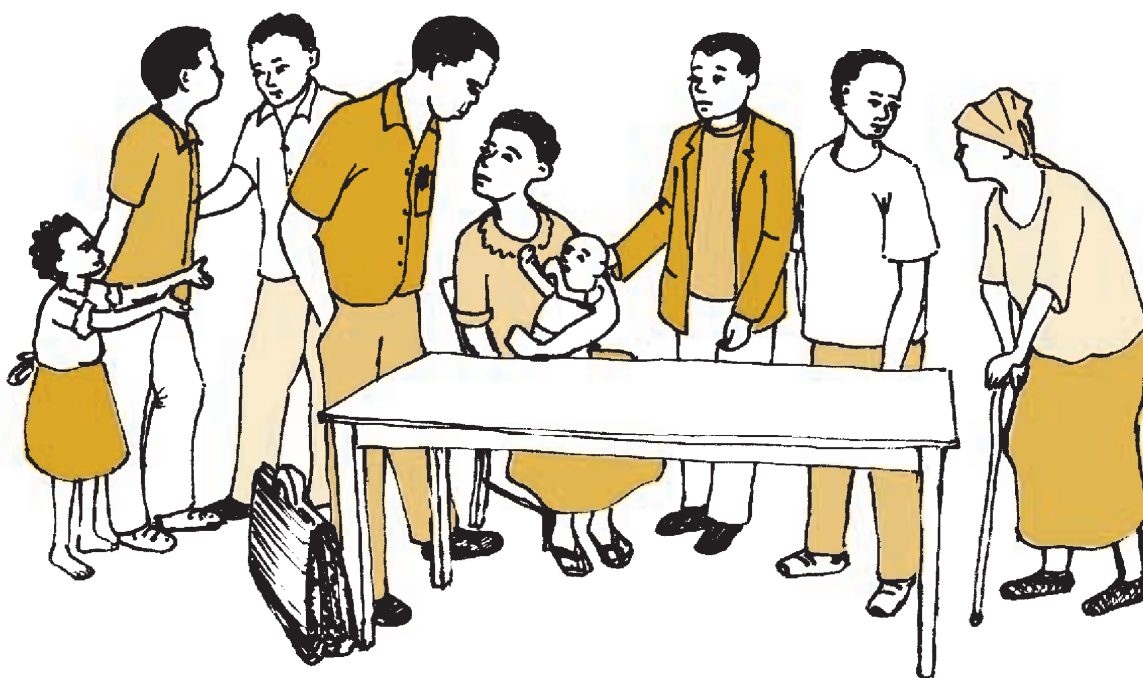


TEARFUND

Responding more effectively to HIV and AIDS

A PILLARS Guide

by Isabel Carter



Partnership In Local Language ResourceS



Responding more effectively to HIV and AIDS

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by Isabel Carter

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Responding more effectively to HIV and AIDS

A PILLARS Guide

Introduction to PILLARS Guides

This guide helps communities to consider their response to the challenges brought by HIV and AIDS. They bring greater challenges than any other health issue. The loss of skilled workers, pressure on health systems and growing numbers of children who are orphaned by AIDS have huge impact. Although there is considerable support and money available worldwide, this is not evenly distributed, leaving many communities to cope with their own resources. This can have some advantages because people within the community are often the best people to deal with many of the challenges of HIV and AIDS.

Each topic in this PILLARS guide is designed to encourage small group discussion. Because many topics are sensitive, it is recommended that membership of the small group remains constant, enabling members to be more relaxed and open in their discussion over time. In some situations it may be easier for men and women to discuss the questions in separate groups. The guide aims to build people's understanding of the basic facts and impact of HIV and AIDS on communities around the world. It challenges people's attitudes and understanding of these issues. The topics then address the needs of those living with, or those whose lives are affected by, HIV and AIDS. The guide encourages people to meet these needs within their own community and takes a Christian perspective, particularly concerning attitudes towards those living with, and affected by, HIV and AIDS.

For church groups, the Bible studies at the back of this book should be used as an important and ongoing part of the process. These Bible studies should be used in small groups, with time for everyone to discuss and reflect on the questions.

Objectives of this guide

- To help readers understand how HIV is passed on and how the virus affects health
- To increase awareness among church and community leaders of their capacity to encourage a positive community response to HIV and AIDS in their local area
- To facilitate change in the attitudes and behaviour which increase the spread of HIV infection
- To challenge attitudes towards people who are living with HIV or AIDS, so that communities support them and meet their emotional and practical needs
- To raise awareness among local people of the value of organising the community to take action to meet the needs caused by the impact of HIV and AIDS

Anticipated outcomes

- Increased awareness among local leaders of their capacity to support change in their community and of the value of organising local people to take action
- Increased awareness among readers of how HIV spreads and affects health
- Positive change in attitudes and behaviour which decrease the spread of HIV infection
- Increased understanding and compassion among readers for the needs of people living with HIV and their carers
- Effective and ongoing community mobilisation to support people living with HIV, their families and carers, and children affected or orphaned by HIV and AIDS
- Improved access to education and health facilities for those affected by HIV and AIDS
- Increase in positive attitudes towards and acceptance of people living with HIV and AIDS
- Reduced impact of HIV and AIDS on poor communities
- More relaxed and open discussion within families resulting in a reduction in domestic violence and fewer disagreements
- Local organisations working together effectively at all levels to support positive responses to the impact of HIV and AIDS.

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Stop and think!

The terms HIV and AIDS make us stop and think. Some people's immediate response is to deny that AIDS is present to avoid fear, blame or negative attitudes. Individuals may deny that they could be infected, both to themselves and others. Community and church leaders may deny that anyone in their area is infected. Government officials and leaders may deny the full impact of AIDS in their country.

Millions of people around the world have already died because of AIDS. Many, many millions more are infected with HIV – the virus that leads to AIDS. Those affected are often young adults with children and elderly parents to support – the very people on whom communities build their futures. Though HIV can infect anyone, it is the poor who suffer most from the effects.

Sex and drug abuse using needles are the main ways in which HIV is spread. People usually feel uncomfortable talking about these issues, and this is one reason why HIV has spread so rapidly. Infection rates around the world continue to grow. None of us should ignore the challenge to slow the spread of HIV and AIDS.



Discussion

H1

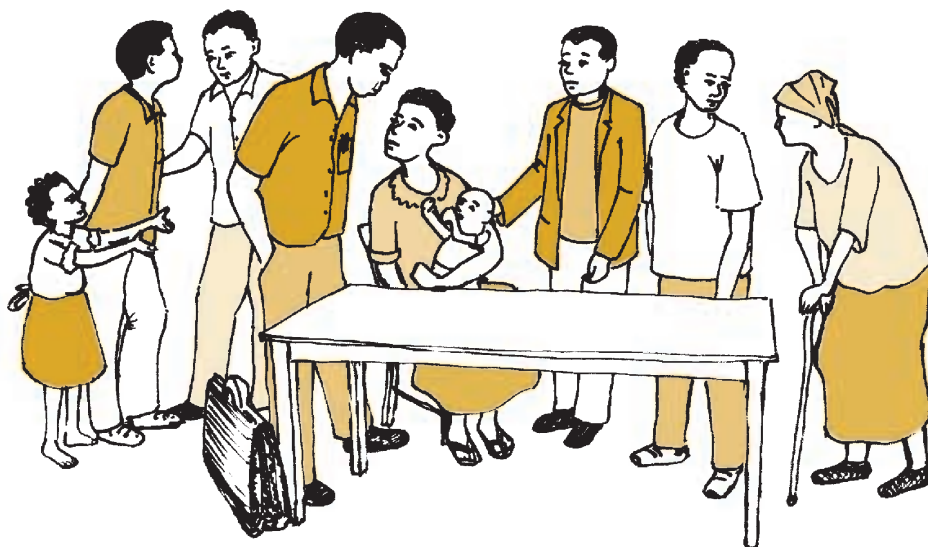
- Consider the situation in our local area:
 - How many people are known to be living with HIV or AIDS?
 - Do we think the real situation may be different?
 - Why do we think this?
 - How many people's lives have been affected by the impact of HIV and AIDS?
- What is the attitude of government and church leaders to the impact of HIV and AIDS in our area?
- What is happening in schools, churches and local government to encourage awareness of HIV and AIDS? Is this enough?
- Where do young people learn about sex? Is it something that families are able to talk about openly? If not, why is this? At what age do people start talking about sex?

Who is affected by AIDS?

It is easy to try and ignore HIV and AIDS. However, AIDS affects us all. Ordinary people, including young children, living ordinary lives may become sick and die. Children may lose their parents; older people may lose their children. Our communities may lose farmers, teachers, health workers and builders – people that we depend upon. The loss of skilled people means that business and trade suffer. Over 20 million people have died from AIDS and 38 million people around the world are now living with HIV and AIDS. Over 15 million children have so far lost one or both parents due to AIDS. These figures continue to rise.

There is at present no cure for HIV or AIDS. No vaccine is yet available. However, there are drugs that can slow down the development of HIV into AIDS. Sometimes these drugs are widely available. Sometimes they are either not available or are very expensive.

HIV and AIDS are damaging the progress made by development. The future of many communities is threatened. However, all of us can play a part in fighting the spread of HIV and AIDS.



Discussion

H2

- What effect have HIV and AIDS already had on our community?
- What effects might they have in the future?
- How can we work together in our community to educate people about HIV and AIDS and to support those who are affected by them?
- Where can we get more information about HIV and AIDS? How can we collect and share new information about HIV and AIDS?
- The threat of an infection that will take many years to develop does not seem very urgent to people who are struggling to survive each day. How can we warn such people of its importance?
- How can we pass on this information to people in our community who do not seem to take the risk of HIV infection very seriously?
- Could our government be doing something to try to improve access to the drugs that can slow down the development of HIV? How can we encourage them in this?

The hidden spread of AIDS

Most infections such as measles, flu or colds spread very quickly. One person catches the infection and passes it to others within a few days. Then, unless they are very weak, they recover quickly.

However, AIDS is very different. It is caused by a virus called the Human Immunodeficiency Virus (HIV). The virus attacks cells in the blood that help the body fight off infection. This virus is very unusual because it can take many years to cause serious damage to the body. People with the virus usually do not know they are infected and look healthy. There is no cure for this virus.

Once a person is infected by HIV, it slowly damages their body's ability to fight off infection. This may take three or four years in a weaker person and ten or more years in a healthy person. They begin to suffer more from common infections and diseases such as tuberculosis (TB), skin and throat infections, fevers, skin cancer, pneumonia and diarrhoea. Once this happens, a person becomes very weak; they have developed AIDS (Acquired Immune Deficiency Syndrome). This means that HIV has seriously damaged the body's ability to fight disease. Without treatment, most people will die within a short space of time.

We may know of a few people seriously ill and dying from AIDS. However, we cannot know who is infected by HIV because they still look healthy.



Discussion

H3

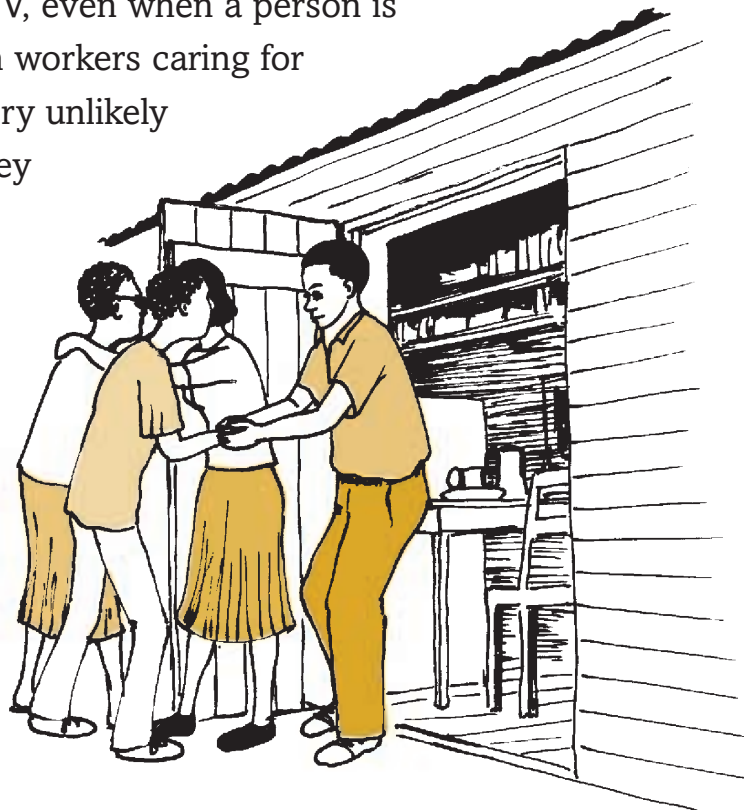
- Do we have any useful ways of describing HIV infection in our culture?
How can we explain what it means to children?
- Why is HIV different from most other viruses?
- How do people know if they are already infected with HIV?
- What terms do people use to describe AIDS in our community? Are these helpful?
- What ideas could we use to describe the fact that we cannot see the full impact of HIV infection and AIDS?

The spread of HIV

HIV is unusual because it can infect others only when blood or body fluids are passed from an infected person to another person. This can happen during sex, when needles are shared, during childbirth, breast-feeding, blood transfusions or when sharp blades are used on more than one person, for example during circumcision or ear piercing.

The risk of infection during sex is higher for women than for men. It increases if sexually transmitted diseases are present. Forced sex or rape which causes bleeding greatly increases the risk of passing on HIV. Once people are infected with HIV, they can still continue to be infected with other strains of HIV, which increase the risk of AIDS developing more rapidly.

However, it is impossible to become infected with HIV through activities such as hugging, shaking hands, coughing, sharing cups and plates or toilets. None of these activities can pass on HIV, even when a person is dying from AIDS. Health workers caring for people with AIDS are very unlikely to become infected if they take care with blood and body fluids.



Discussion

H4

- In what ways can HIV be passed from one person to another?
- What are likely to be the most common ways of becoming infected in our community?
- Are there traditions in our culture which could increase the spread of HIV?
- How could these traditions be challenged or changed to reduce the spread of HIV?
- The physical design of women (the vagina has delicate skin and is in lengthy contact with semen following sex) makes them more likely to become infected with HIV than men. In what other ways are women at particular risk of infection from HIV in our community? What kind of pressures might they experience to have sex which could expose them to the risk of HIV infection?

People living with HIV and AIDS

None of us choose to become infected with HIV. Many different people may be living with HIV. These include women or men infected by their partners, babies born with the virus, sick people who have received infected blood while in hospital, and girls who have been raped.

Some people think that HIV and AIDS only affect people who have done something wrong. This is not true. We have no right to criticise others. HIV can affect any of us. Jesus teaches us that our attitude towards everyone should be one of compassion and love.

We all need to show love and care – and fight against negative attitudes, blame and misunderstanding in our community and in our ourselves. We need to speak for those who cannot speak for themselves. Those of us living with HIV and AIDS are valued and important members of the community with much to contribute.



Discussion

H5

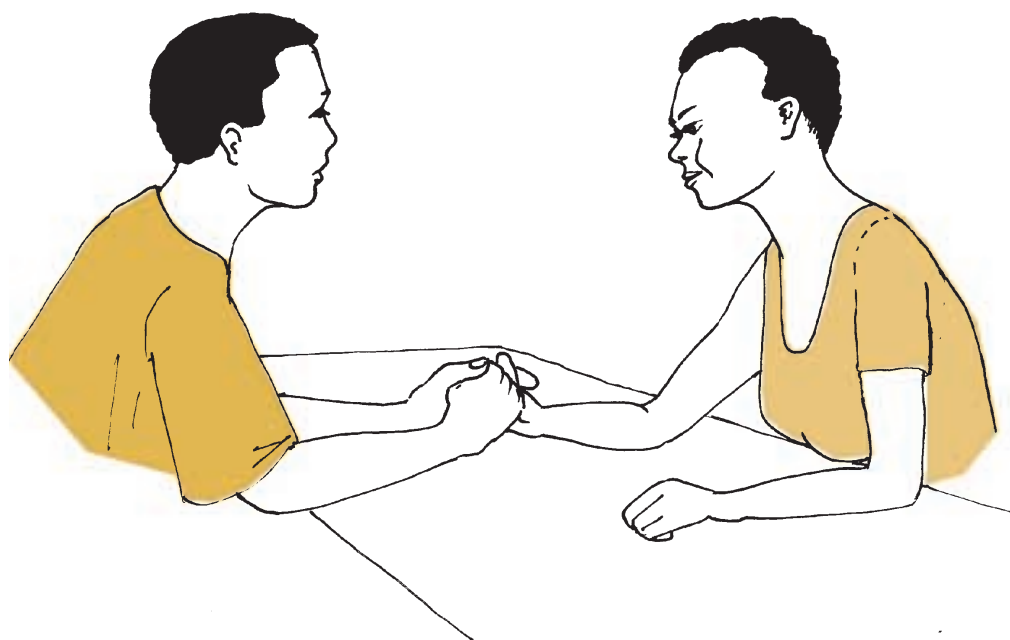
- What happens when people feel they have the right to criticise others? Does anyone have the right to do this?
- Christians may show great care in looking after people living with AIDS while at the same time thinking that their lives must have been bad. How can we change our own hearts and really 'love all our neighbours' as we 'love ourselves'?
- How can we help each other to change our attitudes and way of thinking about those of us whose lives are affected by HIV and AIDS?
- Do we know someone who has HIV or AIDS? Spend some time with them. Shake their hands, hug them, drink some tea with them or play with their children. How difficult is it to overcome any negative attitudes we may have?
- How can wives and husbands forgive their partners for infecting them with HIV? How can they continue to live together in the best way possible?
- How can we support girls who have been raped and find themselves infected with HIV and pregnant?

Staying free of HIV infection

Many people become infected with HIV through sex. For two people in a sexual relationship to avoid infection, they both have to be free of HIV and stay faithful and committed to each other.

People need to care about each other and the future. We can support each other in avoiding HIV by sharing knowledge and information. Young couples may agree together that they will wait for a sexual relationship until they are married. The more people can talk openly about the risks of HIV infection and sex, the more they can help each other to try to stay free of infection. Condoms can greatly reduce the risk of infection from HIV and their use should be discussed.

People who share needles for drug-taking are at great risk from HIV infection. We can work to make clean needles and syringes available. We should make people aware of the risks, and support drug users who want to break their addiction. Pregnant women who may be HIV positive can be treated with anti-retroviral drugs to reduce the risk of passing HIV to their baby.



- What kind of activities put people at risk of HIV infection?
- What situations encourage married men or women to be unfaithful to each other? How can people deal with these situations? What encourages them to be faithful?
- What does the Bible say about sex?
- Role-plays about difficult or embarrassing situations can help start discussions and allow people to think about what they would do in such situations. Discuss ideas on how to perform a simple role-play. What situations could be used for role-play? One possible suggestion is given in the box below.
- What influences young people as they consider how to behave sexually? At what age do they become sexually active? How can the church work to challenge unhelpful influences?
- How can the friends and families of people who abuse drugs help support them and prevent them from becoming infected with HIV? Do we know of centres where people can be supported as they fight their drug addiction?
- Are there health centres or NGOs which can provide free needles? If not, how can we ask the authorities to make these available? Is the blood used in blood transfusions always checked for HIV? If not, how can we put pressure on the authorities to ensure this always happens?

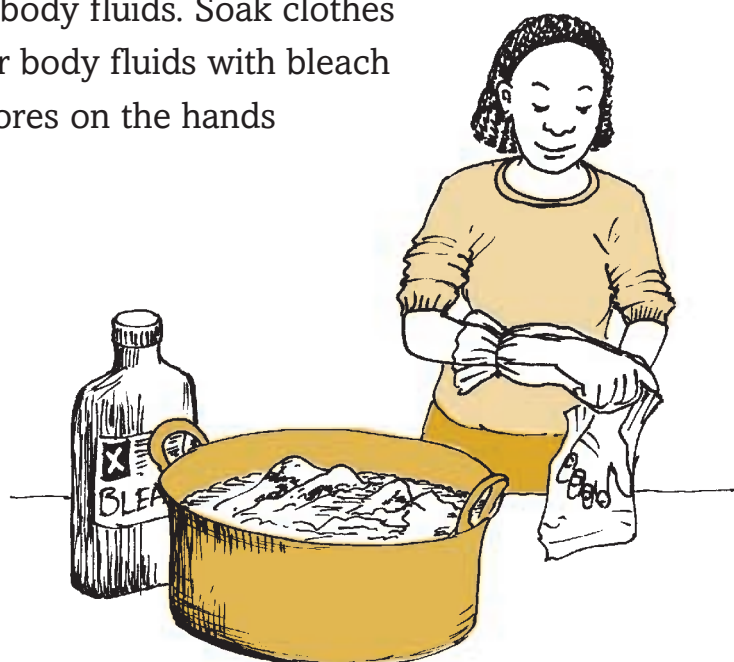
Role-play suggestion

A young couple are very much in love. They know about the risks of HIV and the girl asks the young man to wait for sex. However, his friends tease him and say he is not a real man. Next time he meets his girlfriend he suggests a walk. When they reach a deserted area, he tells her he is tired of waiting for sex. At this point the role-play could stop and people could be asked what they think should happen next? After discussion the role-play could continue.

Practical ways to avoid HIV infection

Those of us who are living with HIV may look healthy, feel healthy and often do not know we are infected with HIV. In some countries one in every four or five people is living with HIV. It may take many years before they develop AIDS. During those years they can pass on HIV to many others. There are a number of ways to avoid HIV infection:

- Both partners should stay faithful to each other in a sexual relationship.
- If one partner may be infected with HIV, use condoms to stop the other partner becoming infected.
- Avoid situations which encourage sexual temptation.
- Make sure that blood for transfusions is tested for HIV.
- Avoid sharing needles, razors, blades or toothbrushes (because people's gums may bleed).
- When caring for someone with HIV or AIDS wear gloves or plastic bags on hands when handling blood or body fluids. Soak clothes which are stained with blood or body fluids with bleach before washing. Keep cuts or sores on the hands covered.



Discussion

H7

- How can we make sure this information reaches the people who are most at risk of HIV infection?
- Which of these ways to avoid HIV infection would be the most difficult to put into practice? Why is this? What other messages would we like to share with our communities?
- Are condoms widely available? How much do they cost? How do people feel about using them?
- Many people have little choice about where they work. Many men find work in cities, mines or as truck drivers, which means they may be away from home for a long time. How can they avoid risky behaviour? How can families try to stay together?
- Should young couples agree to be tested for HIV before marriage?
- Are there other ways in which people believe they can become infected by HIV? What are these? Try to find out if they are correct.
- In an emergency situation it may be very difficult to know if blood used in transfusions has been tested. What is the situation in our local hospital? Can anything be done to reduce the risk?

Harmful traditions and attitudes

Many cultures have harmful traditions and attitudes that encourage the spread of HIV infection. For example, young men often feel they need to prove they are 'real men' by having sexual relations with many different young women. Men who use condoms may be seen as weak and be laughed at. Men or women may be concerned that they have a sexually transmitted disease but ignore it out of shame. After a while the symptoms may go away. However, they still have the disease and can pass it on. All of these practices greatly increase the risk of HIV infection.

Women are sometimes seen as belonging to men. They may have little or no choice about when to have sexual relations or whether to use a condom. If their husband dies, they may be given to the brother. Widows or orphans may find that the man's relatives claim their belongings and sometimes their home and land. Women, particularly during times of war, may be at risk of rape when collecting water or food.

Initiation ceremonies, circumcision, tattooing or facial scarring can all pass on HIV unless new needles or blades are used for each person. Otherwise they should be properly sterilised before use on each person, either by soaking in bleach for 30 minutes or boiling for 20 minutes.



Discussion

H8

- Some men believe that having sex with a virgin will cure HIV infection. Some men believe that having sex with 100 women will cure them of HIV infection. Do we have any misleading beliefs like this in our area?
- What other traditions or attitudes in our culture might increase the spread of HIV?
- What kind of risks are young people in our area exposed to when they take part in circumcision ceremonies or receive tattoos or facial decorations? How can these risks be reduced?
- If a circumcised woman is infected with HIV, there will be considerable risk for her husband during sex and for the baby and birth assistant during childbirth because of the bleeding that the circumcision will cause. How could this practice be changed or stopped?
- How can we help to challenge unhelpful or harmful traditions and attitudes?
- What could persuade men, women and children, whose behaviour puts them at high risk of HIV infection, to change their ways?
- How can men show more respect to women and their wishes?
- How can women influence their husbands to treat them more lovingly and respect their wishes?

Tests for HIV

In many places it is possible to be tested to find out if someone is infected with HIV. Many people prefer not to know and fear the reactions of others. However, it is important to know the truth. People who find they are infected with HIV can avoid passing on the virus to others. They can take good care of their health to delay the development of AIDS for as long as possible. They may have access to drugs that can delay AIDS. It is usually recommended that children are not tested unless both good counselling and anti-retroviral drugs are available. Young children can only be tested from the age of 18 months.

When people are first infected with HIV they will test negative for up to three months. This is called the 'window period'. People are particularly infectious at this time.

It is very important that people are given time to agree to the test and to consider their options before they have an HIV test. A trained counsellor should help prepare them for the test and help them discuss the test results in confidence. The counsellor should encourage them to tell their partner about the result, however difficult this may be.



Discussion

H9

- Is it helpful for people to know if they have HIV? Why might someone not want to be tested?
- What facilities are available in our area for HIV testing? Is there a cost involved? Is good counselling available, both before and after the test result is known? What should people do if there are no testing facilities in the local area?
- What sort of support could we give to our close friends or family members if they come to tell us they have just discovered they have HIV?
- What should employees do if an employer insists on them being tested if they want to continue working? What is their legal position?
- What should someone do if they think their partner has HIV but refuses to be tested?
- Consider the situation of a healthy four-year-old girl whose parents died from AIDS. The child, with her two brothers, is being well cared for by her grandmother. What might be the advantages of testing the child for HIV? What might be the disadvantages?
- How might people feel if their test is negative and they are not infected with HIV? How can they make sure they continue to avoid infection?
- The 'window period' means that in the first three months after infection people will test negative. If they know they are at risk, they should be tested again three to four months later. How can we help people to understand this?

‘Help, my test result is positive!’

When people first discover they have HIV, they may be shocked. Even if infection is likely, they will still hope the test is negative. They may want to deny it and tell themselves the test is wrong. They may be angry and want to blame the person they think has infected them. They may be fearful and worried about the future.

Talking with people about the result is essential. If trained counsellors are not available, friendly people who can listen and allow people to express their emotions and fears are very important. Good counsellors do not judge people or tell them what to do. They never pass on private information to other people. They listen and help people face the future, sometimes providing useful information and encouragement. Usually several meetings are needed to help people make wise decisions.

People who are able to accept the truth about being infected with HIV can begin to plan for the future and learn to live positive lives. They can be very effective in educating others about HIV and AIDS and in caring for people with AIDS. They can also make plans for the future of other family members.



- What kind of things would we fear most if we discovered we have HIV? How could we help to reduce these fears?
- Many people will want to blame someone whom they think has infected them. This is a natural reaction. How can we help people through this?
- A woman who has been raped and discovers she is infected with HIV has to cope with many difficult emotions. What may she have to face? What support is there to help her to cope?
- People who discover they have HIV often think they will develop AIDS and die soon. Reassure them that they are likely to have many healthy, productive years ahead. How can people in this situation choose to live positive and caring lives?
- Why is it so important for people to tell their partner and close family and friends if they test positive for HIV? Discuss how difficult this is to do. What are the risks? What are the benefits? Could you role-play how a counsellor could help somebody gain the confidence to tell others?

Counselling skills

Training in counselling skills is highly recommended. However, many people may be unable to obtain such training and find themselves wanting to help others through difficult times.

Here are some useful ideas:

- Help people to relax. Greet them warmly, talk about some local news and help them feel more comfortable.
- Show respect for them at all times.
- Encourage them to share their situation, using open questions when needed.
- Listen to them **with all your attention**. So often we only half listen and are already thinking of what we will say next.
- Be comfortable with silence or with tears.
- Do not react with surprise, shock or judgement – only understanding.
- **Do not give advice**. Simply let people consider all their options and reach their own decisions. However, do make sure they have the correct information and are aware of all available support.
- Never tell others about information you have been told in confidence.
- Support people in the decisions they reach (even if you don't agree).
- Continue to meet with people until they can feel more positive about the future.

The role of the church

The church has a very important role in responding to the challenge of HIV and AIDS. Some churches have educated and mobilised their members and developed well-organised networks to support people affected by HIV and AIDS. They are showing the love of Christ in action.

Other churches are slow to speak out. Leaders may feel that it is a sign of weakness or shame to admit that there are church members or church leaders with HIV and AIDS. Leaders may feel too embarrassed to talk about sexual issues or drug abuse in their sermons. However, the church needs to take up this challenge. The message of hope, peace and love that Jesus brings is the most important message of all to give to people living with HIV and AIDS.

Church leaders can pass on information and educate all their members about the risks of HIV and AIDS, in small groups, during youth work and through their preaching. Church members often know who are the people most in need in their community. They can help ensure healthcare and support reach the people most in need. In addition, the church can challenge organisations and governments to take more action.



Discussion

H11

- What have we learned from the teaching of the church about HIV and AIDS?
- What authority does the church have to speak out about HIV and AIDS?
- How can the church teach people of all ages about safe behaviour, attitudes and actions concerning sexual relations?
- How can the church teach younger people effectively?
- The church should be the most loving and safe environment for people to tell others if they are living with HIV. Is this the situation in our church? If not, how can we work to improve this?
- Training church leaders and members to improve their skills as counsellors is very important. Is training available? How could such training be set up?
- How can the church help to rebuild relationships within families that have been broken because of unhelpful attitudes and beliefs about HIV and AIDS?
- How can the church become a place where all people feel accepted?

Sharing the message

There are some important messages to share about HIV and AIDS. These include the different ways people can become infected with HIV and AIDS. Another is that people living with HIV or AIDS need friends, love and support just like everyone else.

It can be much easier to talk about sensitive issues by using role-plays or puppets. People can act out difficult situations without feeling embarrassed. Role-plays or puppets can also help people to laugh and relax. This makes them more open to learning new information.

People learn more by discussing issues with each other than by being told. Young people can be the best people to pass on information to other young people, working men are more likely to accept information from other working men, and women by talking with their friends. Useful and correct information is more likely to be accepted and to lead to action if shared by ordinary people rather than by outside experts.



Discussion

H12

- Discuss ideas for stories or situations about the problems people face that could be used for a role-play or puppet show. Consider how to stop a story several times and ask the audience what they think should happen next. What sort of impact could this have?
- Does anyone have any experience of making puppets? These can be very simple. The puppets' heads could be made out of coconuts, balloons or bags filled with grass and attached to a stick. A piece of wood can be used for shoulders so that cloth or clothes can be attached.
- Another way of attracting interest can be to have three or four actors on a bus. Two actors begin a loud conversation about an issue concerning HIV and AIDS so that everyone can hear. Then one or two other actors interrupt them and ask a question. Hopefully other passengers then join in. What kind of discussion could people have on a bus that would make sure everyone started listening? Are we brave enough to try this out?
- Another idea is for two actors to begin arguing and pretend to start a fight in a crowded market or street. A crowd will quickly gather. Then they stop the fight and teach the crowd some useful information about HIV and AIDS! Is this an idea that could work in our community? How could we use this to raise attention?
- How could HIV and AIDS information be shared effectively by using songs and music?
- What kind of groups meet regularly in our community? How could these provide a setting for discussion about HIV and AIDS?
- People living with HIV may often be very effective in sharing their stories and passing on important information to others. However, this will not be easy for them. How can we help equip them and continue to support them?
- How can people who are working to teach others about HIV and AIDS meet regularly to share ideas?

Good family times

Families are the biggest influence on the lives of children. They can influence the attitudes and beliefs of children as they grow up. Set aside regular times, such as mealtimes, to provide an opportunity for all family members to talk about their daily activities, interests and concerns in a relaxed way. This can be very important when difficult issues need to be discussed.

In the early years of marriage parents should learn to be relaxed when talking with each other about sex. If parents are able to talk about sex together, they will find it easier to talk to their children about sex. They can teach them about how girls become pregnant, the risks of HIV and the advantages of keeping sexual relationships within marriage. This helps children learn correct information and develop positive attitudes as they grow up.

Families can also encourage and educate girls to grow up with self-confidence. This will help them resist unwanted pressure for sexual relations and protect themselves against HIV infection.

Not all families have two parents, but openness to talk about sex is important in all families.



- How comfortable do most people feel about talking about sex?
- Who do people usually talk to about sex?
- How do most children learn about sex? What dangers are there in this?
- At what age should children discuss sex? Who should introduce them to the subject?
- In many relationships sex is more about power than about equality. Women may have little or no control. What can women do in such an unequal relationship? What can men do to change attitudes?
- Sometimes relationships within marriage become very difficult. Where can people go to receive help, advice or counselling to improve their marriage relationship?
- Why do so many young people feel confused about sex and unsure of how to behave?
- How can we help to change this situation for our own young people?

Useful ideas for educating young people about sex

- Learn about the terms young people use concerning sex. Become comfortable with using them.
- If possible, talk things through with a close friend first, to help you become more relaxed.
- When talking with young people, be relaxed, open and to the point.
- Use stories of young people in trouble because of sex. Leave the endings open and ask them to discuss what might happen next.
- Many young people long to talk openly and learn more about sex. Allow plenty of time for them to ask questions.

HIV and pregnancy

One in every four or five babies born to women living with HIV will be infected with HIV. The risk is higher if the birth is long and difficult. All pregnant women should receive ante-natal care if possible. A woman who discovers she has HIV while she is pregnant must take very good care of her health. In many countries drugs known as anti-retrovirals are given to pregnant women to reduce the risk of the baby being born with HIV.

A woman who already knows she has HIV must consider her choices very carefully before becoming pregnant. If she has a baby her own health is likely to suffer, and she may develop AIDS more quickly. She is more likely to have health problems during pregnancy. In addition her baby, even if free of the virus, will grow up without a mother in later life.

Breast-feeding can also pass on HIV to the baby. However, the benefits of breast-feeding are so great that it is usually recommended to breast-feed the baby for five to six months and then to stop completely. During these first five to six months it is recommended that the baby is given no other food or drink except breastmilk. The risk of the virus being passed on is then greatly reduced.



- What should a couple consider before deciding whether to have a baby, if they already know the woman has HIV?
- Are all women in our area tested for HIV when they attend health checks during pregnancy? What kind of advice and support are they given if they are told they have HIV? What kind of support could we give to them?
- Are anti-retroviral drugs available free of charge or at low cost in our country? If not, how could we put pressure on the government and health services to make them available?
- What safe alternatives to breast-feeding are available? Could another woman who is not living with HIV breast-feed the baby? Are breastmilk substitutes available at low cost?
- The risk of infection from breast-feeding for up to six months is that one in every 20 babies is likely to become infected with HIV. However, if additional water or food is given or if the mother's nipples become cracked or bleed, the risk of infection increases. How can mothers prevent their babies being given additional water or food? How can they take care to protect their nipples from damage? What should they do if this happens?
- If breast-feeding is not possible, young babies should be fed with breastmilk substitutes from a cup rather than a bottle or spoon. This is because a cup is much easier to clean than a bottle and a baby will get more milk than by using a spoon. Does anyone have any experience of how to do this? Who could help with advice?

Healthy eating

Healthy eating is important for everyone. However, as HIV damages the body's ability to fight infection, it is really important for people with HIV to eat foods that help the body to stay healthy. Some of these, such as eggs, meat and milk may cost more money. Others, such as green vegetables, beans, fruits and pulses may not cost much. Dark green leafy vegetables, including many traditional vegetables, are particularly high in vitamins and minerals that give protection against illness.

Try not to overcook vegetables because long cooking destroys some vitamins. Add onions, tomatoes or oil to improve their flavour if necessary.

If possible plant vegetables and herbs to provide food all year round. Plant fruit trees, such as papaya, guava and citrus, near the house.

People living with AIDS often suffer from throat infections and loss of appetite. They should be encouraged to eat small amounts of tasty food regularly. Food with plenty of liquid, such as soups and stews, is easy to eat and digest. Fresh green leaves can be chopped finely and added.



- How do people in our area use pulses (beans, lentils, peas, mung beans) in cooking? What are the most popular meals made from pulses? How could we include more pulses in our meals?
- What wild plants are traditionally used in our area as a source of dark green leaves? Where can these be obtained?
- Traditional foods (such as termites, caterpillars, grasshoppers and wild plants) are often very nutritious. What kind of traditional foods are eaten in our area? How could we encourage people to eat more of them?
- How could we encourage more people to grow and eat more dark green leafy vegetables?
- Sometimes not all family members get the same amount of healthy food. For example, women and children often get less meat or relish. How can we make sure that people with HIV or AIDS get enough meat, relish and vegetables?
- What trees or plants in our area produce leaves that can be eaten, such as moringa or cassava? Can people gather these leaves free of charge? How could more of these trees be planted?

Green relish

- 1 onion
- 1 cup of flour made from pulses
- 4 tomatoes
- 1 bunch of dark green leaves

Clean and chop up leaves. Cut up onion and tomatoes. Cook the leaves, onion and tomatoes in a small amount of water until they are soft.

Add one cup of water and one cup of flour and cook for 10 minutes until only a small amount of liquid is left.

Medicinal drugs

Many scientists have been working to develop a vaccine for HIV. However, there is little evidence of success yet.

Certain medicines can help maintain good health for people living with HIV or AIDS. Antibiotics, such as co-trimoxazole, help treat pneumonia, diarrhoea and skin infections. For fungal infections a solution of gentian violet can be applied directly to the skin. People with AIDS are very likely to become infected with tuberculosis (TB) and need effective treatment. For those who are in great pain or dying, drugs such as aspirin, ibuprofen or codeine can help ease pain.

There are a number of drugs that can slow down the spread of HIV in the body. Unfortunately these are usually very expensive. They are also strong and sometimes make people feel ill. They are commonly known as anti-retrovirals, and there are several different types. When these drugs are used they must be taken regularly, and trained medical people must be available to provide support.

Providing these drugs to pregnant women who are living with HIV is particularly effective in preventing the virus from being passed on to their baby. Many countries hope to be able to provide these. However, providing anti-retroviral drugs for long-term care is not yet possible in most places.



Discussion

H16

- Are anti-retroviral drugs available for pregnant women in our area? If not, could we consider writing as a group or organisation to the Ministry of Health and ask what they are providing? There are also a number of international agencies that are promoting this. Find out about which organisations may be able to help in our area.
- People with AIDS often have diarrhoea. It is important that they drink plenty of clean water and other fluids and keep eating small amounts of food. What kind of problems may be caused by the diarrhoea? How can the person be helped?
- Nausea is another common problem for people with AIDS. Tea made from ginger, mint or cinnamon can help reduce nausea and help them to continue eating small amounts of food. What else can help reduce nausea?
- People with dry coughs can be helped with a mixture of one spoon of honey, one spoon of lemon juice and one spoon of hot water. Are there any other traditional medicines for dry coughs in our area?
- How common is TB in our area? Is effective treatment available? (People with AIDS should not be given the drug thiacetazone to treat their TB.)
- Traditional healers may sometimes claim that they can cure AIDS. People may spend a lot of their limited money on such treatment, rather than on good food and medicines to keep them healthy. Is this something that happens in our area? Is this a good use of people's money?

A lost generation

When we consider people affected by HIV and AIDS we usually immediately think of people who are infected. The children of parents with HIV or AIDS are often ignored. These children may or may not be living with HIV themselves. Their future is threatened.

They may watch parents lose their ability to work and earn money. They may help nurse their parents as they become ill and cope with their death. They may lose the opportunity to attend school and to learn skills and traditional knowledge from their parents. Other children or adults may avoid them, fearing infection. Many have to move away from their home area, sometimes into unhappy situations. Older children may care for younger brothers and sisters, trying to survive and stay together.

These children are the future of our community and are really important. Sometimes help is simple. We can make time to play football or games, to give them a treat and laugh with them. Sometimes it will mean giving them time to talk as they cope with illness, anger, sadness or mourning. In the long-term it may mean sharing our homes, supporting them through school and trying to fill the gap left by the parents they have lost.



Discussion

H17

- What has happened to children in our community whose parents have been infected by HIV and AIDS?
- What usually happens to children who lose their parents? Who is likely to look after them? What responsibility should our community take for finding good carers? Do we ask such children what they would like to do?
- The number of children orphaned by AIDS will continue to increase. How will our community respond?
- Do people usually think that children whose parents have died of AIDS must also be infected? How could we help change such thinking?
- Babies born with HIV may live for many years. Their education and needs are very important. Consider how hard it must be for a child to grow up knowing they will never become an adult. How can we care for them?
- How can children affected by HIV and AIDS help educate and support others in similar situations? How can we learn from them and understand the kind of support they would like?
- Why might it be better for children to grow up in a family situation? Is there a role for orphanages in our culture? Are they a good or a bad thing?
- What help is available for providing extra food, clothes, healthcare and especially school fees for children affected by HIV and AIDS? Are there organisations or government agencies that can help? What could we do as a community?

Supporting children affected by HIV and AIDS

Children orphaned by AIDS may need someone to provide a home for them. This should be in their own community if possible. Babies and toddlers need extra love, attention and stimulation to encourage them to develop. If their parents were sick they may have had little attention. Check they have been immunised and have had regular health checks. If they have HIV, they will need nutritious food and extra care during illness.

Help school-aged children to make a memory book or box. Encourage them to collect photos, letters, certificates and drawings that remind them of happy times with their parents. Later, this can help children remember positive things about their parents.

It may be difficult for orphans, particularly girls, to attend school. However, education is important for their future. Some organisations provide money to help children attend school. Orphans may need people to help them with homework or to talk about problems they have at school.

Caring adults should make sure that orphans are treated well. Often these children are forced to work very hard or to have sex with adults, which is wrong and should be prevented.



- Why is it important for children who have lost their parents to remain in their own community?
- Grandparents often become carers. What particular help might they need?
- It is important to send children living with HIV to school. Why might this be?
- Why is it really important for brothers and sisters to remain together? How can the community encourage this?
- What should children be told when a parent is dying? How can they be supported before, during and after the funeral?
- What should happen to children if they have no families able to care for them when their parents die?
- Children learn a great deal from observing the behaviour of family members. Who will provide good examples of behaviour for them to learn from as they grow up?
- Why are children who have lost their parents more likely to suffer from unfair treatment, overwork or sexual abuse? How can caring adults help?
- Orphans may lose their rights to money, property or land from their parents because of traditional practices of inheritance. Can anything be done to protect them from this loss?
- Why is it so important for orphans to do well at school and find meaningful work?
- Many older children become responsible for their households when their parents die. Networking children in similar situations into groups may really help them. How could this be done? Are there people who could meet with such groups and help support them?

Caring for people with AIDS when they get sick

When people develop AIDS, there will be times when they are really unwell. They will need particular care and support at these times, when they are too weak to look after themselves. The infections people get will vary but tuberculosis (TB), painful skin sores, diarrhoea and chest infections are common.

As well as providing suitable food, helping the person to stay clean is likely to be one of the most important ways to help. Bedding and clothing should be washed well and dried in hot sun to help ease skin infections. Use gloves or plastic bags over the hands when handling clothing stained with blood or other body fluids. Soak the clothing in a diluted solution of bleach before washing as usual.

Helping sick people to keep their dignity is important. Love and support are also very important in encouraging people to feel positive about themselves and the future.



Discussion

H19

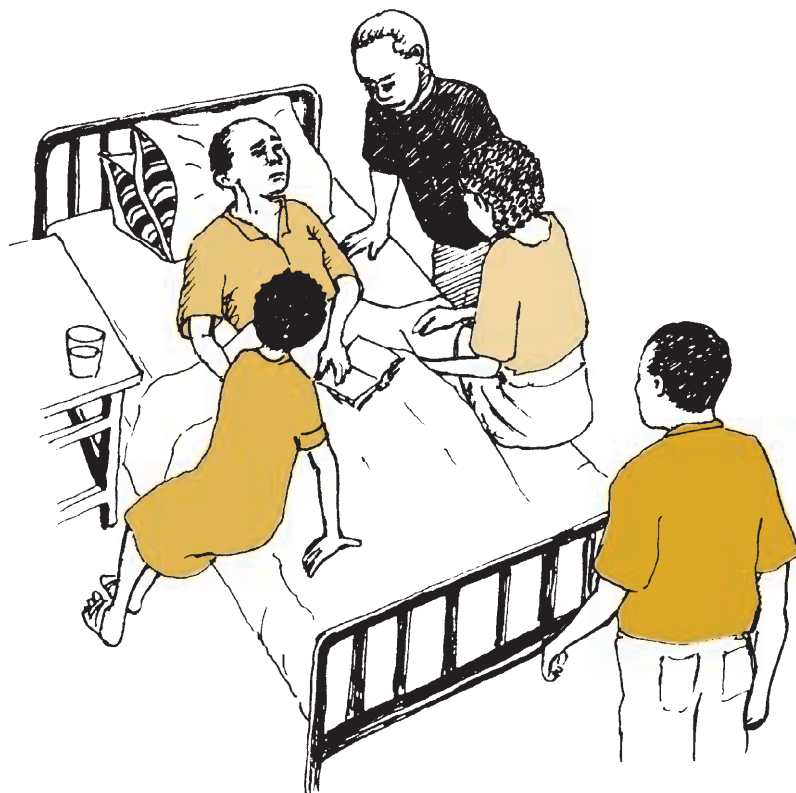
- Is anyone involved in caring for people who are really ill with AIDS? What kind of challenges do they find difficult?
- Who takes responsibility for caring for people who are ill with AIDS?
- What kind of practical help can be provided for people unable to look after themselves?
- When people who work in towns and cities become ill, they often return to their homes in the rural areas. Why is this? What are the results of this?
- Sometimes people who develop AIDS are hidden away and left to die. Does this happen in our area? Why does this happen? How can we challenge this practice?
- What kind of support and medicines are provided by the health services in our area for people living with AIDS? Is there hospital care available for those living with AIDS who are really sick?

Caring for the dying

HIV always leads to AIDS and can lead to an early death. We all die, sometimes unexpectedly. Knowing death is near can enable people to prepare themselves.

People living with HIV often form close and supportive relationships with others in the same situation. They can help bring comfort and support to those who are dying. Sometimes words are not necessary. Simply being there for others at their time of need is enough. Showing love through touch – holding hands, hugging or stroking their face – can be very comforting. People who continually care for the dying will themselves need support, as giving this kind of care requires great personal strength.

The gospel brings a wonderful message of hope through Jesus. Our faith in God will lead us at death into his wonderful presence. This faith can be very important to those who face death.



Discussion

H20

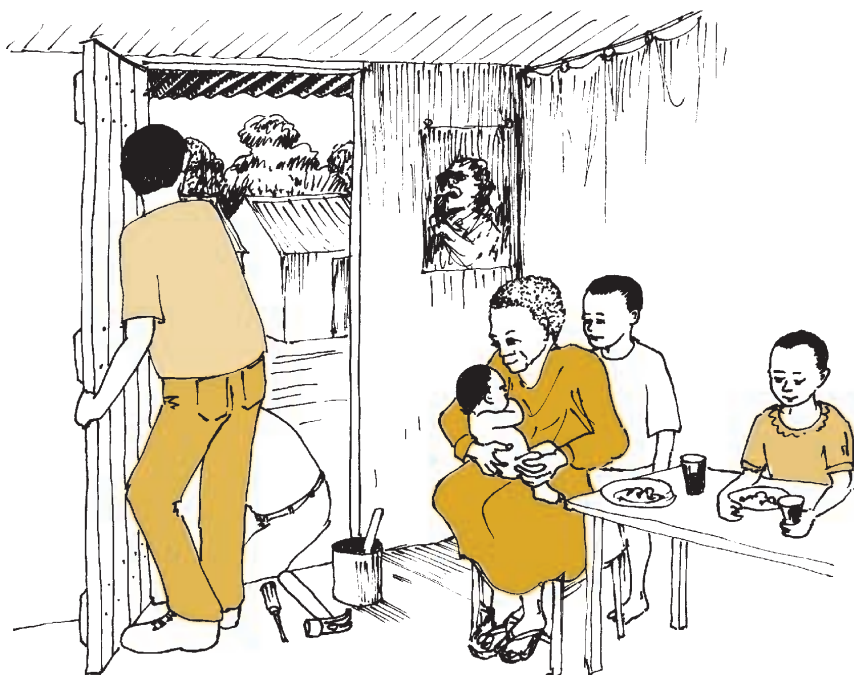
- How can Christians help those who face death to prepare? What messages of hope and reassurance can be shared?
- Are we ready to face death ourselves? What are we fearful of? What hope do we have? In which Bible passages do we learn about what to expect after death?
- Knowing the presence of God in the shadow of death brings a great comfort. Which Bible passages would be helpful to read and share with people at this time to encourage and comfort them?
- How does faith in God help to strengthen those who care for the dying? How can we receive strength and courage through prayer? How can we share our hope for the future with those who are dying?
- What kind of support is available to people who help and comfort others as they prepare for death? How could we support them?

Supporting the carers

There is great pressure on those who care for people living with HIV and AIDS. Some carers visit those who are sick or dying. Full-time carers, often grandparents, may provide a permanent home for children who are orphaned by AIDS.

Most people who die as a result of AIDS are between 25 and 45 years old. This is an age when people would expect to be working and providing for their family and parents. Instead, older people find themselves providing a home for their grandchildren. Older children may find themselves caring alone for their younger brothers and sisters. Families who are already struggling to care for their own children may provide a home for the children of relatives or friends. All these groups need support and practical help over a long period of time.

Carers are not suddenly given new abilities to cope with the situation. Just like everyone else they get tired, cross or ill. They can sometimes find difficult situations become impossible for them to cope with. It is important for individuals to be aware of their limits. If too few people share in caring, then the result will be exhausted carers who have to give up.



Discussion

H21

- What particular needs do families coping with the impact of HIV and AIDS have in our area?
- Carers can support only a certain number of families, through visiting, making friends and caring for them at times of illness. It is recommended that carers do not try to help more than ten people who have HIV and AIDS. Otherwise they may become exhausted. Is ten a good number? Should we set limits when so many people need help?
- How can we help families, particularly grandparents or older children, who are looking after children orphaned by HIV and AIDS?
- How can we support carers who visit families affected by HIV and AIDS? What particular needs might they have?
- Some organisations make funding available to support those living with HIV and AIDS. How could outside funding be used wisely to help those who most need help?

Restoring justice

People living with HIV or AIDS can suffer various injustices. Fear and ignorance can lead to families sending away people they think may have HIV. The wives of men with HIV are often treated badly. Children may be forced to leave school.

Women who suffer domestic violence or who have no power to choose when they have sexual relations are particularly at risk of infection with HIV. They are often too ashamed or fearful to seek legal protection.

Some organisations or employers may ignore people's human rights. They may force employees to be tested and dismiss everyone found to have HIV. This is not legal, though it is often done. There is little or no risk of passing on HIV in a work situation and people may have many years of productive work ahead of them.

Traditional inheritance laws may mean that widows and their children lose all their land, property and sometimes their home when a man dies. They are left in poverty and without hope at a time of mourning. It is possible to prepare a will before death to prevent this happening.



Discussion

H22

- What sort of attitudes cause children to be sent away from school because of concerns about their parent's health?
- What can be done to enable such children to continue their education?
- Do we know people who have lost their work because other people think that they may have HIV? Do we know of situations where people have been asked to have a blood test without knowing they were being tested for HIV? What happened in these situations? Are there laws to protect employees who have HIV from losing their work?
- How can we support people living with HIV who want to continue working?
- What action could leaders take to challenge these injustices?
- What traditional laws does our culture have about inheritance? Are some of these unhelpful? How could they be challenged? Would preparing a will help to prevent injustice?
- In some countries it is illegal for someone who knows they have HIV to knowingly infect others. Can anything more be done to prevent this happening?
- How can we work together to draw attention to issues of injustice towards people living with HIV? How can we encourage radio, TV and newspapers to include articles about these problems?
- How can we use the law to challenge employers and other organisations to change unfair treatment of people living with HIV?

Living positively with HIV and AIDS

Facing up to the challenge of HIV and AIDS can bring surprising benefits. Some benefits come as communities work together to help those affected. Some benefits come as people begin to talk openly about subjects they previously felt too embarrassed to talk about. Attitudes, high-risk behaviour and unhelpful traditional practices can change as a result.

However, the most positive result can be in the lives of people who, when they discover they have HIV, come to terms with this and then spend the rest of their lives supporting others. Wonderful stories of love, support and care can result. In God's kingdom, our lives are measured by our love for Jesus and the people around us, not by what this world considers success. The impact of HIV and AIDS should cause us all to reflect on where our lives are going.

HIV and AIDS provide a great challenge to the world. Only by working together can we rise to meet this challenge.



Discussion

H23

- How does God's promise to Christians of eternal life with him affect the way we live now?
- How can we share this hope with others who are in despair?
- How can the church lead the way forward in meeting the challenge of HIV and AIDS?
- Jesus showed great love and understanding towards everyone he met. How can we personally become examples of Christ's love to those around us?
- Safe and welcoming centres where people living with HIV and AIDS can meet can be very important. Do we have such centres in our community? If so, how can we support them? If not, how could one be set up?

Bible studies

These Bible studies are designed for use in small groups. They may provide a useful introduction to a meeting where different topics from the Guide are being discussed. Choose a study that will be linked to the topic you plan to study or that is relevant to your situation. During the studies, encourage people to think about what they read, to discuss the meaning and how to act on what they learn, and finally to pray together about what they have learnt.

BIBLE STUDY 1

Attitudes towards disease

Read Luke 8:42b-48. Since Old Testament times, women were believed to be unclean at the time of their monthly bleeding. As a result they stayed away from the temple during this time. According to the law of Moses (Leviticus 15), if Jesus was touched by a woman with bleeding it would make him unclean.

- Why did Jesus not tell the woman off for touching him?
- Imagine the scene! Consider Jesus's words, 'I know power has gone out of me'. Have any of us experienced the power of healing prayer?
- This woman would have felt unclean for 12 years. How did Jesus respond to her?
- Do we sometimes make people living with HIV feel 'unclean' or rejected from our worship? Why? How can we change this?
- Why did Jesus make the woman come forward and admit she had touched him? What can we learn from this?

Pray for people living with HIV to experience God's love and peace and to trust in him for their health and future.

BIBLE STUDY 2

Jesus's response to sin

Read John 8:1-11. The teachers of the law brought a woman to Jesus who had been caught committing adultery. The accusers wanted to shame the woman and to trap Jesus. The man, who had also committed adultery, was not brought to be judged (usually it was seen as the fault of the woman). They brought the woman out in public, ready to be stoned.

- How did Jesus respond to their accusations?
- How did Jesus remain in control of the situation and his own feelings?
- How did he judge the woman's sin?
- What can we learn from Jesus's example in judging others?

Jesus did not defend the woman's actions, but he was willing to stand up to the powerful. His actions showed love and the desire to restore relationships. He taught forgiveness, rather than condemnation.

BIBLE STUDY 3

Wisdom in sexual behaviour

Read Genesis 39:5-20. The story of Joseph shows us a young man who feared God and decided to live in obedience to God's laws.

- What shows us that this was true? (verses 8, 9, 12)
- How did Joseph resist temptation?

If we consider Joseph's position as a slave in Potiphar's house at this time of temptation, we can only admire him for his courage.

- Why did Potiphar's wife react as she did?
- How did Joseph suffer for his beliefs?

Joseph chose to live in sexual purity because he knew this was God's teaching. It made life very difficult for him and he suffered for a long time.

- How is this story an encouragement to us?

BIBLE STUDY 4

God's plan for sex is good!

Church leaders so often find it embarrassing to talk about sexual issues. This means that our children often learn about sex from rumours, other children and the media. They miss out on understanding God's plan for sex.

Read Song of Songs 4:9-16. This is a part of the Bible that is not often read in public. The whole book describes the joy of two people enjoying their love for each other.

- How does the man describe his bride in verses 10 and 11? What words do we use to describe our love for our partners?
- What do you understand by verse 12?

- Discussing with young people about the benefits of waiting to enjoy sexual relations until they marry can often seem very difficult to them, and sometimes negative in today's world. How do the words of verses 12-15 paint a very different picture?

- What does the bride say to welcome her husband in verse 16? How does she show her pride in offering the gift of her love?

Read Matthew 19:3-9. Jesus's teaching on the wonder and sanctity of marriage in verse 5 is very clear. A man and a woman become 'one flesh' – a bond that should not be broken.

- What does Jesus's teaching mean for people who enter into casual sexual relationships?
- What are the consequences of ignoring God's plan for sex?

BIBLE STUDY 5

The Body of Christ

Read 1 Corinthians 12:12-26. The Body of Christ has HIV and AIDS! The body of Christ is starving. The Body of Christ has no proper home. This is because when one part of the body suffers, the whole body suffers (verse 26). There is no 'them' and 'us'. We are all affected.

- Sometimes the church denies the existence of HIV and AIDS among its members and leaders. Why might this be? What is the result?
- How can the people of God act as a body in their response to HIV and AIDS?
- How can we act as the hands and the feet of Christ?
- What would be the response if the wider church always responded as 'one body' to those in need?

BIBLE STUDY 6

Amazing love

While on earth, Jesus demonstrated His love in the most challenging way possible. He was filled with compassion as he looked at the people around him.

Read Matthew 9:35-36.

- How did Jesus show his love to those he met?
- How can we show love to those around us?

Read Luke 15:1-7. Jesus often annoyed the Church authorities by spending much of his time with, and showing love to, people the Church felt were unacceptable.

- Why did Jesus choose to spend so much time with rejected people?

- How does Jesus deal with the criticism of the Pharisees and teachers of the law?
- How can we show love to those who are rejected by our society?

God calls us to stop judging others and instead to love them with the same challenging love that he showed. We are saved by his grace alone. We all continue to fail God, and therefore have nothing to boast about.

BIBLE STUDY 7

Holiness in practice

Read Leviticus 19:1-18. The command to 'love your neighbour' first appears in Leviticus 19:18. It summarises verses 1-18, which contain various Old Testament rules and regulations. Look at this passage in Leviticus. Divide the commands (verses 3, 4, 9, 12, 14, 16 and 18) into those concerned with:

- worshipping God
- personal holiness
- holy living standards in relation to other people.

These commands are given with a note of authority. Whose authority is this? Note the general nature of some commands (verses 2, 3 and 11) and the precise detail of others (verses 5-8, 9, 13 and 14). God wants us to be holy, both in large matters and in the small details of our daily lives.

- How does God's law make provision for the poor and for 'outsiders'? (see verses 9 and 14)
- How can we care for the disadvantaged as individuals, within our family, and within our church?
- How can we express love and care for those living with AIDS in our community?

BIBLE STUDY 8

HIV and AIDS and the glory of God

By the time of Jesus, many of the teachings of the Old Testament had been over-simplified, resulting in beliefs such as: 'If you are suffering, it must be because you have sinned'.

Read John 9:1-7. The disciples realised the problem that this passage raised. Surely this man had not sinned before he was even born?

- Consider Jesus's answer when the disciples asked about whose sin was responsible. What did he mean? What does this mean for us?

Jesus encouraged his followers to pray for more of God's love and glory to be seen – even in the suffering that you and I see today. And so this blind man was not only healed but revealed God's glory in Jesus the saviour.

So our attitude to AIDS should not be ‘Whose fault?’ but rather, ‘God’s opportunity to do what?’ The light of Jesus is seen best when there is suffering or doubt. May his light in us shine as we support those living with HIV and AIDS.

- What do people in our area say about people living with HIV and AIDS?
- How can we be practical in our love?
- How do we get the spiritual strength from the Lord to be positive about difficulties which we and others face?
- How can we pray for and support all those living with HIV and AIDS and those who care for them?

BIBLE STUDY 9

Why suffering?

Read Genesis 1:31, 2:15. Disasters and suffering were never part of God’s original plan for us. He created all things and formed a partnership with us. However, this partnership was broken (Genesis 3) and we suffer the consequences.

- How much is suffering part of these consequences?

Read Romans 8:18-25. Today there is suffering – but it is temporary, and will one day give way to something eternally glorious.

- How does God offer us a way back to the partnership?

Knowing God, the prospect of suffering should not terrify us – we learn here that we are safe in his hands and that this world will one day be transformed into a new world. Until that glorious day, God requires that we act justly, love kindness and walk humbly with him (Micah 6:8).

BIBLE STUDY 10

Caring for orphans and widows?

Read Deuteronomy 10:12-22. Verses 12-13 echo the great commandment of Deuteronomy 6:5 that Israel should love the Lord their God with all their heart, soul and strength. In verses 14-19 this passage continues to remind Israel about who God is, what he does and what he wants those who believe in him to do. This is repeated twice – each time in a beautifully balanced series of three verses. Verses 14 and 17 remind us who God is, verses 15 and 18 tell us what God does and verses 16 and 19 tell us what he wants us to do.

- What does verse 17 say about how great God is? What does it mean to say that God ‘is God of gods and Lord of lords, the great, the mighty and the awesome God?’

- In the second part of verse 17 we read that God is ‘not partial and takes no bribes.’ What does this say about God and how he uses his great power?
- What does verse 18 tell us about what this great God does?
- Why is God so interested in seeing justice done for orphans, widows and immigrants? How can we care for the orphans and widows in our community?

Orphans, widows and immigrants are usually the weakest people in any society and the people most in need of care and protection. If the God we love cares about them so much, so should we.

BIBLE STUDY 11

Caring for children?

It is very easy to value children more for what they can become, rather than for what they are in themselves. Children may be seen as a bit of a burden from the time they are born, until the time when they can be useful. This is how children were viewed in the time of Jesus. What Jesus said about children and his attitude to them was, therefore, very revolutionary in his time.

Read Mark 9:33-37 The Greek word used in the New Testament for ‘child’ is also used for ‘servant’ or even ‘slave’. Children were, therefore, seen as similar to servants or slaves. In this story, Jesus uses a child as a visual aid to teach his disciples.

- How did Jesus treat the child that he used as a visual aid? What would the child have felt when Jesus took him in his arms?
- The disciples had been arguing about who was the greatest. What did Jesus mean them to understand by receiving a child in his name?
- Who did Jesus say would be the greatest servant in his kingdom? How can we respond to this in a world where so many are in need?
- What does it mean to ‘receive’ a child in the name of Jesus? How can we receive children in the name of Jesus in our community?

Glossary of difficult words

AIDS	Acquired Immune Deficiency Syndrome
ante-natal	the time between pregnancy and birth when a woman needs good care to protect her health and the baby's health
anti-retrovirals	special drugs that slow the reproduction and spread of HIV
bleach	a strong chemical used in cleaning which can kill HIV
blood transfusion	a way to replace blood lost as a result of accident, illness or an operation with healthy blood donated by another person
circumcise	to cut away unwanted skin from the sexual organs of boys or girls
community	people living in one local area, often with the same culture and similar interests
condom	a fine rubber covering worn over the penis during sex to prevent pregnancy or infection
development	a process of change that may lead to improvements in social, financial and spiritual wellbeing and increased confidence
empowerment	a gradual process in which people grow in self-confidence and feel more able to choose their own priorities and way forward
formula milk	powdered milk specially made for feeding young babies
gender	the social differences between men and women, or boys and girls that are learned (rather than the sexual differences which are biological)
HIV	Human Immunodeficiency Virus
nausea	the unpleasant feeling of being about to vomit
NGO	a non-governmental organisation managed independently of government
orphan	a child whose parent or parents have died
ownership	when people take control and accept responsibility for issues that affect their own development
participants	people taking part in any kind of activity
participation	involving people in the decisions and processes that affect their lives
penis	the male sex organ, also used to pass urine
pneumonia	a serious chest infection

poverty	a situation where there are not enough resources to maintain an adequate standard of life
rape	forcing a person to have sex against their wishes
relish	a side dish of tasty or spicy food which is eaten with the staple food to add flavour and nutritional value
semen	bodily fluid produced by a man during sexual relations
sex	in this book, sex means penetrative sexual activity
sexual relations	placing a man's penis inside a woman
vagina	the soft fleshy passage or opening in a woman used for sexual relations and through which babies are born
'window period'	the three-month period immediately after infection with HIV when the virus has not yet multiplied sufficiently within the body to be detected by special HIV tests

Recommended reading

Footsteps Issue 61 looks at the impact of HIV on children. It contains ideas to help support children, not just practically but also socially and culturally. It contains articles on memory boxes, good practice, anti-retroviral treatment for children and nutrition. Available free of charge from Tearfund. E-mail: footsteps@tearfund.org

Building Blocks: Africa-wide briefing notes

This series of six booklets is designed to help communities and local organisations to support children orphaned or made vulnerable as a result of HIV and AIDS. They cover topics such as health and nutrition, education, economic support and social inclusion. They contain over 100 case studies from across Africa. They are available free of charge in English, French and Portuguese from the International HIV/AIDS Alliance, Queensberry House, 104–106 Queen's Road, Brighton, BN1 3XF, UK. To request an order form, e-mail: publications@aidsalliance.org
Website: www.aidsalliance.org/building_blocks.htm

Living Positively: A community-based approach to combat HIV/AIDS

This pack has been produced by the Mothers' Union for use by facilitators working with groups. The pack raises awareness of HIV/AIDS and helps groups share ideas and plan action to address HIV/AIDS issues. Copies in English are available from The Mothers' Union, Mary Sumner House, 24 Tufton Street, London, SW1P 3RB, UK.

Training for Transformation. Books 1–4

by Anne Hope and Sally Timmel

A series of four handbooks for community development workers. They are designed to assist field workers to encourage the development of self-reliant and creative communities. The set of four books is available from TALC, PO Box 49, St Albans, Herts, AL1 5TX, UK E-mail: info@talcuk.org

Stepping Stones

A training manual and workshop video on HIV/AIDS, gender issues, communication and relationship skills. The workshop helps individuals and their communities to change their behaviour through the 'stepping stones' which the various sessions provide. Both are available in English and French (the video is also available in Luganda or KiSwahili) from TALC, PO Box 49, St Albans, Herts, AL1 5TX, UK E-mail: info@talcuk.org

The Truth about AIDS

by Patrick Dixon

This is a new edition with 570 pages, packed with useful information, case studies and practical ideas. It contains medical facts, ideas for community action, a practical Christian response and biblical teaching. It also contains a number of other publications as appendices. Copies are available free of charge for bulk orders in developing countries from: isdixon@dircon.co.uk

Strategies for Hope

Several of the more recent books in this series of case studies contain plenty of practical examples and advice in sharing information in the work setting and community and in encouraging community responses.

- *A Common Cause: Young people, sexuality and HIV/AIDS in three African countries*
- *Youth to Youth: Kenya*
- *Under the Mupundu Tree: Homecare volunteers in Zambia's copperbelt*
- *Open Secret: People facing up to HIV and AIDS in Uganda*
- *Broadening the Front: NGO responses to HIV and AIDS in India*
- *Journeys of Faith: The response of churches in South Africa*

The booklets are available from TALC.

HIV, Health and your Community: A guide for action

by R Granich and J Mermin

This is a manual produced by AMREF to help people dealing with the impact of HIV in their communities. It is available from TALC in English.

What Religious Leaders can do About HIV/AIDS

UNAIDS and UNICEF have worked with religious leaders from various faith communities to prepare this workbook. It provides basic facts about HIV and AIDS and includes suggestions on how religious leaders can help to reduce the spread of HIV through teaching, and by challenging cultural practices and beliefs. It also looks at their role in fostering reconciliation within families and communities divided by HIV/AIDS. Available free of charge from UNICEF, 333 East 38th Street, New York, New York 10016, USA
E-mail: nyhq.hiv aids@unicef.org

Young People – We Care!

This book is designed to encourage young people in Zimbabwe who are supporting other children in their communities affected by AIDS. It contains a Training Guide for facilitators and a section on community activities which young people can use. These are available free of charge from John Snow International, Studio 325, Highgate Studios, 53–79 Highgate Road, London, NW5 1TL, UK E-mail info@jsiuk.com
Website: www.jsiuk.com/wecare.htm

Further information

This guide is one of a series published by Tearfund.

Others in the series include:

- *Building the capacity of local groups*
- *Improving food security*
- *Credit and loans for small businesses*
- *Agroforestry*
- *Preparing for disaster*
- *Mobilising the community*
- *Healthy eating*
- *Mobilising the church*

All are available in English and most are available in French, Spanish and Portuguese.

Further details, order forms and sample pages from these guides are available on the website: www.tilz.info

For organisations wishing to translate these materials into other languages, a CD-ROM with design files and layout is available.

For organisations planning workshops to train people to either use or translate PILLARS materials, a workbook is also available.

PILLARS Co-ordinator, Tearfund, 100 Church Road,
Teddington, Middlesex, TW11 8QE, UK

E-mail: pillars@tearfund.org

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by Isabel Carter

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