnosis of AIDS is made when the person is tested positive for HIV, has a certain number of opportunistic infections, and blood tests show a decrease in certain immune cells (discussed below). A person who is HIV positive does not necessarily have AIDS; however, a person with AIDS is HIV positive.

What are the signs and symptoms of HIV/AIDS?

Opportunistic infections

As mentioned before, a person infected with HIV may not show signs or symptoms for months or years after the infection. However, the person *can still pass the virus on to another person* even though the infected person has not shown signs of HIV/AIDS. If the infected person is already weak and ill when he or she contracts HIV, these symptoms will show up much sooner.

The signs and symptoms that HIV produces indicate that the virus has begun to cause harm to the body's immune system. Therefore, most commonly the person begins to show signs that the opportunistic diseases have attacked the body due to the damaged immune system. These symptoms include:

1. diarrhea
2. weight loss
3. skin rash
4. cough

5. fever

6. mouth sores

These are common symptoms of a person suffering from an opportunistic infection due to HIV/AIDS; however, they are also symptoms of many other illnesses. If a person continues to suffer from these symptoms for a long time, it is a good idea for him or her to be tested for HIV. Tests will help the health facility to know the proper treatment for the illnesses.

Blood counts

Once a hospital or clinic has determined that a person is HIV positive, it may also be able to test the blood for the number of cells that are still healthy. These cells are called **CD4 cells** or "**Helper T**" **cells**. As the virus damages more of these cells, the number of healthy cells will decrease; testing this number can determine the progression of the illness. A healthy person has a CD4 cell count between 600-1500. One of the signs of AIDS is a CD4 cell count less than 200.

Another test that clinics may give is called the "**viral load**." This number represents how much the virus has reproduced in the body and indicates how severe the infection is.

As the CD4 cell count decreases and the viral load increases, the person is a greater risk for falling ill from many opportunistic infections.



for discussion

Discussion questions: Section 1

1. What is the difference between HIV and AIDS?

HIV is the virus that is transmitted from one person to another. AIDS is a group of signs and symptoms that happen to a person who is HIV positive, due to the damage to the immune system.

2. What does the immune system do in our bodies?

The immune system is able to fight disease and infections in our bodies. When the immune system is damaged, then common sicknesses (that healthy people recover from) can become life-threatening.

3. What is an STI or STD?

STI or STD stands for sexually transmitted infection or disease. These are diseases spread primarily by sexual contact.

4. What are opportunistic infections?

These infections can be controlled in a healthy body, but may become deadly to someone with HIV, due to the damaged immune system.

5. Name two diseases which may attack a person with AIDS.

Tuberculosis, pneumonia, and other chest problems; skin diseases; and mental problems.

6. Does everyone who is sick with these diseases have AIDS?

NO! These diseases can also be found in people who do NOT have AIDS.

Section 2: Modes of transmission

HIV is a virus only found in humans. It lives in certain fluids within the body, such as blood, **seminal fluid**, and **vaginal fluid**. A person can only contract HIV from the blood or body fluids of an infected person. HIV is transmitted in three major ways:

1. Sexual intercourse
2. Blood transfusion and through infected needles and syringes
3. Mother to child

Sexual intercourse

Sexual contact is the most common way that HIV is transmitted from one person to another. Those who engage in casual, unprotected sex are at an increased risk for not only HIV, but also for many other **sexually transmitted Infections (STI)** such as gonorrhea, chlamydia, and hepatitis.

When people talk about sex they may mean different things. For the purpose of explaining the transmission of HIV and other STIs, we mean the exchange of body fluids through contact of partners during **sexual intercourse**.

HIV is found in many different body fluids. Body fluids such as sweat, tears, and saliva have very little of the virus in them and will normally not cause infection. Other fluids such as blood or sexual fluids have a higher risk of transmitting HIV. The male body produces sexual fluids that can infect the woman if he is HIV positive. The mucous membranes of the woman's body also produce fluids that can pass the infection to the man if she is HIV positive.

Women are at a slightly higher risk of having a man infect her with HIV, due to the fact that there is more surface area for the virus to penetrate. Younger women are especially at risk for infection, since small areas may bleed during intercourse and open them to even greater risk for infection. Men are also at greater risk if they have any sores or open areas that come into contact with the body fluids of someone who is HIV positive.

Both men and women who have another STI are at greater risk for both transmitting and receiving HIV from someone who is infected.

Blood transfusion

HIV can be transmitted if the blood of a person infected with HIV is given to another person by transfusion. A person who is HIV-positive *should not* donate blood. Hospitals should also screen all blood that is donated, since a donor may not even know that he or she is HIV positive when he or she gives blood.

People may also become infected if hospitals or clinics do not use new or **sterilized** needles and syringes for each new patient. When you visit a clinic or hospital, ensure that staff inject the patient with only new or sterilized equipment. Any medical instrument that may have come in contact with blood should be sterilized before use on another person: consider knives, razor blades, ear-piercing instruments, and so on contaminated if they have been used for one person. HIV also spreads easily among IV drug users who share needles and syringes with other drug users.

Mother to child transmission

A woman who is HIV positive has a high risk of transmitting HIV to her unborn child during pregnancy or when the baby is born. Some medications can decrease the risk of the child getting HIV, though they may be expensive or unavailable. These medications must also be used properly to be effective, and they may carry negative **side effects**. If a woman is HIV positive and becomes pregnant, she should find a good clinic or hospital to give her care.

Women are also more at risk of becoming ill with opportunistic infections when they are pregnant. If a woman knows she is HIV positive, she should avoid becoming pregnant to prevent her from becoming sick with AIDS, and to prevent her from passing HIV to her child.

A mother can also transmit HIV to her child through her milk when breastfeeding. About one third of the cases of HIV in infants are caused by breastfeeding; the other two thirds are caused during pregnancy and birth. In many cases, the risk of not breastfeeding is also life-threatening for the baby; in those cases a mother should continue to breastfeed her infant. If safe alternatives (substitutes) to breastfeeding exist, the mother should discuss these options with a health care worker.

How HIV is not transmitted

We have discussed the ways in which HIV can be transmitted from one person to another. It is also important for church leaders to know how it is *not* transmitted:

1. Casual contact does *not* transmit HIV.
2. Shaking hands does *not* transmit HIV.
3. Hugging does *not* transmit HIV.
4. Eating with a person living with HIV/AIDS will *not* put one at risk for contracting HIV.
5. Holding hands does *not* transmit HIV.
6. Laying on of hands and praying for a person will *not* put one at risk for contracting HIV.



group exercise

Sort the cards

Objective

assist participants in separating activities that can and cannot transmit HIV.

Time

15 minutes

Preparation

Prepare cards by listing one activity on each card. Be sure there are at least as many cards as participants. Make approximately 50 percent of the cards activities that *can* transmit HIV, and the other 50 percent activities that *cannot* transmit HIV. Use the following list of activities to start. You need not use them all, or you may add others to each list.

CAN transmit HIV

- Sexual intercourse
- Direct blood transfusion of untested blood
- Sharing needles
- HIV positive mother breastfeeding her child
- Cleaning up blood without gloves
- HIV positive mother giving birth

CANNOT transmit HIV

- Living with a person who is HIV positive
- Hugging a person who is HIV positive
- A mosquito bite
- Shaking hands with a person who is HIV positive
- Praying with a person who is HIV positive
- Eating a meal with someone who is HIV positive

Designate one side of the room “CAN transmit HIV” and the other “CANNOT transmit HIV.” Ask the participants to go to the side of the room corresponding to their card. They may discuss their card with others in the group if they have any difficulty.

If there are any incorrect answers, let the participants discuss why they are incorrect before finishing the game.



for discussion

Section 2

1. Name three ways HIV can be transmitted.

Sexual contact, blood exchange (blood transfusion or IV drug use), mother to child

2. If a person is infected with HIV, does that mean that he or she was sexually immoral?

There are many ways to transmit HIV/AIDS. Even though transmission through sex is the most common mode of transmission, it is not the only mode. Also, remember that a person who is faithful to his or her spouse may be infected by the spouse if he or she is unfaithful.

3. How can this difficulty be overcome?

Church leaders must discuss how these difficulties can be overcome to be able to minister effectively to those affected by HIV/AIDS and to effectively promote prevention!

Section 3: Prevention

Prevention of HIV through sexual transmission

The only 100 percent effective way to prevent the transmission of HIV through sexual contact is *not* to have sexual contact. Having sex in a monogamous (faithful) relationship is safe if:

- Both of you are uninfected (HIV-negative)
- You both have sex **only** with your partner
- Neither one of you becomes exposed to HIV through other modes of transmission

The greatest gift church leaders can give their congregation and community is the gift of truth. Scriptures have the answer to stop the rapid spread of HIV/AIDS. When God's plan for sexual intimacy is followed, the risks of getting and spreading HIV come under control. However, leaders must bring this message with a voice of compassion and love if they want the world to hear.

HIV and condoms

For various reasons, many Christians do not like to discuss the use of condoms. One reason may be that they believe that condom promotion may lead people to become more immoral, since they are somewhat protected from unwanted pregnancy and disease. Promotion of condom use without proper education on behavior change is dangerous; however, it is also not helpful to exclude this information in educational settings. Responsible education on condoms and condom use should be a part of your HIV/AIDS prevention teaching. Condoms **reduce** the risk of HIV transmission when used correctly. Condoms can make sex **safer**, but not 100 percent safe. It is *very* important that condoms are used correctly in order to provide any measure of protection. Please discuss proper condom use as outlined in the appendix.

Prevention of HIV through mother-to-child transmission

With no treatment, about 25 percent of the babies born to HIV-infected women would be born infected. However, the risk drops to about 4 percent if the woman is able to get anti-retroviral medication during pregnancy and delivery. If the newborn is then also given anti-retroviral medications, the risk decreases to 2 percent or less, if the mother has been regularly taking medication for HIV.

Babies can become infected if they drink breast milk from an HIV-infected woman. In some areas, women with HIV can use baby formulas or breast milk from an uninfected woman to feed their babies. However, in many areas of the world, this is not a safe option, and the mother should breastfeed until the infant is 6 months old.

Because transmission from mother to child may be prevented, it is very important that pregnant women who might be at risk for HIV infection be tested for HIV as soon as they discover they are pregnant.

Prevention of HIV through blood exchange

HIV is one of many diseases that can be transmitted by blood. If a person needs a blood transfusion, be sure the hospital or clinic has a screening program to test blood for HIV. If it is a direct transfusion from one person to another, have the person who is donating the blood tested for HIV before the transfusion.

Always be sure that a hospital, clinic, or health care worker uses a new needle to give an injection. Using a needle for more than one person could transmit HIV from an infected person to one who is not infected.

Be careful if you are helping someone who is bleeding. If you are exposed to blood or other body fluids, be sure to protect any cuts or open sores on your skin, as well as your eyes and mouth. You can do so by using rubber or latex gloves.

To become infected with HIV, infected blood, sexual fluid, or mother's milk has to get into your body. If these things do not enter your body, you will not become infected.

To decrease the risk of spreading HIV:

- Abstain from sex outside of marriage.
- Be faithful to your husband or wife.
- Use condoms during risky sexual behavior.
- Pregnant women who may be infected should be tested for HIV.
- HIV-infected and pregnant women should talk with a doctor about taking anti-HIV drugs.
- HIV-infected woman shouldn't breastfeed any babies.
- Be sure to have blood transfusions only from blood that has been screened for HIV.
- Do not reuse needles from injections.
- Protect cuts, open sores, and your eyes and mouth from contact with blood or other body fluids.

Testing

Reliable tests are available to determine if someone is infected with HIV. Some tests give rapid results, and others take several days to complete.

It may take from 2 to 6 months after a person has been infected with HIV for the virus to show up on a test. If a person has been exposed to the virus and takes a test within 2 to 6 months of being exposed and that test is negative, he or she should retake the test after another 3 to 6 months.

Testing should be done by a reliable clinic that is able to provide proper pre-testing and post-testing counseling. If the test is negative, counseling should include how to continue to avoid infection. If the test is positive, persons should receive counsel on how to continue to live in a way that will keep them healthy and avoid spreading the disease to others.

It is very important that the testing site keep all results confidential. Clinics whose testing procedures are not confidential lose the community's confidence. This lack of confidence will keep people from coming in for testing in the future.

If a person has tested positive for HIV, he or she should seek medical help that will properly care for him/her and may have access to **anti-retroviral** medications as soon as possible. People may live healthy, productive lives for several years with HIV, especially if they receive proper care and treatment.

Glossary

Human Immunodeficiency Virus (HIV)

A virus that attacks the body's immune system. When the immune system is weak, many diseases can attack and cause sickness and death.

Acquired Immune Deficiency Syndrome (AIDS)

AIDS is not one sickness, but the effect of damage done by HIV to the immune system. It is diagnosed with tests that show the amount of HIV in the body and a diagnosis of a number of other signs and symptoms.

Sexually Transmitted Infections (also called STI or STD)

Diseases primarily spread by sexual contact, including gonorrhea, syphilis, Hepatitis B, and many others.

Immune system

The system within the human body that keeps diseases from invading the body and causing illness.

Lymph nodes

Small places in the body that work as part of the immune system to "filter" out diseases in the blood.

Opportunistic infections

Diseases that do not normally make a person sick but will cause sickness in a person whose immune system is not working properly.

Thrush

A fungal infection of the mouth and throat that causes white and red patches. Thrush is common in those with weak immune systems. This disease **does not** only occur in people with AIDS.

Pneumonia

Infection in the lung. Those with AIDS often suffer from a certain type of pneumonia (Pneumocystis carinii), which can be life-threatening. This disease **does not** only occur in people with AIDS.

Tuberculosis (TB)

Another infectious disease that attacks the lungs and can lead to death.

Sexual intercourse

An act of sexual intimacy involving male and female body penetration.

Penis

Male sexual body part

Vagina

Female sexual body part

Seminal fluid

The male sexual fluids

Vaginal fluid

The female sexual fluids

CD4 cells

Also known as "Helper-T cells," they help fight disease in the body. These cells are attacked by HIV, causing the immune system to become weak.

Viral load

Can be found by a test that shows the amount of HIV in the blood.

Sterilize, sterilization

A process that kills all the diseases on the surface of an instrument (needle, syringe, knife, razor). This is done with a special machine that uses very high heat.

Side effects

Health problems that are caused by the medication, not the disease itself.

Anti-retroviral medications

Medications that slow the spread of HIV within a person's body



In a typical Cambodian house raised on stilts, a 24-year-old man rests on a platform draped by a mosquito net. He has AIDS and his wife and child are to go to the provincial hospital for HIV tests the next week. Wincing from the pain of an oozing lesion on his chest, he still maintains a sense of humor. “I was born in the year of the snake, so I’m tough,” he says. “My skin should heal fine.”

Unit 2: What are the issues?

Objectives

At the completion of this unit, learners should be able to:

- Describe what cultural and/or social issues contribute to the spread of HIV/AIDS.
- Describe cultural and/or social beliefs that can be used to prevent HIV.
- Discuss how church leaders can address these issues.
- Define stigma.
- Discuss roots of stigma in the context of HIV/AIDS.
- Discuss ways church leaders can begin to break down the walls of stigma.

Section 1: Cultural issues

We define **culture** as the values, beliefs, and behaviors that a group of people share. Culture is a part of every society, and some aspects of culture can cross race and religion. Culture affects how we think and what decisions we make every day. Culture in itself is neither good nor bad, but some things within cultural practices may be contrary to God's Word and may also lead to unhealthy choices.

Many cultural factors can influence people and put them at risk for HIV infection. These factors include denial, lower status of women, abuse of power, discrimination, and harmful traditional practices. Often times these problem factors are things that are not comfortable to talk about. Church leader have the responsibility of finding ways to discuss these difficult issues in an honest and productive way.

Other cultural traditions could have a positive impact on stopping the spread of HIV, and some traditions would lead to caring for those affected by HIV and AIDS. Remember to also consider these positive traditions.



group exercise

Practices and beliefs

Discuss practices and beliefs in your culture that can contribute to the spread of HIV. (On a flip chart, black board, or dry erase board, write down practices that participants mention.)

Use the following suggestions only if participants have difficulty coming up with their own.

- Difficulty talking about sexual issues
- Sexual violence against women (rape, forced prostitution)
- Early pre-marital sexual experience
- Wife inheritance
- Acceptance of multiple partners for men or women
- “Testing” of women to be sure they can conceive before marriage

List other cultural practices that have a negative effect on those affected by HIV and AIDS.

- Taking land and property from widows and orphans of those who have died of HIV/AIDS
- Expensive funerals

Now list and discuss practices and beliefs that can help to prevent the spread of HIV.

- High regard for virginity until marriage
- Increased respect for women
- Children’s high respect for parents and elders

Section 2: Grace's story

Read the following stories and follow the discussion guides after each section. Allow adequate time for discussion.

Social issues

Grace is a young woman who struggles for breath as she lies on a mat on the floor of her home. The sunlight peeks in through the holes in the deteriorating thatched roof. While Grace would rather be outside, she doesn't have the strength to get up from the floor and walk outside. She is also afraid to go outside in case the neighbors might see her thin, ill body and begin to talk about her. She can hear her children's voices, and wishes she could erase the shame she has brought to their lives. They are wonderful children. They treat her with love and respect. They tend to her and feed her when she is too ill to eat.

But Grace knows that her illness has made their lives very difficult. She was not able to pay the school fees this year, so they are not able to attend. She also knows that they have few friends due to the stigma of her disease. She looks at her crumbling home and wonders what will happen to her children when she dies. The house may not last another rainy season. Where will the children live? Because she has AIDS, the rest of the family has cast her out. Who will care for her children? Where will they find food and clothing?

Discuss participants' feelings about Mary and her situation.
How would they respond to Grace?
How would they respond to Grace's children?

War and conflict

Grace was born to farmers in an area close to the border. As a child, her life was quite common and uneventful. Grace's country has had tribal clashes for years, but the fighting had never reached her village. She did not realize how close the fighting was until the day it was in her village. Grace, like many other children in her village, was taken by the soldiers to the army camp. She was forced to stay at the camp for six years. During that time she was raped many times and gave birth to two children.

Only after the war was finished was Grace set free. None of the soldiers took responsibility for Grace or her children, so she was left to support her family by herself. Grace was taken to the camp before she had completed school and had no training with which to find work to buy food and shelter for her children. Grace decided to return to her home, but was rejected by her family. They viewed her as unclean and shameful because of the life she had been forced to live in the army camp.

Violence and war ravage many parts of the world. Evidence exists that in places ravaged by conflict and violence, HIV also spreads more rapidly. The reason may be because during times of violence and unrest, people often must leave their homes, and they may be abused and left in poverty. People may also move from more rural settings to cities, where HIV is more prevalent, to find work. War and conflict also increase the risk of rape.

Discuss how war and violence have increased the risk of HIV in Grace's story.

Gender

While Grace lived in the army camp, she was at the mercy of the soldiers, who used Grace and the other young captive girls for their own sexual pleasure. Grace was raped many times. Grace had often asked the men to use condoms when they had sex with her, but they would always refuse. So, while still a young woman herself, she had given birth to her two children.

Grace had hoped that her family would help her with the children when she returned home. Her daughter was old enough for school, but Grace did not have the money to send her. Her family said they already had too many school fees to pay for the boys in the family; they would not give money to send a girl to school.

Grace discovered that her father had died while she had been captive at the camp. She was sad to learn this news, but she hoped she might then receive a small parcel of land to build a home and plant a garden. Unfortunately, in Grace's culture, all the money and property was divided only among the sons. Grace received nothing.

Because Grace could not go home and her family was unwilling to help her, she decided to move to a nearby city to look for work.

Many social and cultural factors relate to how people view men and women. In some cases, these factors cause women to be powerless over decisions concerning sexual intimacy. This has resulted in women being at even greater risk of HIV infection.

Discuss issues in Grace's story related to the fact that she is a woman.

Economics

Economics plays a very big role in the spread of HIV/AIDS. Many times, those living in poverty have little or no access to education or health care. This means that the resources for education, prevention, and treatment of HIV are not available and the risk of infection is greater. Poverty may also lead people to do things that they know are wrong, yet feel they must do in order to feed and clothe their children.

Church leaders should educate themselves about the resources available to help those living in extreme poverty in their area. Become familiar with organizations that assist those who do not have enough money for food, clothing, and education.

Grace decided to move to a nearby city, where she thought she could find work. Even a job washing clothes or selling vegetables in the street might be able to earn her enough money to buy food for her children. But after many weeks, Grace was not able to find any work.

Unemployment was common and many people were looking for work. Many young people in the city roamed the streets looking for even a temporary job, or begging for money or food.

The only offers that Grace received were from men offering to pay her to have sex with them. Day after day and night after night Grace refused these offers. But day after day and night after night Grace's children cried themselves to sleep because they were going hungry. Then the children's crying became weaker as their bodies became weakened with starvation.

At this point, Grace made the only decision she felt she could to save her starving children. Grace accepted the men's offers. The shame of turning from her moral values was, in Grace's mind, a small price to pay to see that her children did not die of starvation.

Discuss how poverty has been a factor in Grace's story.

Section 3: Stigma

The word "stigma" has been heard in conversations surrounding HIV/AIDS for many years. Take time to discuss what the participants feel stigma means. Have they ever experienced stigma? Have they ever stigmatized others?

Stigma is a non-visible "mark" that a person may have because of various life circumstances. People living with HIV/AIDS are often "stigmatized" or looked down on because of their health status. This may be because the diagnosis of AIDS usually is associated with sexual immorality.

In the Scriptures we read a story about a woman who was "stigmatized" due to both her immoral practices and her tribe or ethnicity. Read the story of the Samaritan woman from John 4:1-42, and discuss where stigma plays a role in this story and how Jesus deals with stigma. Take care to notice the outcome of Jesus' ministry to this woman in verses 39-42.



group exercise

What does stigma feel like?

In this exercise, divide the large group into several smaller groups of 3-5 participants. Tell each group that they will first take some time to talk about times in their lives when they feel that they were discriminated against or stigmatized.

- How did you feel during that time?
- How did you respond?
- What happened as a result of that discrimination? (i.e. they separated themselves from that person or group of people, they sought revenge, they reconciled the relationship, etc.)

Use the same groups and give each group one of the following situations to discuss. Each group should ask these questions concerning the situation:

1. Imagine yourself as this person making the statement. How would you feel?
2. What stigma or discrimination do you see in the situation?
3. As a church leader, what can you do to reduce the discrimination or stigma?

Situations

- “Since my parents died, I live with my uncle. I am not allowed to attend school with his children. I am sent to work in the maize field each day. When I don’t work hard enough, my uncle beats me and tells me I am bad like my parents.”
- “People treat me badly since I went to the clinic for HIV testing. I do not know how they found out that I was HIV positive. I do not even know how I got HIV. I have only been with my husband. But he works in the city, so I do not see him much.”
- “My son came home from school today with blood on his mouth. He said some people beat him because he must be bad like his father. I am sick with AIDS. But my children are not bad. Why do they treat them badly? I made a mistake. I wish someone would tell me how to be forgiven.”
- “Today the church council asked me to not come to their church anymore. They found out that I am HIV positive. They are afraid that I will pass HIV to others in the church. They said I am a sinner and need to repent. They did not even ask how I got HIV.”

Church leaders can begin to break down the walls of stigma and discrimination by educating themselves about HIV/AIDS. When church leaders understand the disease and its many difficulties, they will be better equipped to teach their congregations and communities. Church leaders can also teach by example. When churches and communities see a church leader showing love and compassion to those affected by HIV/AIDS, they will learn from the leader's behavior.

Church leaders have an opportunity to learn, teach, and exhibit the characteristics of Christ to many people every day. Do not miss this opportunity to make a difference in the lives of those affected by HIV/AIDS as a witness of Christ's compassion.



Section 3

Case Study

A church leader discovers that a woman in his congregation is HIV positive. When he hears the news, he immediately lets the woman's family know that she is no longer welcome in the church. In his sermon the following Sunday, the church leader speaks of people infected with HIV using words such as "evil," "prostitutes," and "non-believers."

Soon the woman and family are treated badly by many people in the community. The woman's husband leaves her and takes away the children. People no longer buy the vegetables she sells at the market.

- 1. Discuss the feelings and beliefs that may have cause this church leader to react as he did.**
- 2. Why do people treat those with HIV/AIDS badly?**
- 3. How can church leaders bring education, understanding, and compassion to their churches and communities?**
- 4. If you were able to speak with this church leader, what would you say?**

Glossary

Discrimination

Happens when a distinction made about a person causes others to treat him or her in an unjust manner. For example, a person living with HIV/AIDS may be asked to leave his or her job because of his or her HIV status.

Stigma

A form of disgrace or reproach which marks a person as “bad” because of life circumstances. For example, a person with HIV is considered immoral due to his or her HIV status.

Denial

Some cultural practices make admitting a problem taboo. This can be especially true in some religious settings, where it is wrong to admit to any sin or wrong-doing.

Lower status of women

In many cultures, men do not allow women control over their own bodies, subjecting them to practices (such as rape) that cause them greater risk for HIV infection.

Abuse of power

Occurs in every culture at every level. Some people take advantage of others who are in a less powerful position.



Young adults in Tanzania formed a community drama group called Ten in One. Members write and perform dramas about HIV/AIDS and related issues.

“We started this group to educate the public,” says one group member. “When I was in secondary school, I tried to advise peers that this is a dangerous disease. Now we have decided to work as a group, together, to continue to educate. People will know we’re serious about it.”

In deciding topics for their skits, which they perform for schools and community events, “We really thought about the youth, because we see that the youth are at high risk to become infected with HIV,” says another member. More than half of all new HIV infections in southern Africa are occurring in people ages 15 to 24.

“We’re 10 in number, but we all have the same goal — to control and stop the transmission of HIV and other sexually transmitted infections.”

Unit 3: The Bible and HIV/AIDS

This unit will discuss biblical studies related to a Christian response to HIV/AIDS. Issues of intimacy have traditionally been difficult to discuss within various cultures and Christian settings, but addressing these very issues is essential to breaking the stigma of HIV/AIDS and providing church leaders with tools to assist those within their congregations and communities in a Christlike manner.

Objectives

At the completion of this unit, the learner should be able to:

- Discuss the God's plan for intimacy between a husband and wife.
- Develop a biblical understanding of disease.
- Discuss Job and the stigma surrounding those who are ill.
- Demonstrate an understanding of Christ's call to those "who need a doctor."

Biblical view of intimacy

"So guard yourself in your spirit, and do not break faith with the wife of your youth." Malachi 2:15

God has given men and women the gift of sexuality inside marriage to enable us to show love and produce children. With this gift, he has given clear instructions on how to keep this divine relationship pure. God speaks of his relationship with us, his children, in terms of the "Bridegroom and the bride," indicating the importance he places on the marital relationship and intimacy.

Following are a few Scriptures that show God's intention for intimacy between men and women. Read these Scriptures (and any others you may find) and discuss God's message in each one.

- You ask, "Why?" It is because the Lord is acting as the witness between you and the wife of your youth, because you have broken faith with her, though she is your partner, the wife of your marriage covenant. Has not the Lord made them one? In flesh and spirit they are his. And why one? Because he was seeking godly offspring. So guard yourself in your spirit, and do not break faith with the wife of your youth. – **Malachi 2:14-15**
- Husbands, love your wives, just as Christ loved the church and gave himself up for her to make her holy, cleansing her by the washing with water through the word, and to present her to himself as a radiant church, without stain or wrinkle or any other blemish, but holy and blameless. In this same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself... However, each one of you also must love his wife as he loves himself, and the wife must respect her husband. – **Ephesians 5:25-28, 33**
- Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God. – **1 Corinthians 6:9-10**

Be imitators of God, therefore, as dearly loved children and live a life of love, just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God. But among you there must not be even a hint of sexual immorality, or of any kind of impurity, or of greed, because these are improper for God's holy people. Nor should there be obscenity, foolish talk or coarse joking, which are out of place, but rather thanksgiving. For of this you can be sure: No immoral, impure or greedy person – such a man is an idolater – has any inheritance in the kingdom of Christ and of God. – **Ephesians 5:1-5**

- Marriage should be honored by all, and the marriage bed kept pure, for God will judge the adulterer and all the sexually immoral. – **Hebrews 13:4**

Take time to discuss what these particular Scriptures mean. What is God asking of his people in their intimate relationships? Are there consequences for *not* following God's plan for intimacy?

Is God's grace sufficient for those who fail?

Read **John 8:1-11**:

But Jesus went to the Mount of Olives. At dawn he appeared again in the temple courts where all the people gathered around him, and he sat down to teach them. The teachers of the law and the Pharisees brought in a woman caught in adultery. They made her stand before the group and said to Jesus, "Teacher, this woman was caught in the act of adultery. In the law Moses commanded us to stone such a woman. Now what do you say?" They were using the question as a trap, in order to have a basis for accusing him. But Jesus bent down and started to write on the ground with his finger. When they kept on questioning him, he straightened up and said to them, "If any one of you is without sin, let him be the first to throw a stone at her." Again he stooped down and wrote on the ground. At this, those who heard began to go away one at a time, the older ones first, until only Jesus was left, with the woman still standing there. Jesus straightened up and asked her, "Woman, where are they? Has no one condemned you?" "No one, sir," she said. "Then neither do I condemn you," Jesus declared. "Go now and leave your life of sin."

In this story we see Christ's willingness to offer forgiveness even to one who is a sinner. He comes to her defense and exposes all her accusers as sinners. No one is ready to condemn the woman when they hear Jesus' words. But that is not where the story ends. Jesus goes on to tell the woman, "Then neither do I condemn you. Go and leave your life of sin."

As church leaders, you are not called to condemn, but to give the words of life that will bring sinners to a saving knowledge of Jesus Christ. This does not mean that evil is acceptable. Church leaders do have a responsibility to teach about sin and its consequences. However, do not confuse the sin with the sinner. God hates sin. God loves the sinner.

Section 2: HIV and immorality

Are all who are infected with HIV guilty of immorality?

What of the children infected through birth? Faithful women infected through unfaithful husbands, or faithful husbands through unfaithful wives? People have also gotten AIDS through blood transfusions from hospitals which do not screen blood donors for HIV. Are these people guilty of any immoral practices?

Throughout Scripture, we see that the innocent often suffer right along with the “guilty.” In **Matthew 5:43-48**, Christ talks about who we should love. In this passage he also talks about the fact that the sun shines on all God’s people, the righteous and the unrighteous, and rain also falls on the righteous and the unrighteous. We are called to love all people unconditionally as God our Father does.



for discussion

Look at these passages from the book of **Job: 13:15, 19:25-26**. Take time to discuss the story of Job:

1. Was Job a righteous man?
2. Did he suffer?
3. Why did he suffer?

Now read **John 9:1-7**. Take time to discuss this story:

1. Why did the disciples assume someone had sinned to cause the man's blindness?
2. Who did Christ say had sinned to cause the blindness?
3. Why, then, was the man blind?

Job was a righteous man, yet he suffered greatly from diseases and calamities. But God was with him, and Job did not turn his back on the Lord. In the other story, Jesus told his disciples that neither the man nor his parents had sinned to cause his blindness. While some sickness and disease can be caused by people doing what is wrong, it is *not* always due to the sinfulness of the individual. As church leaders and Christians, we are called to show our Lord Jesus Christ's love and compassion to all those who suffer, regardless of the cause.

What about those who are infected due to sin?

Many people who have contracted HIV/AIDS have not been immoral; however, others have contracted the disease because of immoral sexual practices. What does the Bible have to say about those who sin? Who are they?

Read and discuss **Romans 3:21-31**:

But now a righteousness from God, apart from the law, has been made known, to which the Law and the Prophets testify. This righteousness from God comes through faith in Jesus Christ to all who believe. There is no difference, for all have sinned and fall short of the glory of God, and we are justified freely by his grace through the redemption that came by Christ Jesus. God presented him as a sacrifice of atonement, through faith in his blood. He did this to demonstrate his justice, because in his forbearance he had left the sins committed beforehand unpunished – he did it to demonstrate his justice at the present time, so as to be just and the one who justifies those who have faith in Jesus.

Where, then, is boasting? It is excluded. On what principle? On that of observing the law? No, but on that of faith. For we maintain that a man is justified by faith apart from observing the law. Is God the God of the Jews only? Is he not the God of the Gentiles too? Yes, of Gentiles too, since there is only one God, who will justify the circumcised by faith and the uncircumcised through that same faith. Do we, then, nullify the law by this faith? Not at all! Rather, we uphold the law.

All have sinned. No person can boast that he or she is free from sin. Through faith in the saving grace of Jesus Christ and his death and resurrection, we can be freed from our sin. Therefore, we must look upon those who have contracted HIV/AIDS with the eyes of Christ, who desires that every person know his forgiveness and grace. This does not mean that sin is acceptable; it simply means that we must remember that we are all sinful, and that Christ saves from all sin.

Read and discuss **Luke 5:27-31**:

After this, Jesus went out and saw a tax collector by the name of Levi sitting at his tax booth. “Follow me,” Jesus said to him, and Levi got up, left everything and followed him. Then Levi held a great banquet for Jesus at his house, and a large crowd of tax collectors and others were eating with them. But the Pharisees and the teachers of the law who belonged to their sect complained to his disciples, “Why do you eat and drink with tax collectors and ‘sinners’?” Jesus answered them, “It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners to repentance.”



for discussion

1. Who is without sin? Recall Romans 3:23.
2. Are people then free to sin without consequences? Recall Romans 3:31.
3. Why did Jesus eat with sinners? Recall Luke 5:32.
4. Levi (Matthew) was considered a sinner. Yet Jesus said “follow me.” Discuss this.



When Mary learned she had HIV, her spirits broke. “I even considered killing myself,” she admits. Mary felt totally alone and overwhelmed. “Sometimes at night I couldn’t sleep—too many thoughts,” she recalls. A single mother with four children, Mary did not know where to turn for support.

Mary did find support through a local church supported HIV/AIDS program. A program counselor listened to her questions and offered encouragement. The turning point came when Mary decided to focus on her strengths rather than her weaknesses. She now tries to view each day with her children as a gift, asking God for courage and strength to face the future.

After struggling with depression and isolation herself, Mary helped start a small support group for women with HIV. She says one of her goals is to find ways “those of us who have HIV but have strength could help those who are weak.”

When Mary thinks of the future she assumes her parents will care for her children. She has tried to speak of her illness with her parents, but they refuse to accept that she is HIV positive.

Like many mothers, Mary hopes for a better life for her children in an area where HIV/AIDS is taking a deadly toll. Though she has come to terms with having HIV herself, she still has not been able to take her children to the clinic for testing.

Unit 4: Ministering to those affected by HIV/AIDS

Objectives

At the completion of this unit, learners should be able to:

- Identify effective ways to build relationships with those affected by HIV/AIDS.
- Demonstrate an understanding of how unhealthy behaviors are changed.
- Discuss counseling skills.

Section 1: Relationship

One of the first steps in ministering to those affected by HIV/AIDS is to locate those in need. Church leaders often have the opportunity to influence and educate large numbers of people because of their position in society. Church leaders are key players in helping those who are struggling with illness, grief, and fear. Leaders must also work to protect people with HIV/AIDS against stigma and discrimination.

When a leader learns of a person or family in need within their church or community, he or she should make contact and offer whatever support is available. This is best done through a face-to-face visit at their home, if possible. Leaders may wish to assess their communities in order to form a baseline survey of families who need assistance.

Being a church leader does not automatically declare a relationship with those in the community. Leaders should always work to build relationships, trust, and acceptance with those they are trying to reach. Rather than preaching, listening to the stories of those in need is much more valuable in building relationships. Take time, and allow individuals or families to tell you about themselves and their struggles. Especially at the onset of a relationship, keep quick answers and judgments to a minimum. Instead, ask questions which will invite people to share more of their story.

Confidentiality is *not optional!* Because of the stigma and discrimination surrounding HIV/AIDS, church leaders and church workers *must* avoid breaking confidence with those they minister to. They should repeat nothing they hear without the clear permission of the person who shared it. If a person or family feels they cannot trust the church leader, they will probably feel as though they cannot trust the church as a whole. In many cases, this is why people do not seek out voluntary counseling and testing (VCT). Those at risk fear coming to clinics and health agencies because they are not sure their information will be kept confidential. Leaders with integrity will work diligently to keep their relationships pure and confidential.

Establishing mutual respect within a relationship is another key. Leaders may sometimes believe that they should be afforded a certain level of respect, but often do not afford others that same level of respect. Regardless of the position held, both parties must begin a relationship with respect for each other. Church leaders must “earn” the right both to listen to and minister to those in need. Enter relationships with the attitude that both of you will give and receive something from your interaction.

Section 2: Behavior change

Prevention of HIV/AIDS through sexual transmission is key to stopping the rapid spread of this disease, and behavior change is the key to prevention. Prevention education provides a group of people with the information they need to prevent or reduce their risk of becoming infected with HIV. Behavior change happens when these groups or individuals act on what they know, taking the necessary steps to avoid the harmful behaviors that put them at risk.

The process of behavior change brings people through different steps of learning until they achieve the changes they desire. Individuals may go through all or only some of these steps; each person in a group may go through the steps at a different time or pace.

Step 1: Identify the behaviors

First, identify harmful or risky behaviors. In the case of HIV/AIDS, we have identified the behaviors that lead to possible infection with HIV. Review these behaviors.

- Having sex
- Being unfaithful to marriage partner
- IV drug use (sharing needles)
- Unscreened blood transfusions

Giving individuals this information allows them to enter into the first step of behavior change. Unfortunately, many people have this knowledge but continue in unsafe sexual practices or IV drug use. Still others may have this knowledge and not have the control needed to prevent poor behavior of others.

Step 2: Know the alternatives

Next, people need to know the alternatives to risky behavior. What can they do to prevent infection? Review ways to decrease the risk of becoming infected with HIV.

- Abstain from sex outside of marriage.
- Both husband and wife be faithful to partner in marriage.
- Discontinue IV drug use.
- Be sure blood is screened before transfusion.

Now the individual knows what behaviors are harmful, *and* what to do to avoid the harmful behaviors.

Step 3: Act on the knowledge

Steps 1 and 2 are meaningless unless the person is able and willing to act on that knowledge. People need tools to be successful in steps 1 and 2. As church leaders, you can share the tool of God's Word to educate people about positive ways to change their destructive behaviors. List some biblical principles that a church leader could use to educate about preventing harmful behavior. (Below are some suggestions.)

- Biblical teaching on abstinence before marriage.
- Biblical teaching on purity in marriage.
- Biblical teaching on respect between men and women.
- Biblical teaching on the body as the temple of the Holy Spirit (to avoid harmful behaviors such as drug use and immorality).
- Biblical teaching on God's strength in our weakness.

Step 4: Receive continued support

Finally, church leaders must give people the support they need to maintain their behavior change. Instruction is important, but change is very difficult. Church leaders must continue to be available and committed to those they teach.

One of the main ways to support behavior change is by example. Church leaders must demonstrate the qualities that they teach. Demonstrating abstinence (if the church leader is not married) or faithfulness in marriage can send a much stronger message than any sermon. A husband must demonstrate that his love for his wife is like Jesus' love for the whole church. Wives must demonstrate respect their husbands. As church leaders obey these biblical truths, the example will speak a clear message to the church and community.

Church leaders must be available for regular contact to encourage those who seek to change behavior. If an individual has been doing well, leaders should praise him or her for his or her efforts. If the old behaviors have caused problems, *do not* condemn the individual, but encourage him or her by reviewing the previous steps and asking what you can do to help.



group exercise

Behavior change process

In this exercise, participants will discuss methods they could use to move each individual or family through the behavior change process. If the group is large, break up into smaller groups and divide the scenarios.

#1: A man is feeling very ill and has been unable to work for some months. He is becoming very thin and has a cough that will not go away. Recently the man's child died, and the doctor told him the child died of AIDS. This man does not believe the doctor and refuses to go to the hospital himself for treatment. He believes AIDS is not really a disease, but a curse put on people by their angry relatives.

As church leaders, discuss a behavior change that you think would be important for this man.

- What attitudes or beliefs might he need to change or to strengthen to help him with behavior change?
- How could a church leader support him in his decision to change his behavior?
- What knowledge of HIV/AIDS would you share with him?

#2: A young man has dropped out of school. He has learned about HIV/AIDS and he knows that it is transmitted through sex. His father left the family two years ago and his mother is very busy trying to keep food in the house and care for his smaller sisters and brother. This young man spends much of his day with his friends in town. They wander the streets and often find girls to be with. When he gets money, he often spends it on sex workers.

What behaviors does this young man need to change? How could he begin to change those behaviors?

- What attitudes might cause him to behave as he does?
- What knowledge or skill could he use to reduce his risk?
- How can the church support him in his behavior change?

#3: A young woman has lost both parents to HIV/AIDS. She knows how HIV is transmitted and has seen it take her parents' lives. Now she is left alone and does not know how she can survive. A neighbor man has offered his help with food and clothing if she will have sex with him. She doesn't know what to do.

- What knowledge does this young woman need?
- Who would be a good person to work with her (a woman/deaconess/leader's wife)
- What skills does she need?

Section 3: Care and counseling

Church leaders' position often allows them to use their knowledge of the Scriptures and God's love and compassion to reach out to those in need. Goals of HIV/AIDS counseling for church leaders:

- Demonstrate and educate behavior that will reduce the risk of HIV transmission.
- Educate those who are HIV positive how to live well.
- Communicate God's role in the life of a person affected by HIV/AIDS.
- Share about what living with HIV/AIDS means for men, women, children, and families.
- Share about how a person with HIV can live a healthier life.
- Help those affected by HIV/AIDS to find resources they need.
- Communicate the hope of Christ for those living with, dying from, and affected by HIV/AIDS.

For church leaders to accomplish this task, they must be willing to discuss issues that may be uncomfortable, such as sexual practices, death, and dying. Church leaders must also be able and willing to approach those they counsel with Christ's love and compassion, not with a judgmental or superior attitude.

Discuss those for whom HIV/AIDS counseling is needed:

- Those who are HIV positive
- Those whose family members are HIV positive
- Women or men whose partners are unfaithful
- Couples who want to get married

Attitudes of an HIV/AIDS pastoral counselor

What attitudes and skills does a church leader need to provide HIV/AIDS counseling?

1. Basic knowledge of HIV/AIDS
 - How it is spread
 - Prevention
 - Treatment
 - Care
2. Ability to listen in a compassionate manner
3. Ability to discuss uncomfortable issues
 - Sex
 - Death
 - Marital faithfulness
4. Ability to keep confidentiality
5. Cultural and gender sensitivity
 - Men counsel men
 - Women counsel women
 - Men counsel women in the presence of another woman

6. Ability to care for oneself: counseling with those who are ill and dying and families that are devastated by HIV/AIDS can be difficult for a church leader (or any counselor). Church leaders must be able to keep themselves healthy as they deal with these difficult issues.

Counseling skills

Church leaders can use some of the following helpful skills when they counsel someone affected by HIV/AIDS.

1. **Open-ended questions:** These questions cannot be answered with a simple yes or no. For example: “What do you know about HIV/AIDS and how it is transmitted?” “Why do you think you may be infected with HIV?”
2. **Attending:** Be sure you are listening to the person when he or she talks. Meet in a place where you will not have interruptions. Give the person your full attention.
3. **Silence:** Give people time to think about questions. If they are sad, give them time to collect themselves. Your silence should be attentive; you as counselor are still focused on the person you are counseling.
4. **Self-disclosure:** If you have a similar difficulty, you may want to share it briefly with the person you are counseling. For example: “My brother recently died of HIV/AIDS. It has been a difficult time for our family. Tell me how you are dealing with the death of your brother.”
5. **Confrontation:** Sometimes it is important to discuss the negative behaviors a person may continue to have. For example: “I am concerned because the fact that you continue to have sex with other women besides your wife will put both you and your wife at risk for getting HIV/AIDS. Can we discuss how I can support you in being faithful to your wife?”
6. **Confidentiality:** This is *very important* in counseling a person who is affected by HIV/AIDS. Because of stigma, discrimination, and fear, those seeking counseling must be able to build a sense of trust with the church leader. A breach of confidentiality will affect not only will that relationship, but also relationships with all others who discover that the leader has not kept confidentiality.

Here are some unhelpful approaches. *Do not* use these when counseling.

1. **Yes/no questions:** People can answer these questions with a simple “yes” or “no.” For example: “Do you know how HIV is transmitted?”
2. **Mind-wandering:** This occurs when the counselor does not pay attention to what the person is saying. The counselor may be writing, or looking out the window. This gives the impression that what the person is saying is not important.
3. **Constant interruption:** Give the person plenty of time to talk about his or her feelings. This is not time for a sermon or lengthy opinion from the counselor.

4. **Condemnation:** There is a difference between confrontation and condemnation. The counselor *should not* list the things that the person is doing or has done wrong. Jesus said, “Neither do I condemn you.” Counsel with a heart of compassion and readiness to offer Christ’s forgiveness.
5. **Gossip:** Conversations that happen in the counseling setting *should not* be used in any other setting. Do not break a relationship of confidentiality by telling personal information to others.



group exercise

Role-play counseling

Divide into groups of three. Each group should choose one scenario from the list below. One person in the group will be the counselor, another the “client,” and the third will be an observer. Each group will practice their role-play with the counselor using the attitudes and skills mentioned in unit 4. The observer should listen carefully, and when the role-play is completed, give suggestions to the “counselor” on which attitudes and skills were used and which others may have been used more.

1. A woman’s husband has just died of AIDS.
2. A young man is drinking, taking drugs, and having sex with multiple girls.
3. A young woman is afraid her husband is HIV positive. He works in town and only comes home once every 2-3 weeks.
4. A man believes his relative has cursed him because he is often sick and has been losing weight.
5. A man has just learned that he is HIV positive.
6. A woman has just learned that she is HIV positive.

After 10-15 minutes, switch roles and scenarios, repeating the process until each person has had the opportunity to role-play the counselor’s role.

When you have completed the exercise, spend time discussing the different scenarios:

- Were some scenarios more difficult to role-play than others?
- Were some skills more difficult to use than others?
- What were some of the non-helpful approaches used?



Despite suffering from AIDS, Manuela still receives visitors at her home. In fact, she welcomes them with open arms. However, a certain sadness accompanies some of the visits. Many are friends who used to visit Manuela's mother, before she died because of AIDS.

"I am still receiving visitors who used to visit her," Manuela says of her mother.
"Now they are visiting me."

"There are times I feel alone in the world without a mother or grandmother, but when other mothers come to visit me, it helps my spirit," she said. "As it is, I feel I have a father and mother when you all come to visit."

HIV/AIDS has deeply affected Manuela's life. She became sick after giving birth to her first child. Her husband became sick as well and died. After her husband's death she moved to her mother's house.

The loneliness of HIV/AIDS can be as overwhelming as the physical symptoms of this disease. Some churches have begun to reach out to those who are suffering from HIV/AIDS by forming home-based care groups to visit people and bring comfort.

Unit 5: HIV/AIDS programs for churches

Objectives

At the completion of this unit, learners should be able to:

- Demonstrate understanding of information gathering and needs assessment in church and community.
- Discuss the ways to develop a plan of action for churches or communities.
- Discuss activities the church can participate in to address the needs of those in the community affected by HIV/AIDS.

Section 1: Assessing needs

To effectively minister to those affected by HIV/AIDS in your congregation and community, you must identify both who is in need and what their needs are. You should also identify the resources available in your church, community, or area.

Who is in need?

Take time to discuss people that participants can think of in their own churches and communities who are affected by HIV/AIDS. Use the following list of examples only after participants have given their ideas:

- Those who are HIV positive
- Widows
- Orphans
- Youth
- Husbands/wives
- Women
- Men
- Elderly (left to care for orphaned grandchildren)

What are the needs?

After you have identified those in need, you must determine what their needs are. The needs will be many and difficult; it is important to realize that the church alone cannot meet all needs. The purpose of your assessment is to gather information. After you complete the assessment, your church and community can decide how to use the information. Examples of needs include:

- Food
- Shelter
- Medical care
- Hospice care
- Orphan education
- Counseling
- Testing

What resources are available?

Churches and communities may have resources available to assist those who are affected by HIV/AIDS. Hospitals may offer services, and NGOs (non-governmental agencies) may have developed programs to meet some of the needs. Have participants make a list of resources that they know about in their communities. This list should include programs that are part of the church as well as those outside the church structure. Examples may include:

- Hospital-based voluntary counseling and testing (VCT) clinic
- NGO youth program
- NGO orphan care program (World Vision, Compassion)
- Church-based home care programs
- Church-based fellowships for PLWHA (People Living with HIV and AIDS)
- Outreach to those affected HIV/AIDS
- People within the church/community:
 - Health care providers
 - Legal counselors
 - Artists
 - Business people
 - Care-givers



group exercise

List the needs and resources

Along one half of a piece of paper, have participants list the needs that they're aware of in their church and community. On the other half of the paper, encourage them to think of the resources that may be available. The list should look similar to the one below.

Needs

- 2 widows without income
- 3 elderly women caring for 4 orphaned grandchildren
- 5 orphaned children not in school
- 10 children who have a parent sick with AIDS
- 1 man whose wife died of AIDS
- 35 young people who do not have much knowledge about HIV/AIDS

Resources

- 1 health care worker who is part of the church
- 5 women who would like to volunteer to help those with HIV/AIDS
- A congregation of people who will donate food, clothing, money, or time to help with HIV/AIDS

This exercise should help each church leader to begin to identify both the needs and the potential resources that exist within the church and community. Remember that this is only one person's assessment. When a group of people begin to think together about the needs and available resources, they will have many more ideas.

Section 2: How can the church participate?

When the church or community has identified the needs and resources, they can then decide how to best participate in meeting some of the needs within their area. The church's role is to bring God's children back into a relationship with him by witnessing to Christ's love and compassion, which he demonstrated through his death on the cross for our salvation. The programs that the church develops should keep this goal in mind by providing an environment of forgiveness, love, and acceptance of those people affected by HIV/AIDS.

Action plan

Planning is essential for any group to effectively address HIV/AIDS within a congregation and community. This will require cooperation and commitment from each person involved. One key to a successful response: a group or committee that has the energy, the calling, and the time to minister to those affected by HIV/AIDS. Church leaders should empower those who desire to work in this area and should work closely with them to demonstrate to others their support of this ministry.

If a church is serious about ministering to those affected by HIV/AIDS, the church should make objectives that will help it reach that goal. Lack of planning causes many churches' good intentions to never develop into successful programs. Use these steps to help plan your HIV/AIDS ministry.

1. Goal: What is the reason behind the ministry? Those working with a program, and others outside must be able to see and understand the reason behind it.

Example: To see those affected by HIV/AIDS receive ministry that will transform their lives and relieve their suffering.

2. Objectives: Make objectives specific, measurable, achievable, realistic, and time-bound.

Example #1: Encourage education of 15 orphan children by providing school uniforms for the coming school term.

Example #2: Develop a home care team that is able to visit the homes of those affected by HIV/AIDS to minister hope, healing, and comfort.

Note: An *unachievable* objective might be to state that a small church will provide full scholarships (tuition, uniform, books, and food) for all orphaned students in the area. While for some larger churches this may be achievable, it is most likely not an achievable goal for many small churches.

3. Strategy: What is the plan to reach the goals and objectives? This gives the objectives direction: How will you meet the objectives?

Example: A church committee of 6 people will work at ways to provide uniforms for 15 children by: collecting donations, seeking assistance from organizations, and planning fundraisers.

4. Implementation: The functioning program requires a group of people committed to see that the program works to reach the goals the group has set using their strategy.

5. Evaluation: How is the program working? Is it fulfilling the original vision? Is it meeting the objectives? What changes do we need to make?

Example: After six months the committee has provided uniforms for 7 children. Eight children still need uniforms. The committee will work on new strategies to provide the uniforms for the remaining children.

Section 3: Outreach possibilities

Education

Education plays an important role in the fight against HIV/AIDS. Education that includes healthy, Christ-centered lifestyles can empower people to form positive behavior changes that will ultimately lead to a decrease in HIV/AIDS and other sexually-transmitted infections. Church leaders have an important role in this type of education.

Church leaders have the potential to form relationships with large numbers of people both in their churches and in the surrounding communities. Bringing the message of HIV/AIDS education with a voice of compassion and forgiveness enables church leaders to minister to those who are at risk for HIV infection. Church leaders can also minister Christ's love to those already infected or affected by HIV/AIDS in some way.

After gaining knowledge and understanding of how the disease is spread and how it affects the body, church leaders can pass that knowledge on to others. The church can be involved in education at many levels:

1. Youth programs (drama teams): One very successful form of outreach and education has been teaching youth and encouraging them to develop drama teams as outreach to others in the community. Youth should have a strong understanding and knowledge of HIV/AIDS and be motivated to present a message of prevention, testing, and compassion to their peers. Church leaders should encourage their commitment and training.

Recognition and opportunity are also important factors in the success of youth programs. The young people (and others in the church) must understand the importance of the youths' roles, and they should have opportunities to present their programs in the church and community.

2. Prevention education: The church can also integrate education on prevention of HIV/AIDS. The church should openly teach biblical principles of abstinence before marriage and faithfulness within marriage. If it is not culturally acceptable to teach these in a setting with both men and women, leaders should teach these principles in separate settings (women's groups, men's fellowships).

In many cultures, youth feel pressure to experiment with sexual activity and become sexually active. The church must therefore be willing to take leadership, along with parents and teachers, in training children and youth about God's expectations for sexual intimacy. Church leaders in several countries have begun to speak out on this issue, and they have seen their youth decide to abstain from sexual intimacy until marriage. These countries are now seeing a marked decrease in the rate of new HIV infections.

Programs such as *True Love Waits* seek to give youth information and encouragement in choosing abstinence until marriage. These programs teach young people to respect their purity as well as the purity of others. Programs should stress mutual respect between men and women.

3. Marriage seminars: Adults also need instruction on God's word concerning faithfulness in marriage. It is helpful to teach young people to do right, but there is also no better way than teaching by example. If youth hear adults teaching about abstinence and sexual purity, they will look to the adults for examples of this lifestyle.

Church leaders should encourage pre-marriage counseling and continue to teach biblical marriage principles to married couples in their congregations and communities. They can do this in Sunday messages as well as at special meetings or seminars specifically for married couples.

Social needs

Orphans and widows are especially vulnerable to the HIV/AIDS crisis. Children orphaned of one or both parents often find that they must rely on themselves for basic needs of life. People often stigmatize widows if they know that the husband died of AIDS. Even when the cause of death is unknown, widows often find they are left powerless in decisions concerning property, finances, and other important life matters.

Outreach to widows and orphans is an excellent way for churches to effectively meet real community needs. Below is a list of just a few ideas for forming a program to meet the needs of widows and orphans:

1. Micro-loans: Micro-loan programs provide a sum of money to enable a widow to begin a small business. This will provide an income for the widow and her family, and when she repays the loan, the money can providing a loan to another widow.

Churches may be able to have a special fund-raiser to raise the initial monies for the loan; they should also provide someone in the church to manage the repayment and future loan applicants. Some NGOs may also be able to assist with the development of micro-loan programs.

2. Goat projects: Providing a goat or young cow is another way to assist widows in the community. Many of these programs work in a similar way to the micro-loan programs. The program gives a young female goat or heifer to the family (after training them on how to properly care for the animal). When this animal gives birth, the family gives the first live offspring back to the program so that the program can give to another member of the project.

Those who receive the animals must know how to care for them properly. The program must provide training on good management and animal care before the family receives the animal; the program should also do routine follow-up to be sure the animal is healthy and well cared for.

3. Scholarship programs: Education of children orphaned or vulnerable due to HIV/AIDS is a vital and practical outreach option for churches and communities. The children of the community today will become the adults in the community in the next few years. Due to the overwhelming affect of HIV/AIDS on the community,

it is important to look to the future and make certain that the society will continue to have the human resources needed to continue to move ahead socially, economically, and spiritually.

Churches and communities should find ways to attempt to see that every child in the community – both boys and girls – has the opportunity to be educated. Churches can designate a certain percentage of their Sunday offering to be used for educational scholarships. Some NGOs also assist churches and communities by either matching local donations or by providing scholarships for children who are vulnerable or orphaned due to HIV/AIDS.

4. School uniforms: In many cultures, the extended family network adopts orphans. This is ideal for most children, but it can strain the extended family that may have had financial difficulty even before the addition of another child. One way a church or community may help these families is to assist with various expenses they may incur due to the increased number of children in the household. Providing school uniforms is an affordable way for churches to help.

Many churches and most communities have seamstresses or tailors nearby. The church may work with these people to affordably provide uniforms for a number of children. For example; a seamstress may donate his/her time to provide 2-3 uniforms per week if the church raises the funds for materials.

Physical needs

The basic needs for life include food, clothing, and shelter. If the church sets up programs for donations, the church may have an excellent outreach program to assist those affected by HIV/AIDS in their community.

1. **Food:** One way that a church can help provide food to those in need is by developing a food bank. Each Sunday ask those who can spare a cup of rice, sugar, or cornmeal to bring their offering to the church. Assign a person or group of people to sort the offerings and distribute them to those in need. If the needs are more specific (such as, if someone in the community needs green vegetables), make that need known to the congregation so they can bring what is needed.
2. **Clothing:** Churches can develop a program for clothing similar to the food program. Ask the congregation for donations of clothing in good condition to help those who need clothing.
3. **Shelter:** Shelter is an important and basic need. Many times widows or orphaned children have a structure to live in, but are unable to keep it in good repair. Churches and communities can come together with donations of materials and labor to assist those in need to keep their homes in a livable condition.

Make this ministry a special time for those involved. Early in the day, gather for a short time of tea and fellowship. Have a time of prayer before you begin the work. Work hard on the repairs for a good part of the day, and finish with a time of prayer and blessing. These activities will become times of unity for those involved in the repairs, they will bless the family whose home was repaired, and they will witness to Christian service for the entire community.

Spiritual needs

During times of crisis and suffering, it is important to look toward social and physical needs. However, it is equally as important to provide for the spiritual needs of those who are suffering. Adults and children affected by HIV/AIDS may live each day with sickness, poverty, and the knowledge of death. Their spirits need hope and healing that can only come from God. Just as Christ met the physical needs of people through healing (Luke 5:12-16), feeding (Luke 9:10-17), and providing safety (Matthew 8:23-27), he also met their spiritual needs (Luke 5:17-26, John 4:1-26).

Those affected by HIV/AIDS need the message of Christ's forgiveness, mercy, and peace. Church leaders and other Christians should be ready with the message that will bring hope and restoration to lives filled with fear and hopelessness. Below are two ideas church leaders may implement to meet the spiritual needs of those affected by HIV/AIDS in their community.

1. **Fellowships/prayer groups for PLWHA** (People Living with HIV and AIDS): Some churches have begun special fellowships or prayer groups especially for those who are living with HIV/AIDS as well as those affected by HIV/AIDS. These groups give people the opportunity to share their stories with others who are experiencing similar struggles. These can be set up as Bible studies that search the Scripture for guidance and hope during difficult times. Meetings can also be focused toward worship and prayer. Involve those who are infected and affected in the planning of these meetings to find a format that will meet their needs the best.
2. **Sunday school programs** (targeting children affected by HIV/AIDS): Children who are vulnerable or orphaned due to HIV/AIDS need to build a foundation of faith that they may not receive at home due to difficult living situations. Sunday school programs should make it a point to include (not isolate) vulnerable children and give them a spiritual foundation for who they are as God's children. These programs can be used as stepping stones to further ministry as well. During the congregational and community assessment, be sure to document the children in the area who will benefit from Sunday school programs, and make the program available to them.

Section 4: Home-based care

In many settings, people who are sick with HIV/AIDS spend most of their time at home being cared for by family members or other volunteers. A basic knowledge of home care is a necessity for family members who have the responsibility of caring for loved ones. Basic home care is also a wonderful opportunity for ministry by the church. A group of volunteers may feel called to minister to PLWHA by providing home-based care. These volunteers should work together through the "action plan" noted in this unit to assess the needs, their skills, and how to implement a program.

The goals of home-based care are to show the love of Christ by:

1. Seeing that people receive basic physical, emotional, and spiritual care at home
2. Helping to break the stigma of HIV/AIDS by accepting and caring for PLWHA
3. Helping to educate people about HIV/AIDS and how to care for PLWHA
4. Reaching out to those who are not able to use local health services

5. Training home care volunteers, families, and communities in basic home care and infection control
6. Providing spiritual encouragement through prayer and scripture reading to those affected by HIV/AIDS

Because of the great need, many of the home care providers are not medically trained, but do provide a much-needed service to those who are ill at home. It is important for home-based caregivers to receive as much training as possible through programs available from a hospital or local clinic. This section will look at several important aspects of home-based care.

Physical care

At times those who are sick with HIV/AIDS have a difficult time caring for themselves and their family. Home-based caregivers can help with a person's physical care using some basic supplies. Listed below is an example of a simple caregiver's kit. Volunteers in the church can assemble these kits. Some organizations also may assist with gathering the supplies needed for these kits.

Home-based care kits

- Mild soap
- Bottle of bleach
- Gloves
- Petroleum jelly
- Medicated lotion or powder
- Plastic basin
- Large piece of plastic for bed
- Some simple medications (examples: aspirin, anti-diarrhea medication)

The above supplies will give the volunteer a few tools to provide some comfort for the person who is ill at home by making sure they are clean and comfortable. During a visit, volunteers may also:

- Spend time with the family and person who is ill. Discuss any questions or difficulties they are having. Be observant. Does the home seem to have the necessary food? Are clothes and bedding clean and dry?
- Discuss educational issues about HIV/AIDS. Does the family know how HIV is transmitted? Do they know how to prevent transmission?
- Talk with the family about proper nutrition. Good eating habits will help the family and the person with HIV stay healthier. If possible, include a balance of staples (corn, flour, rice, and sorghum), energy foods (beans, peas, lentils, and meat), fats and oils (lard, butter), fruits, and vegetables each day.
- Does the family have a clean water supply? Discuss with the family the importance of having clean water to drink. If clean water is not available, boil water for at least 10 minutes and store it in a clean container. A person with diarrhea needs to drink more water than usual to keep from becoming dehydrated.

- Discuss hygiene (cleanliness) with the family. Wash hands often using soap and water. If a person has a cough, teach them to cover their mouth with a cloth that is kept away from others. HIV can be transmitted through blood and body fluids; teach family members to use gloves or some form of protection if they are cleaning up blood or body fluids from a person who is ill.

Emotional care

Families who are affected by HIV/AIDS will respond in many different ways. Their feelings may change from visit to visit. Home caregivers should be very understanding and compassionate and allow families to express their emotions without taking offense or becoming angry or judgmental. Following are a few of the emotions that a volunteer see:

1. **Shock:** It is a shock for families to learn that someone has HIV/AIDS. They may be very confused and not know what to do. It is very important for them to have someone they trust who has some knowledge of HIV/AIDS.
2. **Denial:** It is not unusual for people to not believe that they really have HIV or AIDS. They may think that the test was wrong – especially if the person is still healthy and strong. When talking with these people, it is important not to become impatient with them or try to argue. Be prepared to help them understand what having HIV or AIDS means when they are ready.
3. **Anger:** Others may become angry when they learn they have HIV or AIDS. This is a common emotion and can come as they blame themselves, the person they think transmitted the HIV, or even God. Allow the person to talk through his or her feelings. Do not feel that their anger is directed toward you, even if it seems that way. Remain calm and do not return the anger.
4. **Fear:** People with HIV or AIDS and their families may become fearful of many things, such as:
 - Pain
 - Sickness
 - Death
 - Losing their job
 - Rejection
 - Leaving children

Talking about these fears with a volunteer may help to relieve some of the fearfulness. Meeting together with others who are infected or affected by HIV/AIDS may also bring some comfort.

5. **Loneliness:** Due to the stigma surrounding HIV/AIDS, many people may feel lonely. This depends on the reaction of the other family members, community, and church. Those suffering because of HIV/AIDS should be reminded that they are not alone. The ministry of the church can be very effective in overcoming loneliness.
6. **Depression:** Depression is a set of signs and symptoms that make a person feel that he or she has no reason to continue to live. The person may stay at home, refuse to eat, and refuse to speak with anyone. Depression does not only affect a person's emotional health, it can also affect physical health. Encourage the person to dress each day as he or she is able, and to attend church and other gatherings that may be

enjoyable. Encourage the person to get involved with activities that help others.

7. **Acceptance:** After some time, people with HIV/AIDS will usually begin to accept the situation. This will bring some peace to their lives and help them to think about positive ways to live.
8. **Hope:** Hope is essential for those who are affected by HIV/AIDS. It gives them the strength to live positively and live longer.

These emotions can change from day to day and even hour to hour. Do not be surprised if someone who is hopeful one day seems to be depressed on another day. Continue to build a trusting relationship in which they feel comfortable sharing whatever emotion they are facing.

Spiritual care

As church leaders, you can help those who are affected by HIV/AIDS in a very important way: by providing spiritual care. Here are some suggested guidelines for providing spiritual care for those affected by HIV/AIDS:

1. **Show compassion:** As Christians, we are to be channels of God's grace and compassion to the world around us. Compassion is demonstrated by a gentle spirit, kindness, acceptance, and love. Jesus demonstrated his compassion to all that he encountered who were sick and suffering. Read John 11:33-35 and John 8:1-11. Jesus is able to show compassion without condemnation.
2. **Face fears:** Fear may lead some church leaders and other Christians to stigmatize those who are affected by HIV/AIDS. It is important to confront fears with understanding of truth and facts about HIV/AIDS. It is not wrong to fear, but it is important to acknowledge fear and put it under the grace of God. This will allow church leaders to get rid of fundamentalism, prejudice, and stigma.
3. **Bring hope:** A person infected with HIV/AIDS will eventually die; *everyone* will eventually die! No one knows the hour or the day of that he or she will die. That is why spiritual care must focus on encouraging positive living for those infected and affected by HIV/AIDS. The Bible encourages us to live holy, meaningful lives. This message is for those who have HIV/AIDS as well.
4. **Ask what they need:** Do not begin a relationship with a person affected by HIV/AIDS by making demands such as immediate repentance or acceptance of death. Allow the relationship to grow in the direction of the needs of the individual or family. Ask them what their spiritual needs are. They may only wish to have prayer until you have built a trusting relationship.
5. **Maintain confidentiality:** As previously mentioned confidentiality is *not optional*. In order to build trust and preserve credibility, the church leader must very strictly guard information given in confidence. Broken trust hurts not only the person who was betrayed, but may also damage many of the church leader's other relationships.
6. **Give affirmation:** All people are created in the image of God. God loved each person so much that he sent his son to die for each one. Church leaders should treat those they give spiritual care to with the unconditional love of God. If culturally appropriate, hold the person's hand when praying, or place your hand on his or her shoulder.

Speak words that affirm the person's worth and significance.

Spiritual care giving can be a long process. The church leader or spiritual care giver will not "fix" the problem. The role is to support and encourage those affected by HIV/AIDS as they deal with the daily issues that surround the illness.

This process can be difficult for care givers. They must be sure to also care for themselves as they help others. Take time in prayer and meditation before and after providing spiritual care, to allow the Lord to equip and strengthen you. Rest when the work becomes too overwhelming to go on. Care givers will not be helpful if they become ill themselves.

In many countries, ministering to those affected by HIV/AIDS has become an essential part of their ministry as church leaders. This manual is intended to provide some tools to help church leaders around the world as they show the love of our Lord Jesus Christ to those who are suffering in the face of the HIV/AIDS pandemic.

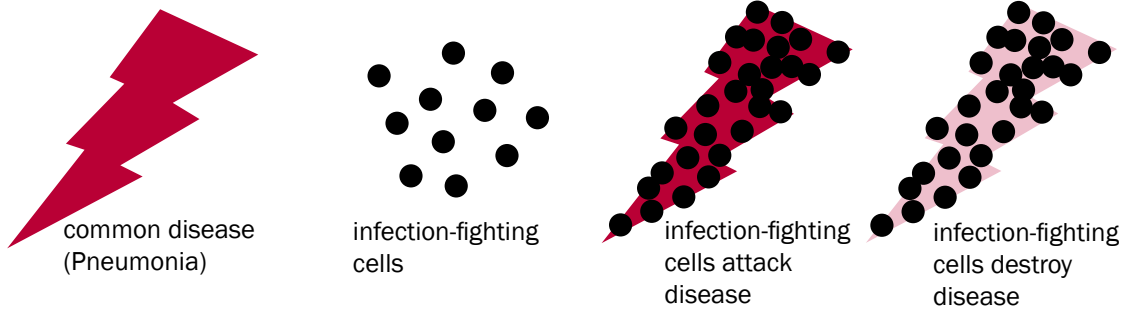
For further information on various topics, please review the appendix and reference lists.

Our prayer is that, with the guidance of the Holy Spirit this manual will be used to touch the lives of those affected by HIV/AIDS, bringing them to a relationship with God through his Son Jesus Christ.

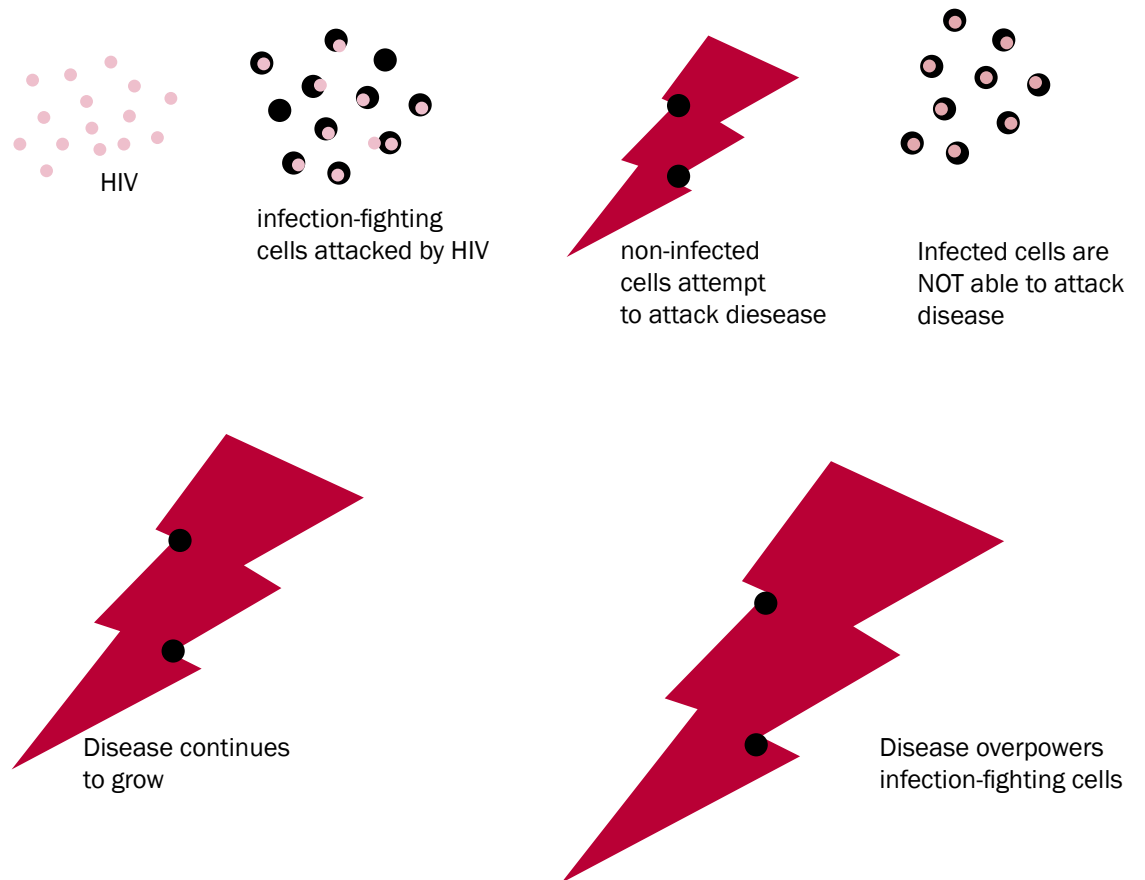
Appendices

Appendix I: Images

Healthy body fights infection



Body infected with HIV



Appendix II: Pre-test/Post-test

Name: _____ Date: _____

What do you know about HIV/AIDS?

For true/false questions, read the question, and then circle true OR false. For questions followed by a blank space, fill in the answers on the lines provided.

1. True False As of the year 2003, about 46 million people are infected with HIV/AIDS.
2. True False You can cure AIDS by having sex with someone who has never had sex before.
3. True False People in the United States have a cure for AIDS.
4. True False The church is powerless to have a role in the fight against AIDS.
5. True False God can not forgive someone who has AIDS.
6. True False Africa is the only continent with an AIDS problem.
7. True False You can tell by looking at someone that he or she is HIV positive.
8. True False The goal of HIV/AIDS education is to prevent HIV infection and transmission.
9. True False AIDS is a punishment from God on the person infected.
10. True False Church leaders can make a positive impact on the lives of those in their congregations and communities affected by HIV/AIDS.

11. List three ways HIV can be transmitted.

12. List at least three ways HIV can be prevented.

13. List five ways a church leader can become involved in HIV/AIDS prevention, care, and treatment.

14. List three important skills for those counseling a person affected by HIV/AIDS.

15. Name three actions a church leader can take to show the love, compassion, and forgiveness of Christ to someone affected by HIV/AIDS. Be specific. **For example: Visit a person who is sick with AIDS each week and pray with him or her.**

Note: Please photocopy this test as needed

ANSWER KEY

What do you know about HIV/AIDS?

For true/false questions, read the question, and then circle true OR false. For questions followed by a blank space, fill in the answers on the lines provided.

1. True As of the year 2003, about 46 million people are infected with HIV/AIDS.
2. False You can cure AIDS by having sex with someone who has never had sex before.
3. False People in the United States have a cure for AIDS.
4. False The church is powerless to have a role in the fight against AIDS.
5. False God can not forgive someone who has AIDS.
6. False Africa is the only continent with an AIDS problem.
7. False You can tell by looking at someone that he or she is HIV positive.
8. True The goal of HIV/AIDS education is to prevent HIV infection and transmission.
9. False AIDS is a punishment from God on the person infected.
10. True Church leaders can make a positive impact on the lives of those in their congregations and communities affected by HIV/AIDS.

11. List three ways HIV can be transmitted.

By having sex with someone who is infected with HIV.

By getting a blood transfusion with blood that is infected with HIV.

Mother-to-child transmission during childbirth.

IV drug use; using needles which have been used by someone who is infected with HIV.

By exposing opening wounds to blood or body fluids that are infected with HIV.

12. List at least three ways HIV can be prevented.

Abstaining from sex until marriage.

Those who are not infected must be faithful to husband or wife after marriage.

Be sure blood for a transfusion has been tested for HIV.

Do not share injection needles.

Pregnant women who are HIV positive should get medication to reduce the risk of transmission to

the child during birth. (Condoms can reduce the risk of HIV/AIDS transmission but not eliminate the risk altogether)

13. List some ways a church leader can become involved in HIV/AIDS prevention, care, and treatment.

Speak openly to the church about HIV/AIDS and reduce the stigma.

Hold seminars on HIV/AIDS prevention education.

Begin programs in the church to minister to those affected by HIV/AIDS.

14. List three important skills for those counseling a person affected by HIV/AIDS.

Confidentiality

Being non-judgmental

Being able to listen

Being fully present

15. Name three actions a church leader can take to show the love, compassion, and forgiveness of Christ to someone affected by HIV/AIDS. Be specific.

Visit the sick, widowed, and orphaned regularly.

Pray with those affected by HIV/AIDS. (Remember that touch does not transmit HIV. Hold the person's hands, lay your hand on his or her shoulder.)

In messages and sermons, promote love and compassion for those affected by HIV/AIDS.

Appendix III: References

CEDPA. *Faith Community Responses to HIV/AIDS*. CEDPA, Washington, DC, 2002.

Christian Counsel of Ghana (CCG), Johns Hopkins University Center for Communication Programmes (JHU CCP) and Ghana Social Marketing Foundation (GSMF). *Compassion Campaign Training Workshop*. Ghana, 2003.

Nations, Reverend Don. *Guidelines for Giving of Pastoral Care to Those Persons Who are Infected/Affected by HIV/AIDS*. HIV/AIDS Focus Paper #22, November 1993.

World Council of Churches. *Facing AIDS: The Challenge, the Churches' Response*. WCC Publications, Geneva 2002.

World Council of Churches. *Learning About AIDS: A Manual for Pastors and Teachers*. CMC, 2002.

World Health Organization and Food and Agriculture Organization of the United Nations. *Living Well with HIV/AIDS: A Manual on nutritional care and support for people living with HIV/AIDS*. WHO/FAO, Rome 2002.

World Health Organization. *AIDS Home Care Handbook*. WHO, 1993.

World Relief HIV/AIDS Team. *Hope at Home: Caring for Family with AIDS*. World Relief Corporation, 2003.

Wright, Dr. H. Norman. *Crisis & Trauma Counseling: A practical Guide for Ministers, Counselors and Lay Counselors*. Regal Books, Ventura, California, 2003.

