

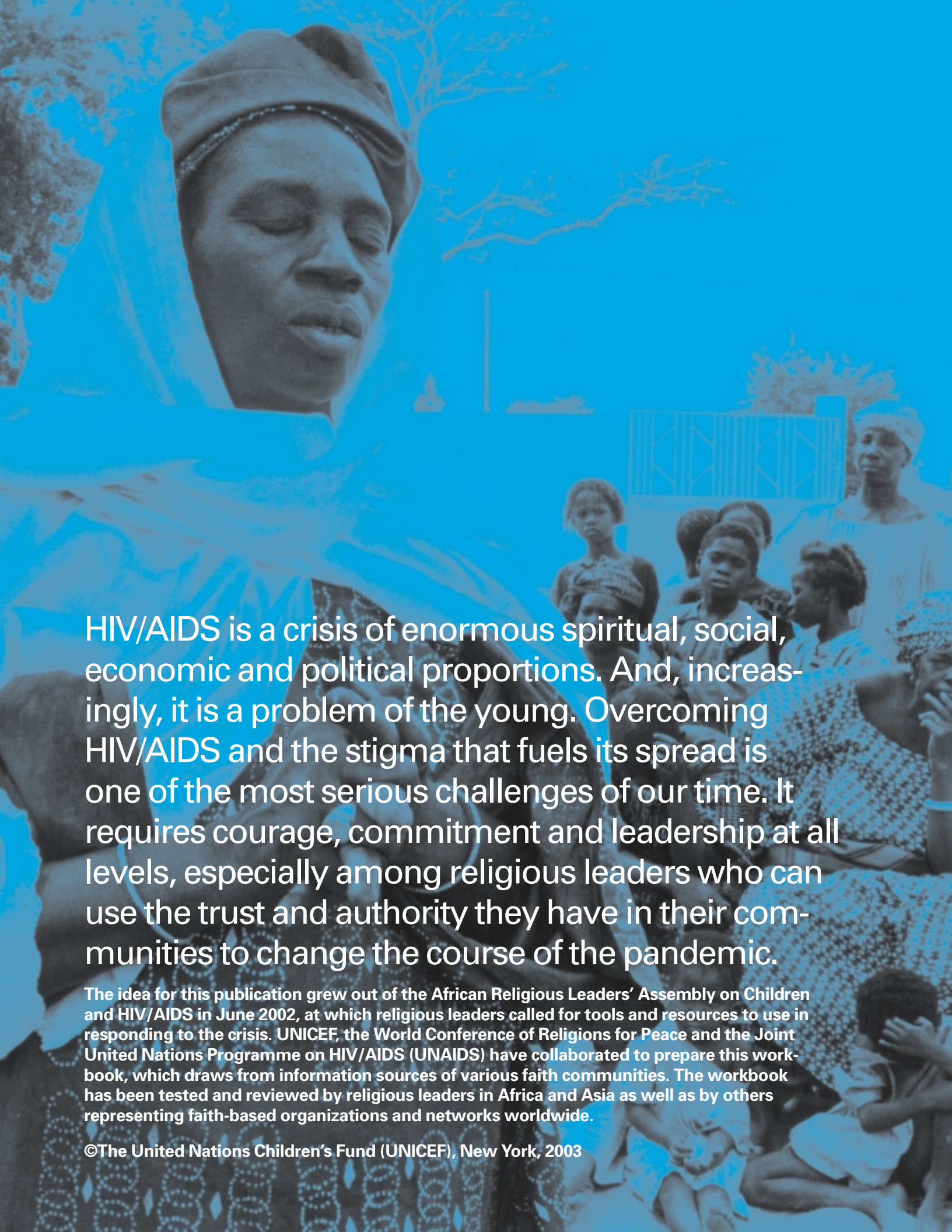


# WHAT RELIGIOUS LEADERS CAN DO ABOUT HIV/AIDS

Action for Children and Young People







HIV/AIDS is a crisis of enormous spiritual, social, economic and political proportions. And, increasingly, it is a problem of the young. Overcoming HIV/AIDS and the stigma that fuels its spread is one of the most serious challenges of our time. It requires courage, commitment and leadership at all levels, especially among religious leaders who can use the trust and authority they have in their communities to change the course of the pandemic.

The idea for this publication grew out of the African Religious Leaders' Assembly on Children and HIV/AIDS in June 2002, at which religious leaders called for tools and resources to use in responding to the crisis. UNICEF, the World Conference of Religions for Peace and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have collaborated to prepare this workbook, which draws from information sources of various faith communities. The workbook has been tested and reviewed by religious leaders in Africa and Asia as well as by others representing faith-based organizations and networks worldwide.

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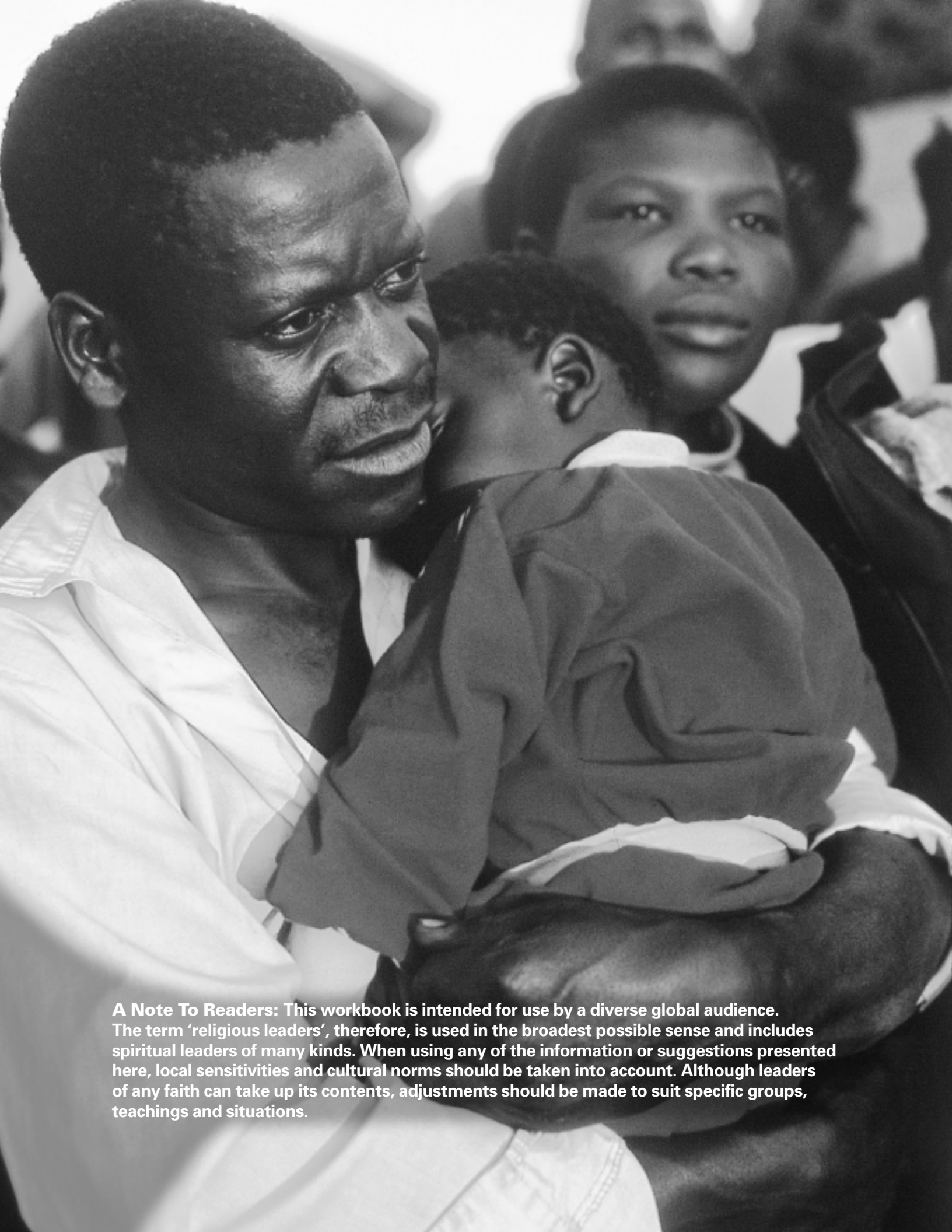
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**A Note To Readers:** This workbook is intended for use by a diverse global audience. The term 'religious leaders', therefore, is used in the broadest possible sense and includes spiritual leaders of many kinds. When using any of the information or suggestions presented here, local sensitivities and cultural norms should be taken into account. Although leaders of any faith can take up its contents, adjustments should be made to suit specific groups, teachings and situations.

# HOW TO USE THIS WORKBOOK

This book is a resource that religious leaders can use to explore ways of responding to HIV/AIDS.

It explains what HIV/AIDS is, how it can be prevented and how it affects particular groups, especially children and young people. It also explains how parents who are infected with HIV (the virus that causes AIDS) can avoid passing it on to their infants.

In addition to these basic facts, each chapter includes suggestions on what religious leaders can do to stop the spread of this deadly epidemic and the human suffering that goes along with it.

This information can serve as a starting point for meditation, dialogue and action. It can be adapted as necessary to specific spiritual teachings or religious texts, to the cultural practices and beliefs of particular communities, to local issues that contribute to the spread of HIV, and to ongoing programmes.

The last section of the workbook is devoted to ways in which religious leaders can generate

action against AIDS within their community. This is followed by a list of faith-based organizations and other institutions to contact for ideas and inspiration or for more technical information about HIV/AIDS.

An important point to remember when taking action is that there are many organizations and individuals also responding to HIV/AIDS who want to be of service. Find ways to team up with local non-governmental organizations or others who may be specialists in various fields. If addressing certain aspects of the disease, or its prevention, is difficult, make use of these groups for assistance and concentrate on more familiar areas. In many cases, this will mean providing the compassion and moral support that can break through the judgement, shame and fear so often associated with HIV/AIDS.

Religious leaders can also foster the process of reconciliation that is so urgently needed to bring families and communities divided by HIV/AIDS back together.

Here are some general principles to keep in mind:

- **Be proactive:** Don't wait for a crisis before approaching the congregation or wider community.
- **Be informed:** Use this workbook and other information to learn as much as possible about HIV/AIDS.
- **Focus on specific problems and obstacles:** Discover what different groups of people do, think and believe about HIV/AIDS and what might be preventing positive action.
- **Use religious and spiritual teachings in a positive way:** Say special prayers, use sermons and guided meditations, and quote from sacred or philosophical texts to support people and give them strength.

- **Be tactful and compassionate:** Be careful not to offend, exclude or further stigmatize.
- **Be accurate and clear:** Speak openly and honestly about the transmission of HIV, using scientific facts that are widely available, and about treatment and care of those living with HIV or AIDS.
- **Avoid condemnation:** It only reinforces fear, denial and indifference. Explore any personal prejudices and work towards speaking about HIV/AIDS in a non-judgemental way.
- **Believe in the process:** Be a facilitator for dialogue (help people talk about the issues and express what they want and need).
- **Propose positive solutions:** Provide facts and spiritual direction and suggest what religious, material and societal support different people might need in order to prevent the spread of HIV, to live positively and to support others.



# A FEW WORDS ABOUT LANGUAGE

Speaking about HIV/AIDS is fraught with sensitivities. Some people find the subject difficult to talk about at all, so it is worth taking the time to be aware of the most appropriate language to use to avoid insults, hurt, disempowerment or stigmatization. A good rule of thumb: Always use language that respects the inherent dignity of all persons.

- **Use words that are inclusive.** For example, avoid the use of 'us' and 'them' when referring to non-religious people or people affected by HIV or AIDS.

- **Strive to not impose value judgements.** For example, the terms 'AIDS victim' and 'AIDS sufferer' indicate powerlessness and increase stigma, whereas 'person living with HIV or AIDS' emphasizes life and hope. Likewise the term 'innocent victim' may imply that others are 'guilty' (just as 'forgiveness' implies guilt, whereas 'reconciliation' emphasizes the settlement of differences without blame). Avoid using the term 'AIDS orphan', which sets

children who have lost parents to AIDS apart from other children in a negative way. 'Children orphaned by AIDS' is the preferred term.

- **Be clear but sensitive to language.** Clear and accurate information about HIV/AIDS can save lives. However, there will invariably be reactions to certain words or phrases. Try to get the meaning across in ways that will not offend. For example, people in many societies may be uncomfortable with the word 'sex' but may accept terms such 'sexual relations' or 'human sexuality'. If religious leaders can bring themselves to communicate openly and honestly about a subject that is difficult to talk about, others will too.

- **Be aware of the difference between the terms 'HIV' and 'AIDS'.** To maintain people's trust, it is important to provide accurate information. For example, refer to 'AIDS' only when referring to the syndrome of illnesses caused by HIV, the virus that is transmitted from person to person.





1  
SECTION

## WHY RELIGIOUS LEADERS?

“The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become a force for transformation — bringing healing, hope, and accompaniment to all affected by HIV/AIDS.”

From the plan of action developed by churches, ecumenical and church-related organizations in Africa, Europe and North America and the World Council of Churches at the Global Consultation on the Ecumenical Response to HIV/AIDS in Africa, Nairobi, Kenya, November 2001



The principles of compassion, leadership and moral responsibility that people of all faiths embrace are urgently needed to halt the spread of HIV and alleviate the suffering caused by AIDS. Many have already taken up this challenge: Where religious leaders and those associated with faith-based organizations speak out truthfully and take action, a difference can be made for the good. As trusted and respected members of society, religious leaders are listened to. Their actions set an example. This can be especially instrumental in eradicating the stigma and discrimination against people living with HIV and AIDS.

In countries around the world, religious leaders are searching for ways to respond to a disease that is not only a health problem but also a crisis that is having a profound impact on their spiritual, social and human responsibilities:

- **HIV/AIDS is a threat to family life and spiritual well-being.** As young men and women fall ill and die, they often suffer spiritual anguish, social isolation and physical and economic hardship. They also leave behind grieving children, spouses and friends who call out for comfort and practical guidance.

- **HIV/AIDS is a threat to the growth of the community.** As the epidemic spreads, every affected country loses its most productive, vibrant citizens. Not only do families lose parents, spouses and breadwinners. Societies lose their farmers, teachers, health-care workers, managers, spiritual leaders, members of religious organizations and others who make the community strong.

- **HIV/AIDS is a threat to efforts to fight poverty.** As increasing numbers of the sick and dying need health and hospice care, and as more families lose time and money through sickness or caregiving responsibilities, already meagre family, community and national budgets are drying up.

- **HIV/AIDS is a threat to human dignity.** As heads of households lose their ability to provide, lose their social standing, suffer the indignities of debilitating illnesses and see their families fall further into poverty, many lose all hope. Where stigma and discrimination prevail, people with HIV and AIDS are shunned, filled with guilt and often deny the truth, even at the risk of spreading HIV to others. Children and wives who experience the illness or death of loved ones, and who must suddenly fend for themselves, are often subjected to abandonment, abuse and exploitation.

**Religious leaders clearly want to do something.** Examples abound of ways they have been of service, yet many have not fully understood the complicated nature of HIV/AIDS. In some cases, as religious leaders have admitted themselves, they have actually contributed to the spread of the disease and the stigma around it by denying that it exists, by trying to hide it, or by judging those infected. When people feel threatened or ashamed by HIV/AIDS, efforts at prevention or care become all the more difficult. One result is that the epidemic is driven further underground.

Many religious leaders may feel unprepared to talk about issues such as sexuality, exploitation,



## ERADICATING STIGMA AND DISCRIMINATION

In many places, a culture of silence surrounds HIV/AIDS. Often, this silence is caused by a religious association between HIV/AIDS and 'immorality' in the form of certain sexual behaviours, sexual orientation and drug and alcohol abuse.

Where people with HIV are stigmatized, they often remain silent out of fear. They tend not to seek support that could help them lead fuller, healthier lives or the information they need to prevent the spread of HIV to others. Moreover, where there is silence about the social and sexual issues that fuel the epidemic (including sex as a survival strategy and violence against women and girls, including rape and child abuse), people will continue to remain ignorant, powerless, exploited and silent.

Religious leaders are uniquely poised to break this silence by acknowledging suffering and reaching out with compassion to the excluded and rejected. They have the power to end guilt, denial, stigma and discrimination and open the way to reconciliation and hope, knowledge and healing, prevention and care.

alcoholism, prostitution and injecting drug use. They may think that without immediate funding or services, nothing can be done. Or they may believe that getting infected with HIV is punishment for 'sinful' behaviour – having had sexual relations before marriage, being unfaithful to one's partner or behaving in other ways that contradict certain religious teachings. Some religious leaders simply don't know what to do or say in the face of overwhelming crises, such as caring for large numbers of orphans, the loss of many members of their religious community, the growing need for spiritual counselling and soaring costs for health care and education.

But where religious leaders have demonstrated the courage and conviction to act, particularly in partnership with national governments and non-governmental organizations, there have been significant successes in preventing HIV and alleviating the suffering of AIDS.

In Uganda, for example, imams from 850 mosques are including information about HIV/AIDS in religious lectures and Friday sermons. Koranic verses that deal with sexual ethics and integrity are being widely used in educational campaigns and counselling sessions. Nearly 7,000 community volunteers have visited more than 100,000 households since 1992 to spread the message about prevention.

In Swaziland, Christian and traditional leaders are raising awareness about moral obligations to children, especially in the context of

HIV/AIDS. In 2002, support services were provided to 38 per cent of all orphaned children in that country, more than doubling the number of children reached the previous year. Awareness-raising activities included a children's choir contest, involving more than 10,000 children, some of whom were orphans. The choirs used music to share information about HIV/AIDS and the problem of child abuse.

In South-East Asia, Buddhist monks across the Mekong region are helping to change attitudes about people with HIV and AIDS, and to educate and look after children who have lost parents to the disease.

**Religious leaders are in the unique position of being able to alter the course of the epidemic.**

Why? Because religious leaders can:

- Shape social values;
- Promote responsible behaviour that respects the dignity of all persons and defends the sanctity of life;
- Increase public knowledge and influence opinion;
- Support enlightened attitudes, opinions, policies and laws;
- Redirect charitable resources for spiritual and social care and raise new funds for prevention and for care and support;
- Promote action from the grass roots up to the national level.



## TALKING ABOUT CONDOMS

In the face of HIV/AIDS, personal decisions regarding sexuality can literally be a matter of life or death. Religions provide moral guidance in this regard to ensure that sexual abstinence and mutual fidelity are cornerstones of HIV prevention. But each religious group must face the reality that there will always be people who are not willing or able to conform to these teachings and standards of behaviour, thus placing themselves and others at risk.

Ultimately, if lives are to be saved, faith-based organizations responding to HIV/AIDS need to provide clear and accurate information on ways to avoid contracting and spreading HIV, including the use of condoms. Dialogue on this emotionally charged issue should include scientific information on the proven effectiveness of condoms in preventing HIV transmission, presented in the context of relevant doctrines and religious teachings. Many religious organizations, while promoting the sanctity of sex within marriage and providing abstinence and fidelity education, are in a good position to promote condoms in an appropriate, targeted and sensitive manner as one part of an overall prevention strategy.

If some religious communities are uncomfortable addressing condom use directly, it is possible to involve a local medical professional or non-governmental organization to manage that part of the prevention programme.





### MAKING AN IMPACT

In his July 2003 remarks at a meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Archbishop of Cape Town, The Most Reverend Njongonkulu Ndungane, said that faith-based institutions could have a "profound impact" on the HIV/AIDS pandemic in the following ways:

- **Prevention.** All life is sacred. Take personal responsibility for sexual behaviour; encourage and support loving, just and honest relationships; embrace and adopt behaviours that avoid the transmission of HIV.
- **Pastoral care.** Equip clergy and laity to support all people, especially those living with HIV, in life-sustaining relationships with their God and their community.
- **Counselling.** Encourage voluntary and confidential testing and counselling for HIV. Promote the establishment of support groups and other counselling services for the sick, dying and bereaved and those who are orphaned.
- **Death and dying.** Train the Church to provide holistic care for the dying and prepare families to continue to live; offer rituals that honour the dead and promote the well-being of those who survive; train the clergy to counsel and protect the rights of those who survive, especially women and children.
- **Leadership.** Model bold and compassionate community and institutional leadership at every level of society – to address power, culture, stigma and discrimination, and to be a voice for the voiceless or those with a lesser voice. Encourage, in particular, leadership on HIV/AIDS among the laity and women.

# WHAT YOU CAN DO

## **Break the Silence**

- Talk about HIV/AIDS and its effects, especially stigmatization and discrimination. Raise discussions in mosques, churches, temples and other places of worship, within religious leadership structures, in teaching and training institutions and in the broader community. Talk with those who are living with HIV and AIDS in the community to find out how to help end discrimination against them.

## **End Ignorance**

- Become as 'HIV/AIDS aware' as possible, including examining personal attitudes and actions. Become knowledgeable about the scientific, social and cultural facts regarding HIV/AIDS.
- Encourage others to find out what social factors drive the epidemic and what impact HIV/AIDS is having in the local community. (Information on HIV/AIDS can be obtained from non-governmental and community-based organizations, ministries of health and labour, the department of statistics and the organizations mentioned in the 'Resources' section of this workbook, including UNICEF and UNAIDS country offices.)

## **Offer Compassion and Promote Reconciliation**

- Use spiritual teachings or religious scriptures to emphasize compassion, healing and support for people living with HIV or AIDS.
- Work with other religious leaders, faith-based coalitions and community leaders to find common beliefs, spiritual teachings and moral, legal and social standards that can help

prevent HIV and alleviate the suffering of those affected by AIDS.

- Work together to decide what common theological and ethical standards can be more strongly emphasized. Use the challenge of AIDS as an opportunity for spiritual growth, to care for one another, to support the living and the dying, and to appreciate the gift of life.

## **Initiate Programmes and Legislation**

- Determine what money and personnel can be mobilized from internal and external sources to support community-based programmes for spiritual and social counselling, health education and care, services and other support systems.

## **Involve People Living with HIV and AIDS**

- Include people with HIV and AIDS in prevention and care, spiritual outreach and theological debates as a way of affirming and enhancing their dignity. Engage in religious reflections on HIV/AIDS that lead to reconciliation among individuals and within communities.
- Hold public events together with people living with HIV and AIDS as a way to promote reconciliation and healing in the community.
- Above all, give people hope. Religious leaders can help people with HIV and AIDS live longer, more meaningful and dignified lives. When the time comes, they can prepare people to meet death – and provide comfort and support to surviving family and friends.

Additional suggestions for action appear in the following chapters.



## 2 SECTION

# WHAT EVERYONE SHOULD KNOW ABOUT HIV/AIDS

“We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the Church herself has been complicit in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS, are made in the image of God and are children of God.”

From a statement of Anglican primates on HIV/AIDS, Canterbury, United Kingdom, April 2002



# THE FACTS

■ **HIV is the Human Immunodeficiency Virus.** HIV damages the body's immune system, weakening it until it can no longer fight off disease. People infected with HIV usually live for years without any signs of disease and look and feel healthy. A blood test is the most accurate way for a person to know if he or she is infected with HIV; saliva and urine tests are now also available.

■ **AIDS or Acquired Immune Deficiency Syndrome** is the late stage of HIV infection.

■ **People who have AIDS grow weaker** because their bodies lose the ability to fight off illnesses. In adults, AIDS on average develops seven to ten years after infection with HIV. In young children, the disease usually develops much more quickly.

■ **So far, there is no vaccine or cure for HIV or AIDS.** But treatment with antiretroviral medicines, if available, is effective in keeping people healthy and extending their lives for many years.

■ **Medicines can help people with HIV and AIDS live healthier, longer lives** and can help prevent transmission of HIV from mothers to their infants. Yet, as of end-2002, only 5 per cent of the millions living with HIV and AIDS had access to life-prolonging antiretroviral medicines and only 10 per cent had access to basic care.

■ **HIV is contracted** through unprotected sexual intercourse, which is the cause of the vast majority of infections. HIV also spreads through transfusions of unscreened blood; through contaminated needles and syringes (most often those used for injecting drugs, but 2 per cent of new infections every year result from the failure to maintain sterilization in health services); and from an infected woman to her child during pregnancy, childbirth or breastfeeding. The virus only spreads when certain bodily fluids of an infected person pass into the body of another person. (Saliva, tears and urine do not transmit HIV.) The virus multiplies in the body so rapidly that, within hours, newly infected persons can spread the virus. (See box on page 16 for more information on how HIV spreads.)

■ **HIV is not spread through everyday contact** such as shaking hands, kissing, touching, sharing cups or plates, sharing toilets, staying in the same office or house as a person who has HIV or AIDS, or through swimming pools, public baths or bites from mosquitoes or other insects.

■ **Prevention is fundamental to defeating HIV/AIDS.** Every person in every country must know how to avoid getting and spreading the disease and should be empowered to act on this knowledge.

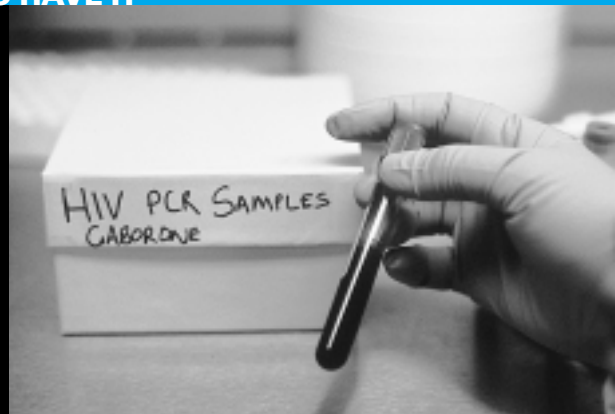
# THE STATISTICS

- **More than 20 million people have died of AIDS since the disease emerged in the late 1970s.**
- **More than 42 million people were living with HIV or AIDS at the end of 2002.**
- **Of the 5 million new infections in 2002, about half were among young people aged 15 to 24.** Of these infections, almost two thirds were among young women.
- **More than 14 million children currently under the age of 15 have been orphaned by AIDS.**
- **People in every region and every country are affected.** Dozens of countries are already deep in the grip of the HIV/AIDS epidemic. Many more are on the brink. Sub-Saharan

Africa is the most severely affected, with 17 million people dead and nearly 30 million infected; in four countries (Botswana, Lesotho, Swaziland and Zimbabwe), every third adult is infected. One in every 50 adults is infected in the Caribbean, the worst-affected region after sub-Saharan Africa. In Asia, national rates of infection are highest in Cambodia, Myanmar and Thailand, but millions are infected in populous China and India. Infection rates in Eastern Europe and Central Asia are skyrocketing, especially among those engaged in prostitution and injecting drug users. While industrialized countries have so far prevented full-scale epidemics, prevention efforts are stalling in most. Infection rates in poor and disadvantaged communities are on the rise.

## ATTACK THE DISEASE, NOT PEOPLE WHO HAVE IT

Language used to describe the challenges and dangers posed by HIV/AIDS should not create the false impression that those infected are the 'enemy'. Instead, focus on the positive: on ways that HIV/AIDS can be prevented and on providing compassion and support to children, young people, mothers and fathers, caregivers and others affected by HIV or AIDS.



# HOW TO PREVENT HIV INFECTION

Scientific evidence shows that:

- **The spread of HIV through sexual intercourse can be prevented by following the ABCs of prevention:** Abstinence – not having sexual relations; Being faithful – having sexual relations with only mutually faithful, uninfected partners; if neither of the first two conditions can be met, using Condoms correctly and consistently as well as practising other methods that make sexual intercourse safer. Sexually transmitted infections, which increase the risk of getting and spreading HIV, should also be prevented and treated when they occur. Later sections of this workbook provide suggestions for supporting young people and others in making responsible choices.
- **The spread of HIV through blood transfusions can be prevented by:** undertaking only essential blood transfusions; using only blood or blood products that have tested negative for HIV; and using sterile needles and other equipment for the donation of blood or blood products.

- **The spread of HIV through needles, syringes and cutting instruments such as razor blades and knives can be prevented by:** avoiding injections in favour of pills or liquid medicine, whenever possible; not sharing needles and syringes; using only new, sterilized, disposable or auto-disable needles and syringes, whether in immunization and health services or elsewhere; sterilizing surgical equipment; and using other standard precautions in health services, such as safely disposing of used needles.
- **The spread of HIV from parent to child can be prevented by:** ensuring that women do not become infected with HIV; encouraging people to seek voluntary and confidential counselling and testing to determine their HIV status and to get guidance on family planning; providing timely antiretroviral medicines to pregnant women with HIV, in accordance with medical practices; providing clean and safe delivery services; providing safe and locally acceptable alternatives to breastfeeding for women living with HIV; and providing treatment, care and support for women with HIV or AIDS and their families.

## THE REALITY OF PREVENTION

Unfortunately, preventing the spread of HIV through abstinence or mutual fidelity is not always straightforward. Sexual relationships are strongly influenced by social and cultural factors that may make prevention impossible. For example, women may be powerless to refuse sexual relations with their husbands, even if their husbands are infected with HIV. Women and children may be the victims of abuse or rape. Having sexual relations for money may be the only way that a desperately poor individual can survive. Openly discussing these underlying factors and encouraging a broader, more compassionate understanding of how HIV can be transmitted is an important way that religious leaders can help contain the epidemic.





## HOW HIV/AIDS AFFECTS THE HUMAN BODY

People who are infected with HIV carry the virus in certain body fluids, especially in blood, breastmilk, semen and vaginal secretions. The virus can be transmitted only if these fluids enter the bloodstream of another person. This kind of direct entry can occur through the linings of the sexual organs, through injection with a syringe or through a break in the skin, such as a cut or sore.

HIV does not cause someone to become sick right away (although they may experience temporary flu-like symptoms after exposure). In fact, it can take 7 to 10 years before someone infected with HIV sees symptoms of AIDS. During this time, a person may not know that he or she is infected but can infect others.

Once a person has HIV, the virus gradually weakens the body's immune (defence) system, which means that the body is less able to fight off infections.

At this stage, such infections (called 'opportunistic infections') can easily take hold and cause death if health services and life-prolonging antiretroviral medicines are not available. The most common sicknesses that affect people with HIV are pneumonia (particularly *Pneumocystis carinii* pneumonia), certain cancers (in particular Kaposi's sarcoma, lymphoma and invasive cervical cancer), malaria, some diarrhoeal diseases and tuberculosis. Some illnesses that are not necessarily fatal can cause severe discomfort, such as thrush (candidiasis) and cytomegalovirus, which can cause blindness.

The HIV test does not test for the actual presence of the virus in the blood. Rather, it tests for molecules that the body produces to fight off the virus. These molecules are called 'antibodies'. Tests to detect those antibodies in either the blood, saliva or urine are universally available. It is important to note that the saliva and urine of an infected individual contain *antibodies* to HIV, *not HIV itself*, so HIV is *not transmitted* through these fluids.

Antibodies start to appear in the blood soon after a person gets infected with the virus, but can only be tested for when they reach high enough concentrations. It can take from 3 to 6 months for antibodies to show up in tests. During this period, tests are likely to be negative for HIV even if a person is infected.

Newborn children of HIV-infected mothers have some of the mother's antibodies in their blood for about 18 months, even if they are not infected themselves. For this reason, HIV tests on infants will not be accurate during this period.

# WHAT YOU CAN DO

## **Break the Silence**

- Using the basic facts, talk openly in the family and faith community about the reality and danger of HIV/AIDS.

## **End Ignorance**

- Let people know how and why HIV spreads. Provide clear and accurate information on how HIV can be prevented.
- Team up with medical and public health professionals to make information widely available in the community.

## **Prevent Fear and Prejudice**

- Call for tolerance, understanding and reconciliation within families, places of worship and the society at large.

## **Organize Services and Support**

- Promote or support the establishment of services that are needed to prevent HIV/AIDS and to provide for those affected. These include education, counselling, health services, and social and spiritual services and outreach. Encourage people to use them.
- Expand efforts to reduce poverty. The spread of HIV/AIDS is being fuelled by economic hardship and inequality. The reverse is also true: HIV/AIDS impoverishes families and communities. In many countries, the cost of funerals is also taking an economic toll. More than ever, faith-based organizations need to forge partnerships with the government, private sector, non-governmental organizations, assistance agencies and others for support to income-generating, skills training, self-help and other activities.

## **Strengthen Social Values and Policies**

- Review spiritual writings, local sayings, beliefs and traditions that support HIV/AIDS prevention and care. Look at sacred texts, moral prescripts, parables and sermons and find ways to interpret the messages contained there in light of HIV/AIDS. Re-examine what is written about ministering and pastoral roles and responsibilities to care for the sick, the elderly, orphans and widows. Find ways to help people renew their duty to alleviate suffering, to affirm personal faith and to lead a life that fully respects the dignity and rights of others.
- Create forums for discussion about issues related to HIV/AIDS. Begin with local groups or institutions by bringing up issues in organizational or administrative meetings and retreats. Move on to discuss issues in public with members of religious assemblies and communities in regular meetings and through schools for religious instruction. Air the facts and develop consensus on appropriate theological and ethical responses and systems of support.
- Create a local or national faith-based council to be a focal point for HIV/AIDS issues. Elect or appoint a key person within a religious organization to lead action against HIV/AIDS at internal and external meetings. Develop or join local, national and international organizations to coordinate faith-based responses to prevent discrimination, reduce stigma and promote education, prevention and care.



# 3

SECTION

## YOUNG PEOPLE AND HIV/AIDS

“If the Christian family cannot give the answers to its teenagers... the family will lose them to someone who can. If the church in turn is silent, the church will lose them too.”

Kenneth O. Gangel, author and Christian educator, from his book, *The Family First*



# THE FACTS

■ **Nearly 12 million young people, aged 15-24, are living with HIV or AIDS.**

■ **About half of all new infections now occur in young people.** Every day, nearly 6,000 young people become infected with HIV. While infection rates among 10- to 14-year-olds are not generally known, studies indicate that a significant proportion of younger adolescents are sexually active and therefore at risk.

■ **Ignorance about HIV/AIDS is one of the fundamental reasons why young people are vulnerable to HIV infection.** Despite the fact that sexual activity begins in adolescence for most people, surveys among young people in more than 60 countries showed that the vast majority could not accurately say how HIV is transmitted. Half the teenage girls in the sub-Saharan African countries surveyed wrongly believe that someone who looks healthy cannot have HIV.

■ **Young women are especially vulnerable to HIV.** More than twice as many young women as young men are contracting HIV in some developing countries, particularly in sub-Saharan Africa. In a few severely affected African countries, as many as five or six girls are infected for every young man infected. Because of their biology, girls and women are

more easily infected by HIV during heterosexual intercourse than men. Older men, who are likely to have had many sexual partners, are having sexual relations with younger women and girls and putting them at risk. The lifelong disadvantages that girls and women face because of discrimination against them – including inadequate education, poor pay and employment prospects, and violence, abuse and exploitation by men – make them particularly vulnerable to unwanted or unsafe sex, both within and outside of marriage. Compounding the risks, females are often denied access to critical knowledge and education about sexuality and sexual health. During civil unrest and armed conflict, young women and girls are even more likely to become the victims of sexual violence.

■ **Disadvantaged and ostracized young people are in greatest danger.** Young people who inject drugs, are affected by armed conflict, suffer sexual exploitation, are trafficked, are orphans, or who live on the streets or in institutions have even less access to information, skills, services and support than other young people. Boys and young men who have sexual relations with men are very vulnerable because of the multiple disadvantages they face.

## THE GREATEST HOPE

HIV/AIDS is increasingly a problem of the young. Yet young people are also the greatest hope for stopping the epidemic, partly because they are more likely than adults to adopt and maintain safe behaviours. Wherever the spread of HIV/AIDS has slowed or even declined, it is primarily because young men and women have been given the tools and the incentives to protect themselves against infection.

# WHAT YOUNG PEOPLE NEED TO PROTECT THEMSELVES

## Knowledge and Information

- About sexuality and sexual and reproductive health, in order that they can understand how their body functions and make informed choices about their behaviour. There is overwhelming evidence showing that the more educated young people are about sexuality and responsible sexual behaviour, the better the chances that they will delay having sexual relations or will protect themselves if they do. It is therefore critical that young people receive guidance and advice about HIV/AIDS before they become sexually active.
- About transmission, risks and prevention of HIV.
- About the choices available to them, including the avoidance of sexual relations before marriage.
- About the economic and social pressures that make girls particularly vulnerable to unwanted or unsafe sex.
- About where to get voluntary and confidential counselling and testing for HIV, information on preventing infection, as well as care, support and medical treatment for those infected.
- About their rights and responsibilities in the context of HIV/AIDS.

## Skills and Confidence

- To negotiate difficult situations, whether it is refusing unsafe or unwanted sex or resisting peer pressure to use alcohol or drugs.
- To feel that they have the power to protect themselves and to influence others to practise responsible behaviour and avoid infection.

## Services Oriented to Young People

- That are affordable, welcoming, convenient

and sensitive to their needs. Such services can include pre-marital counselling, voluntary and confidential counselling and testing for HIV, control of sexually transmitted infections, materials to prevent HIV infection, including condoms, and services related to the prevention and treatment of drug and alcohol abuse.

- That make available psychological counselling and support for managing grief, stress and discrimination, particularly for young people living with HIV or AIDS.
- That offer 'peer-to-peer' counselling, which is often the most effective way to provide education and support for young people.

## A Safe and Supportive Environment

- That provides unconditional love and support from a caring adult, whether a parent or other family member, trusted teacher or religious leader or designated member of the community.
- That offers young people a place within their faith community to talk openly and without fear of criticism about their feelings about HIV/AIDS, sexuality, death and other issues, whether in a counselling session, youth group or after-school club.
- That gives them a voice and a meaningful role in community decision-making and programmes, especially regarding HIV prevention strategies for young people.
- That provides employment skills and opportunities.
- That provides role models for responsible behaviour.



# WHAT YOU CAN DO

## Break the Silence

- Talk to parents about HIV/AIDS and stress that they are the first line of defence in protecting their children. Encourage and support them to talk to their children about sexuality, positive values and personal responsibility, and about what they can do to protect themselves.
- Use religious youth organizations to talk to young people themselves – including those living with HIV or AIDS or at high-risk of infection – about their concerns and hopes, encouraging open discussion of values, sexual integrity and healthy relationships.
- Address groups concerned with young people, such as teachers and health and social workers.

## End Ignorance

- Discuss the social and cultural factors that can place young people at risk for HIV, such as gender discrimination, child abuse, sexual exploitation, rape and injecting drug use.

- Discuss what information, services and support young people need for counselling, prevention, treatment and care.

- Explain that young people are not a 'problem' but a resource, and how they can contribute through self-help and volunteer initiatives, such as peer counselling and religious and community education projects.

## Prevent Fear and Prejudice

- In local religious organizations and the wider community, call for understanding of the emotional and physical needs of young people and for compassion and protection of those living with or affected by HIV or AIDS.
- Build bridges in the community and with alienated or ostracized young people in order to end discrimination against them.
- Help young people who are engaged in risky behaviours because of poverty find protection and an alternative means of economic support.

## FACTORS THAT HELP ADOLESCENTS REDUCE HIGH-RISK BEHAVIOURS

- Positive relationships with adults
- Feeling valued
- Safe and welcoming school environment
- Recreational activities
- Exposure to positive values, rules and expectations
- Spiritual beliefs
- A sense of optimism about the future







### DRAWING INSPIRATION FROM OTHERS

In Ethiopia, Muslim, Protestant and Ethiopian Orthodox leaders all agreed to devote the same seven days to a 'religious week' on HIV/AIDS. These groups are using their extensive networks, goodwill and influence among followers to end the stigma and discrimination associated with the epidemic.

The Ethiopian Orthodox Church, for example, has held public rallies, conducted youth workshops and published leaflets to raise awareness about the epidemic. It has also addressed HIV prevention among young people in its religious teachings by stressing abstinence, chastity before marriage and matrimonial fidelity. These teachings explain the facts about HIV/AIDS, stress its disastrous social consequences and draw attention to the shared obligation to care for those living with the disease as well as those who have lost parents to it.

The Ethiopian Islamic Supreme Council is undertaking projects related to HIV/AIDS in seven regions. For its religious week in 2003, the Council chairman visited a hospital, an orphanage for children who have lost parents to AIDS and the homes of families that have been affected by the disease. A national prayer day, presided over by imams, was combined with education to help allay discrimination.

The Ethiopian Evangelical Church Mekane Yesus began its religious week activities with prayer focusing on HIV/AIDS. Other events included a song and poem competition and dramatic performances in 19 churches to end stigma and discrimination. An HIV prevention and control programme started in 1988 has been ongoing in all of its churches for more than a decade.

### Organize Services and Support

- Carry out HIV prevention education through youth groups and other religious youth networks.
- Ensure that HIV/AIDS prevention education is available to young people in schools, through religious education, in prayer or meditation groups, and through community centres or outreach services.
- Promote the establishment of health and social services that are welcoming to young people and sensitive to the needs of young women. Such services include pre-marital counselling, voluntary and confidential counselling and testing for HIV, reproductive health care, drug and alcohol abuse prevention and stress and grief counselling.
- Engage young people in peer-to-peer support groups and prevention clubs, which can be organized through existing religious youth groups.

### Strengthen Social Values

- Encourage parents and other adults in positions of authority to take responsibility for ensuring that their children and other young people are able to protect themselves from HIV. This starts with basic knowledge about sexuality and prevention and about positive values to guide behaviour and encourage healthy relationships.
- Talk to your congregation and others about the spiritual dimensions of human sexuality and about the need to protect others from harm. This includes protection of young people who may be the victims of abuse, violence, exploitation, discrimination and trafficking.
- Encourage the participation of young people in developing and running religious and community programmes that inform people about HIV/AIDS and its prevention.



### FAMILY ACCEPTANCE

"All I want is to be accepted by my family again."

Comment from a 19-year-old woman who is infected with HIV in the Lao People's Democratic Republic



**4**  
SECTION

## PARENT-TO-CHILD TRANSMISSION OF HIV

“We recognize the huge inequalities between men and women that contribute to the growth in the HIV infection rate, poverty and underdevelopment, and, as such, violate the will of God.”

From the Declaration of the HIV/AIDS Christian network in Mozambique, issued at its inaugural meeting, Maputo, May 2002



# THE FACTS

- **More than 800,000 children under the age of 15 contracted HIV in 2002**, over 90 per cent through transmission from their mother.
- **Some 610,000 children died of AIDS in 2002.**
- **Without any preventive steps, approximately one in three babies born to mothers with HIV will contract the virus.** About 15 to 20 per cent of infant HIV infections occur in pregnancy, 50 per cent in labour and delivery, and another 33 per cent through prolonged breastfeeding.
- **Sub-Saharan Africa is home to 90 per cent of the world's children who are infected with HIV.**
- **Antiretroviral treatment (with medicines that suppress the growth of the virus in the human body) greatly reduces the risk that mothers with HIV will pass it on to their babies.** With such treatment, the risk is reduced by almost half.
- **Safe delivery practices can also reduce the chances that mothers will transmit the virus.** Safe delivery practices include preventing unnecessary exposure of the baby to its mother's fluids and tissues and avoiding tears and cuts of the birth canal during childbirth. Where facilities and personnel trained in

Caesarean sections (surgically cutting through the wall of the mother's abdomen to deliver the child) are available, the procedure can help to protect a baby from HIV. However, to be safe, the procedure should be planned in advance rather than conducted on an emergency basis, particularly in the absence of trained medical personnel.

- **Babies who are infected with HIV can live longer, healthier lives with proper care.** Babies need nutritious food that is hygienically prepared and stored. This means either exclusive breastfeeding for 6 months or providing infants with safely prepared breastmilk substitutes, complemented by other foods from six months onwards (see box on next page). Babies also need the appropriate immunizations at the right time and to be taken immediately to a clinic whenever health problems occur. Most of all, babies with HIV need love and attention.
- **Women with HIV can live healthier and longer lives with care and support.** Women living with HIV who are treated with compassion, who get enough good food and health care, and who do not drink or smoke can live longer and delay getting AIDS.



### BREASTFEEDING AND HIV

If a mother is infected with HIV, she risks infecting her baby through breastfeeding. However, children who are NOT breastfed are also in danger of dying from diarrhoea, malnourishment and respiratory infections. Every new mother should therefore be counselled by a trained professional to help her decide what is right for her and her baby, however, the following general rules apply:

Mothers should exclusively breastfeed their babies for the first six months, unless other types of feeding are acceptable, feasible, affordable, sustainable and safe. 'Exclusive breastfeeding' means that the baby is given no food or drink of any sort except breastmilk. At least one study has shown that exclusive breastfeeding during the first few months of life resulted in lower risk of mother-to-child transmission than if breastfeeding was combined with other milks, foods, juices or water.

Breastmilk substitutes should only be given if they are:

**Acceptable** in a particular society or culture.

**Feasible** – meaning that the family can understand and follow instructions for preparing infant formula and is available to do so at least eight times per day.

**Affordable** – meaning that the family can pay for baby formula without sacrificing the needs of their other children. It also means that, besides milk, other items such as sugar, micro-nutrient supplements and fuel for cooking are continuously available.

**Sustainable** – meaning that the family has a long-term, reliable supply of infant formula, enough to meet the baby's food needs.

**Safe** – meaning that the family has access to a reliable supply of safe water for mixing food and washing feeding utensils; that the replacement food is nutritious and free of germs; that the food can be stored safely or made up one meal at a time; and that affordable health care is nearby.

Other ways to lower the risk of infecting a baby with HIV include preventing and promptly treating breast problems as well as sores or thrush in an infant's mouth.

# HOW TO PREVENT TRANSMISSION OF HIV FROM PARENTS TO CHILDREN

**The most effective way to prevent transmission of HIV from parents to their children is to prevent young people and adults from contracting the virus in the first place.**

- Adolescent girls and women need the support of their partners, families and communities to prevent HIV and other sexually transmitted infections.
- Men and adolescent boys need education and skills training. They also need an environment that encourages responsible sexual behaviour. They need to understand that negative attitudes and behaviours towards girls and women put everyone at greater risk of contracting and spreading HIV.
- Women and men both need pre-marital counselling to form more equal spiritual and physical partnerships. Once married, they need counselling and education to help them remain faithful.

**Young people need information and a range of services so that they can make responsible decisions about reproduction.**

- The vast majority of people in developing countries who are living with HIV or AIDS are unaware that they are infected. The only way they can make an informed decision about whether or not to have children is to know their HIV status. They can find this out by getting tested for HIV, which should be voluntary and confidential.

- All adolescent girls and women (but even more so those living with HIV or AIDS, or with partners who are infected) need to understand the relationship between pregnancy and HIV and the choices available to them. If they do become pregnant, they require counselling and care during pregnancy, a safe delivery, and counselling about infant feeding and ways to 'live positively' (see box, page 38).

**All pregnant women and adolescent girls living with HIV or AIDS must have access to the full range of methods for reducing the risks of transmitting HIV to their infants.**

**This includes antiretroviral treatment, safer delivery practices and safer ways of feeding infants once they are born.**

- A short course of antiretroviral medicines during pregnancy reduces by half the risk of passing HIV on to the baby.
- Safe delivery practices that prevent unnecessary exposure of the baby to its mother's fluids and tissues may also reduce transmission.
- New mothers must have guidance on how to weigh the risk of passing on HIV to their infants against the risk of denying them breastmilk (see box, opposite page).

**All mothers living with HIV or AIDS need treatment, care and support.**

- Mothers living with HIV or AIDS and their families need to be reassured that they can live longer, healthier lives if they get the

proper treatment, care and support. This includes nutritious food and good health care, including antiretroviral medicines and prompt treatment of infections and illnesses. They also need reproductive health counselling and services.

- Mothers with HIV or AIDS need to know that they are accepted by their families and by their religious and social communities.

- Babies with HIV can also live longer and healthier lives if they are given good nutrition and regular health care, including all childhood immunizations, growth monitoring and prompt medical attention when health problems occur. All babies, with or without HIV, have a greater chance of surviving and thriving if they have a mother to care for them.



#### **MEN'S ROLE IN PREVENTION**

It is particularly important to engage men and boys from all walks of life, and especially to mobilize men of faith, in the effort to prevent discrimination against women. It is also important to examine whether faith-based systems are reinforcing gender roles that increase women's and girls' vulnerability to HIV.



# WHAT YOU CAN DO

## Break the Silence

- Discuss the moral obligation of men, women, communities and religious organizations to prevent transmission of HIV to children.
- Address religious groups concerned with children's and women's health about the risks to infants of HIV infection. Speak to couples, families, community and women's groups, men's groups and health and social workers.
- Explore what particular economic, social and cultural practices might be contributing to the transmission of HIV in children in your community.

## End Ignorance

- Explain how babies can and can't get HIV from their mothers.
- Discuss how men's attitudes about women and girls, family life and responsibilities for marital fidelity and sexual behaviour can reduce or increase the chances that a child will be infected by HIV.
- Explain how, with the community's support, women and children who are infected with HIV can live longer and better by 'living positively' (see box, page 38).

## Prevent Fear and Prejudice

- Call for compassion and understanding within couples, within families, in houses of worship and at clinics and other places where women go for support, services and care.

## Organize Services and Support for Women

- Promote education to prevent the transmission of HIV from parents to their children in clinics run by religious organizations and through religious women's groups or community centres.
- Encourage health facilities to provide appropriate antiretroviral treatment during and after childbirth to reduce transmission of HIV infection to infants.
- Support or organize health, counselling and social services that are 'friendly' to women and that guide and support them in their decisions about pregnancy. Once pregnant, women need services that offer safe deliveries and, if needed, counselling and treatment to reduce the chances that HIV is passed on to their infant.

## Strengthen Social Values and Policies

- Promote understanding and support among the religious hierarchy on women's needs for reproductive health counselling and services.
- Support religious and government policies that protect women's property, inheritance and work rights and strengthen their position in society, including in the household and places of worship.
- Support women's efforts to develop self-respect and to generate their own source of income in the face of situations that make them vulnerable to unwanted sex and HIV.

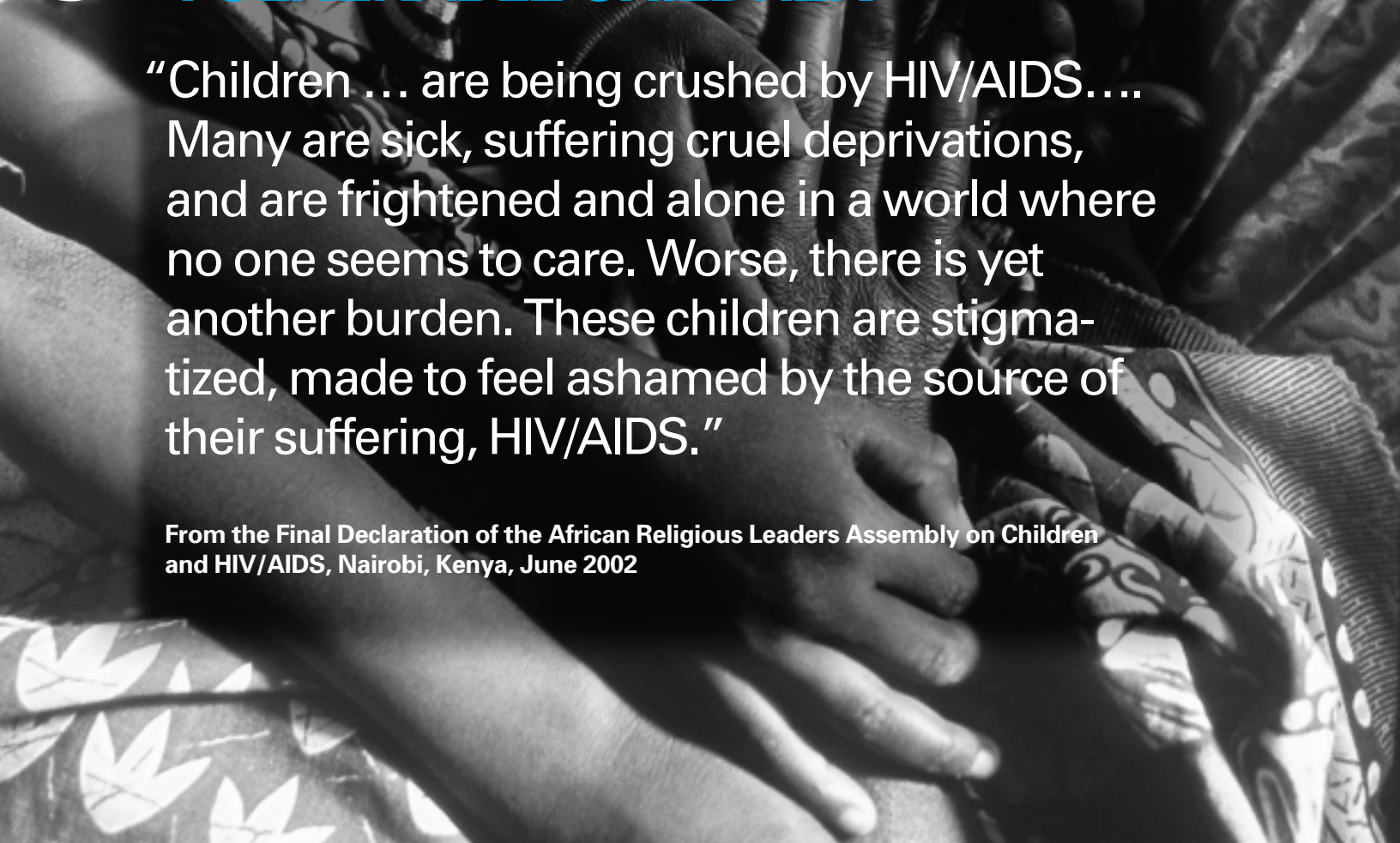


**5**  
SECTION

## **ORPHANS AND OTHER VULNERABLE CHILDREN**

**“Children ... are being crushed by HIV/AIDS.... Many are sick, suffering cruel deprivations, and are frightened and alone in a world where no one seems to care. Worse, there is yet another burden. These children are stigmatized, made to feel ashamed by the source of their suffering, HIV/AIDS.”**

**From the Final Declaration of the African Religious Leaders Assembly on Children and HIV/AIDS, Nairobi, Kenya, June 2002**



# THE FACTS

- **HIV/AIDS has killed one or both parents of 14 million children** currently under the age of 15. The numbers continue to rise. By 2010, the total number of children orphaned by AIDS is expected to reach 25 million.
- **Currently, four out of five children orphaned by AIDS live in sub-Saharan Africa** – but large increases are already occurring in China and other populous countries in Asia.
- **AIDS is causing not only more orphans, but also more orphans who have lost both parents.** Because HIV is sexually transmitted, it is likely that if one parent is infected, the other will also become infected.
- **Traditional systems of caring for orphans are being overwhelmed.** In many societies, extended families care for orphans. But with the massive rise in the number of orphans, families and communities are increasingly unable to cope.
- **Children suffer enormously when their parents fall ill and when they die.** Moreover, when deprived of adult care, children are at grave risk – of hunger, dropping out of school, losing their inheritance, drug abuse, sexual and mental abuse, and becoming infected with HIV themselves.
- **Orphans and other children made vulnerable by HIV/AIDS are often stigmatized, isolated, discriminated against, disinherited and deprived** of basic human rights to education and health.
- **No less vulnerable are children who have been orphaned by causes other than HIV/AIDS or who are at risk for other reasons.** This includes children in severe poverty, children who are homeless, children in war zones, children who are sexually exploited and subjected to violence, and children who must care for sick or dying parents or who have dangerous jobs. These children are especially susceptible to illness, psychological trauma and poor physical and mental development. Programmes and policies that seek to ease the suffering of orphans should include other vulnerable children as well. This is the morally correct thing to do and will also help prevent further stigmatization of children orphaned by AIDS.

# WHAT ORPHANS AND OTHER VULNERABLE CHILDREN NEED

## Education

- Like all children, orphans and other vulnerable children have the right to learn and develop in the structured and supportive environment of school.

## Services

- In addition to education, orphans and other vulnerable children need shelter and access to basic services. These include services related to health (including psychological health), nutrition, and safe water and sanitation. Such children may also require legal advice and support. As they get older, orphans need a way to earn an income.

## Psychological Support

- Children who are living with sick or dying parents, or who have already been orphaned, are often desperately in need of compassion and support from those around them. They also need to be able to express their feelings

openly – to a friend, peer group or counsellor, in a structured or informal setting – without fear of being stigmatized or discriminated against.

## A Caring Environment

- Children need the close relationships, personal care and cultural connections that families and communities provide. Orphanages are not an appropriate or sustainable response to the orphan crisis and should be seen as a ‘last resort’. Orphanages are also much more expensive to run than providing support to families that care for orphans.

As much as possible, orphans and other vulnerable children should be involved in decisions that affect their future. Quite often, such children are wise beyond their years and are mature enough to help make decisions about their own and their siblings’ protection and care.

## ALL CHILDREN WELCOME

Strong and active religious leadership is critical to ending the stigma and rejection experienced by children whose parents are living with HIV or have died of AIDS. Ensure that all children are equally welcome in houses of worship and the community.





# WHAT YOU CAN DO

## **Break the Silence**

- Remember orphans and their caregivers in everyday prayer before meals or meetings, or through special services.
- Discuss how children are affected spiritually, economically and socially as their parents or caregivers fall sick and die.

## **End Ignorance**

- Discuss how religious institutions have traditionally cared for orphans and how this obligation is sacred.
- Discuss what spiritual counselling, education and other services and support orphans and their caregivers require, and how this can be provided fairly when other children may also be in great need.

## **Prevent Fear and Prejudice**

- Convince fellow leaders, government organizations, communities and faith-based charities that orphans and other children in need should not be sent away or put in orphanages or other institutions. Focus on community-based solutions.
- Ensure that such children are not discriminated against in gaining access to education.
- Call for the recognition of all children in need. Work to prevent discrimination against

children who are not related to the community by kinship, tribe or ethnic group and who are in need of fostering or adoption.

## **Organize Services and Support**

- Build partnerships with other religious groups, non-governmental organizations and government agencies to coordinate and strengthen services for children affected by HIV/AIDS.
- Identify why orphans and other vulnerable children have difficulty getting an education or accessing health and other services. Find out ways to overcome these barriers, such as waiving or abolishing school fees.
- Find ways of providing support for communities caring for large numbers of orphans and vulnerable children. Improvements could be in the areas of health, education, spiritual and psychosocial support, nutrition, water and sanitation, agricultural productivity, and self-help, income-generation or micro-credit schemes.
- Provide economic relief for parents, families and households in distress through charitable contributions to community-based orphan care and discounts or abolishment of fees for schools and health-care facilities operated by religious organizations.



## DRAWING INSPIRATION FROM OTHERS

The Sangha Metta Project was initiated by Buddhist monks in Thailand seeking to play a more active role in HIV/AIDS prevention and care. Taking the Buddha's teachings as their starting point, they concluded that a core aspect of HIV/AIDS was ignorance about the condition both among those living with the disease and the general public.

The project teaches monks, nuns and novices about HIV/AIDS and gives them the skills to work effectively in their communities. A crucial part of training is close contact between monks and people with HIV and AIDS, including accepting as alms food prepared by those with the infection. Sensitized in this way, the monks are soon able to work freely with affected individuals in remarkable ways.

One of the most important developments is that project-trained monks have become active in community work. Using Buddhist ethics as their guide, they now teach villagers how to avoid high-risk behaviour, help set up support groups, train people with HIV and AIDS in handicrafts and take care of children orphaned by AIDS. 'HIV-friendly' temples encourage those living with HIV or AIDS to participate in community activities. The monks also provide training in meditation as well as grow and dispense herbal medicines in collaboration with local hospitals.

Because the project has given monks a way to become actively involved in their communities, something they have always sought, it is spreading rapidly into other regions of Thailand as well as Bhutan, Cambodia, China, the Lao People's Democratic Republic, Mongolia, Myanmar and Viet Nam.

- Always consider the best interests of children when organizing help for households headed by children or orphans. Consider the maturity and coping skills of the children and support the household with regular adult visits, rather than separating brothers and sisters.
- Establish 'places of safety' in communities through faith-based networks of volunteers. Have volunteers serve as surrogate 'aunts' and 'uncles' to provide advocacy, guidance and emotional support.

### **Strengthen Social Values and Policies**

- Protect the inheritance and property rights of orphans and widows.
- Ensure that orphans and other vulnerable children have the same access to shelter, school, houses of worship, counselling and social services as other children.
- Protect orphans and other vulnerable children from all forms of abuse, violence and exploitation.
- Promote and strengthen family and community-based care (including preventing institutionalization and the separation of siblings and finding ways to bring children who have been placed in institutions back into the community).





**6**  
SECTION

## CARE AND SUPPORT OF PEOPLE LIVING WITH HIV OR AIDS

*"We all suffer the same."*

Comment from an imam involved in an AIDS education project supported by the Islamic Medical Association of Uganda



# THE FACTS

- **Every religious community is living with HIV and AIDS.** People with HIV or AIDS are brothers and sisters, daughters and sons, mothers and fathers, relatives and friends. The suffering of one is the suffering of many.
- **Forty two million people worldwide were living with HIV or AIDS at the end of 2002,** including nearly 12 million young people (aged 15 to 24) and 3.2 million children (under the age of 15). They all need treatment, care and support to cope with the traumatic health, emotional and social challenges that they and their loved ones face.
- **It is better for people to know whether or not they have HIV.** If people know they do not have HIV, they can find out how they can avoid getting infected. If people do have HIV, they can change their behaviour to delay getting ill and take the necessary precautions to avoid infecting others.
- **There is no cure for HIV or AIDS. But people can live longer and stay healthier by 'living positively' and using antiretroviral medicines.** People who have HIV can delay getting AIDS for 7 to 10 years or longer by taking medicines that inhibit the progression to AIDS. They must also take good care of themselves. This means eating enough good food, eliminating

smoking and alcohol, guarding against other illnesses and getting appropriate health and spiritual care.

- **Children, families, communities and nations benefit in innumerable ways when people with HIV or AIDS are able to live longer and fuller lives.** When parents' lives are prolonged, children can be cared for longer. Losses to household income are postponed, and families and communities have a chance to put coping mechanisms in place.
- **It is safe to care for, live with and work with people that have HIV or AIDS.** HIV cannot be spread by sharing food, cups and plates, cutlery, towels, clothes, books, benches and chairs, telephones, office equipment, latrines or toilets. HIV cannot be spread by shaking hands, hugging, kissing, touching, crying, talking, coughing or sitting close.
- **With appropriate hygiene, people with HIV or AIDS can be cared for at home.** Good home hygiene (washing regularly with soap and water and keeping clothes and bedding clean) can prevent people with HIV or AIDS and their caregivers from getting common infections.
- **People living with HIV or AIDS can usually be treated at local clinics and health centres.** Coughs, rashes, diarrhoea, mouth sores and

## SET AN EXAMPLE

Support voluntary, confidential testing and encourage members of religious communities and their leaders to get tested for HIV. Many religious, political and social leaders have courageously set a good example and gone a long way to de-stigmatize HIV by getting tested and publicizing their own results, or by standing up with people living with HIV and AIDS.

## WHAT DOES IT MEAN TO 'LIVE POSITIVELY' WITH HIV AND AIDS?

- 1 Looking after spiritual and mental health** (asking the divine for strength, meditating, praying, seeking pastoral counselling, joining self-help groups, sharing feelings with family and loved ones, including children, thinking positively, renewing reasons to live)
- 2 Making good health choices** (getting medical help whenever ill, eating nutritious food, drinking plenty of water, practising good hygiene, taking extra rest when needed, avoiding smoking and alcohol, protecting the health of others by not exposing them to HIV infection)
- 3 Putting worldly affairs in order** (making peace with others, arranging for the care of children, making a will)
- 4 Living as normally as possible** (working as much as possible for as long as possible, spending time with friends and family, staying active in religious, professional and community organizations)

cuts need to be quickly treated. Where available and affordable, people with HIV and AIDS need medicines, including painkillers and antibiotics. They also need counselling and care while pregnant, all of which can be supplied close to home.

- **Treatment with antiretroviral therapies and other medications is essential to giving people living with HIV additional years of healthy life and to making AIDS a manageable, chronic disease.** However, most people with HIV or AIDS in developing countries do not receive even basic medical care. Even fewer have access to life-prolonging antiretroviral therapies.

- **With appropriate counselling and support, people with HIV and AIDS can prepare their families for the future.** Parents need to prepare wills, find someone to care for their children, make peace with themselves and others, and do other things to protect those they love. Parents need counselling and support to help them talk to their children about their illness, since it is important that children hear it from them. Moreover, children need help and spiritual guidance to understand and accept the death of their parents.

- **Providing treatment, care and support for people living with HIV and AIDS is not only the morally right thing to do, it is essential for successful prevention.** Experience worldwide shows that HIV/AIDS epidemics cannot be defeated where care and support are lacking. It is only when people do not fear losing their jobs, families, friends and social standing because they have HIV or AIDS, and when they can access confidential and voluntary counselling, testing and medical care without fear, that prevention efforts can succeed.

- **Where they have been ensured care and support, including protection from discrimination and other abuses, people living with HIV and AIDS have been leaders in combating the disease.** They have helped break the silence about HIV/AIDS and given the issue a real, human face. They have fought both inaction and abuses. They have mobilized their communities, the media and government. With their personal knowledge of the issue, they have encouraged sound policies and responses on every challenge posed by HIV/AIDS.

# WHAT YOU CAN DO

## Break the Silence

- Remember in religious services and prayers those living with HIV and AIDS and those who have died.
- Talk to individuals and groups of people living with HIV and AIDS to determine their needs and the potential they may have to provide inspiration or strength to others in similar situations.

## End Ignorance

- Explain that HIV cannot be spread through ordinary contact (as explained on page 37).
- Discuss what information and services people living with HIV or AIDS, their families (including children), caretakers and communities need in terms of spiritual, mental and physical support.

## Prevent Fear and Prejudice

- Lead by example by visiting and ministering to people with HIV and AIDS.
- Discuss how people living with HIV and AIDS have the same inherent human dignity

as other people and deserve the same protection against discrimination.

## Organize Services and Support for People with HIV or AIDS, their Families and Caregivers

- Strengthen home- and community-based care for people living with HIV and AIDS. Remember that caregivers of people with HIV and AIDS are especially in need of emotional support.
- Recognize that women and girls usually do most of the caring for the sick. Find ways to lend them support and urge men and boys to take on greater responsibilities in this area.

## Strengthen Social Values and Policies

- Involve people living with HIV and AIDS in planning and carrying out relevant programmes and services.
- Support policies to provide antiretroviral treatment for pregnant women and to all people with HIV or AIDS who could benefit from it, based on the stage of their infection.
- Protect the property, land and working rights of people living with HIV and AIDS.

## DRAWING INSPIRATION FROM OTHERS

The task of caring for the sick and dying has assumed monumental proportions in Namibia, where almost every family has a member who has been infected or affected by HIV/AIDS. In response, Catholic AIDS Action has pioneered a national movement to provide home-based care and counselling for those living with HIV and AIDS. The organization has recruited and trained more than 1,200 unpaid volunteers who assist people in 2,500 households and teach family members how to care for their loved ones. The volunteers also provide regular support for more than 6,000 children who have been orphaned by AIDS. Before beginning their service, volunteers receive 84 hours of classroom training and experience in the field, followed up by regular supervision and support.





SECTION

## GETTING STARTED

Go in search of your people: love them; learn from them; plan with them; serve them; begin with what they have; build on what they know. But of the best leaders, when their task is accomplished, their work is done, the people all remark: We have done it ourselves.

Chinese proverb

# FIRST STEPS

The following are general guidelines for those who may want to facilitate community action on HIV/AIDS and ensure long-term commitment.

- **Do the 'homework'.** Before the first meeting with any group, become 'HIV/AIDS aware' and also find out what particular sensitivities, problems, opinions and prejudices the group may have. Read through this workbook and be prepared to discuss the basic facts, the situation in the local community and country, and what is already being done about HIV/AIDS locally, nationally and by other religious organizations.

- **Decide on the best people to make first contact.** Consider whether a religious leader or other individual or team would be most

appropriate to make initial contact with the group. For example, a good emissary might be a respected doctor from within the faith group or religious community. Or, it might be a person of the same age, sex or situation as the target group. Alternatively, it could be a trained HIV/AIDS educator or a representative of a non-governmental organization that is doing similar work.

- **Assume the role of facilitator** to open the dialogue, dispel misconceptions, establish an open and trusting relationship and provide a safe and compassionate forum for discussion on the group's position. Help facilitate agreement on needs and on the group's willingness to find solutions.

# INITIATING GROUP WORK, PLANNING AND ACTION

- **Decide the composition of the first group meetings.** After making individual contacts and discussing possible actions (such as those suggested in Section 8), decide with group leaders who should be included in smaller working groups. Within each group, decide what levels in the group should be represented.
- **Help each group to arrive at a clear position on HIV/AIDS.** It may take several meetings before the group is comfortable with their position (for example, in deciding to reduce stigma, promote voluntary testing or advocate education for young people). There may not be a plan or any action right away. Be patient. It is for the group to develop when they are ready.
- **Organize a series of planning meetings or workshops.** Have the participants develop a simple action plan that is not too ambitious. Help them to identify which aspect of the problem their group can best address, focus on one goal at a time and identify what resources they are willing to contribute, the opportunities and obstacles to action and, lastly, what kind of external support they will need.
- **Facilitate meetings or workshops to develop messages.** Message development is a specific task that will help groups to master and commit to presenting accurate information (for example, about what young people need to know about HIV/AIDS or how to care for people with AIDS at home). Training will also be needed to develop the skills of those who are designated as responsible for community outreach or interacting with other groups.
- **Encourage groups to assign tasks and form working sub-groups.** The core group might be formed specifically for HIV/AIDS support (for example, support to breastfeeding mothers, widows or orphans), or it might be an existing social-action group that adds HIV/AIDS to its agenda (youth prayer group or men's social club, for example). Have the working group find a name for itself that captures its identity and purpose.
- **Help connect groups with 'outsiders' in action-planning meetings, as appropriate.** This may include theologians, representatives from various ministries, local service providers or teachers to ensure that activities are feasible, appropriate and integrated into overall religious, community and/or government activities.

# MAINTAINING MOTIVATION AND COMMITMENT

- **Help to develop and maintain links between the religious group, government, media and stakeholders.** Organize team field visits and regular information sharing at all levels, including through non-governmental organizations, various ministries and other religious organizations.
- **Encourage a forum for regular problem-solving and negotiation.** Each group will have its own agenda that will influence how they work within religious organizations, with other partners and with other groups in the community.
- **Ensure that groups get positive feedback.** Encourage each group to track their efforts and share experiences with each other, with other religious groups and with the community. Have similar groups visit each other to observe what is being done about HIV/AIDS.
- **Organize recognition of each group's efforts.** Provide recognition within worship services or other meetings in the religious community, from the media and from other HIV/AIDS groups.
- **Make sure efforts will be self-sustaining over the long term.** Emphasize the building of local capacities; encourage activities that are readily integrated into the agenda of the group's original purpose; reinforce efforts to rely primarily on locally available resources; help the group by making sure there is commitment within development organizations and government to maintain support to the group (for example, for supplies, funding or technical advice).
- **Respond to groups' desires to expand into other areas of development.** Involvement in areas such as income-generation, job-creation, nutrition, hygiene or water and sanitation should be addressed in an integrated and sustainable way.



## HOW PEOPLE LEARN

To learn, people must be actively involved, allowed to go at their own pace and provided with positive practice, reinforcement and support.



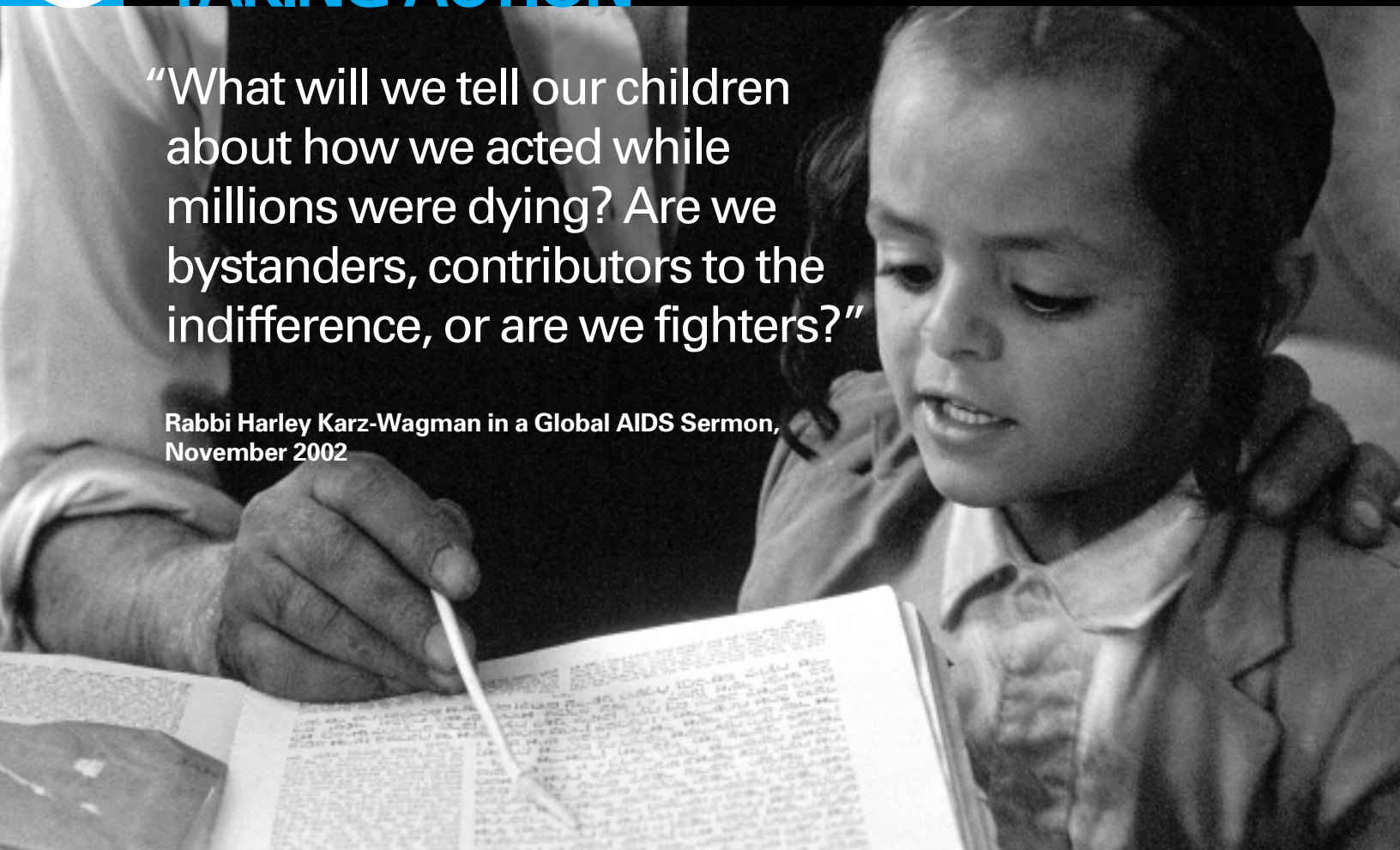


8  
SECTION

## TAKING ACTION

“What will we tell our children about how we acted while millions were dying? Are we bystanders, contributors to the indifference, or are we fighters?”

Rabbi Harley Karz-Wagman in a Global AIDS Sermon,  
November 2002



# SUGGESTED ACTIVITIES FOR ENGAGING RELIGIOUS INSTITUTIONS

- Seek commitments within religious leadership structures at the highest possible level to take responsibility for reducing the impact of HIV/AIDS on the religious body, individuals, families, communities and the country.
- In theological and other educational institutions, discuss religious doctrine, ethical positions and religious policy regarding issues pertaining to the effective prevention of HIV and the relief of suffering. Develop curricula that focus on a theology of compassion, support and healing related to HIV/AIDS, not judgement and condemnation.
- Raise questions about HIV/AIDS and work towards solutions at relevant levels and in appropriate internal groups or committees (for example, on apportioning antiretroviral medicines in health care groups; on information about human sexuality, faithfulness in marriage and abstinence before marriage in education committees; on funding home-based care in poverty alleviation committees).
- Create or join a faith-based network or religious coordinating body to examine the impact of HIV/AIDS on various sectors of the population, share information on good practices, organize meetings, document lessons learned and initiate inter-faith responses.
- Promote the religion-wide (or multi-faith) observance of World AIDS Day on or near 1 December.
- Promote the religion-wide (or multi-faith) observance of regularly scheduled, coordinated sermons, prayers or worship services on HIV/AIDS.
- Form faith-based groups, or join existing religious coordinating bodies or governmental committees to provide advisory services and show religious solidarity for HIV/AIDS-related policy, law and conventions.
- Re-examine specific budgets for charity, outreach, health, education, counselling and care to reserve portions specifically for HIV/AIDS prevention and care and to determine sources of increased funding (including individual religious organizations and faith-based and inter-governmental networks).
- Make HIV/AIDS study visits both within the country (to areas most affected or to ongoing faith-based community projects) and outside the country (to countries coping with similar issues using a religious perspective). Encourage communication between local congregations and leadership/coordinating bodies about their respective HIV/AIDS responses.
- Revise or adopt HIV/AIDS policies for members of religious organizations who are living with HIV or AIDS (regarding ethics, anti-discrimination, health care and employment).
- Encourage the formation of community partnerships among local, non-governmental, government-based and business groups concerned with HIV/AIDS issues (to share positive perspectives and experiences, build consensus on priorities for action and share human and financial resources).

# SUGGESTED ACTIVITIES FOR ENGAGING CONGREGATIONS, GROUPS AND INDIVIDUALS

- Conduct prayers or meditation services for people living with HIV or AIDS, orphans and other vulnerable children, and their caretakers and families that reduce the stigma and discrimination associated with the disease.
- Add HIV/AIDS topics to prayers, sermons and discussions at regular religious meetings as well as at weddings, funerals, rites of birth and passage into adulthood, religious initiations, holidays, festivals and counselling sessions.
- Lead discussions on HIV/AIDS with groups in the local congregation, such as women's groups. Where members of the group agree, ask for first-hand information on personal situations and develop appropriate faith-based responses to prevent HIV/AIDS and provide treatment and care.
- Provide effective marriage counselling. Lead individuals or groups in discussions on how couples can talk to one another about sexuality, emotional and physical needs, ways to avoid temptation outside of marriage, renewing their marriage vows and affirming their beliefs.
- Mobilize men and boys to discuss ways in which negative cultural norms, inappropriate language and personal attitudes about women and girls, family life and sexual behaviour may be contributing to the spread of HIV. Provide opportunities and support for men to practise positive attitudes and behaviours.
- When ministering to those who have HIV or are sick with AIDS, encourage parents to talk to their children, find caregivers for them and make wills.
- Provide support and grief counselling to orphans, spouses and other family members.
- Provide people with information on HIV/AIDS and on faith-based responses that support prevention and care in appropriate ways (find or develop written or verbal messages supported by sacred texts, parables or local stories).
- Encourage people to form or join faith-based support groups for people living with HIV and AIDS and for widows, orphans, caregivers, married couples, young people and others who need sympathy, solidarity, facts, protection, spiritual comfort and courage from others similarly affected by HIV/AIDS.
- Encourage the formation of faith-based peer education, counselling and support services for people living with HIV or AIDS, young people, women, and orphans and other vulnerable children.

# SUGGESTED ACTIVITIES FOR ENGAGING AFFILIATED GROUPS AND INSTITUTIONS

- Add HIV/AIDS topics to prayers, sermons and addresses and to administrative and prayer meeting agendas.
- Gather information on the current situation of HIV/AIDS by organizing community members to establish the number of orphans and visit households affected by HIV/AIDS. Discuss appropriate, local responses to prevent HIV, to eradicate discrimination of people living with HIV or AIDS and to alleviate their suffering.
- Organize training for existing faith-based volunteer groups or form new groups (to raise funds; collect food, clothing and medicine for home-based care; visit widows and orphans and other vulnerable children; provide counselling and guidance; supervise volunteers; and report activities and needs).
- Distribute information in local languages on HIV/AIDS and on faith-based responses that support prevention and care. These materials can be developed locally or obtained from national ministries of health, local assistance agencies, faith-based networks and international organizations.
- Encourage the formation of – or join community partnerships with – formal and non-formal groups concerned with HIV/AIDS issues (to provide positive, religious-based perspectives, encouragement, publicity, legitimacy, budgetary allocations, human resources or other means of support).





# SUGGESTED ACTIVITIES FOR INTER-ACTING WITH POLITICIANS, OTHER PUBLIC LEADERS AND THE MEDIA

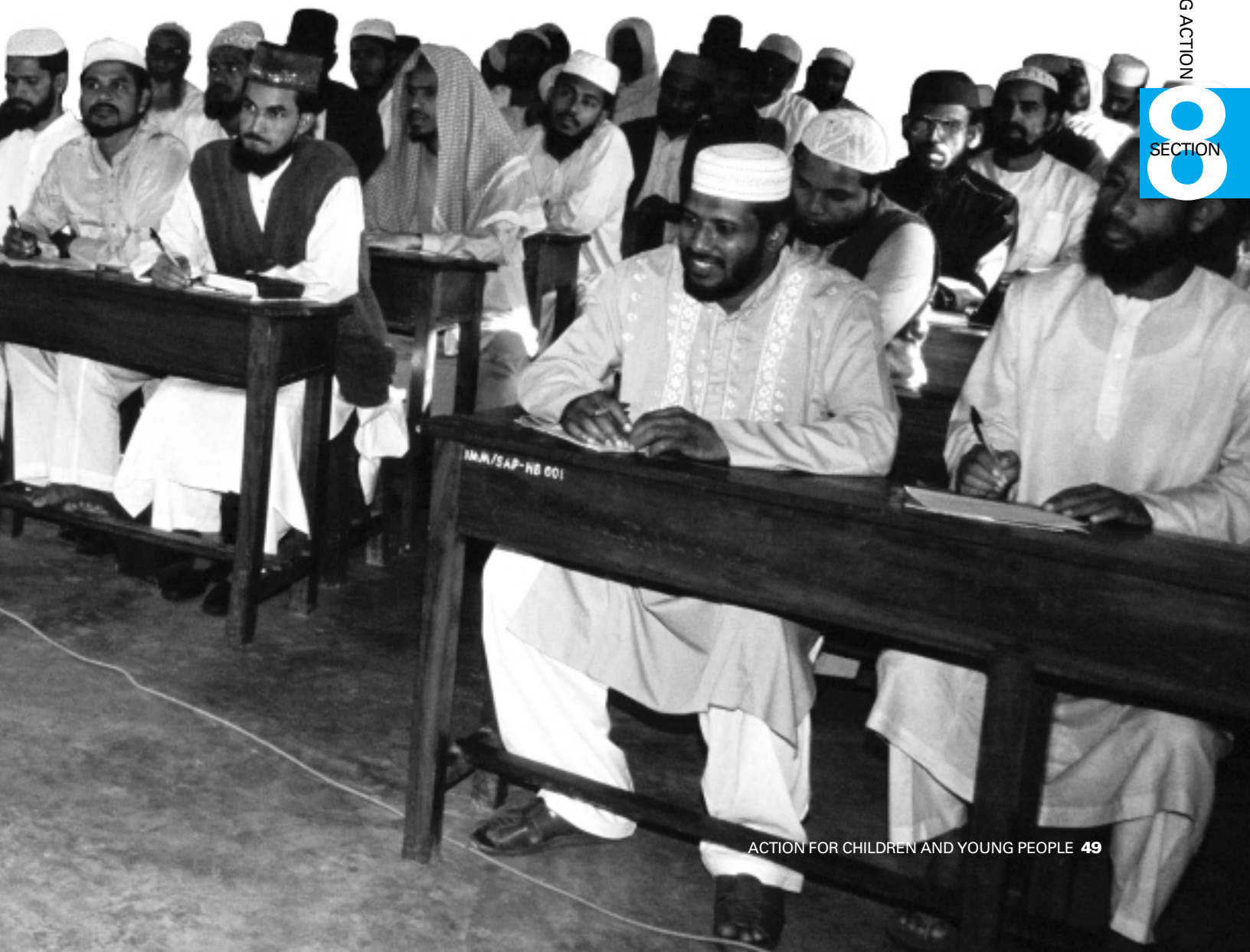
- Raise HIV/AIDS issues with national and local leaders (politicians, chiefs, celebrities, popular community members) to get a consensus on and coordinate an effective response to HIV/AIDS.
- Join existing political committees or campaigns to ensure compassionate responses (human rights and faith-based) and to provide religious solidarity in the formation of national HIV/AIDS policies, laws and conventions.
- Work with business leaders, large employers, unions for farmers, labourers, and women, and others to develop faith-based connections to employee education, eradication of discrimination, testing and counselling services, family care and other issues.
- Provide advice to national, non-governmental, other religious and international assistance agencies to provide faith-supported messages to the public and coordinate support in the most critical areas.



■ Issue press statements and give radio and television interviews acknowledging the spread of HIV/AIDS, the social and cultural factors that fuel its spread, and its effects on families and communities. Stress the commitment of religious groups to provide a compassionate response for prevention and care and advocate for the rights of those infected and affected by HIV/AIDS.

■ Discuss the influence of the media on social values and its contributions to fighting the spread of HIV (for example, through awareness campaigns), or spreading HIV (for example, promoting harmful attitudes about women and girls, sexual behaviour or the use of drugs and alcohol).

■ Write letters to editors or articles for faith-based newspapers and in-house journals as well as for the secular press.







**9**  
SECTION

**RESOURCES AND  
GLOSSARY OF TERMS**



# RESOURCES

Many faith-based organizations are taking positive action to bring HIV/AIDS information, programming and support to individuals, families and communities in their care. But much work remains to be done.

Below is a partial listing of international organizations and faith-based institutions that can be sources of information and tools to assist religious leaders in addressing the HIV/AIDS epidemic in their communities. The list is by no means exhaustive. Nor is it guaranteed that the items listed are available from the source (the producers may not be able to provide copies). The purpose is to provide ideas for local production and for possible connections to other organizations for exchanging ideas, if not materials. United Nations organizations and other international institutions are included as sources of more technical information on HIV/AIDS as well as related community-based programmes.

## UNITED NATIONS AND OTHER INTERNATIONAL ORGANIZATIONS

### **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

20 avenue Appia  
CH-1211 Geneva 27, Switzerland  
Tel: 41-22-791-3666  
Fax: 41-22-791-4187  
E-mail: [unaids@unaids.org](mailto:unaids@unaids.org)  
Website: <http://www.unaids.org>

### **United Nations Children's Fund (UNICEF)**

3 UN Plaza  
New York, NY 10017, USA  
Tel: 1-212-326-7000  
Fax: 1-212-303-7954  
E-mail: [nyhq.hivaids@unicef.org](mailto:nyhq.hivaids@unicef.org)  
Website: <http://www.unicef.org/aids>

### **International Labour Organization (ILO)**

4 Route des Morillons  
CH-1211 Geneva 22, Switzerland  
Tel: 41-22-799-6486  
Fax: 41-22-798-6349  
E-mail: [iloaids@ilo.org](mailto:iloaids@ilo.org)  
Website: <http://www.ilo.org/public/english/protection/trav/aids/>

### **Office of the High Commissioner for Human Rights (United Nations)**

OHCHR-UNOG  
8-14 Avenue de la Paix  
CH-1211 Geneva 10, Switzerland  
Tel: 41-22-917-9000  
E-mail: [InfoDesk@ohchr.org](mailto:InfoDesk@ohchr.org)  
Website: <http://www.unhchr.ch/hiv/>



**United Nations Office on Drugs and Crime (UNODC)**

Vienna International Centre  
 PO Box 500  
 A-1400 Vienna, Austria  
 Tel: 43-1-260-600  
 Fax: 43-1-260-60-5866  
 E-mail: [unodc@unodc.org](mailto:unodc@unodc.org)  
 Website: [http://www.unodc.org/unodc/drug\\_demand\\_hiv\\_aids.html](http://www.unodc.org/unodc/drug_demand_hiv_aids.html)

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**

7 Place de Fontenoy  
 75352 Paris 07 SP, France  
 Tel: 33-1-45-68-1000  
 Fax: 33-1-45-67-1690  
 E-mail: [oai@unesco.org](mailto:oai@unesco.org)  
 Website: <http://www.unesco.org/education/html/hiv-aids.shtml>

**United Nations Development Programme (UNDP)**

One UN Plaza  
 New York, NY 10017, USA  
 Tel: 1-212-906-5000  
 Fax: 1-212-906-5364  
 E-mail: [enquiries@undp.org](mailto:enquiries@undp.org)  
 Website: <http://www.undp.org/hiv/>

**United Nations Population Fund (UNFPA)**

220 East 42nd Street  
 New York, NY 10017, USA  
 Tel: 1-212-297-5000  
 Fax: 1-212-370-0201  
 E-mail: [hq@unfpa.org](mailto:hq@unfpa.org)  
 Website: <http://www.unfpa.org/hiv>

**The World Bank/The World Bank Institute**

1818 H Street, NW  
 Washington, DC 20433, USA  
 Tel: 1-202-473-1000  
 Fax: 1-202-477-6391  
 Website: [http://www1.worldbank.org/hiv\\_aids/](http://www1.worldbank.org/hiv_aids/)

**World Health Organization (WHO)**

20 avenue Appia  
 CH-1211 Geneva 27, Switzerland  
 Tel: 41-22-791-2111  
 Fax: 41-22-791-3111  
 E-mail: [info@who.int](mailto:info@who.int)  
 Website: <http://www.who.int/hiv/en/>



**KEY UNITED NATIONS RESOURCES****Declaration of Commitment on HIV/AIDS: 'Global Crisis – Global Action'**

(United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001)

<http://www.un.org/ga/aids>

**AIDS Epidemic Update**

(UNAIDS and WHO, published every December)

<http://www.unaids.org>

**Report on the Global HIV/AIDS Epidemic**

(UNAIDS and WHO, published every second year in July)

<http://www.unaids.org>

**Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies**

(UNAIDS, UNICEF and USAID, 2002)

<http://www.unicef.org/aids/>

**Young People and HIV/AIDS: Opportunity in Crisis**

(UNICEF, UNAIDS and WHO, 2002)

<http://www.unicef.org/aids/>

**International Guidelines on HIV/AIDS and Human Rights**

(UNAIDS and OHCHR, 1998, with 2002 update)

<http://www.unhchr.ch/hiv/guidelines.htm>

**INTERNATIONAL FAITH-BASED ORGANIZATIONS****World Conference of Religions for Peace**

777 United Nations Plaza  
New York, NY 10017, USA

Tel: 1-212-687-2163

Fax: 1-212-983-0566

E-mail: [info@wcrp.org](mailto:info@wcrp.org)

Website: <http://www.religionsforpeace.org>

Key Resources: 'Building Partnerships for Life: The Role of Religions in Caring for Children Affected by HIV/AIDS' (report from the June 2002 African Religious Leaders' Assembly on Children and HIV/AIDS, Nairobi); 'Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children' (September 2003)

**American Jewish World Service**

45 West 46th Street  
New York, NY 10018, USA

Website: <http://www.ajws.org>

Key Resources: Jewish Text study for World AIDS Day

**Bahá'í International Community**

866 United Nations Plaza, Suite 120  
New York, NY 10017 USA

Tel: 1-212-803-2500

Fax: 1-212-803-2566

E-mail: [bic-nyc@bic.org](mailto:bic-nyc@bic.org)

Website: <http://www.bic-un.bahai.org>

or

15 rte des Morillons CH-1218, Grand-Saconnex  
Geneva, Switzerland

Tel: 41-22-798-5400

Fax: 41-22-798-6577

E-mail: [bic@geneva.bic.org](mailto:bic@geneva.bic.org)

Key Resources: Bahá'í International Community Statement on 'HIV/AIDS and Gender Equality: Transforming Attitudes and Behaviors', prepared for the United Nations General Assembly Special Session on HIV/AIDS, 2001



**Catholic AIDS Action**

PO Box 11525

Windhoek, Namibia

Tel: 264-61-276-350

Fax: 264-61-276-364

E-mail: [info@caa.org.na](mailto:info@caa.org.na)

Website: <http://www.caa.org.na>

Key Resources: *To Love My Neighbour: A Pastoral Care Handbook for Namibia*, by L. Steinitz; *12 Steps to Living Positively with HIV*, by G. Satorie; *Healthy Eating for People Living with AIDS*, adapted from Network of Zambian People Living with HIV/AIDS; *Home Based Family-Care in Namibia: A Practical Manual for Trained Volunteers*, by M. Futter; *Building Resiliency Among Children Affected by HIV/AIDS*, by S. Mallmann

**Catholic Relief Services**

209 West Fayette Street

Baltimore, MD 21201, USA

Website: <http://www.catholicrelief.org>

Key Resources: *Hope and Healing: A Facilitator's Manual for CRS Employees and Partners on HIV and AIDS*, by V. Stetson and J. Lindsteadt

**CORE Initiative**

888 17th St., NW, Suite 310

Washington, DC 20006, USA

Tel: 1-202-861-2673

Fax: 1-202-861-0398

E-mail: [info@coreinitiative.org](mailto:info@coreinitiative.org)

Website: <http://www.coreinitiative.org/index.php>

Key Resources: The Media/Materials Clearinghouse (an electronic database, run through the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, which provides access to a comprehensive collection of health communication materials). Access through the CORE Initiative's website.

**Council of Religious AIDS Networks (CRAN)**

c/o Dr. Jon A. Lacey

PO Box 4188

East Lansing, MI 48826-4188, USA

E-mail: [info@aidsfaith.com](mailto:info@aidsfaith.com)

Website: <http://www.aidsfaith.com/>

Key Resources: *AIDS Ministry Handbook – A Resource Guide for Faith Communities and AIDS Ministries*; *Interfaith Worship Resources – Technical Assistance from the Council of Religious AIDS Networks*

**Ecumenical Advocacy Alliance**

150 route de Ferney

PO Box 2100

CH-1211 Geneva 2, Switzerland

Website: <http://www.e-alliance.ch/>

Key Resources: *Worship Planners and Leaders Guide* (a resource for planning worship services on HIV/AIDS); information on the HIV/AIDS Global Poster Competition against stigma and discrimination



**Islamic Medical Association of Uganda**

PO Box 2773, Kampala, Uganda

Tel: 256-41-251-443 or 272-812

E-mail: [imau@utonline.co.ug](mailto:imau@utonline.co.ug)

Website: <http://www.imauganda.org>

Key Resources: *Best Practice Summary Booklet – Madarasa AIDS Education and Prevention Project (Uganda)*; *Best Practice Summary Booklet – Family AIDS Education and Prevention through Imams Project (Uganda)*

**World Council of Churches**

PO Box 2100, 150 route de Ferney

CH-1211 Geneva 2, Switzerland

Tel: 41-22-791-6111

Fax: 41-22-791-0361

E-mail: [hs@wcc-coe.org](mailto:hs@wcc-coe.org)

Website: <http://www.wcc-coe.org/> (specific pages on AIDS can be found at: <http://www.wcc-coe.org/wcc/-what/mission/hiv-aids-e.html>)

Key Resources: *Love in a Time of AIDS: Women, Health and the Challenge of HIV*, by G. Patterson; *Learning About AIDS: A Manual for Pastors and Teachers*, by B. Rubenson; *A Guide to HIV/AIDS Pastoral Counselling*, by J. Maldonado; *Making Connections: A Resource Book for Youth Facing AIDS*, by J.G. Biehl, et al.

**OTHER KEY AGENCIES****Centers for Disease Control and Prevention**

Technical Information and Communications Branch

Division of HIV/AIDS Prevention

National Center for HIV, STD and AIDS Prevention

Centers for Disease Control and Prevention

Mail Stop E-49

Atlanta, GA 30333, USA

Tel: 1-800-342-2437

Fax: 1-404-639-2007

Website: <http://www.cdc.gov/hiv/dhap.htm>

Key Resources: General information about HIV and AIDS; answers to frequently asked questions; recommendations and guidelines

**Policy Project****Futures Group (Washington, DC)**

1050 17th Street, NW, Suite 1000

Washington, DC 20036, USA

Telephone: 1-202-775-9680

Fax: 1-202-775-9694/9698

Website: <http://www.policyproject.com/>

Key Resources: *A Step by Step Guide to HIV/AIDS Planning for the Anglican Community*, by Melanie Judge and Nikki Schaay; *Faith in Action – A United Response to HIV/AIDS*; *Strengthening Faith-based Responses to HIV/AIDS: A Policy Factsheet*



# GLOSSARY

**acquired** – in the context of AIDS, it means an illness that can be caught from another person

**AIDS** – acquired immune deficiency syndrome, the disease caused by HIV

**antiretroviral treatment** – treatment with medicines that suppress the growth of HIV in the human body

**blood screening test** – a special blood test that shows the presence of antibodies – proteins produced by the body to fight off foreign substances – to HIV in the blood of a person, indicating infection with HIV

**confidential** – private or anonymous; in the context of HIV testing, confidential results are only revealed to the person being tested, not to their families, employers or other community members without the person's informed and express permission

**deficiency** – having a shortage of something. People living with AIDS have a shortage of the blood cells that fight disease

**discriminate** – to treat people differently (unfavourably or badly) because, for instance, of their race, sex, sexual orientation or religion, or because of their health status, for example, living with HIV or AIDS

**HIV** – human immunodeficiency virus, the virus that causes AIDS

**immune** – to have a high degree of resistance to disease (in contrast, humans with 'immunodeficiency' have a shortage of the blood cells that resist disease)

**living positively** – a mental attitude and physical plan that helps people with HIV or AIDS live longer, better lives

**orphan** – a child who has lost one or both parents

**prejudice** – to 'pre-judge'; to have negative feelings or ideas about an individual or group of people before knowing or trying to find out the truth about them

**stigma** – an accusation or label that disgraces or hurts a person. People with HIV and AIDS often suffer emotionally because of prejudice and a lack of compassion from others

**stigmatize** – to describe or identify in unfavourable terms. People who are ignorant of the facts about HIV/AIDS may stigmatize those with the disease


**syndrome** – a group of signs and symptoms of a sickness that, when they appear, indicate that the illness is present

**trafficking** – the illegal transport of human beings, in particular women and children, for the purpose of selling them or exploiting their labour

**UNAIDS** – Joint United Nations Programme on HIV/AIDS. UNAIDS supports and strengthens the HIV/AIDS-related work of its nine co-sponsoring United Nations agencies

**voluntary** – in the context of HIV testing, being tested out of free and informed choice (not being forced to by employers, health-care workers or family)

**vulnerable** – because of structural factors, such as poverty, discrimination or hostile laws, to be in a weakened position to defend oneself against the risks of contracting HIV



The use of these photos does not imply that anyone in the photos has HIV/AIDS.

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**Religious Leaders** and those associated with faith-based organizations in many places around the world have already risen to the challenge of HIV/AIDS. Yet more work is urgently needed to stop the spread of HIV and alleviate the suffering caused by AIDS, using compassion, leadership and sense of moral responsibility that people of all faiths embrace.

**Religious Leaders** can be especially instrumental in eradicating the stigma and discrimination faced by people living with HIV and AIDS. Religious leaders are key to mitigating the epidemic because they are trusted and respected members of society and are influential in shaping social values and public opinion. Moreover, they can help find resources for spiritual and social care and promote action through their presence in local communities in every country.



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(UNICEF)**  
3 UN Plaza  
New York, NY 10017, USA  
Tel: 1-212-326-7000  
Fax: 1-212-303-7954  
E-mail: [nyhq.hiv aids@unicef.org](mailto:nyhq.hiv aids@unicef.org)  
Website: [www.unicef.org/aids](http://www.unicef.org/aids)



**World Conference of Religions  
for Peace**  
777 United Nations Plaza  
New York, NY 10017, USA  
Tel: 1-212-687-2163  
Fax: 1-212-983-0566  
E-mail: [info@wcrp.org](mailto:info@wcrp.org)  
Website: [www.religionsforpeace.org](http://www.religionsforpeace.org)



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Geneva 27, Switzerland  
Tel: 41-22-791-3666  
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E-mail: [unaids@unaids.org](mailto:unaids@unaids.org)  
Website: [www.unaids.org](http://www.unaids.org)