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MESSAGE FROM THE DIRECTOR:

REAP is a manual especially written for leaders who find themselves dealing with the issues surrounding HIV and AIDS, particularly in Africa. It is designed as a resource tool with the Christian leader in mind. The information contained is useful for educational purposes in churches, public schools, small and large group studies, by community leaders, parents, and support groups.

In the early 1990s, Belva, as a principal of a large Christian school in California, became increasingly frustrated trying to find suitable resource material with a moral perspective for 'Human Development' classes. In desperation, the formulation of a morally-based educational curriculum on HIV and AIDS began to take form. We could never have imagined that in 1995 we would return to Africa, where we raised our two children, to head up a whole strategy of ministry dealing with HIV and AIDS.

For several more years we have traveled the length and breadth of the Southern Region of Africa utilizing our fragmented ideas on simple handout sheets. Continually the cry came, "Please write a comprehensive manual as a 'model' for those who would see the needs surrounding HIV and AIDS with compassion, as Jesus sees it." From there this manual evolved.

Finally, after four years of work in writing, once losing everything to a computer crash, REAP took shape. Yet, this was not without the help of our dear friend, Esther Steelberg Pearlman, who paid her own way a number of times from the USA to volunteer to work with every word on the final manuscript. Without her encouragement and help this manual would never have been completed. Thank you Esther!

Many others have contributed to the experience we have gained and shared in this manual by inviting us to sundry groups, big and small, older and younger, totaling approximately 175,000 people per year who have heard OPERATION WHOLE'S AIDS awareness teaching. Without the incredible team effort of many African believers, with whom we are privileged to work, our message of God's answers to the AIDS crises would not have gone out.

REAP has been birthed out of practical, hands-on experience in developing ministry that works. It is to give understanding about the HIV and AIDS pandemic in 'lay' terms and with sufficient graphic effect, that will be user-friendly for Christian leaders. This material can be adapted for presentation in rural Africa with the simple use of flip charts. It also can be utilised in presentations using overhead transparencies or computer technology with the accompanying CD. However it is packaged, those receiving this teaching about HIV and AIDS have experienced change...change in lifestyle, change in attitude, and positive change about involvement.

Our prayer is that **REAP** will further equip the Church of Jesus Christ to confidently "do His deeds" with boldness and confidence in the crises of HIV and AIDS. For too long, the Christian Church has remained silent. It is now time to work "for the night is coming when no man can work".

(John 9:4). AIDS waits for no one. The Lord will help us!

In His love and ours,

Vern Tisdalle, Director Africa...Operation Whole

A PLAN OF SALVATION ETERNAL LIFE

FACT: ALL HAVE SINNED & FACE AND PENALTY.

The Bible says,"...for all have sinned and fall short of the glory of God" and "the wages of sin is death." Romans 3:23; 6:23

FACT: GOD OFFERS YOU ETERNAL LIFE THROUGH FAITH IN JESUS.

The Bible says, "For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life."

John 3:16

<u>FACT:</u> RECEIVE JESUS & BECOME A CHILD OF GOD.

The Bible says, "But as many as received Him, to them He gave the right to become children of God." John 1:12

FACT: BEING GOD'S CHILD BRINGS YOU HIS FORGIVENESS, FRIENDSHIP, & LEADERSHIP.

The Bible says, "If we confess our sins, He...will forgive us....". I John 1:9
"If you confess with your mouth the Lord Jesus and believe in your heart that
God has raised Him from the dead, you will be saved." Romans 10:9

>

TO RECEIVE JESUS & ETERNAL LIFE, PRAY THIS PRAYER:

Dear Jesus, I've come home to you. Thank you for welcoming me. I believe you are the son of God. I have sinned, I ask for forgiveness made possible through Jesus Christ by His death and resurrection. I receive you as my Saviour, Leader and Friend. Thank you for making me a member of your family. I want to live for you each day of my life. I know you will always keep your promises. Help me to keep my promises to you. In Jesus name I pray. Amen

TO CONTINUE TO DEVELOP IN YOUR CHRISTIAN LIFE:

- Read your Bible every day, beginning in the New Testament with the book of John.
- Talk to Jesus every day (prayer) and allow Him to speak to you in your heart.
- Find a Christian church in your community that preaches and teaches about Jesus Christ, from the Bible.

Go to church at least every Sunday.		

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TIPS ON USING THIS MANUAL



TIPS ON USING THIS MANUAL

IT IS EASY

This manual is designed as a resource for church and community leadership for reference and information about morality, HIV and AIDS. Each chapter is intended to cover pertinent issues that surround HIV and AIDS. The following are steps to follow in order to maximise the use of the manual:

Step 1 Choose Your Topic from the Chapters

Decide which topic you wish to teach. The chapters can be taught singly or together with other chapters. Example: Let's say you wish to speak to parents on "Child Abuse" covered in Volume 1, Chapter 16. Turn to Page 155. **Study this chapter thoroughly.**

Step 2 Make a Lesson Plan

Once you have studied the material covered in the chapter, plus added your own thoughts, make a lesson plan. A sample of a form to prepare your own lesson plan is at the end of Chapter 20. Determine your **AIMS** and **OBJECTIVES** according to what you feel will best help your learners. Include these into your lesson plan.

Step 3 Decide on All Your Points

Now that you have studied the whole chapter, formulated your own thoughts along with your aims and objectives, write down all the points you wish to make on your lesson plan form. Complete all the details of the lesson plan so you have written down everything you want to say in this session on child abuse (or whatever topic you choose).

Step 4 Decide on Which Graphic Pictures You Will Use

On the <u>right margins</u> from Pages 155 to 171 on Child Abuse, you will see little arrows that look like this:



The little arrows on the right margin of the chapter pages correspond with both the small thumbnail pictures in each chapter, plus the BIG full-sized pictures in Volume 2 book. These little arrows give you the reference of a graphic picture you can use to help you have visual impact using pictures in teaching your subject. You will notice that the first little arrow in Chapter 16 in the margin says:



That means that in Chapter 24, Volume 2 of the manual there is a section referenced "SEXU." Volume 2 of the pictures is a larger version of the miniature pictures at the end of each chapter in Volume 1. This helps you to recognise the picture that goes with the lesson. Now go to "SEXU 15" in Volume 2 of the manual, Chapter 24. On almost every page of Volume 1, there is a little arrow in the right margin of the text with a reference number in it. This means that you will find the graphic picture that goes with that particular point of teaching in Volume 2 with that number on it. All the pictures for all lessons are in Chapter 24, Volume 2. The miniature pictures will help you to recognise them. This will enable you to teach using pictures in Volume 2 to illustrate your point.

Step 5 How to Use the Graphics

In your teaching, as you come to each point in your lesson plan, you can utilize the graphic picture to help the learners visualize your point. The graphic pictures that you will use for your teaching lesson should be "copied" and used in the following ways:

- a) Use it like a flip chart. You can either put plastic over the page and just hold it in front of you as you speak, or, you can purchase an A4 size plastic page binder where you will insert all of the pictures in the proper sequence. If you do use each picture sheet as a flip chart, you will do well to protect with laminate or plastic so that you can use it over and over. Photocopying from the original in this manual is better than taking out your original picture. It would be too easy to damage your original.
- b) Use it as an overhead transparency. For those that have an overhead projector available, the graphic pictures will work well. Take out the original from this manual and photocopy it on to a clear transparency. Always return your original picture to this manual so it won't get damaged. When teaching, project the transparency at the point indicated by the arrow and according to your lesson plan.
- c) Use it on your computer with a power point program. A CD is provided for those who have this equipment. The Power Point pictures in Volume 2 are on your CD in colour and arranged in folders in the same sequence as the REAP chapters in Volume 1. You will need Power Point on your computer. You will then sequence your slides on your computer to match what you will be verbally teaching. You then click on each slide as you want to use it. The CD is formatted in the sequence of each chapter in Volume 1. The pictures in Volume 2 are black/white hard copies of the same.

Step 6 Using the Forms in This Manual

To make your teaching session easier, we have provided for you, samples of various forms that can be used for effectiveness. These forms are found at the end of Chapter 20. Select the form that goes with your lesson, take it from this manual and photocopy it for your use. By not using your original and returning it to your manual, you can use these "helps" over and over again.

Step 7 Pledge to Purity

This certificate is a sample pledge form (found at the end of Chapter 10) that can be used when speaking to youth, high school students, and young unmarried adults. While teaching on sexuality and morality, you will want to challenge the learners to make right choices about their life-style. To reinforce the best choice of saying NO to sex outside of marriage, this form is suggested. Photocopy and enlarge this form so there is one for each young person. At the end of your teaching session with the young people, challenge each one to make a commitment to sexual purity by completing the certificate. Once they have completed their own certificate, the young people will cherish and keep that vow until the day of their marriage. This is an excellent way to help young people stick to their commitment by having their own personal **pledge to purity certificate**.

GLOSSARY OF TERMS

Abdomen = the lower part of the body.

Abstinence =not having sex.

Acquired =to possess by doing something.

Alcoholic =a person addicted to alcohol

Antibodies = a protein made by the body when a disease enters, which

tries to fight against that specific disease. Example:

antibodies for measles will fight to protect the body against

measles.

Anus/Anal = the part of the body that eliminates solid waste.

Asymptomatic period = the time before a person shows signs of being infected with

a disease...they have no symptoms even though they are

infected.

Bereavement =to be in a state of loss and grief, usually through the death

of the loved one.

Biological (urges) = the characteristics with which a person is born.

Bisexual = a person having sexual desire for both the same and/or

opposite sex as oneself.

CD4 Cell =can be likened to the "captain" cell in the body.

Celibate/celibacy = a person who abstains from sexual relationships or from

being married.

Circumcision =cutting of foreskin on the private part, more common in

males.

Communicable disease = diseases that can be transferred from one person to another.

Communication = giving or exchanging information. Examples: talking,

writing letters, touching, etc.

Condom = a thin latex rubber covering that a man wears over his

penis to help prevent the woman from falling pregnant or

from contracting STDs.

Confidentiality =keeping a matter between you and the other person

concerned ...not telling the matter to anyone else.

Contemporary = happening in the present time...modern.

Decimating =destroy or kill.

Dementia = mental condition whereby the person is unable to function

normally (in the mind).

Discrimination = unfavourable treatment based on prejudice of race, sexual

orientation, physical condition, etc.

Ejaculation = the release of semen from a man's penis.

Epidemic =a disease that is very widespread in the community.

Ethos = the attitude or belief of a person.

Exploit =to take advantage of and use for one's own selfishness.

Fertility =ability to reproduce; ability to produce a baby.

Fidelity = faithfulness to one's vows or marriage.

Gay = a modern-day expression to describe "same sex" partners.

Genital Organs = that part of the body known as "private parts" or sexual

parts.

Genital = the private parts of the body.

Heterosexual = a person having sexual desire for those of the opposite sex

as oneself.

Homosexuals = a person having sexual desire for those of the "same" sex.

Hormones = a substance produced inside the organs of a human body

that is carried by the body fluid to another place inside the body where it has a specific use. Example: male and female hormones are made by the body and carried inside to a

particular organ to help it function.

Immune system = the body's ability to fight off disease and sickness and to

protect itself.

Inflammatory = describing the condition of being swollen and irritated.

Intimate =close and personal relationship...usually referring to

sexual relationship.

Intravenous = directly into the veins that carry blood in the body; usually

referring to the use of a needle into the body's veins.

Invincible =not able to conquer.

Lecturing =a style of teaching whereby the teacher communicates

information by talking.

Lymph glands = the glands usually in the neck area, under the arms, and in

the groin area of a human body.

Monogamous = the practice of being sexually intimate with only one (1)

person.

Moral =ability to decide between right and wrong behaviour.

Mortality = being subject to death. The understanding that one

eventually will die.

Oral =with the mouth.

Pandemic = a disease that is very widespread throughout a nation or

around the world.

Penis = the private part of a male's body.

Persistence = refusing to give up.

Polygamy = being married to more than one person (two or more).

Prejudice = an opinion or judgement before the facts are

known...usually negative.

Pre-marital =before one is married.

PWA/PLWA = Person With AIDS. Person Living With AIDS.

Rape = forced sexual intercourse with another person.

S.T.D. = 'Sexually Transmitted Disease' - a disease contracted by

engaging in sex with someone who is infected with one or more viral or bacterial diseases, particularly located in the

sex organs.

Self-gratification =pleasing oneself; doing what feels good to oneself.

Semen = the whitish fluid that ejects from a man's penis during

orgasm, containing sperm and fluids.

Sequence =the following of one thing after another in logical order.

Sexual Intercourse = the method of expressing sexual feelings, or of

reproduction by a man's penis inserting into the woman's vagina, usually followed by the man ejaculating semen into

the woman's body.

Sexual Molestation = unacceptable sexual expressions or acts towards a child.

Sexuality = the sexual drive or activity of a person.

Sodomy = Usually understood as forced 'same' sex.

Sperm = male sex cells found in the semen which fertilise the

female egg and necessary for the conceiving of a baby.

Stereotype = person conforming to a widely accepted type or kind.

Suppressed =keeping feelings inside and not expressed.

Terminal =resulting in death...cannot be cured.

Urinate = eliminating liquid waste from the private part.

Virgin =a person who has never engaged in sexual activity.



SEXUALITY GOD'S WAY



SEXUALITY GOD'S WAY

Why Is It Important to Understand What God Has to Say About Human Sexuality?

HUMAN SEXUALITY DEFINED: It is everything in a person that has to do with being sexual, maleness and femaleness, including the intellectual, emotional, social, spiritual and moral parts of our being.

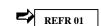
- We begin with the 1st premise that God made each person; therefore, He knows all about us. Because God is our Maker, He knows more about our sexuality than we do and how we can be at our best sexually.
- God has a great deal to say about human sexuality and the relationship/s that will bring out the best sexually, for each individual, his/her family, community, and nation.
- Individuals going outside God's prescription for healthy sexuality bring untold misery and destruction. Therefore, it is important that those who claim to follow God be equipped to communicate His message with understanding, knowing the times in which they live.

1 Chronicles 12:32 "...Isaachar had sons who understood their times and had a knowledge of what Israel should do."

- AIDS is, in the first place, a sexually transmitted disease and exists because people lack understanding regarding sexuality God's way, and the consequences of expressed sexuality outside of God's prescription for fulfillment. Consequences include: diseases, untimely deaths in catastrophic numbers especially from AIDS, broken relationship/s, dysfunctional families, spousal abuse, divorce, unwanted pregnancies, killing of unborn by abortion, rape, and sexual abuse, etc.
- The AIDS pandemic worldwide is a direct result of so-called sexual freedom without adequate personal responsibility. Strategies to curb the epidemic outside of sexuality God's way, have failed worldwide and AIDS continues to spread unabated.
- In the past, the Christian Church remained relatively silent on human sexuality. At best, the church presented a moralistic set of rules for sexual behaviour that often gave a negative message, without teaching about God's love and empowerment for sexual health His way. Failing to know the God behind the rules, the benefits of godly lifestyle, motivation to righteousness, grace and compassion were many times lost.
- Personal empowerment through Jesus Christ and heart change is the ONLY answer to the moral breakdown of society and the resulting devastation such as AIDS.
- Christians in the Church need to not only teach moral purity (abstinence before marriage and faithfulness in marriage), but Christians need to show the world that it is possible and desirable to keep sexually pure, benefiting both short and long term.
- Christians need understanding about God's character: His purity, love, grace, compassion, and empowerment. Their decision to stay sexually pure should be based on both their love for God and their fear of God.
- It is only within the context of a relationship with God that sexual morality makes sense.
- The World Health Organization holds that abstinence and faithfulness in a monogamous relationship is the single most effective control for the spread of AIDS.
- It is past time that the Christian Church leads the nation(s) with meaningful solutions to the moral dilemma and resulting AIDS, rather than by criticizing non-Christians who are struggling to find solutions.













Today's Sexual Ethos Compared to the Past

These principles that governed sexual behaviour in past generations and were generally supported by the community are:

STAT 17

- Sexual expression outside of marriage was wrong.
- The family was the primary source of information and life-style building, with the community structures supporting family life (school, recreation, etc.).
- Sexual activity outside of marriage was considered "damage". The offenders were accountable to the family. Damages were paid, and consequences followed. This brought about (whether negatively or positively) personal responsibility for one's sexual actions, rather than just self-gratification.
- Most young people remained virgins, at least though their teen years. In America and most nations through the 1960s, only about 8% of high schoolers were sexually active (around 18 years or older). Then, if you were younger and became sexually active, you remained silent about it because it was shameful to admit.
- Most couples got married before they were sexually active together. Having children born out of wedlock was considered shameful.

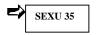
The changes in principles that govern sexual behaviour in today's society are:

- Belief that people are basically good and will not abuse the power of sexuality. Individuals with sexual difficulties are often stereotyped (e.g. those BAD people, criminals, prostitutes, gay people, etc.). It is important to realise that many people battle with their sexual drives, expressions, and moral behaviour.
- The family has been replaced by the media (TV, radio, newspaper, magazines, etc.) in teaching children about sexuality. Hollywood's standards of sexuality are sweeping the globe and being copied by today's youth.
- The family structure is disintegrating so children lack role models, and are self-taught in lifestyle. Peers, rather than parents, have become the great influencers in their lives.
- Marriage is now "un-cool". Living together and sexual intimacy outside of
 marriage is now becoming desirable. Stable relationships are now "revolving"
 relationships. Young men feel pressure that sexual experimentation equals
 manhood. Young women feel pressure that they are undesirable if they are not
 taken to bed, or that they must prove their fertility. Children are now
 commonly born out of wedlock and often do not relate to their biological
 parent/s.
- Sexuality is now a matter of "my rights" or "my needs" rather than personal responsibility and relationship. Sexual virginity before marriage is now considered "backward, unprogressive and unattainable". Sexual faithfulness in marriage is considered boring and old-fashioned.
- Many nations in the 1990s have 80-90% of high schoolers either sexually experimenting or sexually active. Many teens end up psychologically scarred and physically ill with sexually transmitted diseases. The sexually transmitted diseases (STDs) we were dealing with then, which numbered five in 1950, now number more than fifty. Most of these are either incurable or leave lasting physical implications.











- Good sex is the goal rather than a deep relationship with another human being. Revolving-door relationships are becoming normal (as one lover goes out, the next one moves in).
- Personal independence is now treasured over family interdependence or contribution to family and community.
- There is now no absolute RIGHT or WRONG. Truth is a matter of personal taste and opinion. What is true for you may not be true for me. There is no objective standard of truth against which to measure our actions. Each has his/her own opinion!

What is God's Standard for Human Sexuality?

• The Bible teaches that God's standard for sexual purity, sexual fulfillment, and sexual wholeness is: abstinence from sexual activity until married; faithfulness in marriage to one man and one woman for life or until parted by death.



SEXU 71

SEXU 25

SEXU 04

SEXU 06

SEXU 08

SEXU 26

SEXU 64

SEXU 27

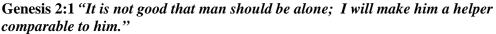
SEXU 63

REFR 01

- God created each one of us in His image. We receive our value from being God's unique creation, not from our sexual performance. God created each person special and worthy of respect and dignity of others. This includes women and girls, as well as men and boys. Both are equally valuable in God's sight.
- Sexuality means more than just having sex. Sex is to be a loving expression of "oneness" between a man and a woman who are committed to each other for all their lives in marriage. Sexual expression is not just a feeling one has in his/her private parts or a biological urge. Sexuality is the most intimate expression that flows out of the marital relationship affecting our bodies, our emotions, our spiritual being, our intellect, our morals and values, our family, and our community.
- Marriage is a covenant between a man and a woman for life the sexual act is the celebration of this covenant, just as holy communion is the celebration of our covenant with Jesus Christ, God's Son. Sexual expression is not just a "love" feeling. The sexual expression is backed up by trust, faithfulness, commitment, responsibility, and respect demonstrated through both good and bad times by the married couple.
- Sexuality is not blind "feeling or hormones". It is created within each person by God and includes the ability to make choices. Animals do not have these choices, but people do because it is a gift of God. With this freedom comes the responsibility of the consequences of our choices. If a person chooses rightly, then the consequence/s will be beneficial and good. If a person chooses wrongly, then the consequence/s will be harmful, destructive, and damaging.

Deuteronomy 30:19 "I have set before you life and death, blessing and cursing; therefore choose life that both you and your descendants may live."

• God created man and woman as two parts of a whole, complementing each other. Each is equally important, but have different roles within a marriage and family structure. Each is to seek the other's good, and by doing so will bring good to himself/herself and to subsequent children and family.



Matthew 19:4-5 "Have you not read that he who made them at the beginning made them male and female and said: For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh? So then, they are no longer two, but one flesh. Therefore what God has joined together, let man not separate."



REFR 02

• Marriage is so important to God that He performs this spiritual union and sanctifies every marriage. Marriage is not just a legal matter; it is a spiritual union done by God and should not be taken lightly or be a revolving-door situation.



Hebrews 13:4 "Marriage is honourable among all, and the bed undefiled; but fornicators and adulterers God will judge." Sexual intercourse within marriage is sacred in God's sight. It is meant to build strength into the marriage and not only to create children and/or meet the biological needs of the spouses.



2 Timothy 2:22 "Flee also youthful lusts; but pursue righteousness, faith, love, peace with those who call on the Lord out of a pure heart."

Galations 6: 7 & 8 "Do not be deceived, God is not mocked; for whatever a man sows, that he will also reap. For he who sows to his flesh will of the flesh reap corruption, but he who sows to the Spirit will of the Spirit reap everlasting life."

What Are Reasons Given Today for Premarital and Extramarital Sex?

The Church must be able to address this worldly thinking with biblical, no-nonsense answers that show these reasons to be weak, negative, and harmful in the long-term. God's way always makes good sense if one will listen and apply it. God's ways are not just rules to make our life restricted, unhappy or legalistic. His ways do truly bring abundant life with long-lasting benefit for everyone. This is the Church's business to teach and demonstrate. The following are the "wrong" reasons to engage in sex:



- That personal rights including acting out your feelings are the most important thing. So, "if it feels good do it" has become the rule for today's generation. However, acting on a feeling can often leave the other person hurt, damaged, and forever disrespected. No one has the right to do that to another creation of God!
- Everyone is "doing" sex and I don't want to be different. Firstly, "everyone" isn't doing it. Many unmarried and married persons make quality decisions to be sexually pure, true to God and themselves, and accomplishing it! God did not create us to do what everyone else does. He gave us brains and ability to be individuals and determine our own destiny. Certainly, the consequences of our actions, whether good or bad, will not be reaped by the "group". Rather, consequences are an individual matter. Our life direction also is an individual matter, not the "group's".
- Abstinence before marriage and faithfulness in marriage until death parts is not manageable or attainable. Modern society tells us this lie! For generations people have had pressure to violate their morals sexually, yet the majority in the past did not. While it is true that today's sexual pressure to immorality is greater then ever before, it is also true that a moral life-style is possible. God sent His Son, Jesus Christ, to live inside of us through salvation. He empowers us to live godly, sexually pure lives. He will do that for you if you ask Him.
- Sexual immorality is more fun in life and brings more satisfaction than does morality. Ruined families, ruined marriages, sexual addiction, sexually transmitted diseases, sickness, death, AIDS, and damaged minds prove that sexual immorality has a very costly but hidden price tag. Sex outside of God's prescription has a price tag and the cost in human lives is beyond description. Having sex outside of marriage never brings good results; it always damages and causes pain.
- Adults do it and sex makes me feel grown up when I do it. Having sex proves that I am grown up. Particularly young people need understanding that doing "adult" things means taking "adult" responsibility. Having sex brings adult responsibility towards oneself, the other person, towards health, towards the





subsequent children that are born, and to society. It is better for a young person to WAIT for sex until marriage to prepare himself for married responsibility, and then to fulfil adult responsibility well. Otherwise, the alternative is having sex without responsibility, which hurts both oneself and others.

• It looks exciting on TV and I want excitement. Remember, TV is a make-believe, fake world. The viewer of TV-sex never sees under the blankets, or into the lives of those who portray this image. Usually, their lives are the most messed up.



• I'm lonely and I need someone to love. No one will love me if I don't have sex. Indeed, the opposite is true. Most people who want to have casual sex with you will drop you after they are finished with you. Not only will you be lonelier, but you also will end up with a hurt heart and hurt mind.



• My boy/girl friend and I love each other; therefore it is right to have sex to prove our love. Wrong! Sex proves nothing. Commitment, trust, honesty, respect and honor prove love. Doing sex is an easy way to say, "Make me feel good; satisfy my urges." That is using another person, not love!



• I have feelings in my private parts and I have difficulty controlling them. I don't think I can wait that long for sex. There are things each person can do to avoid sexual indulgence. These are discussed in Chapter 6. You can take personal steps to control your sexual urges. One of the best things to do when you feel sexual temptation is to NOT play with those feelings. Immediately run from any situation that causes you to want to be sexually impure. Run quickly!



1 Corinthians 6:18 "Flee (run away from) sexual immorality."



What are the Lies of the Media about Sex?

- Without sex a relationship has no meaning. That has been proven incorrect over many generations. Unions that have sex first with little depth to relationship are self-centered, hurtful, and brief. Sex is NEVER the main strength of any lasting relationship.
- Getting formally married makes no difference. Yes, it does. Statistics prove that couples who do NOT engage in sex before marriage, plan their marriage, and go through a formal marriage are three times less likely to divorce than those who sleep together before marriage or just sleep together without formalizing their marriage. Getting married has many benefits, especially for those who honour and work at their marriage relationship.



• I want to be like the TV actors! In most cases, especially from America, actors have sad lives of multiple and unfulfilled sex partners, drug abuse, spousal and child abuse, and generally messed up lives. TV actors who live stable and honourable lives, producing emotionally stable children are indeed rare!

The plain fact is, that SEX in the media sells....and sex in the media is about money not about your good! Those who fall for this lie are falling into the money trap that is filling the pockets of exploiters. Remember, it is not your pockets that will be filled, but some one else's. Sex depicted by the standard of the media will leave you bankrupt, empty, and damaged at your expense!



What are the Consequences of Sex Outside of Marriage?

Physical

Sexually transmitted diseases like herpes, gonorrhoea, and syphilis

- AIDS
- Pelvic inflammatory diseases leading to an inability to have children
- Unwanted pregnancy
- Abortion

Emotional

- A damaged self-image and feeling used
- Jealousy within the relationship
- Unable to trust partner
- Unable to make full commitment later on in life--easier to stick to casual sexual relations than a committed relationship
- Feelings of rejection when relationship breaks up....emotional scars
- Sometimes gender confusion leading to homosexuality
- Feeling guilty
- Fear that parents, etc., might discover truth
- Frustration/insecurity
- Emotional pain and scarring
- Disappointment

Intellectual

- Pregnancy and the financial pressure of having to raise a child may lead to inability to finish education
- Inability to further qualify oneself in occupation of choice
- The need to give up some of your dreams and goals
- Driven to justify sexual lifestyle

Moral

- Subsequent searing of conscience—increasingly unable to distinguish right from wrong
- Stress caused by awareness that one's actions are wrong, but unable to stop....sexual addiction
- Difficulty staying faithful in marriage if accustomed to casual sex before marriage
- Lack of character development. (Note: <u>Reputation</u> is what others think of you; <u>character</u> is what you are in the dark.) Many people spend much time and energy on their reputation, while God is interested in building His character in people.

Social

- Difficulty in enjoying uncomplicated, non-sexual friendship with opposite sex because of increased sexual awareness
- Being labeled as someone with loose morals/loss of reputation—never sure whether partner is interested in you or only in having sex
- May have to give up care-free activities enjoyed by peers because of premature parental responsibility
- Relationships with friends of opposite sex strained because of jealousy—never sure who might be next boyfriend/girlfriend
- Exploitation by others; exploitation of others
- Life has to take on a dimension of deceit, lying, etc., to hide sexual habits

Spiritual

- Feeling far from God because sin separates from God
- Feeling guilty and dirty inside
- Unable to freely worship God

- Unable to freely pray to God; unable to apply God's Word to one's life
- Difficulty in resisting temptation and saying "No" to sex...one's relationship with God becomes distant
- Inner person becomes depraved and spiritually empty

What are the Benefits of Sexual Purity? (No sex outside of marriage)

Emotional

- You avoid emotional stress
- You avoid shallow relationships
- You spare yourself emotional hurts and scars
- You spare feeling of being used just for sex
- You avoid the hurt of break up
- You value your own body and sexuality as a gift, not as something to be thrown around

Relational Benefits

- You learn REAL communication and not a cheap substitute
- You develop TRUST, HONOUR, COMMITMENT, HONESTY, FAITHFULNESS and VALUE in yourself and the other person
- You don't risk being compared to someone else
- You develop relationships for WHO you ARE and not just for your body

Psychological Benefits

- You build your own self-worth and that of the other person
- You don't risk sexual addiction
- You don't risk sexual perversion
- You don't have bad memories accompanied by guilt and regret

Physical Benefits

- You protect your own self-worth
- You will not be judged on "sexual" performance but loved for WHO you are
- You will not risk getting sexually transmitted diseases, including AIDS that can make you sick, be transmitted to your unborn child/children, or even cause you to die

Spiritual Benefits

- You will know a sense of personal well-being
- You and your future family will be protected
- You will develop character
- There will be no personal bruises including guilt
- You will grow in personal strength
- You are protected from God's judgement on immorality

Key Bible Verses Regarding Human Behaviour and Sexuality

Psalms 119: 9, 11 "How can a young man cleanse his way?....Your word I have hidden in my heart that I might not sin against you."

Ephesians 4:22-24 "....that you put off the old man which grows corrupt according to the deceitful lusts and be renewed in the spirit of your mind, and that you put on the new man which was created according to God, in true righteousness and holiness.

Philippians 4:13 "I can do all things through Christ who strengthens me." James 1:14-15 "But each one is tempted when he is drawn away by his own





desires and enticed. Then, when desire has conceived, it gives birth to sin; and sin, when it is full-grown, brings forth death."

Ephesians 5:22, 25 "Wives, submit to your own husbands, as to the Lord.... Husbands, love your wives, just as Christ also loved the church and gave Himself for her."

Isaiah 62:5 "....as the bridegroom rejoices over the bride, so shall your God rejoice over you."

1 Peter 5:8 "Be sober, be vigilant; because your adversary the devil walks about like a roaring lion, seeking whom he may devour."

Ephesians 5: 13-17 "But all things that are exposed are made manifest by the light, for whatever makes manifest is light. Therefore He says: Awake, you who sleep, arise from the dead, and Christ will give you light. See then that you walk circumspectly, not as fools but as wise, redeeming the time, because the days are evil. Therefore do not be unwise, but understand what the will of the Lord is."

1 Corinthians 2:9 "...Eye has not seen, nor ear heard, nor have entered into the heart of man the things which God has prepared for those who love Him."

Genesis 1:27-28 So God created man in His own image; in the image of God He created him; male and female He created them. Then God blessed them, and God said to the, "Be fruitful and multiply; fill the earth and subdue it; have dominion over the fish of the sea, over the birds of the air, and over every living thing that moves on the earth."

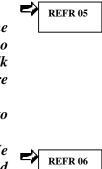
1 Corinthians 7:2-5 "Nevertheless, because of sexual immorality, let each man have his own wife and let each woman have her own husband, Let the husband render to his wife the affection due her and likewise also the wife to her husband. The wife does not have authority over her own body, but the husband does. And likewise the husband does not have authority over his own body, but the wife does. Do not deprive one another except with consent for a time, that you may give yourselves to fasting and prayer; and come together again so that Satan does not tempt you because of your lack of self-control.

Hebrews 13:4 "Marriage is honourable among all, and the bed undefiled; but fornicators and adulterers God will judge."

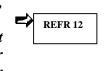
1 Corinthians 10:8 "Nor let us commit sexual immorality, as some of them did, and in one day twenty-three thousand fell."

1 Corinthians 6: 9-11 "Do you not know that the unrighteous will not inherit the kingdom of God? Do not be deceived. Neither fornicators, nor idolaters, nor adulterers, nor homosexuals, nor sodomites, nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners will inherit the kingdom of God. And such were some of you. But you were washed, but you were sanctified, but you were justified in the name of the Lord Jesus and by the Spirit of our God."

Romans 6:23 "For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord."









Reasons to say NO

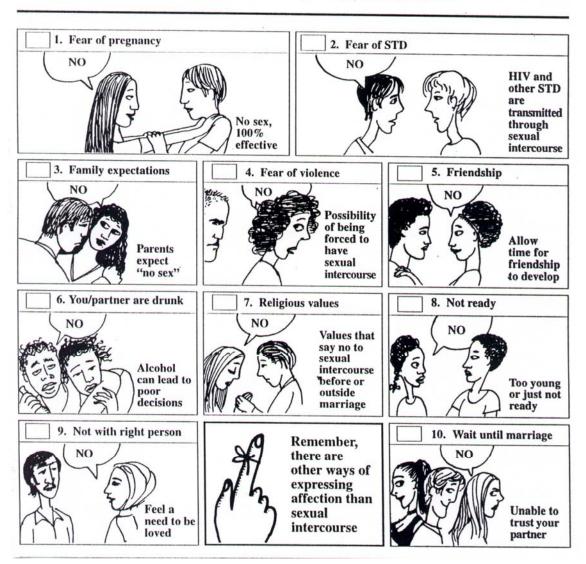
Delaying sexual intercourse until: more responsible • older • in a sure relationship with one person • married

Why?

There are many good reasons for delaying sex until you are older. These are listed in the pictures below.

How?

Pick 4 reasons young people usually have for abstaining from or delaying sexual intercourse, and place a (\checkmark) in these boxes.



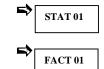


HIV / AIDS STATISTICS



HIV/AIDS STATISTICS

(Combined Worldwide and Sub-Saharan Africa)



Is There Really Such a Thing as AIDS?

This is the question that is often either "thought" or "asked". Many people do not really believe there is such a thing as AIDS, or if there is, that it is as bad as reported, or that it affects them. Some common myths about HIV and AIDS are:



- AIDS is an American myth to discourage sex. <u>American Idea to Discourage Sex (AIDS)</u>. Unfortunately, some Americans engage in the same denial thinking it is the <u>African Idea to Discourage Sex</u>. Of course, neither is true.
 - ame FACT 32
- It is a scare tactic (particularly by authority figures to youth) to try to prevent people from having sex. Many young people believe that their parents use the threat of AIDS to make them behave, but in reality there is no such thing as AIDS.
- It is only prevalent in certain high-risk behavioural groups (e.g. prostitutes, gays, street dwellers, drug users, etc.) but, HIV/AIDS is not common in ordinary people like you and me. That is not true. HIV looks only for a body to live in and it does not discriminate as to whom. HIV and AIDS tracking proves that people of all races, creeds, socio-economic levels, rural or urban, educated and uneducated, rich and poor alike can and do become infected with HIV resulting in AIDS.
- Only females carry the HIV virus and men do not. Therefore, some wrongly conclude that men do not become infected with HIV resulting in AIDS. This is not true. (Note: see Chapter 4 on male and female infection information.)

Do I Have to be Concerned About HIV and AIDS?

Yes, with over 40 million people in the world as of the latter end of 2004 being HIV infected, we must all take ownership of this AIDS pandemic. We can safely say now that every living person falls into two (2) categories with regards to AIDS:

• **THE INFECTED** – individual persons who are already (either unknowingly or knowingly) infected with the deadly virus that will cause them to get AIDS.



• THE AFFECTED – everyone else who will either have a family member, close friend, neighbour, or acquaintance with HIV infection or into full-blown AIDS. Into the new millennium HIV and AIDS will affect almost everyone, particularly in Africa. In some parts of Sub-Saharan Africa, this is already the case with people in several countries reporting that as many as 20% of their extended families have already died of AIDS during the '90s'. Each person must take ownership of AIDS; DOING SOMETHING about HIV and AIDS is everyone's responsibility and it will take each person doing his/her part to stop this killer pandemic.

Some Typical Attitudes in the Community Regarding HIV and AIDS

• **Denial** that there is a problem and denial that it affects them. Many people still think this is someone else's problem, not theirs. It is "those" people's disease, not mine!



- <u>Fear</u> to even talk about HIV and AIDS hoping that by ignoring it, it will go away. Fear that if they get involved people might think they are infected and shun them. Fear of talking to their children about AIDS because of the sexuality aspect of the disease, which has in the past been a NO NO subject to talk about.
- <u>Bargain</u> that HIV and AIDS can't come to me or my family because of our status, education, our family name, position, race, culture, etc. Many people believe that they are exempt from this disease.
- **<u>Depression</u>** feeling that already the pandemic of HIV and resulting AIDS is too far gone and the situation is hopeless. Therefore, they don't take responsibility for the disease themselves; they don't get involved; and they take on a totally negative attitude about HIV and AIDS. One should rather embrace a positive attitude saying, "What can I do to be part of the solution to HIV and AIDS?"
 - <u>Acceptance & Action</u> that although this disease is terrible, there are things I can do about HIV and AIDS. Here are a few:
 - Take personal responsibility in the pandemic.
 - Be responsible and moral in my own sexual habits.
 - Be a positive role model regarding morality and sexuality.
 - Find a place of personal involvement in teaching my family and those around me about self-empowerment over HIV and AIDS and related issues.
 - Help teach community youth before they become infected.
 - Help comfort families who are affected by HIV and AIDS.
 - Help the sick and those dying with AIDS, with practical love and home care.
 - Get HIV tested and encourage others to do the same.

HIV and AIDS Worldwide and Regionally

• There are 16 countries in Africa in which more than 1/10 of the adult population is infected with HIV.

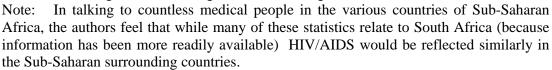


- In 7 Sub-Sahara countries, one adult in five has the virus.
- In Botswana 37.3 % of all adults are infected.
- In South Africa, 21.5 % are infected.
- Aids deaths in 2004 3.1 million. Adults 2.6 million, Children under 15 510,000
- Aids kills 8,000 every day, 1 person every 10 seconds.
- With a total of 5.3 million infected people, South Africa has the largest number of people living with HIV/Aids in the world and there is no sign of a decline. (avert.org 2005)
- The Ivory Coast is already the worst affected in the world.
- In Nigeria, over 5 % of all adults have HIV.
- The prevelence rate among adults in Ethiopia and Kenya have reached double-digit figures and continues to rise.
- Uganda has brought its rate down to 4.1 % from a peak of 14 % in the 1990's and now Zambia is attempting to follow this same course.
- On average there are 13 women living with HIV for every 10 infected men.

STAT 03

- Life expectancy at birth has dropped below 40 years in 9 African countries: Botswana, Central African Republic, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Zambia and Zimbabwe.
- Over 20 million people have died of Aids since the 1st case was identified in 1981. (UNAIDS Executive Summary 2004)
- Currently (December 2004) there are 2.2 million children under 15 living with Aids.
- Worldwide there is an increase of 14,000 infections every day (that is 583 an hour) more than 95% in developing countries.
- More than 12 million children have lost one or both parents to Aids in Sub Sahara
- In many Sub-Saharan countries, between 50% and 70% of hospital beds are AIDSrelated illnesses.
- The average life-span in Africa is usually between 3-7 years after infection. However some HIV-infected live healthily for 10 years or longer.
- One in five men in South Africa has been raped.

References: UNAIDS – 2004 Report on the Aids Epidemic – July 2004 CDC- HIV Prevention Strategic Plan – Through 2005. Avert.org – World Stats 2005



Why is HIV/AIDS More Widespread in Africa Than in Other Parts of the World?

The reasons are not because of race or culture, but some reasons are:

- The strain of the HIV virus in Africa is generally different than the strain in the Americas.
- Lack of adequate medical care and availability of inhibitors for longevity of life for HIV infected.
- HIV testing for individuals less available and still stigmatised.
- Multiple sex partners, polygamy included, which can lead to promiscuity.
- Socio-economic poverty leading to improper diet, medical care, etc.
- Breakdown of traditional values of morality resulting from influx of confusing and foreign value systems.
- Employment location far from the family unit, resulting in promiscuity in marriage, girlfriends, boyfriends, etc.
- Socio-economic poverty resulting in an upsurge of prostitution.
- Lack of education regarding the disease resulting in myths (i.e. if you think you may be HIV infected you sleep with a virgin child which will chase HIV and/or AIDS away: if you feel like sex and don't have it, your blood will turn salty or your private parts will shrink).
- Misinformation by some traditional doctors/healers resulting in usage of unsterilised tools for circumcision, etc.
- Prevalence of other untreated, sexually-transmitted disease/s (STDs) which make an individual more susceptible to HIV infection.











STAT 31



- High percentage of HIV-infected mothers passing the infection to their babies either prepartum (before birth), intrapartum (during birth), or postpartum (after birth by infected breast milk).
- Increasing incidence of sexual abuse of children: one factor being that many family members do not have adequate housing and must share small living quarters. Sexual abuse is also perpetuated because of the lack of community infrastructure to deal with sexual abusers.
- High rate of divorce and couples sleeping together rather than the traditional customary marriage.
- Disintegration of the traditional extended family unit.
- Introduction of homosexuality into the culture, which was not in African culture in the past.
- Breakdown of traditional extended family system of law and order resulting in accelerating and unabated crime in many African cities.
- Migration from the rural areas to the city with exposure to unemployment, crime, and differing value systems.
- Possibility of sexual addiction (although a relatively new concept) in areas where polygamy is legal, sometimes resulting in a greater degree of promiscuity, particularly in men.
- Female cleansing practices in some African countries which can further spread HIV infection.

These are some reasons given as to why HIV and AIDS is so widespread in Africa. It should be noted, however, that HIV and AIDS are accelerating at an alarming rate also in India, Thailand, and other areas of the world. In general, it is safe to say that HIV and AIDS is spreading rapidly in almost every country worldwide.

These Statistics Bring Fear to Many

A cute
F ear
R egarding
AFRAIDS is another disease resulting from HIV.
It is probably safe to say that no other disease has caused as much fear as has AIDS.

D
S

The GOOD NEWS is that no one has to be AFRAID of AIDS once he/she realises the HOPE that Jesus Christ offers, both for the AFFECTED and the INFECTED.

STAT 12

Jesus Christ gives HOPE through forgiveness of sin. Jesus Christ gives HOPE through giving comfort to the dying. Jesus Christ gives HOPE by providing healing for the sick and afflicted. Jesus Christ gives HOPE for life in the hereafter through salvation. Jesus Christ offers HOPE to all those who mourn. Jesus Christ is the ONLY real HOPE in the crises of HIV and AIDS. Those who call themselves Christians must be bearers of this HOPE in Jesus Christ by demonstrating compassion, care, involvement and love in the midst of a world with AIDS.

Satan Comes to Do Three Things

BIBL 02

Satan's strategy has never changed. He comes to ROB, KILL and DESTROY.

John 10:10 "The thief does not come except to steal, kill and destroy..."

Jesus Comes to Bring Life

Jesus Christ, God's Son, comes to do the very opposite of Satan...to give life.

John 10:11 "...I am come that they might have life, and have it
more abundantly. I am the Good Shepherd! The Good Shepherd
gives His life for the sheep."



God Made Each Person with the Ability to Choose

Animals cannot make choices about their sexuality. Dogs just have sex! God made each individual different from an animal. You are special; you can make choices! A person does not have a choice regarding many diseases they contract. However, with AIDS (other than innocent victims) everyone has a choice about contracting it. HIV resulting in AIDS is preventable; one does not have to become infected with HIV and AIDS. Each person has a choice.



Deuteronomy 30:19, 20 "...I have set before you life and death, blessing and cursing. Therefore, choose life that both you and your seed will live ...that you may love the Lord your God, and that you may obey His voice, and that you may cleave unto Him; for He is your life and the length of your days; that you may dwell in the land that the Lord has given to you."



If asked, all people would say, "I do not choose to get AIDS; I choose life!" However, saying those words is not sufficient to prevent one from contracting AIDS. It is what you do with God's very special gift to you of sexuality that determines whether or not you truly choose life or death. AIDS is a killer. Choose LIFE!





SEXUALITY EXPLAINED WITH HIV / AIDS FACTS



SEXUALITY EXPLAINED ALONG WITH HIV/AIDS FACTS

The History of HIV and AIDS

Background

It is thought by medical people, from reviewing records earlier, that HIV and AIDS existed prior to the 1980s but was not recognised. It was first discovered in early 1980s (1981) in an airline flight attendant (male) who became very ill and was placed in hospital in the Americas. In searching for possible causes, a rare form of pneumonia was discovered along with severe deficiency in the immune system, which they later called HIV. In trying to identify this virus and possible cause of infection, some significant factors arose that led researchers to the conclusion that this viral infection was specifically related to sexual behaviour. This flight attendant was homosexual and had engaged in casual sex in different localities. In testing his sexual partners, some of these were found to also carry the virus, later called HIV. There were many unknowns then about this virus, and much is still unknown today. We do know, at this writing, that there are different strains of the HIV virus (strains A, B, C, D, etc.). The 'A' and 'C' strain are the most prevalent in Africa with the 'C' strain most common in South Africa. The 'B' strain is most common in the USA and the West. Unfortunately, most of the medical research and drugs available to help AIDS sufferers concern the 'B' strain. Much more research needs to be concentrated on the more prevalent strains of 'A' 'C' and 'D' found in Africa and the developing nations where AIDS hits hardest. The main factor established is that HIV and subsequent AIDS is primarily a sexually transmitted disease (S.T.D.) and the most serious of the more than fifty STDs that now plague our world. In the 1950s, there were approximately five known STDs prevalent, but now so many more have been discovered, many having deadly consequences. (Note: See Chapter 7 on STDs.)

FACT 78

Mistaken Beliefs about Origin of HIV and AIDS

H uman I mmuno-deficiency V irus

There are many myths floating around, some of which are the following:

- HIV came from monkeys.
- HIV accidentally mutated in the testing of immunisations in the USA, with something going wrong and HIV resulting.
- HIV was developed in the USA specifically to wipe out underdeveloped nations and particularly Africa.
- HIV is another germ warfare developed by superpower nations.
- AIDS is the <u>American Idea to Discourage Sex.</u> Others think it is the <u>African Idea to Discourage Sex.</u>

FACT 32

FACT 01

Whatever the origin (and we generally hold the above ideas to be myth), we must rather be concerned about where HIV and AIDS is going, rather than from where it came. We

know HIV and AIDS is here! It is catastrophic and wiping out mainly the productive members of society (youth and young adults) in unprecedented numbers.

HIV (Human Immuno-Deficiency Virus)

FACT 02

Can we see HIV? No! It is so small that as many as 230 million HIV viruses can rest on a full stop at the end of a sentence of normal type. It is smaller than sand or a human body cell.



A Person with HIV

Approximately 90% of people who have the virus living and reproducing in their body do not even know it themselves. This is because an HIV-infected person at first looks and feels healthy and normal. This is how HIV cheats us! You cannot feel it entering your body; most do not even know it is there destroying their body. Many people with HIV killing their body can look and feel well for five years or LONGER. In Africa many people take as long as three to five years before they begin to show symptoms of illness from the HIV virus in their body. However, in some people it can be a shorter or longer time before they begin to show symptoms of sickness. Some have been free of symptoms for longer than 10 years, although this is not an average in Africa.





FACT 05







The sad thing about HIV and AIDS is that people spread this virus mainly to people they care about and love, e.g. husbands and wives infect one another; girlfriends and boyfriends infect one another; mothers infect babies, etc. HIV infection causes the disease of AIDS and is a killer.



How Does HIV Infect, and What Does It Do in a Body?

Every person is born with a natural defense force in his/her body called the **immune system.** The body's defense force is made up of soldier cells (T-cells) that fight against disease when it enters the body and chase sickness from the body.



HIV and AIDS Not-Spread

- Not spread by shaking hands
- Not spread by sharing eating utensils or living in the same house







- Not spread by casual hugging, touching
- Not spread by sharing a toilet or wash basin
- Not spread by casual kissing on the lips
- Not spread by sneezing, coughing, or in the air
- Not spread by recreation or children playing with an infected child
- Not spread by mosquitoes, insects or other animals

This is why we do not have to be afraid of HIV and AIDS. It is neither easily contracted nor "caught" like many other diseases. It is **behaviour** that puts a person at risk for this disease. You must DO something to contract HIV that gives you AIDS.



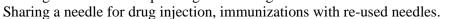
How Does HIV Infect a Person?

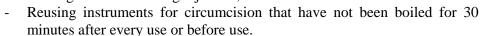
1. HIV enters through direct **blood on blood** contact. This can be by sticking one's skin with an infected needle, tool, etc. Some ways where this can happen are through the following means:

FACT 11

FACT 13

- Sharing a needle for ear piercing or tattooing.







- Unsterilised instruments used in dental work.
- Medical workers through a needle prick from someone who is HIV infected.
- Handling infected blood with an open sore.
- Deep mouth kissing (called French kissing) with an infected person if you have a sore in your mouth. (This is rare but can happen. Therefore deep-mouth, casual kissing is neither a wise nor safe practice.)



In the birthing process from the infected blood of a mother to the new baby.

Contracting HIV through ways other than sex is the lesser way that the virus is passed from one person to another. Estimates say that approximately 5% only of HIV infection causing AIDS is now spread through ways other than sex.



2. HIV must enter through direct <u>body fluid</u> contact. This is the <u>most frequent way</u> HIV infects people and it accounts for an estimated 95% of the spread of HIV and AIDS. The main way this happens is through <u>sexual contact</u> through the private part body fluids. If a person is HIV positive, he/she can spread the virus immediately. He/she does NOT have to be sick with symptoms or be in full-blown AIDS. Again, this is where HIV cheats us because a person can have sex thinking the person looks healthy, therefore they are not infected. This is how HIV is spreading so rapidly. Here are some facts about the sexual spread of HIV:



- mainly through full private-part sex when body fluids are mixed;
- sexual contact on the outside of the body CAN put one in danger if there is a possibility of body fluid getting inside the body, e.g. through a sore or cut, just outside the private parts where the body fluids can still mix and a small amount go inside the body;



- having sex with ANYONE (either male or female) who might be infected (whether thin or fat) puts a person at risk for HIV infection.

It is estimated that 95% of the spread of the HIV virus that leads to AIDS is from sexual contact. Therefore, it is totally accurate to realise that if the sexual behaviour of individuals can be changed to keep sex in marriage only, one man with one woman for life, then we could virtually wipe out AIDS.

3. <u>Infected mother to baby.</u> HIV infected mothers can pass the HIV virus on to their baby through <u>breastfeeding.</u> The very best way a mother can feed her baby is still through breastfeeding. In Africa particularly, feeding babies with a milk formula in a bottle can be very dangerous if the water if not adequately boiled first, and if the milk powder does not contain sufficient nutrients for a healthy baby. Therefore, mothers are encouraged to breastfeed their baby. However, mothers who suspect they might have been exposed to the HIV virus should get tested <u>before</u> they begin to breastfeed their newborn baby.



The incidence of <u>HIV-infected mothers</u> giving birth to HIV-positive babies is approximately 30 to 50%. There are some treatments (AZT and related cocktail mixtures) that can reduce the possibility of an HIV-infected mother's baby also being infected. These treatments must be given during the pregnancy and for the most part, are far too expensive and unavailable to mothers in many parts of Africa. Therefore, women are urged to be certain they are tested for HIV <u>before</u> they become pregnant.

FACT 28 FACT 30

Situations Where HIV Is Sexually Spread

- <u>Heterosexually before marriage</u> from a <u>man</u> to a <u>woman</u>, or a <u>woman</u> to a <u>man</u> engaging in sex, rationalizing the following:
- SEXU 37
- My partner/lover is healthy, therefore, I am safe. That is not necessarily true. All persons who are HIV infected look healthy at first.
- It can't hurt because we love each other. Many think 'love' means having sex. That is not true. Animals have sex and they definitely do not love each other!!



It is important to note that many people who engage in sex before marriage do it with one or more persons. That means it is very likely that the person having sex with the person they say they love before marriage, has done this before and has had sex with more than one other person. Remember, when a person sleeps with another, he/she not only sleeps with that person, he/she is also sleeping with every other person their partner/lover has ever had sex with. It is just the same in terms of HIV and AIDS as all the sexual partners of those involved crawling into the same bed together at one time!

- After marriage, individuals being unfaithful to their spouse not realising the fact that they could well be killing themselves, their spouse, their unborn children, and/or their breastfeeding children. Many a married partner has given in to sexual temptation by having a girlfriend/boyfriend (other than their married spouse) for sex, and has brought the AIDS disease home. A number of unofficial surveys were conducted in the South Africa region by asking the following question of married males and females. "Have you cheated on your spouse since you have been married?" The women answered with a high percentage saying they had never cheated on their husbands. However, well over two-thirds of the married men admitted that they did cheat on their wives. Many married men surveyed felt that because they were men, they were entitled to cheat and that having girlfriends made them more masculine. Unfaithful sex outside of marriage kills other family members! This is very common around the world and ever so tragic. Women are innocently and unknowingly contracting HIV and STDs through the unfaithfulness of their husbands. Thus, the incidence of new HIV infection in women is increasing at a rate of approximately 33.3% faster than new HIV infection in men.
- SEXU 03



- SEXU 23
- STAT 33
- <u>Homosexually</u> having sex with a person of the same sex, either man with a man or woman with a woman. This used to be totally foreign in African culture. It is more common in Western cultures. However, in some African countries such as South Africa, same-sex relationships are now protected by the constitution. Homosexuality is promoted subtly through TV, and same sex is now being experimented with by young people and even openly declared by many in Africa in the 90s. It is totally a



myth that AIDS is ONLY a homosexual disease. Often homosexuals engage in sex through the anus (the rectum where solid waste is discharged from the body). Anal sex carries the highest risk of HIV and AIDS infection because the thin rectal lining was never designed for sexual activity and is easily injured during this unnatural sex. In Africa particularly, heterosexual sex (male/female sex) is by far the greater spreader of HIV and AIDS. However, it is also a myth to think that same sex (homosexual sex) is safe from HIV and AIDS or that it doesn't happen in Africa; it does. Homosexual sex is dangerous and an abomination to God. (Read Romans, Chapter 1.) Homosexual sex between males is often expressed orally on the private parts with the mouth. (See Oral Sex Spread of HIV and AIDS.)



• <u>Sex with children</u> is a myth that is being told (particularly in parts of Africa, India Eastern Asia, etc.), that boasts to cure HIV infection and AIDS if you have sex with a virgin child. This is a tragic lie. If an adult (who may be HIV positive, knowingly or not) has sex with a child, this causes the HIV infection to be passed on to the child and also leaves the child with permanent psychological scars. (Note: See Chapter 12 on Sexual Abuse.)





• <u>Oral sex</u> is having sex using the mouth on the private parts for sexual arousal. Many mistakenly think that this is safe in so far as HIV infection is concerned. This is not true. While there may be less chance of the HIV virus entering the body through the mouth than in the private parts, oral sex can and does spread sexually transmitted diseases and HIV infection through small tears or openings in the delicate skin in the mouth (called mucosal skin). Often an oral sex partner finds sexually transmitted sores show up on the mouth and/or face because of having sex orally with an infected partner.



• <u>Sex with animals</u> is a deviant form of sexual expression that is sinful and harmful to the mind and to the body. While animals are not carriers of the human form of the HIV virus, sexual contact with animals can lead to many other kinds of diseases that make the body weak and more susceptible to the HIV virus. This form of sex is against the Bible and is an abomination to God.



• Female cleansing after husband's death is another way HIV and AIDS is spread, particularly in areas where this is still practiced. Mistakenly, this is often thought to be a purifying rite. However, it is another cause of the spread of sexually transmitted diseases including AIDS, where one of the persons can be unknowingly infected. Thus, this sexual practice is another way that AIDS is sexually spread. This neither cleanses nor serves as a moral, useful way of helping the bereaved female member of a family, or the extended family.



Deep Mouth Kissing generates a great deal of differing opinions as to whether or not the HIV virus can be passed this way. If we are going to be totally honest about the possible spread of HIV, we must consider the matter of deep kissing. Unfortunately, it is extremely difficult to track the 'source' of the HIV infection in a person other than to try to track possible sources of infection. We do know that the HIV virus is extremely small, and is spread by direct blood contact. When considering the possibility of the blood of an infected person passing into the body of another person through deep mouth kissing (tongue in the mouth), we need to know the following:

Quote from Col. Robert Redfield, J. D., Virus Disease Center, Walter Reid Army Medical Research Centre published by Regnery Gateway, Inc.

"To be intellectually honest with our students, we must tell them the truth; therefore, we should tell them that at this time (which was 1990) there has been no known incident of the HIV virus being transmitted by kissing. However, there is NO PROOF that it is not happening, nor is there a guarantee that it won't happen in the future. There is about a 4% transmission rate that is unaccountable. Shouldn't we remind them that blood is contained in saliva and the mouth is a soft mucous membrane?"

Quote: January 13, 1989 Journal of American Medical Association

"During kissing...if the blood of one partner is infected, human immuno-deficiency virus can pass into the bloodstream of the other partner."

Quote: 1989 American Medical Association on "Passionate Kissing and Micro-Lesions of the Oral Mucosa," forty-five heterosexual couples were asked to collect saliva immediately before and after the following:

- Brushing teeth
- Eating the main meal of the day
- Passionate kissing

The amount of blood in saliva after three activities was rather surprising:

- Before brushing teeth 44 of 90 (49%) had blood in saliva
- After brushing teeth 71 of 90 (80%) had blood in saliva
- Before eating main meal 41 of 90 (45%) had blood in saliva
- After eating main meal 50 of 90 (55%) had blood in saliva
- Before kissing 35 of 45 (78%) had blood in saliva
- After kissing 41 of 45 (91%) had blood in saliva

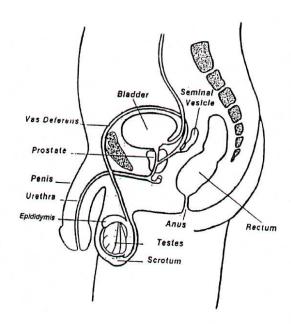
Quote from researchers: "In our opinion, the result of this study indicates that passionate kissing cannot be considered protective (safe) sex for the transmission of the HIV virus."

Deep mouth kissing (passionate kissing) outside of marriage is unsafe for two reasons:

 AROUSAL – Passionate kissing most often will lead to other sexual acts which definitely put one at risk. Those who engage in passionate kissing before marriage will progress on to other sexual acts, obviously putting themselves at risk for HIV infection. It doesn't stop at kissing! • TRANSMISSION OF HIV – If there is even a speck of blood in the mouth (representing possibly several millions of HIV viruses in that blood) and there is a small opening for the virus to penetrate, it is possible that a person can become infected in this way. Therefore, young people need to be informed and warned that passionate kissing is not to be fooled with. Casual deep mouth kissing IS DANGEROUS!

Understanding the Male Reproductive System

(Glossary of Terms & Side View)



Penis

The primary male sex organ, used for elimination of urine (liquid body waste) and for sexual intercourse. During sexual arousal, the penis expands or erects to approximately 5 to 7 inches and about 1 to 1 ½ inches in diameter. The size of the penis has nothing to do with manhood or a man's ability to be sexually fulfilled or produce a child.

Ejaculation

The release of semen (fluid coming from the opening in the penis) from the male private part, the penis, during sexual intercourse or sexual arousal. Usually a male will ejaculate approximately 1 teaspoon of fluid during sexual intercourse.

Semen

Also known as seminal fluid. Contains sperm and fluids which come out of the male penis during sexual orgasm. It is the sperm

in the semen which fertilises the female egg and makes a baby. Approximately 150 million to 600 million sperm are contained in the semen.

Orgasm

The height or climax of sexual pleasure in a man where his private part ejects semen from the penis. The height or climax of sexual pleasure in a woman where her private parts swell with moisture and pleasant sensations are felt.

Sperm

Male sex cells (comparable to the egg or ovum in the female) which fertilise the female egg and produce a baby. Sperm make up about 2% of the male fluid (semen) that is ejaculated during sexual intercourse. The male sperm are so small that several million can sit on the size of a pinhead.

Sexual Intercourse

The joining of the male and female private parts, originating as God's idea and taught in the Bible as for the purpose of intimacy in marriage and for the procreation of children within the family unit.

Prostate Gland

A gland at the base of the bladder that produces most of the male seminal fluid.

Scrotum

The pouch that contains the testicles and controls the temperature for the male sperm production.

Testicles

Located in the scrotum where the male hormones and the sperm cells are produced in the male.

Urethra

The tube running through the penis by which urine and sperm leave the male's body. A small valve at the entrance to the bladder prevents urine from entering the urethra during male ejaculation.

Puberty

The age of development in a boy where physical and reproductive development occur. It is at this age where physically a boy can father a child. Manhood, readiness for marital responsibility and fatherhood, needs to be nurtured by character building and godly instruction during these "teen" years until the boy has matured into full manhood. Only then is he ready to take up the responsibility of marriage and fatherhood, usually much later than the onset of puberty.

Someone once said, "One is born male, but it is character development that makes a boy a man." Physical characteristics do not determine whether a male has truly grown up to be a man in the Biblical sense. One can have the physical characteristics of a man yet still act like a child in character. That man has never reached his full potential to be the man God created him to be. Only his physical parts are grown up while the rest of him is still acting as a child.

SEXU 43

1 Corinthians 13:11 "...When I was a child, I spoke as a child, I understood as a child, I thought as a child; but when I became a man, I put away childish things."



Masculinity and being "macho" in the modern sense of the word are not to be confused. They are very different. A real man is a male person who has grown up to be caring, considerate, compassionate and conducts his life with wisdom, maturity and responsibility. That means he has truly put away childish things and is a man in every sense of the word. A male who has never developed into full manhood is characterised by "childishness" which is shown in his lifestyle by selfishness, "me" centered behaviour using other people for self-gratification, and irresponsibility, just to name a few. The modern philosophy regarding sex of "if it feels good do it" and "being physically able to do sex," does not fit into God's Word regarding true manhood. Many young men wrongly understand their manhood to mean their sexual familiarity with the opposite sex, size of private parts, or their ability to father a child. Nothing could be further from the truth. Jesus Christ, God's Son, was the embodiment of manhood, yet He never exploited women, never had sex, and never fathered a child. Jesus epitomises how God created manhood to be.





A Young Man's Body Explained

Boys are created with sexuality at birth, as are girls. Sexuality in itself is NOT evil since God created it in all human beings. As boys grow up, they need to be taught about the gift of their body and how to properly develop inner character as well as a healthy body. Sometimes young boys will be curious about physical parts of the body, especially private parts. It is during these years that boys need godly guidance and instruction, firstly from their parents, then from elders in the extended family, and the local church elders. This time of development is to positively channel the boy's energies into creative character building, e.g. taking family responsibility, doing chores, going to school and the education process, constructive play with peers, sports, etc. It is perfectly healthy and normal for a young man, prior to marriage years, to not have sex. Young unmarried men of any age should not have sex if they want to follow God's commandments. They will still grow up to be properly developed in their private parts and they will have healthy, fulfilled sexual lives if they wait for sex until they are married.





Nocturnal Emissions or "Wet Dreams"

During this time of puberty, most boys experience the release of semen during a nighttime dream. This can be embarrassing to young boys growing up and they need to be taught that it is a normal experience for most boys.



Masturbation

Most boys (and often girls too, although not as commonly as with boys), will feel varying sexual feelings begin in their body at puberty. It is at this age where boys, in particular, are often tempted to masturbate. Masturbation is self-stimulation of one's own private parts to experience a sexual feeling. God's Word does not specifically speak to the issue of masturbation itself. However, it is the belief of the authors of this book that in principle, God's Word deals with masturbation and other forms of sexual stimulation outside of marriage in the following way:

Philippians 4:8 "...whatever things are true, whatever things are noble, whatever things are just, whatever things are pure, whatever thing sare lovely,



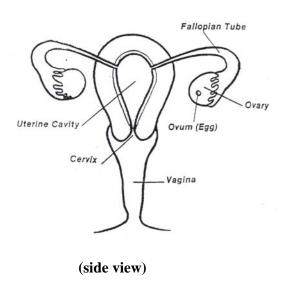
whatever things are of good report, if there is any virtue and if there is anything praiseworthy – think on these things."

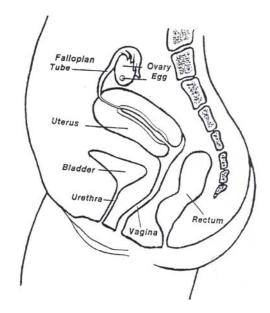
Most people who yield to the temptation of masturbation tell the same story--that this form of sexual gratification can lead to the following: impure sexual thoughts, masturbation becoming a habit, masturbation as a cheap substitute for sexual expression within marriage at the appropriate time, feelings of guilt, feelings of shame, etc. We believe that masturbation is not God's plan for sexual expression. Rather, sexual feelings prior to marriage or in marital situations where sexual intimacy is not possible (absence, during birthing, illness, etc.), or after the death of a spouse can be <u>channeled</u> to productive non-sexual activity. For example: When a young person feels sexual feelings in his/her private parts, rather than give in to the temptation to masturbate, rather immediately take up another activity such as sports, hard work, etc. This not only alleviates the immediate need for sexual gratification, but teaches self-control and character building. It is not the temptation to masturbate that can lead to destructive thoughts and deeds, but how that sexual energy is channelled to non-sexual forms of activity until one is married.

Puberty marks the beginning of physical maturity and functionality. The boy's brain begins to send signals to his pituitary gland, which signals many other glands that begin to release hormones into the bloodstream and then into the sex glands.

The most important male hormone, **testosterone**, is released and begins the boy's journey to sexual maturity. At this age (usually about age 12 to 13 years, but can differ from boy to boy) you will notice some physical changes begin to appear: the legs and arms grow rapidly and have more muscle; hair begins to appear around the private parts and on other parts of the body including the face; the private parts begin to enlarge; skin changes often appear as the oil glands become more active, sometimes causing **acne** (pimples on the face); the voice begins to deepen. etc.

Understanding the Female Body and Reproductive System (front view)





Breasts

The part of the chest in a female that begins to grow during adolescence (age approximately 12 or 13, yet differs with each girl). The breasts make and produce milk, and store milk after childbirth. In some cultures a woman's breasts are considered sexual organs. Girls' breasts are very sensitive and do activate sexual feelings in the body when touched.

Cervix

The lower end of the uterus that joins the uterus to the vagina. During childbirth the cervix opens to approximately four inches to allow for the delivery of a baby.

Vagina

The elastic, muscular passageway leading from the cervix to the external sex organs in the female through which menstrual blood passes; also the canal facilitating the birth of a baby.

Uterus

A pear-shaped organ inside the woman's body where the fertilised egg develops into a full baby (egg from the woman and fertilised by the male sperm).

Ovaries

The two primary female sex glands located at either side of the uterus that produce eggs (ova) and hormones. These female hormones are **estrogen** and **progesterone**.

Fallopian Tubes

The tubes leading from the ovaries to the uterus.

Clitoris

The small, rounded organ located at the junction of the minor labia. It has no function in reproduction, but is the most sensitive part to sexual stimulation. In some cultures, female circumcision is practiced thinking this will stop the woman from sexual promiscuity (sleeping around). In some cultures only the male or husband is to receive pleasure from the sex act. This is not a Biblical view. Read 1 Corinthians 7: 2-5 where the Bible instructs that both husband and wife are to give themselves to one another sexually for mutual benefit, not just for the husband, but for both the husband and wife, and neither is to deprive the other sexually, except for fasting and prayer.

Hymen

A thin membrane that is often found covering the vaginal opening of a female. In a virgin girl this membrane may remain attached until marriage where it is broken during the first sexual act. In some cultures, virginity tests are carried out in young girls reaching puberty, to be sure they are not sexually damaged. This test is not always accurate because this membrane can be torn by activities such as riding a bicycle, riding a horse, etc. A girl may also be engaging in dangerous sexual activity without full penetration of the man's sexual organ. Some girls are born without a hymen. So a virginity test is not always accurate.

Vulva

The external genital area where the clitoris and labia, and vaginal and urethral openings are found.

Ovum

The egg, or female reproductive cell that when fertilised, forms a human baby. If not fertilised, the ovum or egg is eliminated from the body during the menstrual cycle of the girl.

Ovulation

The process by which a mature egg is released from the ovary in a woman's body.

Menstruation

The shedding off of the lining of the uterus and the female unfertilised egg that occurs at approximately 28 day intervals in a woman's body, if an egg is not fertilised by a male sperm. If the male sperm does fertilise a female egg, a pregnancy occurs. A girl usually begins monthly menstruation at the onset of puberty or at about age 12 or 13. The time can differ with each girl.

Conception

The point at which a male sperm fertilises the ovum or female egg and a new baby life begins. Many pro-abortionists believe that life only begins at birth. The writers of this manual believe that in the context of the Bible, human life begins the moment of conception where God breathes His life into the unborn baby, regardless of the stage of development in the mother's womb (Genesis 2:7).

Urethral Opening

This is a small opening located below the clitoris, where body liquid waste (urine) is discharged from the body. Unlike the male, the female urinary system is not related to the reproductive system.

A Girl's Body Explained

A girl growing up, as well as a young boy, needs godly instruction about her gift of sexuality firstly from her parents, the extended family elders, and role models in the church. Girls and boys, are equally valuable in God's sight, though girls play different roles in the family from boys. The teen years should be a time of character development and practical education so as to prepare her for womanhood, marriage and subsequent motherhood. In some cultures, girls and women are considered 'property' of the family and/or subsequent husband. This is not a Biblical view. In terms of the AIDS pandemic this has produced devastating consequences for women and their unborn children. (See next paragraph on Women and AIDS.) In many cultures including Western, the lack of female empowerment has caused women to have little or no say over their body. Pregnancies out of wedlock were blamed on the woman and the care of single parent families has been left largely to women. It is the church's role to assist communities in teaching girls their personal value, their responsibility in right moral choices over their body, and their rightful place to become productive members of their family and community.







Women and HIV/AIDS

In the 1980s and well into the 1990s, men exceeded women in HIV infection. By 1997, women were becoming infected approximately 33% faster than were men. The effect this has on the unborn children and family system is also taking its toll. The following are some wrong beliefs about women that the church must correct:



• That women should not have empowerment over their body.

This thinking, unfortunately, in some cultures has also included the woman's sexuality. Many girls and wives are made to believe that their body belongs to the man and they are to give themselves sexually, without any questions asked. This teaching is contrary to Bible teaching where 1 Corinthians 7:4 teaches that both the husband and the wife each have authority over the body of the other, willingly by submission. This is not one-sided. A woman should willingly give herself to her husband sexually, but should not be forced. Young girls must be taught that boys do not have the right to their bodies sexually at any age or time. A young girl must also be taught that it is right to say "NO" to any person who wants to have sex with her, except for her husband.





- That women only are responsible for unwanted pregnancies, or pregnancy outside of marriage. Again, the church has a task to teach all members of the community that moral choices are the responsibility of both the girl and the boy, not just the girl. Children born are the responsibility of both the mother and father who conceived them, not just the girl.
- SEXU 50
- That men are permitted to have girlfriends outside of the marriage, because they are male. This is contrary to teaching of the Bible that men are instructed by God to have one wife (1 Corinthians 7:2) and he is to love

her (**Ephesians 5:25**) until death takes one of them. A women who suspects her husband has sexual partners (girlfriends) outside of the marriage should be supported as she endeavours to solve these problems. The same would be true for the husband. A wife who has reason to know that her husband is sleeping with another woman, should not feel she must have sexual relations with him and put herself and unborn children at risk for HIV and AIDS. The marital problems should first be resolved and the unfaithful partner be tested and known to be HIV free. Many communities are seeing a greater proportion of women being infected by unfaithful husbands. They are bringing HIV infection to her unknowingly, and wiping out entire families.

- That only women infect with HIV and men do not. This is not true. Both men and women who are infected with HIV can infect another person.
- That only women have AIDS, not men. This is not true. Both men and women who contract the HIV virus will eventually get AIDS and will most likely die of AIDS, most within five or so years. It is true, however, that women can be more easily infected with HIV than men. This is due to the physical make-up of the female's body. The HIV virus cannot penetrate the skin on the outside of the body (hands, legs, etc). There is another skin inside the body that is very delicate and easily torn and it is called **mucosal skin**. This skin is found inside one's mouth...it is soft, delicate and tears easily. This same **mucosal skin** is found on the male private part (penis) but only a small amount is actually this delicate skin on a male. However, this same mucosal skin is found in greater amounts inside the woman's body, up in the private parts, which means a woman has more delicate skin that can tear or break, giving entrance to the HIV virus. A woman's private parts have more entrances for the HIV virus (the urethral opening, the vaginal opening, the anal opening). During sexual intercourse, both the woman and the man can have small breaks in the skin (you won't see or feel them) caused by the rubbing during intercourse which can allow the HIV virus causing AIDS to enter. However, the woman has much more chance of breaks in the skin because she has more **mucosal** or delicate skin in her private parts than a man.

The increasing worldwide infection of women at a much faster rate than HIV infections in men is great cause for concern. The often-held idea that the "girl child" only should be educated about sexual empowerment is one-sided. Both "boy and girl children" should be taught self-worth, self-respect, responsibility, right choices, and respect for others, including the opposite sex. This is taught in the context of the Bible and should be taught in the home of Christian families and by the church.

SEXU 54

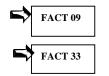
SEXU 51

SEXU 52

SEXU 53

What the HIV Virus Does upon Entering a Body

- It primarily targets the immune system.
- It targets T-helper cells (can be compared to army captain cells) and destroys the cell it invades.
- The HIV virus replicates itself every 24 hours making at least 300 million to 2 billion new HIV viruses that cause the host cells to rupture. They destroy that cell and then millions of newly created viruses go and find more helper cells to invade. This cycle goes on and on.

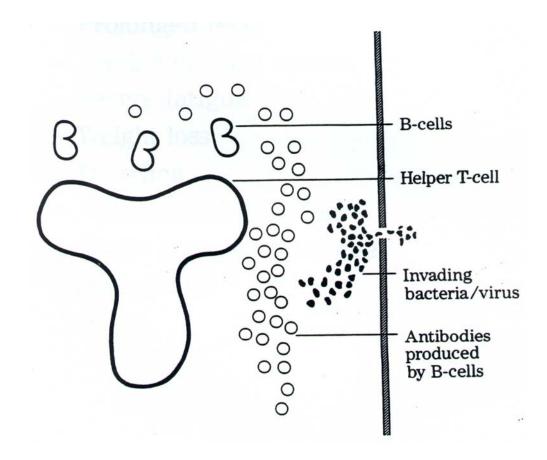




• For some time (can be for a year and up to 10 years or more depending on the infected person's body) the immune system has sufficient soldier cells to still ward off most sickness and the person remains healthy for a while.



- Then at some point, the body so lacks soldier-fighter cells because so many have been destroyed by the HIV virus, that this infected person begins to have symptoms that do not go away. This is called the **ARC** (AIDS Related Complex) stage of infection. This can last from months, up to a couple of years.
- Once the HIV-infected person's body becomes depleted of good soldier-fighting cells
 in the immune system, he/she contracts a disease which does not go away. It leads to
 recurrent illness; the body becomes sick and unable to fight the enemy disease, and
 now the infected person moves into full-blown AIDS.



Four Stages of HIV Infection

1. Stage One or the HIV-Positive Stage

Where the virus is in an incubation stage, is invading and multiplying in the body's cells but the person still feels quite normal, looks healthy and generally does not even know that they are infected. Again, this is where HIV infection is deceptive and cheats us. This stage can be as little as 1 to 2 years after initial infection or as long as over 10 years. Most HIV-infected persons in Africa begin to develop symptoms of illness within 3 to 5 years.



2. Stage Two or Night Sweats/Swollen Glands

These symptoms can seem very much like the flu so most HIV-infected people at this stage do not even associate these with being HIV+. After 2 or 3 weeks these symptoms completely disappear for the majority of people.

3. Stage Three or the ARC (A-ids R-elated C-omplex) Stage

Where the virus has now invaded and destroyed sufficient T-helper immune cells in the body and the person starts to get symptoms that do not go away. These can be swollen glands in the neck, under the arms and in the groin. Other symptoms can be fever, weight loss, diarrhea, coughing, bleeding in women, flu-like feeling and other persistent symptoms. This stage can last for months or a couple of years.

4. Stage Four or the Full-Blown AIDS Stage

(A-cquired I-mmuno D-eficiency Syndrome) AIDS is the last stage of infection. The virus has now replicated itself billions of times, invading and killing valuable soldier-fighter cells, and the body now cannot defend itself and has a <u>deficient</u> immune system. The body can no longer fight and gives in to all kinds of illnesses and diseases. Once the person reaches this stage he or she may only live for days, weeks or a few months. Usually people with AIDS cannot do much for themselves because their body is in such a weakened state. This is another area where the Christian Church can show the compassion and love of Jesus by getting involved in home-based care instruction and help. They can also dispel the fear of AIDS by demonstrating that visiting and comforting AIDS patients WILL NOT infect you with AIDS. That is a myth; AIDS is not contracted in this casual manner.



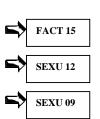
Simple Rules for Not Contracting HIV and AIDS

<u>RULE ONE:</u> Use a brand new needle or instrument every time you need to stick your skin, e.g. immunisations, piercing of ears, tattooing, circumcision, etc. If a brand new needle is not available, do not stick your skin unless you <u>boil</u> the needle or tool for <u>30 minutes</u> before every use. Never take a chance.



Cover cuts and sores with a waterproof plaster. If at the scene of an accident, use surgical gloves or a plastic bag to cover your hands when administering first aid.

<u>RULE TWO</u>: Remember, your sex is a God-given gift to you! <u>Keep your sex</u> until you find that special person God gives you in marriage to share yourself with. If you are married, remain faithful to your spouse only, for sex, until the end of your or your spouse's life. If you remarry after a spouse's death, be sure that the person you remarry is tested HIV-negative before your remarriage. If you are single and are getting married, both of you should get an HIV test to be sure that neither one is bringing HIV into the marriage.



What Does One Do If Planning Marriage and One Partner Tests HIV Positive?

This calls for much prayerful advice from your elders, Pastor and extended family. An unmarried person could test HIV positive because of the following: he/she was molested or raped; in very rare cases because he/she was born HIV positive from the mother; sexual activity before marriage; and casual infection from an infected needle prick or contaminated tool. Most persons testing HIV positive will have contracted the HIV

through sexual contact with an infected person. An HIV-positive person before marriage will have the following decisions to make:

- 1. You can decide not to marry. This would be difficult but may spare you the burden of facing AIDS in your marriage later on. It may also spare a baby being infected or orphaned because there was a resulting pregnancy in the marriage. In this case, if one partner getting married is found to be HIV positive and the marriage does not go through, love and sensitivity should be demonstrated to both the infected and non-infected persons of this situation. This is where the Church can minister to those persons rather than judging and discriminating against them. Rather, lead those hurting people to Jesus.
- 2. You can decide to marry and have no private-part sexual contact at all. This would the couple decides to go on with their marriage with one person infected, and to express their love in non-sexual forms by hugging, kissing, stroking, etc., but not by sexual intercourse. This couple should be discouraged from having children, especially if it is the wife who is infected. This couple could also have sexual intercourse with the husband using a condom. It is important to note that the condom does have value here, but it is not a 100% safeguard against HIV infection, even if used correctly every time. (Please read Chapter 10 on condoms.)
- 3. You can decide to marry, have normal unprotected sexual intercourse, and be prepared to die with your infected spouse. Some people feel strongly that they are prepared to die for the person they will marry. Couples getting married should carefully make their choices if they know one or the other partner is infected. The ONLY way one can know for sure is to have premarital testing. We, the authors, are recommending in this day of rapid HIV infection and AIDS that the Christian church pastor should make testing a mandatory part of the pre-marriage planning for couples wanting to marry in the church. HIV-infected couples choosing to marry anyway, should always be sure they have the blessing of their extended family before choosing Option #3.

<u>RULE THREE</u>: If you have ever been at risk for HIV infection at any time (even if you are not presently showing symptoms) for any reason (such as molestation, infected blood contact, having sex with a possible infected person, etc.), then GET TESTED before you enter into marriage or have sex.



<u>RULE FOUR:</u> If a woman plans to get pregnant or breastfeed the baby, and there is a possibility you could have been HIV infected, or your sexual partner might possibly be infected, GET TESTED FOR HIV before you become pregnant or breastfeed your baby.



What is the Difference between HIV and AIDS?

HIV is the virus that causes the disease called AIDS. A person first becomes infected with the HIV virus. He/she stays and looks healthy for some time. He/she then begins to have symptoms that do not easily go away. These symptoms are not always the same for every infected person:



- sore throat, fever/s, flu-like feeling
- weight loss
- swelling of the glands, usually felt in the neck and under the arms
- skin rashes, dry and itchy skin
- fungal infections, in nails and/or private parts



- recurrent ulcers in the mouth
- shingles, pneumonia, etc. that does not seem to go away.

Therefore, HIV infection moving to full-blown AIDS is not just one disease; it can come in many forms (TB, pneumonia, coughing, flu, etc.). AIDS is any sick condition in the person where the body cannot fight and chase it away due to the immune system being deficient from the HIV virus' invasion. HIV and AIDS in most cases is a preventable disease and it is BEHAVIOUR that puts a person at risk.



Why Is a Cure for HIV and AIDS So Difficult?

This is because the HIV virus in the body becomes part of the infected person's DNA genetics. We illustrate this simply by saying that once in the cell, the HIV virus mixes with the inherited genetic factors of DNA (such as hair, eye, skin colour) and mixes like soap and water in a washing machine. It is scientifically beyond us, at the time of writing this curriculum, that a medical cure will soon be found to remove the HIV virus in a body, once it has mixed into the genetic DNA. Neither a pill, medicine, muti or mixture can effectively alter DNA, nor can it cure a body that is HIV infected. There is no effective immunisation (shot) or cure for HIV infection resulting in AIDS at any stage of infection, as we write. The only exception is Divine healing from Almighty God that can cure an HIV-positive person or one with AIDS.



You can't get AIDS by...

Why?

By knowing how HIV is *not* spread you can reduce your fear of AIDS. You will also be better able to provide care and comfort, without fear, to someone living with AIDS.

How?

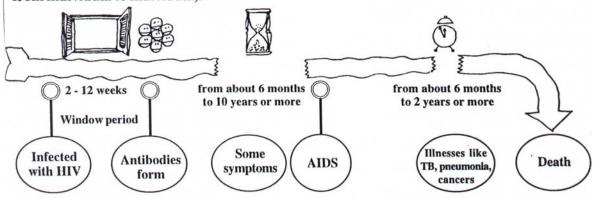
For each picture, write down what the people are doing. You will learn that HIV is not spread through any of these activities.



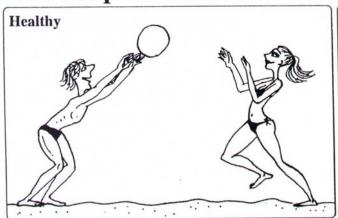
HIV does not spread through everyday contact with people who are infected with HIV. So we don't need to worry about things we do daily!

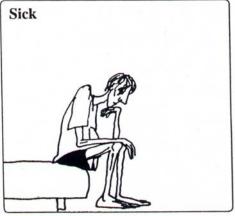
What happens with HIV infection?

This diagram shows the different stages of HIV/AIDS (the timing of stages may vary from individual to individual).



How the person looks





How the person feels

- Most feel very healthy
- Eat normally, can exercise and work
- No or only minor signs and symptoms
- May still be unaware they have HIV
- Can still fight germs
- Some may develop enlarged glands
- May cough and sweat a lot







TEST YOUR KNOWLEDGE



TEST YOUR KNOWLEDGE BY ANSWERING 'TRUE' OR 'FALSE'

FA	LSE	IKUE	
1.	Older people get AIDS easier than young healthy people.		
	HIV is found in body fluids, blood and on the skin. A person may get HIV by sticking their skin with a needle that someone else has used.		
4.	Only people who are bad get AIDS.		
5.	You can get HIV by sitting on a toilet seat that a person with Aids has used.		
	A person can have a negative HIV result from a blood test and still be infected with HIV.		
8.	People who are infected with HIV look very thin and are sickly. Once you are HIV-infected you are infected for life. No grown-up person has actually tested HIV+ and been infected		
	with the virus and later turned negative. You can get HIV from a mosquito bite.		
	There is no way you can find out if you are HIV positive or not.		
	It is not dangerous to HUG a person with AIDS. Someone can spread HIV and AIDS by coughing and sneezing on you.		
14.	People infected with HIV usually don't know it and do not look sick at first.		
	You can be cured of HIV and AIDS if you go to the right doctor and take strong medicines.		
	You can get AIDS by sharing needles for ear-piercing, tattooing or circumcision. It is difficult for girls and women to get AIDS.		
18.	Small babies can be born with HIV. A person may get HIV by giving blood in a blood bank.		
	A person may get HIV by having a blood transfusion.		
	A person is able to pass the HIV virus on to others only if he/she has AIDS.		
	AIDS attacks more white people than people who have colour in their skin.		
24.	A person may pass on HIV to someone also even if that person		
	A person may pass on HIV to someone else even if that person has no sickness and looks absolutely healthy. The main way to get HIV is having sex with an infected person.		
	Teenagers infected with HIV when they are 14 years old may not get sick until they are into their 20s.		

28. People with black or darker skin are more likely to get HIV

	and AIDS		
29.	If you are sure you know your boyfriend or girlfriend well before		
	having sex with them, then you are safe from HIV and AIDS.		40
30.	You can tell if a person has HIV or AIDS by how they look.		
31.	There is no way you can protect yourself against HIV and AIDS.		
32.	If you have sex with only one person, you can't get AIDS.		
33.	· · · · · ·		
34.	Christians should balance moral education with condom education.		
35.	People with AIDS should stay in hospitals all the time.		
	AIDS is the biggest killer of teenagers.		
37.	People who are ill with AIDS should be encouraged to do what		
	they can for themselves and should be supported by their friends.		
38.	1 1		
	it is scary.		
39.			
40.	1 1		
41.			
42.			
43.	. .		
	rural people.	_	_
44.		П	
	productively.	_	_
45.	Only medical people should be involved in HIV and AIDS		
4.	care and education.	_	_
46.	People with HIV and AIDs should be isolated from the general	П	
47	public to stop the spread.		
47.	Education involving condoms is the most effective way to stop the		
40	HIV spread.	Ш	Ц
48.	· · · · · · · · · · · · · · · · · · ·		
	to stop the HIV spread.		

TEST YOUR KNOWLEDGE – ANSWERS

- 1. False
- 2. False (not on the skin)
- 3. True
- 4. False (all people)
- 5. False
- 6. True (can be in window period)
- 7. False (look healthy at first)
- 8. True (other than being healed by God)
- 9. True (unless healed by God)
- 10. False
- 11. False (you can be tested)
- 12. True
- 13. False
- 14. True
- 15. False (no doctors can yet cure HIV & AIDS)
- 16. True
- 17. False (females can be infected more easily)
- 18. True
- 19. False
- 20. True (but rarely now only one in 40,000 units of blood might possibly be infected with HIV)
- 21. False (all HIV-infected persons can infect someone else)
- 22. False
- 23. False (not only, in Africa it is spread more in the heterosexual population)
- **24.** True
- 25. True
- **26.** True
- 27. True (because HIV-positive persons can remain healthy for several years)
- 28. False (any person can be HIV positive)
- 29. False
- 30. False
- 31. False (you can abstain from sex if unmarried, or be faithful if married)
- 32. False (only safe if that person has never had sex with anyone previously and is not infected)
- 33. False (safer, but not 100% safe)
- 34. True (Christians should teach about the risk factors involving condoms)
- 35. False
- **36.** True
- 37. True
- 38. False (not if we are educated about AIDS and understand it)
- 39. False
- 40. False
- 41. True (because more men than women have multiple sex partners)
- 42. True (because of their biological make-up)
- 43. False
- 44. True
- 45. False (everyone should be well informed)
- 46. False
- 47. False (moral education is the most effective)

48. True



ATTITUDES AND PREJUDICES



ATTITUDES AND PREJUDICES

What Are the Attitudes about HIV and AIDS?

Attitudes are our manner of acting, feeling, or thinking that show one's disposition or opinion about a matter. Attitudes about HIV and AIDS have largely been negative for many reasons in the past. Some reasons for most people having negative attitudes about HIV and AIDS are:

- People assume that it is a result of unacceptable sexual behaviour.
- People tend to judge others more harshly than they judge themselves.
- People are fearful about a disease with no cure, and fear brings negativity.
- People know less about HIV and AIDS than they think they do. Most people think they are reasonably educated about this disease. In fact, more people believe myths about HIV and AIDS than really believe the facts.
- HIV and AIDS has been categorised differently from other diseases, which lends to having negative attitudes about it.
- People associate it with things they are not comfortable talking about: sexuality, fornication, cheating, adultery, promiscuity, homosexuality, STDs, dying, being thin, no cure, etc.

These attitudes about HIV and AIDS can be:

- Fear
- Disgust
- Denial
- Hate
- Pity
- Self-righteousness
- Judgement
- Rejection
- Hopelessness

Almost all of these 'attitudes' can be summed up in the phrase **NEGATIVE ATTITUDES!**

1. Fear – fear usually comes from ignorance about HIV and AIDS. People sometimes fear to talk about HIV and AIDS because they are embarrassed, or they think it might come to them or their family members. Fear about HIV and AIDS is sometimes based on one's past sexual behaviour. "If I do not talk about it then I won't have to think about it and it will go away." Fear never helps and often keeps people in slavery to the very thing that would make them free from HIV and AIDS...risky behaviour.





- **2. Disgust** this negative attitude often comes from being judgemental. This attitude says, "You have HIV and AIDS because you are not as good as I am." This kind of destructive, negative attitude forgets the fact that "*all have sinned and come short of the glory of God*" (Romans 3:23), including the person with this attitude. Besides, we neither know "how," "where," or "under what circumstances" a person became HIV infected, nor is it our business to know.
- 3. Denial says, "HIV and AIDS is not my problem; it will never come to me or my family." This is a rather ignorant attitude about HIV and AIDS and comes from lack of knowledge about the disease. Denial pushes the crises of HIV and AIDS to other people, while refusing to take any ownership about the outcome of the disease. Denial also is blinded by the fact that HIV and AIDS now affects everybody...not only the infected.
- 4. Hate a particularly destructive attitude. An attitude of hate often categorises HIV and AIDS by a particular lifestyle that makes them feel uncomfortable often because of lack of compassion. Particularly in America, this wrong attitude prevails regarding HIV and AIDS. It is wrongly categorised as 'the homosexual or gay' disease. Therefore, one with an attitude of hate toward homosexuals can transfer this hate towards HIV and AIDS-infected people. They may wrongly or rightly conclude that an HIV or AIDS-infected person is "gay...or whatever" and then discriminate because of their own prejudice.
- **Pity** an attitude which vastly differs from empathy or sympathy. This attitude has a hidden undertone of "you poor thing, you couldn't help it." Most HIV and AIDS-infected people are very strong in their feelings that they do not want pity. What they do want is understanding, compassion, and to be loved for who they are, not for what they might be infected with.
- **6. Self-righteousness** is a negative attitude that "looks down" on others as being less than oneself. When projected towards the HIV and AIDS-infected, it can convey an attitude of "too bad you were stupid enough to become infected and that you are not as good as I am."
- 7. Judgemental these attitudes are often unspoken and sadly, are often found in churches and among the religious. It is a negative attitude that says, "You have this disease because you did something wrong." In fact, the judgemental person makes his/her own conclusions before he/she even knows the facts. People set themselves up as being superior and the one to give out blame. A judgemental attitude "blames" the one infected with HIV and AIDS on something they do not find acceptable.
- **Rejection** is a particularly hurtful attitude towards the HIV and AIDS-infected. Rejection usually has fear and disappointment as its root. An attitude of rejection towards the HIV and AIDS-infected person says, "I am afraid of you; I care about myself more than I care about you, so I don't want to be around you." It is a selfish attitude that disregards the feelings of another person. Rejection of the HIV and AIDS person divides families, leaves permanent emotional scars and hurt, and fails to deal with the issues surrounding HIV and AIDS in an understanding way.
- **9. Hopelessness** is a negative attitude that sees everything about HIV and AIDS

as being dark and gloomy. It is a pessimistic attitude and neither helps the infected nor the affected. An attitude of hopelessness fails to look at the positive things in life right now and fails to maximise all the joys that life can bring now.

What Has Shaped Our Attitudes Regarding HIV and AIDS?

In the early 1980s when the HIV virus was isolated and first known, there was a great deal of mystery surrounding it. At first, it was labeled as a 'homosexual' disease and people wrongly believed that only gay people had this disease. Therefore, from the beginning a stigma surrounded HIV and AIDS, even though many of the beliefs about this disease were false. HIV and AIDS at first was considered the "bad" people's disease, which brought a great deal of misunderstanding and prejudice against those who became infected. It wasn't until several years after the onset of HIV infection and subsequent AIDS worldwide, that the true pattern of this disease began to be seen by people. It wasn't, after all, "those people's disease...those bad people" but it became a disease that cut across all races, nations, religions, socio-economic structure, and ages. Truly, HIV and AIDS is now a disease that hits everyone. It does not discriminate and infects the following:

- The rich and poor alike
- People of all colours of skin
- People from all nationalities
- Religious and the non-religious
- Males and females
- Presidents and paupers and everyone in between
- Adults and children no matter what age
- Professionals and unemployed
- Urban and rural
- All sexual orientations of people
- And even the unborn

Are Attitudes about HIV and AIDS Becoming More Positive?

For certain, as knowledge and education about HIV and AIDS has been made available, more and more people are putting a face to AIDS so that we can all see that people with AIDS are just like I am...just like you...just like members of yours or my family. More and more people are identifying with AIDS because more and more of us are becoming infected. Many people in some African countries have lost 25% or more of their extended family to an early death from AIDS.

However, there is still a great deal of ignorance about HIV and AIDS. Many people, including church people, are still afraid to talk about it, let alone deal with it. There is still a stigma attached to AIDS that causes many who are suffering from it to remain silent about their status. They are afraid of some of the following misfortunes that, unfortunately, still do happen to people once it becomes known that they are HIV positive:

- They are shunned (a negative attitude).
- They are judged (a negative attitude).
- They are considered bad (a negative attitude).
- Some lose their jobs (a negative attitude and action).
- Their spouses sometimes chase them away (a negative attitude).
- People are afraid to be around them, even to shake their hand (a negative attitude).
- People think it will never happen to them (a negative attitude).
- Friends assume they sleep around and have bad habits (a negative attitude).
- Some hospitals and clinics don't want to treat them (a negative attitude).
- Many churches pretend it isn't their problem (a negative attitude).
- Some HIV people don't want to know their status (a negative attitude).

If we are going to help STOP this disease, then our attitudes must change about it. If we are going to be a positive source of strength to large numbers of infected people, including members of our families, then we must change our attitudes about HIV and AIDS.

AIDS THRIVES ON:

A TTITUDES

I GNORANCE

D ISCRIMINATION

S EX & SILENCE



A Short Quiz to Test Attitudes about HIV and AIDS

Instructions: Answer each question with only one of three possible answers.

Think carefully about why you have answered it in such a way.

Note: Each person described in the sentence has AIDS. How do you feel about

him/her? Do you feel:

- Sympathetic
- Somewhat sympathetic
- Not sympathetic (serves them right for getting infected)
- 1. A woman goes away on a job opportunity, away from her husband, and two years later she begins to get symptoms and finds out she is HIV positive. Do you feel sympathetic, somewhat sympathetic, or not sympathetic for this married woman?
- 2. **A pastor finds out he is HIV positive.** Do you feel sympathetic, somewhat sympathetic, or not sympathetic for this pastor?
- 3. A doctor performs an operation on a patient that he doesn't know is HIV positive. He accidentally gets a needle prick and becomes HIV positive. Do you feel sympathetic, somewhat sympathetic, or not sympathetic for this doctor?

- 4. A young man moves in with his gay lover only to find out that he too, has become HIV positive. Do you feel sympathetic, somewhat sympathetic, or not sympathetic for this young man?
- 5. A small baby has just been diagnosed with HIV because the mother was HIVpositive. Do you feel sympathetic, somewhat sympathetic, or not sympathetic for this newly born baby?
- 6. A married man takes a job in a city away from his wife and family. He finds out when called home to donate blood for his sick child, that he is HIV positive. Do you feel sympathetic, somewhat sympathetic, or not sympathetic for this married man?

Answers to the Quiz

Many will have answered 'sympathetic' towards those in the questions that they felt were 'innocent' victims of HIV infection. Others will feel 'unsympathetic' towards some who they feel really deserved to be HIV infected because of an action that was considered inappropriate.

While there are no 'correct' answers, some questions that we need to ask ourselves are these:

- 1. Doesn't **everyone** who is infected with HIV and AIDS need our sympathy?
- 2. Doesn't **everyone** who is infected with HIV need our understanding?
- 3. Could there ever have been a time in our lives where we acted inappropriately, and did we deserve to get AIDS because we did so?
- 4. If the person you felt 'unsympathetic' towards was your son or daughter, would you still feel the same way?
- 5. Does it really matter "how" one became infected in order to deserve the sympathy of others, or should we sympathise unconditionally, on the basis that he/she is a human being and is faced with a life-threatening disease?

You see, we all have <u>attitudes</u> about HIV and AIDS that are a result of how our thinking has been shaped from our background and knowledge. Some of our attitudes have become much more positive, accepting of HIV-infected persons, and helping in this terrible plight that is killing people. However, when put to the test, some of our attitudes still need some work!

Why Do We Have These Negative Attitudes about HIV and AIDS?

- AIDS is closely related to at-risk sexual activity, since the biggest way it is spread is through sexual contact.
- Sexual misbehaviour and sin is a more visible sin than some others.

- In many churches, sexual sin is the ONLY sin for which church discipline will be applied. For example: in some churches a pastor who steals money will not be strongly disciplined. However, in most cases if he commits adultery, he will have to leave the ministry for some time.
- Sensational media coverage which is often biased, characterises some of the attention
 given to HIV and AIDS. Some of the media coverage has been a positive, good thing
 which has brought the general public to a greater awareness of the AIDS crises. Other
 negative media attention has only served to deepen negative attitudes that are already
 present about HIV and AIDS.
- Probably the greatest cause of negative attitudes about HIV and AIDS is **ignorance**. Most people know far less about the disease of HIV and AIDS than they think. Most have learned little bits and pieces about HIV and AIDS from the media. They accept it as gospel truth when it may not be, and wrongly assume they are knowledgeable about HIV and AIDS. Very few, including professionals and church leaders, have attended a reputable seminar or class that teaches the facts about this crises facing our world. Again, most people feel they don't have to learn more about HIV and AIDS because "it isn't my problem." Here is where we see negative attitudes through ignorance!

Scriptures on 'Attitudes'

- "My brethren, do not hold the faith of our Lord Jesus Christ, the Lord of glory, with partiality" (James 2:1).
- "But God has shown me that I should not call any man common nor unclean" (Acts 10:28).
- "Judge not, that you be not judged. For with what judgement you judge, you will be judged; and with the same measure you use, it will be measured back to you" (Matthew 7:1-2).
- "Assuredly, I say to you, inasmuch as you did it to the least of these My brethren, you did it to Me" (Matthew 25:40).
- "Speak and act as those who are going to be judged by the law that gives freedom, because judgement without mercy will be shown to anyone who has not been merciful. Mercy triumphs over judgement" (James 2:12-13).
- "Now it happened that as Jesus sat at the table in the house, that behold, many tax collectors and sinners came and sat down with Him and His disciples. And when the Pharisees saw it, they said to His disciples: Why does your teacher eat with tax collectors and sinners? When Jesus heard that, He said to them: Those who are well have no need of a physician, but those who are sick. But go and learn what this means: I desire mercy and not sacrifice. For I did not come to call the righteous, but sinners to repentance" (Matthew 9:10-13).
- "Judge not and you shall not be judged. Condemn not and you shall not be condemned. Forgive, and you will be forgiven. Give, and it will be given to you: good measure, pressed down, shaken together, and running over will be put into your bosom. For with the same measure that you use, it will be measured back to you" (Luke 6:37 & 38).

- "Whosoever receives this little child in My Name receives Me; and whoever receives Me receives Him who sent Me. For he who is least among you all will be great" (Luke 9:48).
- "Now we who are strong ought to bear the weaknesses of those without strength and not just please ourselves. Let each of us please his neighbour for his good, to his edification" (Romans 15:1 & 2).
- "Let us not love in theory or in speech but in deed and in truth" (1 John 3:18).
- "Above all, love each other deeply, because love covers a multitude of sins" (1 Peter 4:8).
- "As we have therefore opportunity, let us do good unto all men..." (Galatians 6:10).
- "Blessed are the merciful for they shall obtain mercy" (Matthew 5:7).
- "But when He saw the multitudes He was moved with compassion for them, because they were weary and scattered, like sheep having no shepherd" (Matthew 9:36).
- "Therefore, you are inexcusable, O man, whoever you are who judge, for in whatever you judge another you condemn yourself; for you who judge practice the same things" (Romans 2:1).
- "Let love be without hypocrisy. Abhor what is evil. Cling to what is good. Be kindly affectionate to one another with brotherly love, in honour giving preference to one another" (Romans 12:9 & 10).
- "Owe no one anything except to love one another, for he who loves another has fulfilled the law" (Romans 13:8).
- "Let nothing be done through selfish ambition or conceit, but in lowliness of mind let each esteem others better than himself. Let each of you look out not only for his own interests, but also for the interests of others" (Philippians 2: 3 & 4).

How Can We Change Habitual Negative Attitudes Regarding HIV and AIDS?

- 1. Change requires recognising the need for it, and realizing that to change will bring acout a better result.
- 2. Repent of the wrong attitude and ask God to help you replace it with a good attitude. Asking for forgiveness wipes the slate clean and gives you opportunity to cultivate right attitudes about HIV and AIDS. God will help you, but you must take the first step by repenting of wrong attitudes.
- **3. Action** helps to put feet to change. If you recognise a negative attitude regarding HIV and AIDS, then it is important to **do something** to change that attitude. For example: If your negative attitude is "**disgust or judgement**" then a starting place for attitude change would be: practical involvement in some community HIV and AIDS work. Get to know an infected person and you will soon realise that they are just like you are! **Walk the talk!**

4. Take personal ownership in the HIV and AIDS crises and see what you can personally do to bring solutions. Involvement will open your eyes to the real situation of HIV and AIDS. It will change your thinking and help you to do your part to bring solutions in a serious crisis facing every community.

PRAYER FOR FORGIVENESS

LORD JESUS, I REALISE WE ARE FACING A LIFE-THREATENING
CRISIS OF HIV AND AIDS, LIKE WE HAVE NEVER KNOWN.
I UNDERSTAND THAT IT THREATENS NOT ONLY MY NEIGHBOUR,
BUT IT THREATENS MY FAMILY AND MY FUTURE GENERATIONS.

I RECOGNISE THAT MY PERSONAL INVOLVEMENT
IN BRINGING SOLUTIONS

TO STOP THIS PANDEMIC HAS BEEN VERY LITTLE.

PLEASE FORGIVE ME, LORD, FOR SITTING BY AND ALLOWING

MY ATTITUDES HAVE OFTEN BEEN NEGATIVE ABOUT HIV AND AIDS.

SO MANY PEOPLE

TO PREMATURELY DIE WITHOUT DOING SOMETHING TO HELP.

CHANGE MY HEART ABOUT THOSE WHO ARE BEING ROBBED OF

THEIR LIVES BECAUSE OF HIV AND AIDS.

MAY I FIND MY PLACE OF SERVICE

TO BRING SOLUTIONS TO THOSE WHO NEED ME.

MAY I BE RESPONSIBLE TO SHARE WITH THE UPCOMING GENERATION
LIFE-SAVING KNOWLEDGE

THAT CAN KEEP THEM FROM THIS DISEASE.

FOR THE SAKE OF ALL THOSE THAT ARE SUFFERING, WOULD YOU HELP ME TO DO MY PART IN FIGHTING HIV AND AIDS? THANK YOU, LORD JESUS.

AMEN

7

SEXUALLY TRANSMITTED DISEASES (S.T.D's.)



SEXUALLY TRANSMITTED DISEASES (S.T.Ds.)

What are S.T.Ds.?



These are diseases that are spread through sexual contact from an infected sexual partner. In the 1950s through 1960s there were approximately five sexually transmitted diseases (STDs) that we had to be concerned about. Now there are over fifty. Many of these STDs including AIDS, are for life, incurable, and bring devastating consequences such as infertility, for life. STDs are not uncommon today. Many, many people are walking around with STDs that they either know about, or are unknown to the infected person because they are not yet showing symptoms of these diseases.



Result of Moral Breakdown in our Nations

Some time ago, the World Health organization reported that STDs were the most frequently reported transmittable diseases worldwide. Eighty-seven percent of the world's transmittable diseases are spread sexually, leaving only thirteen percent that are communicable in other ways. Many of the world's diseases are **behaviour related** and **preventable!** Our nations **do not have to be as sick as they are.** This is where God's Church can come with answers and solutions to equip people not to fall prey to sickness over which they have a **choice.**



STDs and Infertility

Infertility (women unable to bear children) is on an unprecedented rise as never before. Much of this is a result of women contracting a sexually transmitted disease (STD) which has left them without the ability to bear children. Many are unaware that they have such a disease and experience much distress over not being able to fall pregnant.



There is a myth (mistaken idea) in some countries that if a woman cannot bear a child, then she alone is the cause. This has been **proven** to be medically false. In many cases of infertility, the cause is actually a problem in the man's body. Worldwide, physicians are finding that the sperm count in men is less than ever before. Men are increasingly unable to impregnate women, many times because of STDs that they have contracted at some time. In some cultures, if a woman shows an inability to bear a child within a reasonable amount of time, the husband will chase her away and take another wife. This is based on the mistaken idea that women only are the cause of infertility. This is not so. The cause of infertility in a couple could be caused by a medical problem in either the man or the woman, or both. Proper medical examinations are the ONLY way a couple can find out the cause for inability to bear a child. Many times the medical barrier causing infertility can be corrected if treated, and the couple will be able to have children. Sometimes, however, the cause of infertility (whether caused by the man's body or the woman's body)



cannot be corrected and the couple needs to be advised to seek other options for family fulfillment. Some of these can be adoption and involvement in caring for the many street children/orphans needing homes, etc.

Infertility is NOT always caused by STDs. There can be other causes of infertility. However, a main cause of infertility and premature death in babies and parents is because of sexually transmitted diseases (STDs). What a different, healthy world we would have if people would change their sexual behaviour! What a better place it would be for our children and our grandchildren.

STDs and Cures

Some STDs such as Syphilis, are often curable and leave no problems in the body if they are caught and medically treated **early** in the progression of the disease. Although there are cures for some STDs, cures have not eliminated the problem! For example: although there is a cure for Syphilis (STD) the world is now experiencing a 40-year-high incidence in the spread of Syphilis. Many STDs at present have no medical cure. Once you are infected (such as with HIV resulting in AIDS) you are infected for life. The result of STDs is often a poor quality of life because of illness and premature death.

PREVENTION OF SEXUALLY TRANSMITTED DISEASES

"If the Son therefore shall make you free, you shall be free indeed" (John 8:36).

God created each individual with the ability to have control over his/her sexual actions. Freedom to choose means one is neither under **compulsion** nor under **restraint**. The freedom God gives each individual also includes the freedom to say NO to sex.

Sexual Freedom



In our present-day world, sexual freedom is misinterpreted to mean = having sex without restraint whenever you want it, with whomever you want it, however you want it. Freedom is not without boundaries. Freedom is choices about friends, what to wear, career, leisure activities, and to have sex or not to have sex, etc.

True Freedom Requires Responsibility



- To God
- To one's self
- To family
- To the community
- To my country

Sexual freedom implies the ability to balance and integrate one's sexual urges in a manner that is best for oneself and everyone around by the following:

- **By my present marital status**: Am I single and developing my character at this time of my life in preparation for the time when I will be married? Am I respecting my body by not subjecting it to the consequences of premarital sex like STDs, AIDS, hurt emotions, "using" other people for my own sexual gratification? Do I take control over my sexual urges and refrain from having sex knowing I CAN and WILL WAIT for sex in marriage only?
- Am I married and committed to my spouse by being sexually trustworthy, not risking STDs in myself and my spouse by having girlfriends or boyfriends? Am I a good role model to my children in my sexuality by being faithful to my spouse?
- How balanced is my conscious sexual activity with the rest of my life? Am I preoccupied with sexual matters and urges? Am I sexually addicted? Do I ignore my sexual urges and pretend I don't have any? Does it occupy me too much? Or too little? What goes on in my mind regarding sexual things?

Sex outside of marriage is not godly and is unhealthy. Ignoring sexuality and suppressing it is equally unhealthy. However, it should be noted that finding oneself in an unmarried status is NORMAL and self-control in the sexual areas of one's life while unmarried, is different from sexual suppression. Unmarried persons (not having found the right person to marry, widowed, or choosing to be single such as is thought of the apostle Paul in the New Testament) need to channel and balance sexuality urges within the boundaries of God's Word, the Bible. Sex in marriage ONLY, is healthy whatever one's marital status in life.



Animals are "urge" orientated; God made people to be "relationship" orientated. Animals have sex without any relationship involved. God made people to have sex within marriage where "relationship" is the primary focus, not just sex.



God's Sexual Freedom for Mankind

- Freedom to see one's sexuality as a gift from God having unlimited value. One's private parts are a special gift from God. They are not dirty or nasty or tools to use for personal gratification
- Freedom to see another's sexuality also as a gift from God having unlimited value
- Freedom to withstand constant sexual stimulation from the media and society (radio, TV, magazines, internet, etc.) and channel energy in non-sexual ways
- Free in mind, emotions, and actions to be all that God has created me to be
- Freedom to be masculine or feminine (depending on your birth gender) and to find the best way to express your gender
- Freedom to make mature human decisions, not acting out of pressure or force from others who will try to make them for you
- Freedom to express genuine love, respect, human emotions and values in sexual ways, ONLY within the boundaries of married fidelity and relationship
- Freedom to express genuine love, respect, human emotions, and values in non-sexual ways in relationships

Factors Which Influence Sexual Activity of People

- Family basic family unit in which values and attitudes regarding sexuality are nurtured and formulated, e.g. a child who is sexually abused and has a violent/distorted view of sex. A child who sees the father degrade and demand from the mother will often produce children who see sex as an "expectation" rather than an act of love. A child who sees mother manipulate the husband through sex to gain money often sees sex as a "tool" to get what you want…manipulative sex. These are attitudes that are formed in the child as he/she grows up.
- Society/Media Africa is at present becoming very influenced by the "Western" media through TV. TV programmes are largely shaped by what the public demands and what is deemed "cool." Unfortunately "sex" sells and that which comes over the media is determined by money and by what sells.
- Mind altering drugs/herbs alcohol/drugs are often the factor involved in unwanted sexual force, such as rape and incest. These distort one's ability to make rational sexual decisions. Many a young person has taken alcohol/drugs at a party and come home with more than they bargained for...sexually transmitted disease. Herbs and naturopathic medicines, if used correctly, can be helpful in treating sickness if they are not mixed with practices that go against God's Word (yoga, transcendental meditation, witchcraft, etc).
- **Family break-up** separation, divorce, migration due to work location where a parent is absent from the family for long periods, can affect the sexual mindset of a child growing up and be carried through to adulthood.
- **Economics** ability to earn a living can lend to unhealthy sexual behaviour, such has prostitution, sex-for-money, multiple sex partners, etc.
- **Violence/unrest/conflict** can result in a person being angry at other people or at society. This can result in unhealthy sexual behaviour.
- Perceived role of women in society (e.g. that women are the property of men; that women are sexual playthings of men; that women are powerless; women have no brains and are only baby machines; that women have no choice over their own sexuality because they are owned by their husbands; therefore, they have no choice about sex in marriage or infidelity in marriage; that women like forced sex, etc.) All of these wrong and ungodly perceptions can shape wrong sexual behaviour in a child when he/she is grown-up.
- **Peer pressure** (what others are doing that gains acceptance) can cause individuals to do things sexually just to gain acceptance. Example: school students and young adults these days are being told that if they don't have sex there is something wrong with them and that they are stupid; that they must prove themselves sexually. This creates wrong thinking about sexual matters.
- Sex is dirty therefore one cannot discuss sexuality at all. This causes persons to act out of their misinformation and curiosity rather than out of right teaching about their body and feelings.
- **Positive input** from parents, elders, the Church, etc. by nurturing adults who provide positive role modeling, brings moral sexual responsibility, family cohesiveness, self-

respect, self-worth, respect for women, caring touches that are not suggestive and abusive, right sexual instruction, and a healthy attitude about one's sexuality.

Sexually Transmitted Diseases – Genital Sores

One of the early warning signs of some STDs are sores on the penis of a man, and on the vagina or private part area of a woman. Some of the sores that accompany STDs are:

- One or more sores on male penis or female vagina
- Some sores may be clean or they may discharge pus (leak fluid or blood)
- Some sores may be itchy or feel painful
- In addition to the sores, one having an STD may have swellings in the groin and glands near the private parts.

General Points about All STDs

- There are now more than 50 different types of STDs.
- They live inside the human body and do not survive outside the human body.
- Are usually spread through intimate sexual contact; however, some can be contacted through intimacy that is not full intercourse sex.
- They can be passed from male to female, and from female to male, or through same sex. However, it is easier for a female to contract an STD because of the make-up of her private parts. However, men CAN and DO contract STDs also.

General Symptoms of STDs

Any one of these symptoms CAN mean, but does not necessarily mean, that one has an STD:

- Skin changes including sores, blisters, bumps, and rashes around the private part, genital area
- The need to urinate frequently
- Irritation and/or a burning sensation when one urinates, sometimes with pain during urination
- Genital and private part itching, burning sensation
- Noticeable pelvic pain (in females)
- Discharge from the sex organs
- Unpleasant odor/smell from genitals
- Swollen glands and fever

General Complications from STDs

- The germs may cause mental illness after some time.
- The germs may hide in the body and can be passed on to one's sexual partner during sexual contact. These germs can sometimes be passed without having full sexual intercourse, skin on skin outside the private parts
- Can damage different organs in the body like the nerves, heart, brain, and may lead to death
- Can cause a man to be infertile, and can cause a woman to not fall pregnant

Three Types of STDs

1. Bacterial STDs – can cause major health problems; however, if detected and

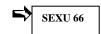


treated early, many can be totally eliminated. Usually these are treated with antibiotic medicine.

- **2. Fungal STDs** often found on the private parts, skin area and sometimes in the mouth. These can be cured if treated early.
- 3. Viral STDs are caused by a virus and are generally the most life threatening. It is important to remember that there are no cures for viruses and, up to the present, there never has been a cure for any virus. Once a virus is acquired in a body, it stays in that body and can cause problems for a lifetime. HIV, that causes AIDS, is one such virus. Some of these are HIV/AIDS, genital warts, cervical cancer and hepatitis.

How STDs Cheat People

In many cases of acquiring an STD, the person who has acquired an STD has **no symptoms** at all. For this reason, one cannot rely on visual inspection to know if they or their sexual partner may have an STD. Even with no symptoms, the infected person can still pass on the STD to other intimate partners. Often, by the time the person begins to show symptoms of an STD, a great deal of damage has already been done to that person's body.



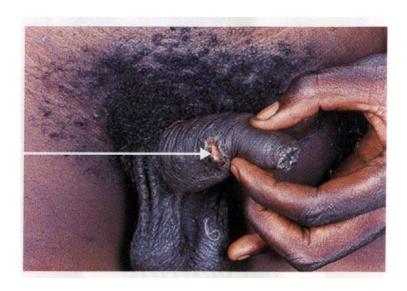
Any individual who contracts a sexually transmitted disease (STD) is **MORE SUSCEPTIBLE** to the HIV virus entering his/her body and dying of AIDS. All STDs lower the body's ability to fight diseases, weaken the body functions, particularly in the private parts, and weaken the immune system.



STDs in Men

The germs may:

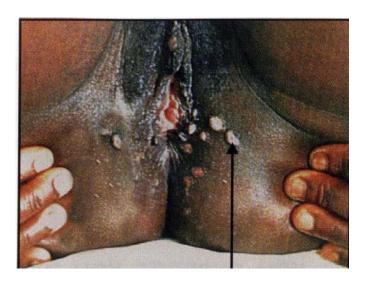
- Damage the penis the penis may be eaten by sores so that even after medicines and treatment, the penis may be deformed
- Damage the man's balls which make the man infertile (unable to produce children)
- Have sores come and go on his private parts and other parts of the body for the rest of his life, even with medicines
- Cause great difficulty in sexual intercourse, or the man being unable to have sexual intercourse



STDs in Women

The germs may:

- Damage the vagina of the woman in her private parts because of sores. The germs can move upward in the woman's body to her internal organs
- Be passed on to an unborn baby- e.g. many mothers with HIV, syphilis, etc. pass this STD on to their unborn baby
- Cause severe complications in pregnancy in the tubes and other female organs which can be life threatening to a woman and cause death
- Even if treated, some STDs can cause the woman to be unable to bear a child for the rest of her life
- Cause miscarriage, spontaneous abortion of the baby, or death of the baby in the womb before birth
- May cause great difficulty in having sexual intercourse



Some Common Sexually Transmitted Diseases (STDs)

The following are STDs which present themselves with sores and/or ulcers: **Syphilis:**

- Presents itself with one or more painless genital sores at first
- These sores can go away on their own at first, and come back maybe in months or a year
- Is associated with painless enlarged lymph nodes in the groin area
- Can cause dementia if left untreated
- Many children are born with this STD contracted from the mother

Chancroid:

- Presents itself with one or more painful genital ulcers
- Ulcers may bleed at times
- Is associated with tender enlarged lymph nodes in the groin area
- Sometimes this STD is very resistant and fights against treatment

Herpes:

- Presents itself with small blisters in the genital area
- Is very painful and has NO CURE
- Person infected is infected for life and can pass it on to his/her sexual partner
- Tends to reoccur even with medicines

Lymphogranuloma Venereum:

- Sometimes presents itself with a small genital ulcer
- Is painless
- Presents primarily with enlarged and infected lymph nodes in the groin area often draining embarrassing pus
- Can be treated

These Are Some STDs Which Present Themselves With Discharges, Fluid and/or Pus:

Gonorrhea:

- Presents itself with yellow-greenish discharge
- Is associated with burning urine and lower abdominal pain in women or painful testis in men
- Can be treated

Trichomonas Vaginalis:

- Presents itself with a frothy greenish discharge and a fishy smell

Candidiasis:

- Presents itself with a thick white discharge
- Is very itchy
- Can be treated

Non-Gonococcal Urethritis:

- Presents itself with yellow/white discharge from private parts
- Is associated with tender enlarged lymph nodes in the groin area
- Can be treated

Other Very Common STDs are:

Human Papaloma Virus (HPV):

- Can cause genital warts, cervical cancer, and other diseases of the private parts

Chlamydia & Pelvic Inflammatory Disease (PID):

- Can go undetected for a long time in the body without symptoms. This STD often causes infertility by damaging the reproductive organs causing sterility, problem pregnancies, etc.

Sexually Transmitted Diseases and HIV Infection

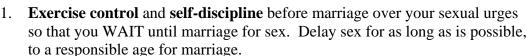
It is well documented that the incidence of HIV infection and other sexually transmitted diseases (STDs) is directly related. Many people who have a sexually transmitted disease may not know that they also have HIV as well. At the 1999 ICACA conference in Lusaka, Zambia, it was reported from research done by the Witwatersrand University in South Africa that the correlation between incidences of STDs and HIV is as follows:



- 1st episode of an STD has a 22% likelihood of HIV infection as well
- 2 to 4 episodes of an STD has a 41% likelihood of HIV infection as well
- 6 to 9 episodes of an STD has a 65% likelihood of HIV infection as well
- 10 or more episodes of an STD has a 79% likelihood of HIV infection as well

How to Avoid Contracting a Sexually Transmitted Disease (STD)

PREVENTION is always better than cure. Individuals DO NOT have to contract an STD, ever! You choose!





- 2. **Keep sex with one man and one woman for life.** Multiple sex partners increase one's risk of contracting an STD.
- SEXU 12

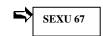
- 3. Be faithful and have sex with your marriage spouse only.
- 4. **Prior to marriage,** both the man and woman should be tested for sexually transmitted diseases (including HIV) to ensure they are not bringing a silent killer into the marriage union.



5. **If you already have an STD,** use a condom during sex; however, realise condoms do not give 100% safe protection from the spread of these diseases.

What If One is Already Infected with an STD?

ANYONE SUSPECTING THAT HE/SHE IS ALREADY INFECTED WITH AN STD MUST SEEK MEDICAL DIAGNOSIS AND TREATMENT IMMEDIATELY. THE WORST MISTAKE ONE CAN MAKE IS TO DELAY DIAGNOSIS AND TREATMENT OF AN STD OUT OF FEAR AND/OR EMBARRASSMENT. THIS CAN BRING IRREVERSIBLE NEGATIVE CONSEQUENCES THAT CAN EVEN LEAD TO AN EARLY DEATH. DO NOT PLAY WITH STDs. STDs KILL!



BEHAVIOUR CHANGE IN BOTH MEN AND WOMEN CAN PREVENT THE INCIDENCE OF SEXUALLY TRANSMITTED DISEASES (STDs)

8

COMMON OR CONDOM SENSE



COMMON OR CONDOM SENSE

What is a Condom?

It is named after a 17th century British Colonel who was supposed to have invented them. It is a protective sheath worn over the male penis (private part) during sexual intercourse. It is usually made of a very thin latex rubber. It was originally made to prevent pregnancy in a woman by keeping the male seminal fluid within the sheath so the woman could not be impregnated. It later became useful in helping to lessen sexually transmitted diseases (STDs) and now is also used to help lessen HIV infection during sexual intercourse.



Are There Different Kinds?

Yes, there are different brands, types, sizes, and differences in effectiveness in condoms. More recently they have even made condoms in different colours. Some (especially those given out in free distribution) are the plainer type. Others come with a special lubrication, special thickness, etc., to give easier penetration during sexual intercourse and for greater effectiveness.



How Safe Are Condoms?

There is much misinformation about condoms. Some people (particularly those in the business of making money out of them) say they are **SAFE** sex, meaning they are 100% effective. Others who have a belief system that promotes no-sex-outside-of-marriage (such as Christians) often claim they are **not effective at all**. Both of these opinions are incorrect.





Condoms and Pregnancy Prevention

Condoms were originally made to prevent pregnancy in a woman, by the man wearing the condom over his penis during sexual intercourse. This prevented the semen containing sperm that fertilise the female egg and make a baby, from injecting into the woman and causing impregnation. Studies have shown that using a condom to prevent pregnancy still has a failure rate of **minimally 10%** in knowledgeable adults, and in **excess of 20%** in younger people. Although the man can never fall pregnant, and a woman can only fall pregnant for **one to three days** in her monthly menstrual cycle, condoms do fail to prevent pregnancy even at that!



What About Condoms and HIV Prevention?

We must look at the effectiveness of condoms to prevent HIV infection by two factors:



1. The condom (product) itself. Careful information has been gathered by the authors of this manual from most of the world's condom manufacturers relative to their effectiveness in preventing HIV infection. Their effectiveness



falls between an approximate 55% rate to a 98% rate depending on many factors. Some of the "product" factors that the user of a condom must consider are:

- That the condom has not been damaged before you use it
- That the size fits the male properly
- That the condom was stored prior to use in a cool, dry and dark place.
 Heat, light and humidity all damage rubber, so storage and shop conditions need to be checked before use
- Condoms must be used prior to their expiry date. Longevity of storage can render a condom less effective

The actual manufacturing effectiveness can also have a great bearing on the safety of the condom itself. Some brands carry a greater tracking of safety than do others. Unfortunately, most users cannot accurately determine some of the 'product' factors when they are given or purchase a condom. They must then **hope** that the product itself will give them maximum protection. Man-made materials such as latex rubber do sometimes have microscopic holes (called voids). Because the HIV virus is so much smaller than the male sperm, and so much smaller than some of the holes that can be in the material of the condom itself, the condom is not 100% effective.

Example of one of the better US-based condoms. This article was written by C.M. Roland for the **Washington Times** on **April 22, 1992** with the accompanying picture (Test 04; Test 05) illustrating the possibility of the following:



- holes or voids in the condom
- the size of the virus compared to the male sperm
- possible holes in a condom, and the risk factor when it comes to HIV

While this illustration may not be the same in every condom, it gives a clear example of the possibility of HIV infection when using a condom. Similar risk is also present for other sexually transmitted diseases (STDs). Condoms do lessen the risk of infection, but they are not foolproof.

- 2. The user of the condom (the male). The condom's effectiveness in preventing HIV infection also depends on the "user" of the condom and if he correctly uses it. The following are some factors that must be adhered to when using a condom to prevent both pregnancy and HIV infection, as well as other sexually transmitted diseases:
 - Must open the packet without damaging it
 - Must make sure the size is correct
 - Must be certain that he uses a water-based lubrication (e.g. KY Jelly).
 Vaseline, oil, etc., are all oil-based and if used with a condom will cause it to break
 - Must put the condom correctly on the male penis before sexual intercourse

- Must leave some space at the end of the condom when putting it on and not break it taking it off
- Must be certain it stays intact during sexual intercourse
- · Must be certain that sexual contact is finished before it is taken off
- Must be certain not to reuse a condom.

The condom approach ONLY in stopping HIV and AIDS, without the balance of teaching moral behaviour and sexual responsibility, has failed to stop AIDS everywhere in the world. When HIV and AIDS first became a crisis worldwide, many countries began massive campaigns costing millions of dollars to mass distribute condoms. This approach neglected to teach moral behaviour, wrongly believing that condoms alone would solve the AIDS crisis. Much more money has been spent on proclaiming a 'condom' message to this generation with AIDS than on the 'moral' prescription God gives. God's standard, which is no sex outside of marriage, prevents all STDs including AIDS. Thus, HIV and AIDS has spread becoming a worldwide catastrophe, especially in Africa. More condoms have been distributed to the present generation than ever before, yet HIV infection and AIDS continues to rise at an alarming rate, possibly wiping out a greater portion of today's young African population. Educators must be responsible to teach the whole truth to this generation regarding the issues surrounding sexuality, AIDS, the condom, and life.



The Example of Uganda

Uganda was one of the nations in the world with the highest rate in regards to the spread of HIV infection causing AIDS. More recently Uganda has been the single African country that is reporting containment of HIV spread. In Uganda, there are a number of reasons that can account for the decrease in the spread of HIV:

- Direct involvement of the President and government leaders. It is understood that the President of Uganda took the pandemic of HIV and AIDS so seriously that he himself got involved at the grass roots level in educating people about the behaviours that put a person at risk for AIDS.
- Direct Government involvement from the top down has infiltrated through the varying sectors of community leadership so that **behaviour** skills and **moral** skills are practically communicated in the nation.
- National leadership began to balance the message of condom effectiveness with moral responsibility in sexual behaviour in national education. Loudly and clearly the message of sexual responsibility, delayed sex for single people, and faithfulness in marriage is now receiving a high national profile. This is in contrast to many nations who are spending large amounts of government money on educational programs that put the condom as FIRST priority education for HIV prevention.
- Sexual behaviour in terms of educational money spent and information communicated to the masses is given first priority in Uganda. Several other African governments are slowly adopting a more correct philosophy with regards to HIV and AIDS prevention, as follows:





A -bstinence

B -e faithful

C -ondomise

Biblically, "A" and "B" will do away with the need for condoms as a means of HIV prevention. "A" and "B" are the only truly SAFE sexual practice. God knew that in the beginning by prescribing sexual purity for all people. "C" is an option if one is prepared to risk possible infection, however, it should be noted that "C" is not 100% safe sex from HIV infection and/or other sexually transmitted diseases (STDs). "C" might be best described by CHRIST in your life!

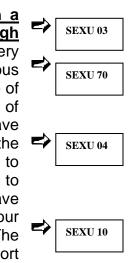
Four Choices One Has Regarding His/Her Sexual Behaviour

In teaching about the condom, instruction of personal empowerment needs to be given so that each individual is able to make wise choices for his/her life.

STAT 13

These choices are:

1. If I get a sexual feeling in my body and I want to have sex with a particular person, I will do it if I want. This is the first option and is high risk for HIV infection and sexually transmitted disease (STDs). person has this choice. Yes, he/she can take this option to have numerous sexual partners (even though it may be one at a time). In the day and age of AIDS, a person making this choice will probably contract HIV and die of AIDS prematurely. Most people who take this option for a lifestyle have many relationships that are short-lived, and most certainly are outside the perimeters of faithfulness in marriage. Many individuals selfishly choose to live in this manner, without regard to the severe consequences to themselves, their spouse, or their children. However, those who have chosen this option and contracted AIDS through risky sexual behaviour should not be shunned, discriminated against, or judged harshly. Christian must always remember that "all of us have sinned and come short of the glory of God" and that Jesus Christ loves the sinner while He hates their sin.



2. If I get a sexual feeling in my body and I want to have sex with a particular person, I will do it, but I will use a condom. This is Option # 2 where a person decides to have sex with more than one partner in a lifetime and uses a condom. It carries a medium risk for HIV infection and STDs. However, there is still risk involved, albeit, less than the first option. The following question must be asked by each person making this choice: How much risk am I prepared to take for sex, to contract HIV and AIDS? If people choose to have sex outside of marriage, then this is the question they must ask themselves. Is it a 2% risk, 5%, 25%? The problem with this #2 choice is that a person cannot accurately know what risk he or she is taking when using a condom. Using a condom is better protection against HIV and AIDS than using nothing at all, if you are going to take risk (Option #1) in sex outside of marriage. However, it is important to note that



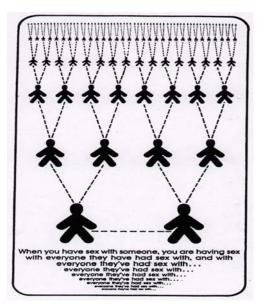
TEST 09

those who have sex outside of marriage using a condom, cannot know the following accurately:

- How that condom has been stored and how effective the 'product' is
- How many holes or voids might possibly be in the manufacturing of the materials in the condom. It differs from brand to brand and condom to condom

A man can learn proper 'use' of the condom, but there are a number of factors that are outside of the empowerment of condom users in trying to prevent HIV and AIDS, which is a 'product' factor. Is any sex worth contracting a fatal disease?

3. I will have sex with a known partner and use a condom. This option is a low risk option and safer than Options # 1 and 2. Again however, there is possible risk for HIV and other STD infection because of the fact that either partner with this lifestyle is more likely to be 'in' and 'out' of sexual relationships more than once in a lifetime. If one chooses to sleep with a person outside of marriage, the chance of that relationship lasting a lifetime is not good. One also must remember that in going to bed and having sex with a person, one is not just sleeping with that individual. They are sleeping with every other person that partner has ever slept with in their lifetime. It is just as though all the sex partners of both persons are all crawling into the same bed together.



I will exercise self-control and only have sex within marriage. This is Option # 4 and is 100% safe IF the person you marry has also remained a

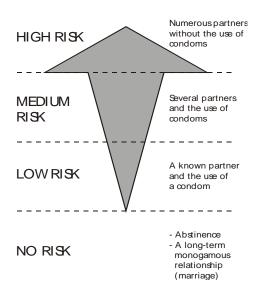
SEXU 08

virgin and has not engaged in sexual behaviour that puts him/her at risk for HIV

infection. God places such a high value on individuals that He prescribes Option #4 ONLY as the safe context for sexual expression and fulfilment. Unmarried persons then must choose to WAIT until marriage for sex. Married persons must choose to remain faithful sexually to their spouse.





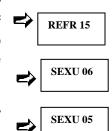


What about polygamy (having more than one wife)? Medically, in terms of HIV spread and AIDS, if a man marries more than one virgin woman and has more than one wife, and IF he never moves sexually outside of the circle of his wives for sex, then he is not at risk for HIV infection. However, while the polygamist who is faithful to his wives may not be at risk, the number of sexual partners one has ALWAYS presents a higher risk for HIV and AIDS. Having more than one wife allows for more possibility of AIDS entering a family for the following reasons:



- The man may not know the virginity status accurately of each wife. It is more difficult to know the status of more than one woman in a marriage
- SEXU 12
- It is possible that a woman may have been HIV infected through casual spread (i.e. rape, molestation, birth depending on her age, etc. The man may be taking more than one wife to satisfy his sexual urges, rather than exercising self-control. The possibility for this man to develop a sexual addiction, habits of sexual promiscuity, etc., are far greater than for the husband of one wife
- The family is at greater economic risk because of the cost of adequately caring for and educating the many children, than the children single-wife husband. This can cause to become undisciplined and perhaps move into risky sexual behaviour themselves as they get older.

It is critical that the Christian Church be the voice of moral conscience in a world of AIDS, teaching obedience to God, moral values, right choices about sex, respect of oneself and others, and non-discrimination toward those who are already infected. No institution or organization, other than the Church, is able to rightly speak to these issues. Biblically, God's very best for mankind is to be married at the right time, with one man or woman, (1 Timothy 3:2) and to keep sex within that marriage until death. Only upon death of a spouse is one free to marry again. This is God's very best for sexual fulfilment (1 Corinthians 6 and 7). It is incumbent upon us all to be a strong voice that can give direction to a lost generation.



9

TESTING



TESTING

What is an HIV Test?



This is a test that is done on a person to determine whether or not he/she has the HIV virus which causes AIDS. Testing is the <u>ONLY</u> way one can be sure of their HIV status. One cannot know by how he/she looks or feels. Blood is taken from the person and sent to a medical laboratory for testing. The laboratory, however, **cannot** see or isolate the actual HIV virus. Laboratories can only see if there are **antibodies** present in the blood which the body produces to fight that HIV virus.

What are HIV antibodies? Importantly, the human body's defense-immune system makes special fighter-soldier cells for every disease one contracts. For example: if one has the measles, the body will make a special measles fighter cell called a measles **antibody. Antibodies are specific fighter cells for a particular disease.** The person's body, that becomes infected with the HIV virus, will make special **antibodies** designed to only fight off the HIV virus. However, in the case of HIV infection, although the antibodies fight the virus they eventually lose the war and the body cannot chase them all away. The **immune defense system** and **antibodies** are not able to remove HIV from a body.



The Window Period in HIV Testing

When HIV enters one's body, the body will begin to make **antibodies** to fight the HIV virus. If the infected person has an HIV test soon after becoming infected, the **antibodies** may not yet show up in the blood test under the microscope. This is because the person's body might not yet have produced **antibodies**, or the person still does not have sufficient antibodies in his/her blood to show on the blood test. Although this infected person has had an HIV test, the test can come back **HIV negative**, meaning they have found no **antibodies** in the blood that they can see. **This is what is called the <u>WINDOW PERIOD</u>. This can produce a <u>false negative</u> test because this person was in the <u>window period</u> and has not had <u>sufficient time between infection and the test.</u> A <u>false negative</u> HIV test result means that although the antibodies are not found in the blood, that person is still HIV positive.** A <u>true negative</u> HIV test result means that the person has had sufficient time for the body to produce antibodies; that none were found and this person is NOT HIV infected.





It is recommended that if a person has been at risk for HIV infection (usually by having sex) that they have **two HIV tests** approximately 3-6 months apart. This gives time for the HIV virus in the infected person's body to cause them to form **antibodies** that will show up in the test. Usually 3-6 months after infection, a truly HIV-infected person's blood will test HIV positive because **antibodies** will have been produced in the body. The blood, if infected, will now show **antibodies** (soldier-fighter cells). However, in a few instances it has taken up to 12 months or longer before the person tested HIV positive after infection. A person being HIV tested must always consider a possible **window period**.



An HIV test result is <u>ONLY</u> accurate for as long as one does not put himself/herself at risk for HIV infection again. For example: If a person has an HIV test, and the test reads negative after two tests, but they go out and have risky sex again, that test is no longer valid. This person would have to be tested all over again for HIV infection.



TEST 29

Testing HOW?

- Only after informed consent
- Always with <u>pre-test</u> counselling before the test
- One tube of blood taken by a nurse and/or doctor and sent to a proper medical laboratory
- Two-ten days before results are available back to the clinic giving the test
- Post-test counselling important before receiving results of the test

Testing WHY?

Some people feel that IF they are HIV positive (HIV +) they would rather not know their status. They mistakenly think that ignorance about being infected will make the virus go away. This is very wrong.

It is very important for any person who may be HIV infected to know his/her status as early as possible. Knowing one's status by accurate testing can **prolong life considerably**, and can **give quality of life.** It also can protect infected people from spreading it to uninfected partners. If a person thinks he/she may be HIV infected and does not get tested to ascertain his/her status, that person is acting irresponsibly and ignorantly both towards himself/herself and others. HIV testing will help with the following:



- May relieve anxiety about whether or not one could have been infected
- Could well motivate sexual behaviour change
- By sexual behaviour change, the HIV-positive person who knows can then refrain from unknowingly infecting someone else and killing them also
- Allows for planning for the future if testing HIV positive
- Allows infected people to prevent themselves from being exposed to some opportunistic infections, which could make them sick faster. Note: The general public is far more of a danger to the HIV-positive person than is the HIV-positive person a danger to the general public. Because the HIV+ person's immune system is already at a disadvantage and cannot fight sicknesses as well as a non-infected person, the HIV-positive person is better off if he/she knows his/her status in order to avoid being around sick people
- Allows for **early** treatment of any opportunistic infections before the symptoms become too severe for the body to fight. This can prolong life and give greater quality of life. The HIV + person **who does not know** he/she is positive, would probably let symptoms go untreated for longer, and thus risk dying earlier
- Can focus on a healthy lifestyle and take steps that promote quality of life, for longer

- Can prepare themselves and their family for what might lie ahead once they move into full- blown AIDS. Can prepare for healthcare when one becomes sick
- Can make preparation for death and dying, and family care after death if the person knows why he/she is ill and that the sickness is HIV/AIDS related. Note: Many people who do not know their status get sicker and sicker and do not know why they are not getting better. If that person dies from a disease (which is really AIDS-related) often the death is attributed wrongly to another disease rather than for what it really is....AIDS. Ignorance never helps anyone!

Confidentiality of Testing

In most places worldwide, persons giving consent for an HIV test have the right to absolute confidentiality (meaning disclosure of test results may only be given to that person, and not to someone else without permission). The only exception to this rule of confidentiality would be a parent giving permission for an minor dependent child to be tested. Results can then be given to the parent or legal guardian.



HIV Antibody Tests

An HIV test will either be **negative** or **positive** for the HIV antibody. The test **cannot** tell you the following:



- When you became infected with HIV
- How you contracted HIV
- From whom you contracted HIV
- How long you've been infected with HIV
- How long you can stay healthy
- If you have an HIV-related illness
- How long it will be before you move into full-blown AIDS or AIDS-related illnesses



The HIV test **can only** confirm whether or not the antibody, signifying that you are HIV infected, is in your body and only after some weeks or months after infection.

HIV tests should be done only by a qualified, medically-trained person who knows how to take a proper blood test and can take it to a proper laboratory that is able to accurately test the blood. Friends or unqualified people can neither take a test properly, nor can they accurately test the blood for the HIV antibody.

The Types of HIV Tests

ELISA TEST is currently the most commonly used test. It is an easy and inexpensive test. It is also a very sensitive test and sometimes can pick up other antibodies in the blood leading to a **false positive** test result. A **positive result** will usually be confirmed with the same blood sample but on a different **ELISA test kit.**



<u>WESTERN BLOT TEST</u> is a test that confirms HIV antibodies. This is a more specific but complicated test to perform. It is also more expensive.



<u>P24Ag</u> is a test that is not routinely used. It is far more complicated and expensive to give and is usually only used in the cases of doubtful antibody test results, during a possible window period, and in the diagnosis of possible HIV infection in newborn babies. It specifically tests to detect the presence of the "docking arms" of the HIV virus in the blood.



<u>Viral Load</u> is a term used to measure the number of viruses present in the body of an HIV-infected person. This test can help determine treatment for symptomatic illnesses and know the progression of the disease in HIV-infected persons.

<u>CD4 Count</u> is a test that measures the number of **T4-helper cells** left which help that person fight sicknesses. This can be used in assessing known HIV-positive persons, what damage has thus far been done to their immune system, and therefore reveal somewhat the stage of the disease in their body.

What Does an HIV Negative (-) Test Result Tell You?

• It tells you that your blood test is not detecting the **antibody** that fights HIV to be present in the tested blood. If you have not been in any risk exposure then you are testing a **true negative** test result. This means that the HIV/AIDS virus is not in your body



• It could mean that you have been infected more recently (within the last number of days, weeks or months) and that you are in the <u>window period</u>. This is a **false negative** test result. This person is **HIV positive** even though he/she is testing negative

What Does an HIV Positive (+) Test Result Tell You?

- That this person's body has produced **antibodies** that fight the HIV virus
- That the HIV virus that causes AIDS is in the blood even if he/she is not showing any signs yet of illness



Note: See the end of this section on children and what this means.

What does an Indeterminate HIV Test Result Mean?

- That the ELISA test is positive but the WESTERN BLOT test is negative or that the 1st ELISA test is positive and the 2nd is negative
- That the person has other health problems, infections, or is using medications that are affecting their immune system

Note: See section on children.



Who Should Get Tested for HIV?

Obviously, everyone should be concerned about the spread of HIV and the resulting premature death from AIDS. Yet, everyone takes this typical approach as follows, which allows HIV to spread unabated:

"HIV infection cannot happen to me; AIDS is not my problem. Therefore, I don't need to be tested!"

TEST 36

TEST 37

For certain, AIDS is **everyone's** problem. It can happen to me depending on my own sexual behaviour in the past or now, or the sexual behaviour of any person I've ever had sex with in my lifetime! Ways for the HIV carrier to cease spreading this deadly virus include the following:

- That every person, especially Christians, would stop denying there is a problem
- That every person introspectively look into their own lives and ask, "Is there any possibility that I, or my spouse, could have ever been exposed to the HIV virus in our life?" If YES, then testing is the ONLY way to know for sure and to take responsibility for stopping the spread of HIV
- That every person help to take the fear and stigma out of HIV testing by being role models to those that need testing, by getting tested oneself particularly, those who are HIV/AIDS peer-educators, pastors dealing with possible HIV infected persons, and persons with possible past risky sexual behaviour. Remember that if a person has NEVER been exposed to the HIV virus and gets tested to role model to others who need to be tested, they have nothing to fear. Their HIV test will come back negative in any case! There is nothing to lose by helping possible HIV carriers to know their status.
- That HIV testing becomes more readily available and that mass education is conducted to help those who are infected to know it, and stop spreading the virus. Comparatively, governments have spent little on testing education and availability of testing for the general population in Africa. This needs to change if the spread of HIV is to be contained.

TEST 38

Test Whom?

- 1. All persons who have had more than one sexual partner in their lifetime, or whose sexual partner has had more than one sexual partner
- 2. All persons who have had sex outside of monogamous marriage, in any form, in the last 10 years
- 3. Persons who might have had sex with any possible infected person ever
- 4. Persons who have ever had sex with a prostitute
- 5. IV drug users
- 6. Persons who might have been exposed to HIV-infected needles, blades, knives or any other instrument/s
- 7. Persons who have been raped and/or molested by anyone in their lifetime
- 8. Persons who have had blood transfusions, particularly in the 1980s before blood was more carefully screened. Only about one in 40,000 units of blood is

- thought to have possible infection. However, this can differ depending on the screening process for blood in different parts of the world
- 9. Children who are born to possible infected mothers and/or breastfed by possible HIV-infected mothers

Note: See the short personal risk test at the end of this chapter to help you assess possible need for an HIV test.

PRE/POST Test Considerations

TEST 39

The following are some considerations before test results are given to a person:

- Possible effect on employment. Note: In most countries it is illegal for the status of a person's HIV test to be given to an employer without consent
- May experience difficulty in receiving medical and dental treatment. Sadly, Africa in particular, has become so inundated with AIDS-related illnesses in healthcare facilities, that sometimes the HIV-infected person experiences a lack of sensitivity towards care for them. This is where 'home-based care' training and education at all levels is imperative
- May not be able to renew or obtain life insurance and/or bank loans. Life insurance companies can and most do require HIV testing before policies are issued. Whilst this seems discriminatory towards the HIV+ person, it is the ONLY way insurance companies can stay in business financially
- May be shunned by family and friends and experience some discriminatory situations. This is where the Church can assist by educating and sensitising the community to the real facts about HIV and AIDS so that discrimination, fear, and alienation are lessened for people living with HIV and AIDS in our nations
- May suffer from loss of self-confidence, rage, self-imposed blame and punishment for getting infected, feeling loss of control over life, etc.
- Living with uncertainty about 'when' and 'how long' it will be before moving into full-blown AIDS with all the accompanying sicknesses
- Experiencing changes in relationships, particularly if one is married. Matters such has sexual expression, etc. must be dealt with by safer ways of affection other than sexual intercourse
- Facing stigma, prejudices, and blame

Note: See Chapter 14 on pre/post test counselling procedures.

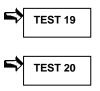
What Minimum Procedures Should Be Taken in Obtaining Consent for an HIV Test?

These should be in writing and as well, clearly explained verbally to a person who is taking the HIV test:

1. I/We wish you to be tested for HIV infection

- 2. This is a test of your blood, which will help to establish whether or not you have been infected with the virus that causes AIDS
- 3. The reason/s I/we want you to have this test is/are: (Indicate both <u>in writing</u> and <u>verbally</u> why you believe this person needs to be tested)
 - To help you/us diagnose the illness you are experiencing
 - To help give you proper treatment
 - Because you may need an operation where caregivers may wish to know your HIV status (Note: This would be necessary only where certain well-defined high risk or exposure-prone procedures are contemplated, as set out in the national guidelines in each specific country.)
 - Because you contemplate becoming pregnant
 - Because you have asked to be tested for HIV infection
 - Because you are seeking a life insurance policy
 - Because you are seeking a money loan from a lending institution where it will want to be assured that the loan can be repaid
 - Because you are failing to perform your job due to related illnesses that are affecting performance and attendance on the job. (Note: Great care would have to be exercised here to show that this move is non-discriminatory and for the alternative benefit of the infected person)
 - Before marriage and as part of pre-marital counselling. The HIV test is particularly needed for the sake of each prospective spouse and unborn subsequent children, where the pastor and/or marriage counsellor have reason to believe there may have been risky sexual behaviour by either partner. (Note: In the day of AIDS many Christian pastors are setting a standard before performing a marriage by requiring all prospective persons to be HIV tested. Many believe this is the ONLY responsible route that a godly Pastor can take before performing marriages where there is the possibility of one's past behaviour affecting so many others. The HIV status needs to be known before performing a marriage.)
- 4. You should realise that if your test shows you to be HIV positive, this means that:
 - You may be able to make changes to your lifestyle which will improve your quality of life for a longer time
 - You will in all likelihood eventually develop symptoms that are related to AIDS and eventually will develop AIDS. At present these symptoms can be treated somewhat, but cannot be cured
 - You may need to change your sexual behaviour in order to avoid infecting other persons
 - Your result will be treated with confidentiality, but should it become known you might suffer discrimination in obtaining work, insurance, and medical care
- 5. A negative test result is not an absolute guarantee that you have not been infected; you could still be in the window period.

Note: In the case of a minor or an incompetent adult, the consent of a parent, legal guardian, or other surrogate must be obtained in most countries. A separate procedure is recommended for minor children.



HIV Infection and HIV-Positive Mothers

Women should know their HIV status before becoming pregnant if possible. Women who know they are HIV positive SHOULD NOT become pregnant if at all possible. Women who are HIV positive are in danger of passing on the HIV virus to their baby (approximately 30-50% in Africa). All mothers who give birth to babies pass on all of their **antibodies** to the baby for the first few months after the baby is born. This is God's way of helping the baby in its first months to have a strong immune defence system so it can stay healthy.

TEST 16A

TEST 21

TEST 16B

An HIV-positive mother will pass on her **antibodies** to her baby and, if tested, that new baby will test **HIV positive.** However, an HIV positive test result in a newly born baby whose mother is HIV positive may mean the following:

TEST 16

1. That the baby ONLY has the mother's antibodies for the first few months until the baby develops its own immune defence system and its own antibodies to defend it. This baby DOES NOT REALLY HAVE THE HIV VIRUS in its body...just the mother's antibodies for the first few months. Although this baby is at first testing HIV positive, it is not really HIV positive. This baby will after some months (usually within six months from birth, but can go as long as up to eighteen months old and rarely a bit longer) will convert to HIV-negative status. This will confirm that this baby never actually had the virus in its body. It only had the mother's antibodies.



2. That the baby truly has the HIV virus in its body from the HIV+ mother either while still in the womb, during birth, or after birth from breastfeeding (from the HIV-infected body fluid milk of the mother). This baby is indeed HIV positive and about 30-50% will have the virus. 50-70% will at first only have the mother's antibodies but will not have the HIV virus in their body.



For the newborn baby (within the first year) it can be very difficult to know the true HIV status. Sufficient time must pass to see if the baby actually has the HIV virus or whether he/she is testing positive from the mother's antibodies helping the immune systems in the first few months.

(Note: Christians believe and know the power of God, the Creator of life, to



heal all manner of diseases and illnesses, including HIV and AIDS. HIV-infected mothers should be encouraged to pray for healing for their babies before and after birthing, should they become infected. Prayer for healing is the Biblical and the first option for Christians when ministering to persons living with HIV/AIDS. However, sometimes ill-informed Christians have wrongly claimed healings of HIV-positive babies after they have converted from an HIV-positive status to one of HIV-negative, not understanding that some these babies will convert to an HIV-negative status anyway. The authors

of this manual believe that Christian ministries should follow the pattern of Jesus when verifying healings. Jesus told those He healed to show themselves



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to the priest of His day. They were equal to the medical physicians of our day. Before claiming healings from HIV/AIDS, it is wise to verify all testimonials with a medical doctor.

HIV Positive Minor Children

A baby's or child's HIV status cannot be known by looking at him or her. The small baby's status can only be known for sure once it is old enough for its body to sort out its own immune system and antibodies. An older child's HIV status can only be known in the same way as an adult's....by receiving an HIV test. If a child is found to be HIV positive, the parents or guardians must determine what is best for that child in all considerations. This includes whether or not the status of that HIV positive child should be told to others, and to the child. Some parents have found it helpful to tell the understanding HIV-positive child, at a specific stage or age, of his/her status. Others have found it wise not to tell the child. Some reasons for telling an understanding child his/her HIV status might be:

- So the child is prepared for illness that may come and not go away
- So the child can take better care of his/her body and thus live a longer, quality life.
- So the child would understand should he/she be in a situation where he/she could possibly infect another child (e.g. fresh blood from a play injury, etc.)

Parents must give careful consideration, after informed counselling and with much prayer, on telling a minor child that he/she is HIV infected, and how that infection occurred. It is wise to seek advice from your medical doctor and pastor on this issue.

HIV/AIDS PERSONAL RISK TEST

Please answer ONLY "yes" or "no" to the questions below to help assess possible personal risk to HIV infection.

- 1. Have you or any sexual partner ever had sex with anyone else in the last ten years?
- 2. If married in the last ten years, were you and your spouse married without each having an HIV test?
- 3. Have you ever been exposed to blood, blood products, or any body fluids for medical, accident, or any other exposure where non-sexually contracted HIV infection may have been possible?
- 4. Have you or any sexual partner ever molested, sodomised, and/or raped In the last ten years?
- 5. Have you or your sexual partner ever been exposed to a possible infected needle, blade or other infected instrument in the past ten years, either for body piercing, tattooing, drug use, circumcision, medical reason, etc.?
- 6. Have you had a blood transfusion in the last ten years, particularly in the early 1980s?
- 7. Have you ever been under the influence of a mind-altering substance (drugs, alcohol, etc.) where you may have been put at risk for HIV infection and have little/no recollection? Note: In the majority of rape cases, alcohol or drug abuse is involved.
- 8. Have you possibly been exposed to HIV in the last ten years by acts of midwifery, surgery, dental care, health care, etc. where possible low risk infection might have occurred?

If you answered "YES" to any of the above questions, you may be at risk for HIV infection and/or other STDs (sexually transmitted diseases). You are strongly advised, for your own well-being, to get tested for HIV at a medical facility as soon as you can. It is always better to KNOW your HIV status so you can avoid infecting someone else, can treat all symptoms early, and can adapt any lifestyle changes necessary for quality and prolonged life.



CELIBACY FOR UNMARRIED-SINGLES & SECONDARY VIRGINITY



CELIBACY FOR UNMARRIED SINGLES AND SECONDARY VIRGINITY

If Unmarried, Is 'No Sex' Possible or 'Right'?

Sexual freedom for every person is one's own ability to make his/her own decisions about his/her sexuality.



- to not have sex, saying "no"
- to have sex, saving "ves"
- to wait for sex, saying "I'll wait"
- with whom to have sex, saying "with whom?"
- when to have sex, saying "when?"
- how to have sex, saying "how?"
- saying "is it right for me and for the other person to have sex?"

Any person who gives **any** of the above options to **any other person to decide**, regarding their sexuality, is not sexually walking in freedom. All persons have the right and personal empowerment to make their own sexual decisions. Christians in particular, have been additionally empowered by Jesus Christ daily, to be right and sexually free. The Church has a responsibility to teach and bring discipleship in the area of sexual freedom in the Biblical sense, to all believers.

Influencing Factors upon Sexual Decision-Making

In many parts of the world, including Africa, various influences come to bear upon an individual's choices regarding his/her own sexual expression. However, marriage should not be entered into just for sex. Some reasons people use for getting married are:

1. Background

- <u>Cultural expectations:</u> As one gets older, the family and extended family expect one to be married by a certain age. If he/she does not get married, people may feel there is something wrong with that individual, or that he/she is abnormal.
- <u>Peer expectations:</u> All of one's friends are getting married, therefore, so must the person remaining single.
- **Personal needs:** The single person does not like to be alone, therefore, he/she must get married. The person wants children, therefore, he/she must get married. He/she feels sexual feelings in the body; therefore, he/she feels the need to get married.
- <u>Society's expectations</u>: Advertising, radio, TV, music, etc. all portray 'couple' images which can leave the unmarried or single person feeling sidelined, left out and marginalized.

2. Natural biological desires. Every person is born with sexual drives. These are God-given and not wrong in themselves. Biological sex drives are normal, are strong, and do not start only when a person gets married. They are part of the make-up of an individual from childhood through adulthood. God made marriage as the context in which these biological drives can be expressed, in safety, with the well-being of both partners in mind.

It is important to know, however, that "not being married" for whatever reason does not eliminate those sexual desires. Not being married does not make the person sexually dead!

There is, therefore, pressure upon single persons (especially as they leave their teen years and move into their twenties) to feel they 'must' have sex or they must 'get married' in order to meet the expectations of everyone. Christians in some parts of the world have taught in error, that to remain single is not God's will. This teaching is not biblically supported even though the Bible does teach the principles of marriage.

Biblical Teaching about Remaining Single (Unmarried)

"Nevertheless he who stands steadfast in his heart, having no necessity but has power over his own will, and has so determined in his heart that he will keep his virgin, does well" (1 Corinthians 7:37).

The Bible teaching in the whole chapter of 1 Corinthians 7 is both for the **unmarried** who choose to remain so, and the **married** who choose so. The apostle Paul is saying that the unmarried person has been empowered by God to remain sexually pure, sexually healthy, and sexually celibate because that person is sexually free to do so. Every person must choose what is right and best for him/her self. There is nothing wrong with remaining single because of circumstances in life, or choosing not to marry. One should never marry because of outside pressure; one should only marry if it is right for him or her.

It is understood by many that the apostle Paul remained single and celibate.

"For I wish that all men (and women) were even as I myself. But each one has his own gift from God, one in this manner and another in that. But I say to the unmarried and to the widows: It is good for them if they remain even as I am..." (1 Corinthians 7:7 & 8).

Disciplines to Help the Unmarried and Single Person to Remain Sexually Pure

There is no doubt that with our biological urges for sex and the pressure from outside for sex, that it **will not be easy** for a young man or young woman to remain sexually virgin and celibate. Single people need helpful teaching, especially from the family and church, to equip them to stay sexually abstinent and pure. It is possible! The Bible tells us that remaining single and sexually pure will not be easy. That is why the apostle Paul instructs single people to remain sexually pure. Rather than move into sexual immorality while being single, it is better to marry than to burn.







"Now concerning the things of which you wrote to me: It is good for a man not to touch a woman. Nevertheless, because of sexual immorality, let each man have his own wife, and let each woman have her own husband" (1 Corinthians 7: 1 & 2).

"...but if they cannot exercise self-control, let them marry. For it is better to marry than to burn with passion" (1 Corinthians 7:9).

REFR 10

Steps to Help the Single Person Remain Sexually Pure and Free

1. **Be in daily personal relationship with Jesus Christ.** If Jesus is 'IN' one's life then it is much more difficult to be "IN" sexual sin. Be in God's Word, the Bible, each and every day. This gives inner strength to resist temptation in any form including sexual temptation.



SEXU 31

- 2. **Talk to Jesus in prayer every day.** It is essential to pray to Jesus every day in order to have a strong relationship with God. Daily prayer also gives inner strength to make right decisions and to have the necessary life skills to carry out those decisions.
- 3. **Avoid alcohol or drugs if you want to be sexually free and pure.** Risky sexual behaviour very often happens when a person is under the influence of alcohol (beer, spirits, wine, etc.) or drugs (dagga, etc.).
- 4. **Keep opposite sex relationships healthy.** Both with opposite and same sex relationships, it is important that they be kept on a level that will facilitate wholesome friendships. In life, maintain a balance between God, family, work, church, leisure and sports, etc.



When the single person finds him/her self in a romantic relationship with someone, **set boundaries.** This means making a line or a fence around your actions, over which you will never cross. Some guidelines are:

- When together, be within proximity of other people. Other people close by will protect you from becoming too intimate. It is always safer to enjoy leisure company in three's or more. It will be difficult to engage in sexual activity, robbing you of purity while single, if a third person is present!
- When together, do not touch the other person in ways that further ignite the fire of sexual passion. A good boundary question can be:

"Would I touch this person in this way if Jesus were physically here with us?"

If not, that touch is better left undone! Remember the proverb: If you play with fire you will burn your fingers! Remember: Sexual fire in marriage can bring warmth and intimacy. But, sexual fire if played with while single and unmarried, will burn and hurt both partners.

5. Discipline your thought life. When sexually impure thoughts come to mind, take immediate steps to put them out of your mind. Sometimes this means removing yourself from your present scene and engaging in an activity (such as a sport) that will redirect your thoughts.

> "...Whatever things are true, whatever things are noble, whatever things are just, whatever things are pure ,whatever things are 'lovely,' whatever things are of good report, if there is any virtue and if there is anything praiseworthy—meditate (think) on these things" (Philippians 4:8).



REFR 10

Casting down imaginations and every high thing that exalts itself against the knowledge of God, bring every thought into captivity to the obedience of Christ, and being ready to punish (bring self discipline) all disobedience when your obedience is fulfilled" (2 Corinthians 10:5 & 6).

- 6. Fill your life full of productive activity. Maintain a balance with God, yourself, family, others, church, work, fun, sport or physical activity, study, etc. in your daily life.
- 7. **Be confident in your singleness.** Rest assured that there is nothing wrong with being unmarried. Remaining single does not make you of less value than a married person.
- 8. Fulfil your need for intimacy in non-sexual ways. Everyone has a need to be intimately loved. However, **intimately** loved does not have to mean sexually loved! Meet your own need for intimacy by being close to God, in Bible reading and prayer. Keep your family relationships strong and healthy. Have a few close friends with whom you can talk and share your inner person. Cultivate a healthy relationship with a person who is older than yourself, with whom you can seek counsel and share deeper thoughts.
- 9. Remember that you are not helpless with regards to your sexuality. Be confident that saying 'no' to sex is totally within your capability. People move by 'relationships' and have power in them. It is ONLY ANIMALS that move by 'urges' and they do not have power over them. Remember, you are NOT AN ANIMAL so you do not have to act like one sexually.
- 10. **Be sexually accountable.** Find a person who is older and wiser (preferably a pastor or elder) to whom you can keep yourself sexually accountable as a single person. Speak with this person fairly frequently concerning sexual matters and your personal progress in that area.
- 11. Accept your single status as God's will for this time in your life. Do not allow yourself to "wish" you were married, living in a "what if" world. Be content with your status, knowing the following about your singleness:

- That singleness is right for you now and in God's time you will find the right person to marry. Meanwhile, you will not be anxious about being single.
- That singleness may be the best and most satisfying status for you on a permanent basis, and that you can be content with that.
- That singleness does not mean your life is less productive than that of a married person's life.
- That singleness means God and your friends love you for who you are, not for your marital status.

"...For I have learned in whatever state I am, to be content" (Philippians 4:11).

REFR 11

"Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God, and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus" (Philippians 4:6 & 7).

Secondary Virginity

Secondary virginity means that a person has had sex outside of marriage previously, but now chooses a life of purity. Although virginity was lost to the person they had sex with, they choose now to be sexually pure. Secondary virginity is the choice to live a sexually clean life from now onward.



Many individuals have called **Jesus Christ**, **God's Son**, 'the **God of the second chance'!** Our world is made up of many failures, including sexual failures. Jesus Christ knew this and that is why He came to forgive and wipe away past failure, including sexual failure. It is very possible after sexual failure for one to see that sexual activity was neither in their best interest nor of the other partner's. They can then make a secondary choice: the choice of secondary virginity. Secondary virginity says this:

I MAKE A DECISION TODAY THAT I WILL LIVE BY. I WILL NEVER AGAIN HAVE SEX WITH ANYONE UNTIL I <u>MEET</u> AND MARRY THAT PERSON.



Inviting Jesus Christ into one's life gives greater empowerment to make sexual choices that are pure. The person who has failed by having sex outside of marriage, can make a quality decision to never again violate sexual purity and choose **secondary virginity.** Local churches can give much help and hope regarding secondary virginity to a sexually-exposed young generation. This teaching will bring restoration to a person who asks for forgiveness and determines to live a pure life. Individuals who have wrongly engaged in sex do not need our judgement; they need the hope of secondary virginity.

"Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new" (2 Corinthians 5:17).



Some who have engaged in sexual activity outside of marriage and violated their virginity may have to face consequences that are already hard to bear, as follows:

- STDs (sexually transmitted diseases) including AIDS
- Loss due to the breakup of the casual sexual relationship
- Hurt and pain because of the emotional trauma that goes with casual sex, molestation, rape, etc.

The Church can take this opportunity to lead such individuals to Jesus Christ, who can cleanse their lives and give them a fresh start.

"...And the one who comes to Me I will by no means cast out" (John 6:37).



SEXU 32

"There is therefore now no condemnation to those who are in Christ Jesus, who do not walk according to the flesh, but according to the Spirit" (Romans 8:1).



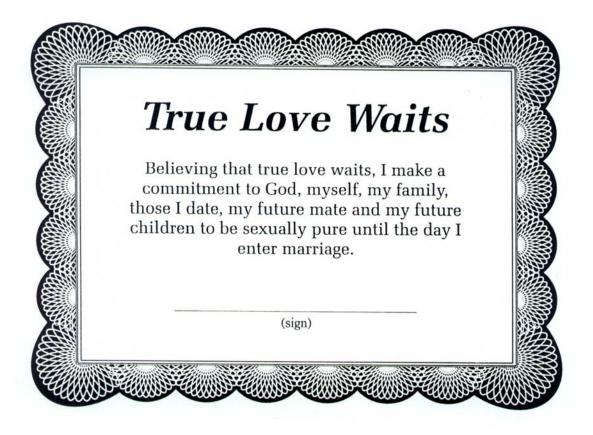
"Do you not know that the unrighteous will not inherit the kingdom of God? Do not be deceived, nor adulterers, nor homosexuals, nor sodomites, nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners will inherit the kingdom of God. And such were some of you.

BUT

you were washed, but you were sanctified, but you were justified in the name of the Lord Jesus and by the Spirit of our God" (1 Corinthians 6:9-11).



The choice of **secondary virginity** is given to each person who has failed, by confessing his/her sin and accepting Christ's forgiveness and cleansing. Secondary virginity gives HOPE for the future and opportunity to begin all over again.



True Love Waits Believing that true love waits, I make a commitment to God, myself, my family, those I date, my future mate and my future children to be sexually pure until the day I enter marriage. (sign)



LIVING WITH HIV/AIDS



LIVING WITH HIV AND AIDS

Does Life End with HIV Infection?

The answer is "No". The person who tests and finds himself or herself to be HIV infected can still have years of a productive and fulfilling life. Many individuals who are infected with the HIV virus that causes AIDS, are living three, four or five years and longer. Some have lived even more than 10 years. Therefore, it is important that the HIV-infected person be encouraged to live a quality life for as long as possible.



More than ever before, long term survival after HIV infection is becoming a greater reality for many. Important steps for the HIV-infected person are:



• Knowing that God loves you in your present status, as much as He would love you if you were not HIV infected.



- Believing that you can be among the (as yet) small percentage of those who are beating the odds, and living longer with HIV and AIDS.
- Believing that God wants you to be healthy, active and living a full quality life even with HIV infection.
- Believing that God is still healing people, even with HIV infection and AIDS.

The Christian Church and Helping the HIV Infected

The local church has a big obligation regarding the HIV-infected and their families, as follows:

- 1. To bring the HIV-infected to a sure relationship with Jesus Christ as personal Saviour and Lord.
- 2. To teach the HIV-infected that he/she can make decisions that lend to a longer and fulfilling life.
- 3. To bring encouragement by prayer, and assist the HIV-positive person to a positive attitude about his or her status.
- 4. To be a support system to the HIV-infected person and his or her family members.

God is greater than HIV and AIDS! We are all either **affected** or **infected** by HIV and AIDS and Christian believers can be encouraged to know how greatly God can use them in this crisis.



"Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? But, in all these things we overwhelmingly conquer through Christ who loved us. For I am convinced that neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor any other thing shall be able to separate us from the love of God, which is in Christ Jesus" (Romans 8:35-37).



"This hope we have as an anchor of the soul..." (Hebrews 6:19).

Numbers of studies have been conducted regarding HIV positive (+) survival factors. Survival possibilities can vary depending upon some of the following factors:

- Availability of good food, clean water and healthy environment for longer life
- Availability of good medical facilities and medical personnel
- Educational opportunities regarding sexual safety
- HIV testing availability and knowing one is HIV positive
- Number of other STD's and physical illnesses the HIV positive person has
- A positive outlook on life even though HIV positive
- Treating all symptoms early
- Positive environment including family support
- Belief in the power of God to sustain life and make it meaningful

Attributes of a Long-Term HIV Positive Survivor

These principles do not all fit every HIV positive survivor. Neither should they be used as a weapon against oneself to make your life more stressful than it already is, when living with HIV. It also should be noted that there are no guarantees as to how long or how short the HIV-positive person can expect to live after infection, even if he/she does most things right in life.

The Principles

1. LONG-TERM SURVIVORS UNDERSTAND AND ACCEPT THE REALITY OF THE AIDS DIAGNOSIS, BUT ALSO REFUSE TO BELIEVE THAT THE SYNDROME IS AN AUTOMATIC, IMMINENT DEATH SENTENCE.



Everyone is going to die some day, and for the person with HIV, that possibility seems a more pressing reality. But, in accepting the inevitability of death at some point, we strengthen our resolve to live life more fully in the here and now. Thus, the HIV positive person can acknowledge and deal realistically with the diagnosis of a life-threatening illness, and still maintain the courage and hope to survive. The HIV-positive person can be encouraged to believe in the promise of abundant life, demonstrated through the resurrection of Jesus Christ, God's Son. The HIV-positive person can stubbornly insist on living!

"But we have this treasure in earthen vessels, that the excellence of the power may be of God and not of us. We are hard pressed on every side, yet not crushed; we are perplexed, but not in despair; persecuted, but not forsaken; struck down, but not destroyed – always carrying about in the body the dying of the Lord Jesus, that the life of Jesus also may be manifested in our body" (2 Corinthians 4:7-10).

False Hope Does Not Help HIV Positive People Survive

HIV-positive persons need a positive outlook on their present and future life. No one has guarantees as to longevity of life. However, there can sometimes be a tendency on the part of both the HIV-infected person, and those affected who are being a support to the infected, to have or give false hope. Assurances can be given that a cure is just around the corner or that good behaviour will cause HIV to disappear. Others are promised that God will heal them. It is important that HIV-positive persons balance their lives with HOPE and REALITY. Yes, the Bible presents a God who answers prayer and does heal HIV infection, although by no means are all HIV and AIDS infected healed. We do not have the answer as to why God does not heal all illnesses. Cures are also not imminent with HIV and AIDS, although some people will make false claims for 'magic' cures. Support persons, especially the Christian Church, need to balance faith, hope and contentment with the present, for the HIV-positive person. False claims, especially by Christians, can bring the Name of Jesus Christ into disrepute and cause untold disillusionment for the HIV-positive persons and their family. The Christian Church must pray for, not only healing for those infected, but also for a fulfilling life for those who continue to live with the disease and are not healed.

2. LONG-TERM SURVIVORS BELIEVE THAT THEY CAN COPE ACTIVELY WITH THE DISEASE, AND REFUSE TO SUCCUMB TO A 'HELPLESS-HOPELESS' STATE.

FACT 40

The HIV infected person needs to feel confident in building the following into his/her life in order to live positively each day to the full through: prayer, meditation, Bible reading, good nutrition, balanced exercise, sufficient rest, work that they are capable of doing to keep challenged, positive and healthy relationships, study and mental exercise, sense of humour, involvement with things in life, and staying informed of the latest developments in the treatment of HIV and AIDS.

<u>Persistence in the face of infection and illness</u> is illustrated in the Bible story of a woman who had a physical illness for over 12 years.

"Now a certain woman had a flow of blood for twelve years, and had suffered many things from many physicians. She had spent all that she had and was no better, but rather grew worse. When she heard about Jesus, she came behind Him in the crowd and touched His garment. For she said, 'If only I may touch His clothes, I shall be made well.' Immediately the fountain of her blood was dried up, and she felt in her body that she was healed of the affliction.

...And He said to her, 'Daughter, your faith has made you well. Go in peace, and be healed of your affliction' " (Matthew 9:20-22).

Just as the woman in this story who was a scriptural long-term survivor, the HIV survivor can daily channel his/her energies and take steps to live for a long time. There is a lot the

HIV-positive person can do to help himself/herself to live a quality life for as long as possible.

3. LONG-TERM SURVIVORS MAKE APPROPRIATE, INDIVIDUALISED ADJUSTMENTS IN PERSONAL HABITS AND BEHAVIOUR IN ORDER TO ACCOMMODATE LIVING WITH THE DISEASE.

FACT 40

When a person is diagnosed with HIV, he/she will feel that everything has changed and is now revolving around the HIV infection. Suddenly perspectives change, priorities change, some habits may need to be broken, and good habits formed in their place. To be a survivor and be HIV infected may mean examining all kinds of attitudes and behaviours that could keep one from being the fully alive person God created them to be. Positive action in the HIV-positive person's life can be a very constructive thing in bringing quality and longevity of life.

"Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new" (2 Corinthians 5:17).

4. LONG-TERM SURVIVORS SEE THE PHYSICIAN AS A COLLABORATOR AND TAKE AN ACTIVE PART IN DECISIONS RELATED TO THEIR OWN TREATMENT. THERE IS A SENSE OF PERSONAL RESPONSIBILITY FOR HEALTH, AND A BELIEF THAT THEY PERSONALLY CAN INFLUENCE THE OUTCOME OF THE DISEASE.



Just as in creation where mankind initially worked with God in naming the animals and caring for God's creation, we are to actively participate with God in the outcome of our lives. Similarly, the HIV-positive person is a co-worker with God in the well-being for his life.

"So out of the ground God formed every beast of the field and every bird of the air, and brought them to Adam to see what he would call them" (Genesis 2:19-20).

"For we are God's fellow workers; you are God's field, you are God's building" (1 Corinthians 3:9).

The HIV-positive person not only cooperates with God in the daily outcome of his life, but also cooperates with the doctor and health workers for good health. They must be partners with the medical people in creating the conditions for healing and wellness. It is important to find medical support people who understand this and who will seek the participation of the HIV-positive person in decisions relating to treatment.

5. LONG-TERM SURVIVORS SHOW A "COMMITMENT TO LIFE"; THERE ARE UNFULFILLED GOALS, DREAMS, AND UNFINISHED BUSINESS THAT THEY COMMIT THEMSELVES TO.

FACT 41

Many HIV+ people have made extra-ordinary accomplishments after learning they were infected, like finishing school, building a house, or earning a college degree. Some have stayed alive with the hope created by an exciting project that they always wanted to do. The HIV-positive person needs to identify dreams and goals, and pursue them with enthusiasm.

"Therefore, choose life!" (Deuteronomy 30:19).

"For we do not want you to be ignorant of our trouble which came to us in Asia; that we were burdened beyond measure, above strength, so that we despaired even of life. Yes, we had the sentence of death in ourselves, that we should not trust in ourselves but in God who raises the dead; Who delivered us from so great a death, and does deliver us; in Whom we trust that He will still deliver us" (2 Corinthians 1: 8-10).

Whether HIV positive or not, God has made it possible through personal relationship with His Son, Jesus Christ, that we can be over comers in life even when it is difficult. Jesus never fails! Putting trust in Him for life's situations is particularly comforting when facing HIV infection. The Church has a wonderful message that needs to be freely shared with both the HIV-infected and HIV-affected...which is everyone!

6. LONG-TERM SURVIVORS FIND MEANING AND PURPOSE IN LIFE AND EVEN IN THE DISEASE ITSELF.



Most everyone asks at some time, "Why is there suffering?" That question does not have simple answers. However, we do know that just as Joseph in the Old Testament found much trouble in his life, he was able to say:

"You meant it for evil against me; but God meant it for good in order to bring it about as it is this day, so save many people..." (Genesis 50:20).

Many people suffer with HIV and AIDS. However, many are presently giving testimony that regardless of the trauma caused by HIV and AIDS, their lives have been positively turned around. Since becoming infected they are finding purpose and meaning that they had not known previously. Particularly for the Christian, we know that God does not bring HIV and AIDS upon us. But we do know that in Jesus Christ, one can find renewed peace and fulfillment, in spite of being HIV and AIDS infected. Life for the HIV-positive person can be full of purpose and meaning if they will allow their present circumstances to develop strength of character that can be shared with others.

7. LONG-TERM SURVIVORS HAVE USUALLY HAD A PREVIOUS EXPERIENCE WITH OVERCOMING A LIFE-THREATENING ILLNESS, OR OVERCOMING PREVIOUS DIFFICULT SITUATIONS AND EVENTS.

FACT 41

Numerous testimonials are shared by those living with HIV and AIDS that attest to drawing on past difficulties and bringing the needed strength to face their illness. For example: some who are recovering alcoholics and find themselves HIV positive report that the tools they used to achieve and maintain sobriety have given them excellent coping skills for life and living with HIV.

"But we also rejoice in affliction, knowing that affliction produces perseverance; and perseverance, character; and character, hope. Now hope does not disappoint, because the love of God has been poured out in our hearts by the Holy Spirit who was given to us. For when we were still without strength, in due time Christ died for sinners" (Romans 5:3-6).

8. LONG-TERM SURVIVORS REPORT THE IMPORTANCE OF SUPPORT AND INFORMATION FROM OTHER PERSONS WITH HIV, AND FURTHERMORE, ARE USUALLY INVOLVED IN ACTIVE SERVICE TO OTHER PERSONS WITH HIV.

FACT 42

When one is newly diagnosed with HIV, no one understands what you are going through quite like another person infected with HIV. The information network among people with HIV is one of the most important survival tools available. Many infected persons have discovered the value of moving outside of themselves and being active participants with community HIV and AIDS work. It can be a life-giving measure to be involved with other people, to be part of a community, and to feel you are making a positive contribution in helping others, especially when some people expect you to feel helpless. Many HIV-infected persons find that being open about their status rather than secretive, has been by far a more positive experience than keeping it quiet. This is a personal choice; however, those who do utilize their HIV status to give understanding and share the experience first-hand with the general public, not only enrich themselves, but enlighten so many others.

"To each is given the evidence of the spirit for the common good...if one member suffers, all suffer together; if one is honoured, all rejoice together" (1 Corinthians 12:7 & 26).

9. LONG-TERM SURVIVORS ARE ASSERTIVE, CAN SAY "NO" AND WITHDRAW FROM INVOLVEMENTS WHEN SELF-CARE BECOMES NECESSARY.



It has long been noted that people who survive life-threatening illnesses against all odds are the ones who are assertive, yet not demanding about their own needs. This may mean becoming very forthright about your rights as a patient at a hospital or clinic. It may mean refusing additional outside demands when you need to rest. HIV long-term survivors

must consider their own needs as a priority, and give care and attention to their own well-being from the onset if they are going to stay well. Even Jesus saw His own need at times to get away and rest a while from those who needed Him. People may misunderstand this priority, but the HIV-positive person can feel confident knowing that this is the correct thing for him or her to do.

"And after Jesus had dismissed the crowds, He went up on the mountain by Himself to pray. When evening came, He was there alone..." (Matthew 14:23).

10. LONG-TERM SURVIVORS DEVELOP AN ABILITY TO LISTEN TO THEIR OWN BODY, AND TO SENSITIVELY CARE FOR IT, AND TO COMMUNICATE OPENLY ABOUT THEIR CONCERNS WITHOUT FEELING SELFISH.



Even with the best self-care program and the greatest faith, persons with HIV experience opportunistic infections and illnesses, because their body's immune system is suppressed. It is important for the HIV+ persons to be aware of their body's signals, and to be assertive about communicating these concerns to a healthcare professional for advice. Times of illness, which can produce great fear and anxiety, can be transformed into opportunities to experience God's peace that passes all normal understanding. When one is sick it is easy to feel down and depressed, and to wonder what you did to deserve this! The HIV-positive person again can rest in the confidence that God does not give illness. The HIV virus did! God is with you and you can rest knowing that He is with you.

"... Casting all your care upon Him, for He cares for you" (1 Peter 5:7).

"Fear not, I am with you; be not dismayed, I am your God. I will strengthen you, I will help you; I will uphold you with my victorious hand." (Isaiah 41:10).

Surviving Has a Great Deal to Do with 'Choices'

Many HIV-infected people are now living longer with their infection. They enjoy full, exciting lives. Many people with HIV and AIDS have learned through their diagnosis to embrace all of life, including illnesses and even death, yet not lose their joy. By God's grace, He allows us all to be joyfully alive every day, even with HIV infection.

For both the HIV-infected and affected (all of us), it is only when we truly embrace the inevitability of death that we can fully embrace the truth of the Resurrection. The truth of the Resurrection practically demonstrates that even with a life-threatening infection like HIV, the Risen Jesus Christ, Immanuel, God-with-us, is alive, here and now, helping us to transform our pain, fear, and anger into life-giving action. Jesus Christ did that for us when He died and rose again. When we invite Him into our lives, He helps us to do the same.

Right 'choices' about living, health, positive attitudes, honesty, service to others, etc. open every way for God to keep the HIV-positive person in health. However, these 'right

choices' are not bribery to get God to extend life. These choices lend to longer life! As stated previously, there are no guarantees for anybody as to length of life. Ultimately, length of life is in God's hands. Choices facilitate longer life, but they do not guarantee it. It only makes good sense to choose those things that lend to life rather than death.

HIV-infected persons are encouraged to look for God's power every day. Look for evidence of the Resurrection! Believe in God's love for you, and in turn, share that love with others. This will be a life-giving experience for you.

"Who (or what...even AIDS?/author's comment) shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? Yet in all these things we are more than conquerors through Him who loved us. For I am persuaded that neither death nor life, nor angels nor principalities nor powers, nor things present nor things to come, nor height nor depth, nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord" (Romans 8:35, 37, 38 & 39).

Not even AIDS or anything else can separate those whom God loves (which includes us all) from Him.

Christians and The Church have a great task in proclaiming God's infinite love to the many people who are suffering with HIV and AIDS.

A PRAYER FOR DELIVERANCE

"BE GRACIOUS TO ME, O GOD, BE GRACIOUS TO ME. FOR MY SOUL TAKES REFUGE IN YOU; AND IN THE SHADOW OF YOUR WINGS I WILL TAKE MY REFUGE, UNTIL DESTRUCTION PASSES BY"
(Psalm 57:1).

Thank you, Lord Jesus Christ, because you loved me first just the way I am. You cleanse me and receive me. You make me your chosen child. You favour me with good things all the days of my life and your blessing rests upon me. May you enable me to return that love to you by blessing others. Thank you for giving me peace that even I cannot sometimes understand myself. I fully trust you with my life; that you have numbered my days and that I can live each one of them with the assurance that my life has purpose and meaning. I love you, Jesus! Amen.



GIVING HOPE

Saving Our Generation of Children & Youth



GIVING HOPE – SAVING OUR GENERATION OF CHILDREN & YOUTH

"For you have been my hope, O sovereign Lord, my confidence since my youth" (Psalm 71:5).



What Are the Implications of HIV/AIDS on Today's Generation of Youth?

- Our young people are the most vulnerable to the AIDS crises.
- Because of the loss of traditional, moral values young people are experimenting with and having sex earlier (outside boundaries), putting their age group at the greatest risk of dying before their time.
- Young people think they are invincible and immune to death, therefore, they also believe that HIV and AIDS will not infect them; but sadly, they are the group with the highest risk of infection.



- Because of AIDS, many young people believe there is NO HOPE; they will die of AIDS anyway, so they become fatalistic in their outlook.
- Our nations are investing vast sums of money in education and in the future for our youth. Yet, much of that investment will be lost to the nation, because our youth will never reach adulthood. They will die of AIDS first.
- The economic impact on African nations will be devastating because of early deaths from the HIV and AIDS pandemic. In some countries, the negative economic impact by premature deaths of those in their productive years is already being felt. Some of these areas being negatively impacted are: mining, security and police, military, professional sector, parliamentarians, skilled labour, etc. In Africa, nations have fought long and hard for sovereignty and equality, only to now lose the African dream of fair housing and family prosperity to the disease of AIDS. AIDS is decimating the African continent like no other enemy has in the past.



- Traditional moral culture is being confused with a mix of liberalism, westernisation, and individualism that makes it easy for the HIV virus and AIDS to attack Africa unabated.
- Many youth will feel hopeless and lack motivation to excel, thus robbing themselves and their country of their own valuable contribution.

Pressure Facing Youth in Africa

1. Confusion between cultural moral values and liberalisation.

Young people used to enjoy the support of many adult role models in their growing years. By virtue of being an adult, they were expected to give instruction and discipline the children. Parents, aunties/uncles, grandparents, extended family, and community adults, as well as the Church gave input to the child in the past. This helped to mould the child's value system and instill right moral values. Traditionally, the African child had many teachers.



Who Were the Teachers in Africa Then?

This can vary from tribe to tribe, country to country and custom to custom. However, there are some common pillars that generally have been accepted in the past regarding sexual instruction. Generally, the teaching of sexual matters and opposite-sex relationships was done by persons other than the parents. Some of these were grandparents, uncles, aunties, elders, and teachers, etc.

2. Confusion Due to the Loss of Traditional Values

Initiation schools were one such context of **life-cycle rituals.** Particularly **circumcision, virginity testing** and **initiation** into adulthood, which included instruction about sexuality, were part of African tradition. Here, children who had come of age were taught about relationships with the opposite sex, respect, bodily functions, etc. in ceremonies conducted by Elders. This was a holistic approach including spiritual and cultural traditions. While there may have been some practices included in these traditions in some places that needed evaluation in the light of Biblical teaching for Christians, the concept had practical and worthwhile value to the teaching of morals and life skills to the upcoming generation.

In many parts of Africa today, particularly in the urban centres, these ceremonies and methods of instruction have been eliminated. Some of the practices taught in some of the rituals were not felt to be Biblically sound by some churches. Others felt they were unnecessary. Traditionally, matters of sexuality were not casually talked about between older people and younger children. Therefore, once the initiation schools became a thing of the past, a great **void was created** which facilitated the teaching of moral values. Sadly in Africa, we now often have <u>nothing at all</u> to replace this formalised training of African children, especially about sexual matters. "The baby has been thrown out with the bath water," so to speak, and in many African families there is no means whereby children are taught about moral matters and sexuality. By default in many communities, children wrongly learn **from one another**, and learn by the **media/TV/radio** which often communicate the wrong message. The system to take care of these things in many places has broken down.

3. Confusion Because of the Breakdown of the Family Unit

Africa too, has increasingly become urbanised, resulting in children being separated from parents at an early age. Some of these reasons are:

- Children being sent away where there is better education
- Fathers living apart from the mother and children, often due to work location
- Mothers increasingly finding jobs outside the home
- Children being brought up by friends, or distant extended family
- Divorce now being blended into African culture, AND MORE



The Results on Children

- Multiplied thousands more street children than ever before
- Countless children being orphaned and not being cared for by the extended family system because it has broken down
- Gangs and drugs taking the place of parents
- Many children living by means of prostitution, crime, and lawlessness
- Unhealthy views of sexuality by children; confusion over their place and their future; sexual experimentation at an early age
- Epidemic health problems in children including HIV, STDs and AIDS
- Loss of young people in their productive years due to AIDS-related illnesses
- No system to care for the elderly and aged if children die prematurely
- No system to carry on the family name or business.

In the confusion of these conflicting ideologies, many parents still hold to some of the traditions that disallow them to speak openly with their children regarding sexual matters. Here the void and confusion become ugly! **The result: HIV and AIDS** continue to rob, kill, and destroy African young people, unabated.

The Challenge of the Christian Church to Assist in Filling This Void



1. Helping parents in their roles

- By providing teaching from the Bible on the role of the **husband**, **wife**, **and children** in the home.
- By making parents aware of the change from traditional values to liberalisation and how to overcome the negative consequences.
- By instructing **parents** of their God-given role to be the first and primary teachers of their children regarding morality and sexuality (Deuteronomy 6:5-7; 2 Timothy 1:5).
- By providing a bridge whereby traditional silence on sexual matters is overcome, and by the Church facilitating parents and children with the tools necessary for moral instruction in a day of HIV and AIDS.
- By helping both father and mother and the children to stay in one location in order to facilitate good family life. Here the Church may have to lend expertise to assist families in establishing business and work that can keep the family unit together in the home.
- By clearly helping parents to define Biblical morality in their family:
 - abstinence before or outside of marriage
 - faithfulness in marriage
 - rules of respect for the opposite sex
 - life skill practices for children in making right choices
 - dealing with matters of masturbation, peer pressure, etc.
 - behaviour choices, hard work, etc.



The following is a sample of age-appropriate teaching guidelines for parents. Parents must individually assess each child regarding sexuality, as to what to teach, when to teach and at what age, and how much to teach. Each child is developmentally different so there are NO STRICT rules here as to what is best for each individual child. The following is only a guideline as to what can be appropriate teaching for children at specific ages:

Age-Appropriate Teaching for Children



<u>Toddlers (age 3-5)</u> = their special body, beginning 'good' and 'bad' touches (see section on Child Abuse for 'good/bad' touches).

<u>First Grade (age about 6 & 7)</u> = special body, good hygiene, washing hands, foundation laying and 'good/bad' touches. (Note: see section on Child Abuse for good/bad touches.) 2nd to 4th Grade (age 7-9) = special body, body parts and functions, sexual molestation that my body is for me and no one else has a right to touch my private parts (including family members and authority figures), reinforcement of good/bad touches.

5th to 6th Grade (ages 9-11) = my special body, reinforce body parts and functions. Establish a firm base of right and wrong; begin to prepare for puberty and teen years and what his/her body will do at that age so he/she is not caught unaware (where babies come from, etc.). Begin to talk to the child about the differences between girls and boys and their bodies, etc.

7th to 8th Grade (ages 12-13) = my special body, self-worth and my value, menstruation for girls, body changes particularly in private parts and what to expect. Help the child to understand his/her feelings and self-control. Dialogues of trust between the child and parent/s must be fostered by good communication skills. Peer pressure, right choices, life skills for good behaviour must also be cultivated.

9th to 10th Grade (ages 14-16) = self- worth, respecting others, self-control over hormonal urges, dealing with peer pressure, family and community values, fostering responsibility, dealing with attitudes, opposite sex relationships, skills for wholesome group activity involvement, and avoiding addictive behaviours (drugs, alcohol, etc.) is important at this age

11th and 12th Grade (ages 17-19) = opposite sex relationships, masturbation, healthy activities, responsible work skills, career choosing, risk behaviour including sexual behaviour and consequences, Biblical values versus unbiblical values. Instruction on avoiding deviant sex including same sex, etc., is an important preparation for this age.

2. <u>Understanding and Overcoming the Barriers in Educating Today's Youth</u>

- Youth are often **physically distant** and separated from those who traditionally taught sexuality and sex, in Africa. Children are often sent away to school and have little contact with elders who traditionally taught sex.
- Youth are becoming more culturally distant from those who traditionally taught sexuality and sex, in Africa. With all the pressures of urbanisation and modernisation, youth are often not carrying on with the traditional mind set of their adult teachers.

• Youth want to be taught by their parents!! The authors of this manual, after talking with multiplied thousands of young people each year, hear the same story from the young people: "We want our parents to talk with us openly and honestly about these matters and we feel very upset that our parents refuse."



• Sometimes both the parents and the young people do not know where to begin to talk together about sexuality, personal behaviours, and life skills.

3. Giving Answers to Some of the Questions the Young People are Asking

It is important that parents, pastors, and elders understand that very often young people view matters in ways which are different from the older generation's thinking. Parents who fail to appreciate and understand this often scorn the attitudes of the young people, rather than helping them with 'right' attitudes and lifestyles. This separates and alienates the youth even further.

Traditionally, African culture has had a much more Biblical approach to young people growing up, grooming them for **interdependence.** As a young man or young woman matured into adulthood, he/she was shaped to relate to others in these ways:

- Finding his/her place in the extended family. Children were not viewed as separate from the family, but rather gained their identity by the family structure;
- Fitting into roles that would support older family members **emotionally**, **economically**, **spiritually**, **etc.** Young people, particularly once they came of age, would begin to take supportive family roles in many ways. First born sons in particular, would be groomed to make family decisions and to think of the well being of the family unit.
- Living within proximity to the nuclear family unit, even once married so that the extended family stayed intact. Everyday life of young people not only concerned themselves, but concerned many families within the extended family, reinforcing **interdependence.**

God's pattern for healthy relationships in the family unit and in the Church is **inter-dependence.** This is the principle of each person needing the other.

Modernisation has introduced another approach called **independence**. Young people around the world, and in Africa, often move into their teen years with a mindset of **independence**. This is particularly common in Western culture where even Christian parents of teenage children expect their children to exhibit **independence** in almost everything. This is characterised by some of the following:

- Removing himself/herself from the family as much as possible. Teenagers want their own rooms where parents are not permitted access.
- Doing "what I want" and feeling that it is none of anyone else's business.
- Believing that being close to parents and/or family is not "cool," therefore, the teenager removes himself/herself from most family activity.

- Feeling it is unfashionable to listen to parents, and it is unfashionable to be tied in with the family work, business, and activity.
- Developing closer relationships with peers (schoolmates, gangs, girlfriends or boyfriends), than with family members.
- Allowing modern music, TV, and magazines to mentor the teenager rather than the parents or extended family.
- Feeling as a teenager that what he/she does with his/her life only affects him/her, therefore, their life's goals do not include the extended family members.

Questions Being Asked by Teenagers

- 1. How do I relate to authority?
- 2. How can I be my own person and still listen to my parents?
- 3. How can I be accepted by my friends?
- 4. How do I choose friends?
- 5. Why is my body feeling like it does? Why do I have these sexual thoughts in my head?
- 6. Why do parents behave as they do?
- 7. How can I not make the same mistakes as my parents?
- 8. Why don't my parents spend time with me? Why do they only give me rules?
- 9. Why do my parents act like sex is unmentionable? Is sex bad, is that why they won't talk about it with me?
- 10. Why does the Church never talk about issues that we face in the real world? Why do they always speak about things we don't face every day in our lives?
- 11. Why do Church people act like they are so holy, because I can never be like them?
- 12. Why do I fear Jesus so much? Does He hate me because of the bad things I do?
- 13. Why does my father seem so removed from my family?
- 14. Who can I really talk to?

4. Helping with Girl/Boy Relationship Instruction

Traditionally in Africa, girls and boys did not 'date' in the teenage years. Young people stayed in groups for activities. As one became of a marriageable age, the family would participate in helping the young adult look for a prospective marriage partner. Different cultures had different practices. However, commonly in Africa there was direct family involvement in the choosing of a mate for the young adult.

In today's generation, this healthy way of developing relationships with the opposite sex in the teen years is becoming westernised in Africa. Increasingly, African young people are moving into the 'dating' kind of lifestyle where boy meets girl; boy and girl form a relationship for a period of time where they are closer than just friends. This often leads to sexual activity earlier in life, because 'everybody is doing it'!

How Can the Church Help with Relationships?



- Give **Biblical teaching** on opposite-sex relationships (boy/girl relationships) upon reaching the teen years, and do it several times per year.
- Provide frequent, weekly **group activities** for young people within the context of the Church (i.e. in the church youth group).
- **Involve teenagers** in the **whole life** of the **Church**. Involve them in Bible studies, prayer meetings, outreach and evangelism programs, etc.
- Deal with **relevant issues** that youth are concerned about (i.e. parent communication, choices, lifestyles, leisure time, thought life, peer pressure, family participation, music, sports, clothing and dress, character development, positive and negative habits, drugs/alcohol/tobacco, sexual matters, etc.)
- Provide the atmosphere that fosters **good communication** between young people and the church leadership.
- **Involve parents** frequently in church youth activities. This fosters a good relationship among the youth, parents, and church.
- Be sensitive to **spot problems** in the life of the young person. For example: a troubled youth can often start missing church, alienate himself/herself; begin to withdraw, demonstrate a more negative attitude, display unhealthy familiarity with the opposite sex, and show signs by distasteful music or clothing.
- Allow teenagers room to mature in all areas (physically, emotionally, relationally, mentally, and spiritually) and do not **expect** teenagers to excel in every area. Allow **room for failure,** giving solutions to personal growth.
- Never criticise, devalue, or **make the teenager feel worthless**. Teenagers have wonderful memories and do not forget those who belittle them. This will always push teenagers away from the church.

5. Developing Self-Worth in the Teenage Youth

African youth are increasingly falling into the trap of American youth, that their value is determined by what **others** think of them. It is critical that the Church help young people to understand and develop images of self-worth.

God's Affirmation of the Young Person

1. The young person is created individually by God in His image (Genesis 1:26).

I am special because I am one-of-a-kind. God only made one of me!

2. The young person is created and known individually by God (Psalm 139:13-16).

I am special because I am wonderfully made!

3. God loves me for 'who' I am, not what I do or how I act (Song of Solomon 2:4; Jeremiah 31:3).

God loves me just the way I am!







4. God loves me even when I make mistakes (1 John 4:19).

There is nothing I can do to make God love me more;
there is nothing I have done to make God love me less!

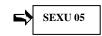


6. Helping Youth Know the Difference between 'Love' and 'Lust'

God is love (1 John 4:8; 4:16) and TRUE LOVE will manifest God's character.



Some of these character descriptions of **GOD** and **LOVE** will be:



TRUSTWORTHY RESPECTFUL

BRINGS OUT THE BEST IN YOU AND THE OTHER PERSON KIND

DOESN'T LOVE YOU THEN LEAVE YOU UNSELFISH

DOESN'T USE YOU FOR SELF-GRATIFICATION NOT RUDE GIVING

BELIEVES IN YOU
HONEST
DOESN'T CHEAT
OPEN, NOT SECRETIVE

CENTRED ON SEX

NOT CENTRED ON SEX

Many young people mistake "love" for "infatuation" or "lust". Someone may say the right words and show an interest in you, but that does not mean he/she loves you.



Young people must be helped to recognise their feelings and to sort out the true from the false.

"Infatuation and lust" can be characterised by the exact opposite from LOVE.

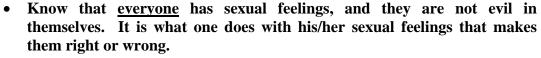
SELFISH
RUDE
SECRETIVE
USES THE OTHER PERSON
SELF-GRATIFYING
DISHONEST
SELF-CENTRED
LOVES YOU AND LEAVES YOU
HURTFUL
CHEATS
DISTRUSTFUL

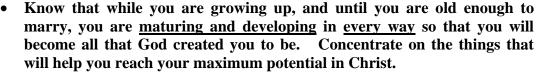
7. Helping Youth with Life Skills for Relationships and Avoiding Pre-marital Sex

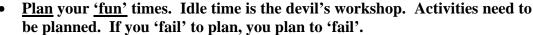
The following are some concepts that can be taught to both parents and youth. Skills to carry out these "principles" need to be frequently taught. Parents need to make it their business to **KNOW** the whereabouts of their teenagers, and to **KNOW** what they are doing.



How Can I Live Long and Not Get AIDS?







- Choose your <u>friends</u> well. Make friends with other youth that will help lift you up, not tear you down.
- Do fun things with groups of good friends. Do not be alone with friends of the opposite sex. There is safety in groups.
- Keep your <u>body</u> and <u>'hands'</u> to <u>yourself</u>. Show <u>respect</u> to the private areas of your own body and the body of others.
- When you get a feeling of sex in your body, <u>RUN quickly</u> and participate in a wholesome activity. The Bible says to flee (run away from) youthful lusts (2 Timothy 2:22). Run and participate in some sports, or some other activity that will use your energy in non-sexual ways that are good.
- Know that your private parts and sexual activities are not for your friends. God gave them to you and <u>you are special</u>. Know that it is healthy and clever not to have sex while you are still growing up before getting married.
- Set boundaries for yourself. A boundary is like a fence over which you will never cross. For example, a good boundary in relationships as a teenager is: I will never engage in anything with my body that I would not do in front of my parents.
- <u>Be accountable</u> to someone you trust about your sexual feelings. It is better to choose someone who is much older than yourself that can be a role model. This can be parents, a pastor or his wife, or a close relative, etc.
- Ask Jesus to help you stay pure; and He will help you. Remember there is no temptation that comes your way that God will not provide a way of escape if you ask Him (1 Corinthians 10:13).



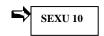






There is Much for the Church of Jesus Christ to do in the HIV/AIDS Crises in Africa

The challenge for the local and national church is to be in the forefront ministering in all aspects of the HIV/AIDS crisis. Rather than remaining silent about the worst killer to hit Africa and ignoring it, The church CAN and WILL make a difference. Albeit, the church has come in late in the progress of the pandemic, particularly in Sub-Saharan Africa, but it is not too late! The church can help to stop AIDS!



The church can rise up with instruction, education, hope, healing, mercy, and compassion to STOP the continuing premature deaths from AIDS in today's generation. May God help us to do so with great effectiveness.



HOME-BASED CARE



HOME-BASED CARE

Why Can't the Clinics and Hospitals Care for All HIV and AIDS People?

Increasingly, particularly in Africa today, home care for PWAs (people with AIDS) is a necessity not a choice.



Why Home-Based Care?

- Hospitals, clinics, and medical caregivers are finding that they cannot cope with the magnitude of the needs of people living with AIDS (PLWAs). In some areas of Sub-Sahara Africa, as much as 70% of hospital and clinic care is already occupied by HIV/AIDS-related illnesses. This can leave little room for those with other treatable and desperate illnesses. Clinics and hospitals find themselves having to turn away those with HIV infection and AIDS-related illnesses. This brings extreme hardship to the persons with AIDS, and also brings much frustration to their family members. Home-based care is essential for every church group to incorporate into its ministry.
- As much as one-half of public expenditures for health care in Africa could be spent in costs for AIDS care. Compassionate care for those HIV-infected who are moving into full-blown AIDS is an essential part of community education in the new millennium (year 2000 onwards). It is an excellent opportunity for Christians in the church to show the love of Jesus Christ in a practical way.
- It is a low-cost option avoiding financial drain on the country and community. One does not have to be professionally trained in healthcare to adequately assist the AIDS patient. A simple, common-sense approach to caring for a person who is sick with AIDS can prolong his/her quality of life and bring much consolation to family members. It also is the more cost-effective for the majority of people living in Africa who neither have medical facilities available to them, nor expensive medicines, nor access to professional help. This is where home-based care meets the need.
- The nature of AIDS as an illness. There is no medical cure for AIDS. Most problems faced by PWAs can be dealt with at home very well. Often, the medical profession can provide back-up when the home caregiver needs help, by lending information in a supportive role.
- **Financial considerations.** Long and repeated stays in clinics and hospitals are not within reach of many in the African community. Extensive stays and expensive medicines can put a tremendous burden on the extended family, unnecessarily so. Money to care for a person living with AIDS is best spent by providing compassionate home care, costing little. Money should then be reserved to provide support for the children who will be left behind, for good food for the family, including the person with AIDS.
- A caring, loving environment is best given by family members of the PWA.

 Most sick people would rather be at home than in the hospital. PWAs need the support of family and friends more than anyone else in their time of need. Keeping persons with AIDS at home and lovingly caring for them is perfectly adequate and possible once the family realise that it is not dangerous to provide home care for family members living with AIDS.

<u>Traditional African Lifestyle Included Caring for Members of the Family Who Were Sick and Dying</u>

This tradition needs to be encouraged and strengthened. A negative aspect of "western" medicine is that it relies upon taking sick people to hospitals only for treatment and care. This can make people feel that care given at home is not sufficient or proper. Sometimes the FEAR of AIDS has caused families to leave family members uncared for because of myths surrounding AIDS. Such fear is unfounded and every effort should be made to alleviate that fear. Caring for AIDS sufferers at home is not risky for the caregivers and needs to be supported from the Christian community.



The Bible Encourages Strong Family and Community Involvement in the Care of the Sick and Needy

• Jesus is our example of this as we read in the Bible that He cared for and healed the sick and afflicted. Jesus reached out to sick people; so should we.

"God anointed Jesus of Nazareth with the Holy Spirit and with power, who went about doing good and healing all who were oppressed by the devil, for God was with Him" (Acts 10:38).



• Christians are encouraged to cheerfully help those who are in need, which definitely includes people living with AIDS.

"Be joyful in hope, patient in affliction, faithful in prayer. Share with God's people who are in need. Practice hospitality" (Romans 12:12-13).

- Jesus condemned the Pharisees for avoiding their responsibility of caring for their parents (Matthew 15:3-6). Jesus commends caring for the sick as a form of ministering to Him (Matthew 25:34-40).
- Jesus also tells us (James 1:27) that the Christianity God wants is for His people to care for orphans and widows. Jesus then goes on to say that being a Christian without the practical outworking of faith is dead, it is of no profit (James 2:14-17).
- The New Testament Bible church set aside men to help with the needs of those who had no means of helping themselves, to provide care for the sick (Acts 6:1-3).
- Caring for the sick, including PWAs, is clearly in line with God's will for Christians and the Christian Church (James 5:13-15).

The Caregiver

Caring for someone in a long-term illness can be very demanding and sometimes even discouraging. Friends and family members giving care to the PWA also need mental, emotional, and spiritual support due to the demands that come with caring for a person with AIDS.



Caregivers can be assisted in the following ways:

- Give them time off away from the ill person, so they can attend to their own affairs.
- If a family member, allow them to openly share the emotions they experience in seeing their loved one become so sick.
- Help them to maintain a positive attitude. Continually caring for and being with a terminally ill person can sometimes be depressing. Friends of caregivers must help each other to be positive in their outlook.

The Aim of Home-Based Care

- To allow Persons With AIDS (PWAs) to stay at home with their loved ones and not go into a clinic or hospital care, which is less personal for them
- To encourage and empower the family to confidently care for the PWA and to keep the PWA as comfortable as possible
- To care for the PWA physically and medically, but also to give quality of life mentally, emotionally, and spiritually in the security of the family
- To allow family members and friends to come to terms with their loved one having AIDS without fear, shame, and denial. They should spend quality time with the person with AIDS.

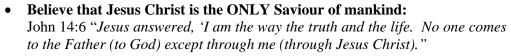
Spiritual Counsel for the PWA

Just like anyone else, the person with AIDS needs to know Jesus Christ, God's Son, as his/her personal Saviour. Caregivers who are Christians can help non-Christian PWAs by leading them to Jesus Christ. First, this is done by demonstrating the love of Christ in one's own life. Second, this is done by sharing with the PWA God's love for him or her through Jesus Christ. Here are some important steps that the Christian caregiver can share with the PWA so he/she feels the assurance of salvation:



- Know that God loves the PWA just as he or she is:
 - Romans 5:8 says "But God demonstrates his own love for us in this: while we were still sinners, Christ died for us."
- Every person including the PWA must admit he or she is a sinner and needs to be forgiven; ask Jesus Christ to come into your life and to forgive you of your sins:

1 John 1:9 "If we claim to be without sin, we deceive ourselves and the truth is not in us. If we confess our sins, he (Jesus Christ) is faithful and just and will forgive us our sins and cleanse us from all unrighteousness."



• Call upon Jesus Christ to be your personal Saviour and Lord: Romans 10:13 "Everyone who calls on the name of the Lord will be saved."



FACT 52





- To call on the name of Jesus is to receive Him, by faith, into your life and to live for Him every single day of your life:
 - John 1:12 "But as many as received Him, to them He gave the right to become children of God, to those who believe in His name."
- Now is the day of salvation, do not wait until another day:
 2 Corinthians 6:2 "Behold, now is the accepted time; behold, now is the day of salvation."
- The Christian caregiver can lead the PWA in a prayer something like this: "Thank you, God, for Your love for me. Thank you Jesus, for dying on the cross for me. I admit that I am a sinner and I confess all my sins to You. Please forgive me and make me clean with Your blood that was shed for me. Come into my life now, as my Saviour and my Lord. I will live for you for the rest of my life. Amen."

FACT 64

Everyone with AIDS Should Have Home-Based Care Available to Them

How sad it is to see people with AIDS suffer alone, be rejected, and not have anyone to help them with the process of dying. Often families quarrel, war, and divide because the pain of having a loved one sick with AIDS was too much to bear. Each one of us makes plans for marriage, raising children, building the future, employment, etc. How strange it is for most of us to have to look death in the face and deal with it by relating it to our lives. Yet, death is part of living.

Obviously, the PWA is the main recipient of home-based care. PWAs often go through ups and downs of AIDS-related illnesses; they may recover for a while before contracting another infection or illness. At some point, unless they receive healing from God, a PWA will become sick and not get better and move into the end stages of the illness. This last stage can last days, weeks, or even months, and will differ with each person. They will, however, need compassionate care from loving friends until death.

Areas of helping a PWA would be:

- Housework, gardening, farming
- Obtaining and preparation of food for the family
- Transportation, communication to friends
- Extended family members and children
- Financial assistance
- Preparation emotionally for a terminal illness and the dying process
- Good counsel regarding eternal destiny if the sick person is not a born-again Christian
- Good counsel regarding the care and finances of the family after death

Some Practical Tips That the Caregiver Needs to Know



HOME 15

- 1. Prevent the spread of infections and protect the caregiver.
 - Care in dealing with blood and/or body fluids of the HIV-infected and PWA:

 A person's intact skin is a perfect barrier and will prevent the virus entering one's body. Only if there is a cut or an open sore can the HIV virus penetrate one's

body. It is important that those caring for PWAs are careful in handling any blood, diarrhoea, vomit (particularly if there could be a little blood in them), or the discharge from wounds or body sores. If any blood or body fluids from the PWA gets on your skin, it is advisable to wash it off as soon as possible with soap and water. Always wash hands after any handling of soiled bed sheets or clothing. If the PWA is passing blood, wear surgical gloves whilst caring for them.

• Dealing with open wounds or sores:

- Always cover open wounds of both the caregiver and the PWA with a plaster, bandage to cloth to remove the risk of the virus being passed on to the caregiver.
- If the caregiver handles bloodstained sheets or clothing, it is a good idea to cover hands with rubber gloves. Even a plastic bag over the hands is better than nothing.
- Hold the unstained part with your covered hand and wash off any blood or diarrhoea with water until it is gone.
- The soiled items may be washed with soap and water and put out in the sun to dry.
- Cleanse with a solution given below to kill the virus if fresh blood is present on clothing or surfaces:

1 part bleach to 10 parts of water (DO NOT USE BLEACH ON THE SKIN)

- Keep clothing, bedding, and surroundings clean...this helps the PWA to remain as protected from additional germs as possible, and also prevents unnecessary skin problems and sores. It also minimises the number of flies in the house.

Remember, HIV/AIDS is NOT usually spread casually. It is most often spread through the body fluids during sex. Common sense, cleanliness, and precaution must be exercised if the caregiver must handle fresh blood or body fluids while caring for the PWA. You do not have to worry about sharing toilet seats, sharing cooking utensils, and living in the same house with a PWA. These do not make you susceptible to the disease.

<u>Lifestyle Changes Necessary for the PWA to Live with Quality of Life for a Longer Period</u>

- <u>Addictive behaviours</u> must go (smoking, alcohol, drugs, etc.). These should not be part of the lifestyle of an HIV-positive person or PWA.
- <u>Sexual expression</u> for an HIV-positive person with an HIV-positive spouse should still be protected as much as possible during sex with the use of a **condom**. Condoms are not 100% effective, but they will help the couple to lessen the chances of cross-infecting one another with a different strain of the virus, or reinfecting the partner with more of the virus. Unprotected sex (without a condom) by married couples could increase their viral loads. Alternatively, couples where either one or both of them are HIV-infected may choose **non-genital** (**private part**) forms of expressing their love to one another in order to minimise cross infection.
- Rest and naps should be taken often during the day, particularly when periods of weakness are felt. The PWA should get eight hours of sleep at night.
- <u>Healthy diet</u> is essential for an HIV positive or PWA in order to preserve quality of life. **Frequent** (5-7) nutritious small **meals each day** are better than 2 or 3 large meals. These should include the following: fresh **fruits** either uncooked or lightly cooked, beans, lentils, **dairy** products such as milk and cheese, fresh cooked or







uncooked **vegetables** particularly green beans/spinach/carrots/beet roots/sweet potato, etc. Once the PWA has difficulty digesting food, it is better to avoid raw vegetables and cook them soft, since raw vegetables are hard to digest. As the PWA becomes more ill and is unable to digest as well, softer **meats** and **fish**, or **boiled chicken**, is good. Mealie is good to eat along with vegetables and fruit. However, mealie alone is a **starch** and needs to be balanced with other starches such as porridge, bread, potato, banana, etc. When the PWA finds it difficult to digest, then mash and soft cook the food. **Fluids** are very important and the PWA should drink plenty of boiled clean water each day. Juices can also be squeezed for good nutrition. Drinking fluid is especially important for all those with diarrhoea, and liquids should be sipped very often. **Vitamin supplements**, if available in pill or powder form, are good for the PWA.

- <u>All symptoms</u> the PWA feels in the body should be treated and cared for early. Do not wait hoping they will go away by themselves. Some common symptoms are: coughing, mouth sores or thrush, swollen glands, skin rashes, and diarrhoea, etc.
- Exercise keeping the body limbs moving is essential to prevent the PWA from bedsores, if confined to bed. PWAs need to get out of bed and walk for short distances several times every day, even if they do not feel like it. As long as the PWA can possibly take steps, he/she should frequently get out of bed for short times. Sitting up in a chair also helps circulation in the body. When the PWA gets to the point where physically he is too sick to get out of bed, the caregiver should help him/her to exercise each arm, the wrist, the fingers, the legs, the feet, and the neck by moving them gently back and forth several times per day.
- **Environment** of fresh air and sunlight are good. Shaded areas are best to keep cool. Smoke-filled places should be avoided in order to prevent breathing problems.
- A healthy mental state is very important for any sick person, including the PWA. Concentrate on living rather than dying. Think of things that are positive and optimistic rather than of things negative and pessimistic. For as long as possible, the PWA should continue to work or to find something he/she is able to do, even if it is just for short periods of time. This increases his/her sense of well-being and usefulness.
- Relationships with friends and family are very important to a person with a terminal illness. Friends and family should visit the PWA very often. Long periods alone without friends can lead to depression and despair.
- Spiritual wholeness is probably the single, most important area to keep healthy. This is ONLY done through a personal relationship daily with the Lord Jesus Christ. As the PWA thinks about how precious and special he/she is before God and that God has his entire life under control, it will be easier to keep things in perspective. A daily Bible reading and prayer time is essential for the PWA, as well as for all Christians. For a PWA unable to read to himself/herself, the caregiver can read the Bible to him/her each morning. Churches ministering to PWAs could greatly assist by making sure the PWA and family have a Bible in their own language.

Symptoms and Care

Fevers:

- Drink plenty of water/liquids (minimum of two litres per day).
- Remove unnecessary clothing/blankets.
- Ventilate; open windows; give fresh air.



• Bathe/wash with cool water and a wet cloth. Use a basin with cool (not cold and not hot) water and cloth. Use a bathtub if possible and have PWA soak in cool, clean water. Cover the PWA with a cloth on the forehead, the armpits, and on the insides of the thighs. Re-soak every 2-3 minutes until fever and sweating stop. Continue to bathe until the fever becomes normal. Put on a fan if possible, however, do not allow the PWA to be exposed to cold winds on the body.

Diarrhoea:

- Drink plenty of fluids (tea, unsweetened fruit juice, soup, lots of clean water).
- Rehydration drink for the PWA who is having difficulty keeping fluids in the body:

1 litre boiled water

8 teaspoons full of sugar

½ teaspoon full of salt

Mix the above together. Allow the PWA to sip this mixture every few minutes.

Even a simple mouthful helps. Try to do this often before the tongue becomes dry, the eyes sunken, and the skin becomes dry and tight.

- Wash the anus skin (in the bottom) and buttocks after every stool (watery body waste from the bottom) and apply Vaseline or a hygienic cream to protect the skin.
- Continue to eat solid foods for as long as possible (porridge, rice, banana, potato, etc.). If unable to eat solids, make a broth soup with a few mashed soft vegies.
- If anal area is raw, sit in a warm salt bath (handful of salt) 3-4 times a day.

Tiredness & Weakness:

- Make activities easier.
- Get enough rest.
- Give assistance where necessary.
- Give bed-ridden patient gentle arm/leg movement several times a day. Turn from one side to back, and to other side several times a day to prevent bedsores.
- Keep person clean and dry.
- Assist person when walking or provide a walking stick.

Sore Mouth and Throat:

- Rinse mouth with warm salt water (1 glass water & 1 tsp. salt) and spit out.
- For white patches in mouth suck lemon or eat some pineapple.
- Eat soft, mashed food.
- Apply gentian violet solution to sores on lips and mouth.
- Suck ripe piece of tomato for thrush and mouth hygiene.
- Eat bland rather than spicy food.
- Use straw for liquids and soup.
- Cold food, drink, or ice helps numb mouth and relieves discomfort.

Skin Problems:

- Encourage not to scratch any sore/lesion. Relieve itching by cooling skin with water or by fanning it. Apply lotion like Calamine.
- Draw boils/abscesses by applying a piece of sliced onion over the site and by cleansing them with salt water.
- Keep skin dry and clean.
- For open sores:

Wash with clean water and soap.











Apply gentian violet or antiseptic.

Cover with dressing/clean cloth that has been washed and dried in the sun.

For dry skin:

Avoid soaps and detergent.

Use bath oils and skin creams (but avoid artificial perfumes).

For shingles:

Keep sores dry.

Apply Calamine twice each day to relieve itch.

Mild pain can be relieved by paracetemol.

Pain:

• Take medication as prescribed at regular intervals. Be sure to follow instructions as to whether medicines are to be taken "with" or "without" food.



HOME 11

HOME 12

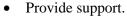
- Change positions frequently in bed.
- Raise any swollen parts on pillows.
- Use oil/lotion to gently massage sore muscles.
- Talk with the person, help keep a healthy mind.
- Be quiet and gentle in the presence of a sick person. Do not talk negatively. Allow the PWAs to talk about things as they are able to deal with them (e.g. future, death, dying, etc). However, do not keep secrets from the PWAs who show they want to know their own condition and their own daily progress.

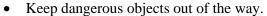
Cough, difficulty in breathing:

- Raise person's head and upper body on pillow. Raise head of bed on blocks.
- Do not allow too many visitors in the room at one time.
- Keep room with fresh air...no smoking, cooking smoke, lamps, stoves or fires near the bed.
- Sit with persons having difficulty in breathing. It can be very frightening to them.
- Home remedy of cough mixture:

Piece of sliced onion (it will form a little syrup drawn by pouring sugar over it) and drink it.

Confusion & Dementia





- Avoid leaving the person unattended.
- Keep medicines out of patient's way. In short, caregivers must care for the person who is suffering from confusion as they would a small child in order to keep the PWA with this problem from hurting himself/herself.

TB...Tuberculosis:

TB is very common among PWAs, although a person with TB is not always HIV infected.



- Medications given in a clinic and by a medical doctor will cure TB and make it noninfectious if taken properly. However, the medicines will only alleviate the TB and will not touch the HIV-infected person's immune deficiency or AIDS.
- It is **extremely important** that TB medicines be taken **exactly** as the medical doctor prescribes and **exactly for the number of days** the doctor indicates. Missing days of TB medicine is very serious and can make the disease even worse for the PWA.



- Avoid spreading the TB germ to other family members. The TB germ is easily contracted, whereas the HIV virus is not easily contracted, except by sex. The TB germ is passed through the air while coughing. Therefore, have the TB-infected person cough into a piece of cloth or toilet tissue. The toilet tissues should immediately be discarded into a plastic bag that is tied up every time. The cloth the TB-infected person coughs into should be washed every day with soap and water and put in the sun to dry.
- Washing and sunlight kill the TB germ.
- Good ventilation is very important in the house and in the room where the infected person is staying. Someone with TB infection should stay in an open room (not behind curtains) with the door and windows open to the outside air.

Pregnancy and HIV/AIDS

- If possible, a woman should be tested for HIV infection before she gets pregnant if there is any chance she, or her husband, have been exposed to the virus.
- A baby born to a mother who is HIV positive or who has AIDS has about a 30-50% chance of contracting HIV from the mother.
- It is very important to treat the baby born to an HIV-infected mother as healthy and normal.
- All babies born to HIV-positive mothers will test HIV positive at first, even if they are not really positive. There is NO WAY (not even with the routine HIV blood test) to know whether the baby has the HIV virus or not until about 12-18-months-old. Some babies will ONLY have the mother's antibodies for HIV and will not actually have the virus. Others will have the HIV virus. At some point in the baby's first couple of years of life, the baby will take on its own immune antibodies and only then will the true HIV status of the baby be known. That is why it is important for HIV-positive mothers to be encouraged about their babies, and not be tempted to discard them out of
- Although there is some risk of an HIV-positive mother passing the virus to her baby in her breast milk, breastfeeding is still vitally important to the new baby, as this will protect the infant from other infections such as diarrhoea. (Diarrhoea is the #1 cause of infant death worldwide.)
- Immunisations are very important to protect the baby from various diseases. Mothers should have their babies immunised at the proper time.
- Any infections in both the mother and baby, before and after birth, should be treated promptly.
- In some cases, there is a combination therapy that can be given to the HIV-positive mother to treat the unborn baby, and this lessens the chances of the baby becoming infected. However, in Africa these medicines are rarely available and are generally too expensive for people to afford. This usually is not an option for the knowing HIVinfected mother to have available.

TO PATIENT

CONSCIOUS

Confidentiality

Avoid gossip or disclosing condition of patient to other people

Records

Diagnosis upon advice of the physician if the patient wants to know

Privacy

Bed pan, urinal and washing private

HOME 19

Noise Spiritual help Preparation for death and dying Assisting with family matters Treatment parts of patient using a sheet Cheerful atmosphere but not noisy If receptive and with sensitivity As patient is ready to talk about it With consent With dignity and as you would want to be treated

TO PATIENT

Assume Do not assume

Care

Positioning

CAREGIVER

Care skills

Integrity

Appearance

Love/Compassion

Balance

<u>UNCONSCIOUS</u>

Pain

Deafness (some can be) but often the unconscious person hears much more than you think

With dignity, assuring best comfort and hygiene

Move frequently. Carefully exercise limbs if you can, particularly if unconsciousness is prolonged or in-and-out

CHARACTER & APPEARANCE

Routines with the PWA should be regularity of feeding times, bathing, medicines, drinking liquid, visitors, etc.

Be reliable. Do not make promises you cannot carry out. Be godly.

Be clean and tidy yourself. Be cheerful. Avoid wearing jewellery that can cause injury to the PWA whilst you are working with them

Treat patient as you would want to be treated

Balance your own life. Allow time for yourself and family, as well as the PWA. Do not become obsessive and wear yourself out

TO FAMILY

Empathy Honesty Integrity Confidentiality

Assistance for preparation for their loved one in the dying stages

DEATH AND DYING

Emotional support Confidentiality

Protect valuables Spiritual and religious matters

Last arrangements

Listening and comforting
Sharing information only
with those concerned
Give to next-of-kin
Share the gospel of Jesus
Christ if they are open to
receive it
Cooperating with family
members, if asked

1 Corinthians 13 is the LOVE chapter. It best describes the kind of love the caregiver should give to the PWA and his/her family members.

DO UNTO OTHERS AS YOU WOULD HAVE THEM DO UNTO YOU.



BASIC COUNSELLING



BASIC COUNSELLING FOR HIV AND AIDS PERSONS

LISTENING

When I ask you to listen to me and you start giving advice, you have not done what I asked.

When I ask you to listen to me and you begin to tell me why I shouldn't feel that, you are trampling on my feelings.

When I ask you to listen to me and you feel you have to do something to solve my problems, you have failed me, strange as that may seem.

Listen! All I asked is that you listen, not talk or do – just hear me.

Advice is cheap: a small bit of money will get you an 'advice' column in the local newspaper.

And I can read that for myself! I am not helpless. Maybe discouraged and faltering, but not helpless.

When you do something for me that I can and need to do for myself, you contribute to fear and weakness.

But, when you accept as a simple fact that I do feel what I feel, no matter how irrational, then I can quit trying to convince you and get about the business of understanding what is behind this irrational feeling.

And when that is clear, the answers are obvious and I do not need advice.

Irrational feelings make sense when we understand what is behind them.

So, please listen and just hear me! And, if you want to talk, wait a minute for your turn; and I'll listen to you!

Author Unknown

What is Counselling?

It is a process of dialogue and interaction between two or more persons aimed at facilitating problem-solving, understanding, and increasing motivation for quality of life.

Counselling is designed to:

- Provide support in times of crises.
- Promote change when change is needed.
- Propose realistic action in the context of different life situations which may bring about difficulty.
- Assist individuals to accept information on health and well-being, personally and/or for loved ones, and adapt to its implications.

Counselling is an agreement between the **counsellor** and the **client** (or person being helped) and is based on two-way communicating and talking.

The Counsellor Should:

- Listen to the client with respect, empathy and compassion.
- Create an environment of trust.
- Help the client to talk about himself/herself and the situations involved.
- Give information to help the client solve his/her problems. It is important to note that a counsellor DOES NOT solve the problems for the client.

The Client Should:

- See his/her need to approach someone outside of himself/herself to help in problem-solving.
- Explore his/her problem situation.
- Seek to understand his/her situation better.
- Make decisions that will solve problem situations.
 - Take actions that are based on decision, to solve problem situations.

Aims of HIV and AIDS Counselling

Support:

- Helping either the <u>infected</u> or <u>affected</u> person with the emotional, relational, psychological, spiritual, and physical tools whereby he/she can live a quality life for as long as is possible.
- Helping the affected or infected with social support systems available.
- Helping the infected with "who and how to tell" regarding his/her status.
- Helping the infected with possible negative fall out because of his/her status.



(Example: possibility of rejection and fear of them by others, losing job, etc.)

Education:

- Disseminate information about HIV and AIDS in order to reduce fear and ignorance.
- Dispel misunderstanding and myths.
- Give practical helps in maintaining quality of life for as long as possible.
- Change negative attitudes about HIV and AIDS.
- Help with life skills on sexual behaviour in order to prevent the spread of HIV and AIDS.
- Bring awareness to the infected and affected about the nature of the disease, what to anticipate, the medical, psychological, and social factors to be considered, as well as the long-term financial implications of HIV and AIDS.

HIV and AIDS Counselling Situations



- **1. Pre-test counselling** is recommended for <u>all</u> persons taking an HIV test. This counselling is usually a one-time session and is particularly aimed at helping the client with the following:
 - Why the test?
 - How the test will be helpful? (Use information on 'Testing' in Chapter 9 to help the client understand testing).
 - Alleviate fear about the test.
 - Explain what the test does, and the possible results.
 - Prepare the client for both an HIV-negative (HIV-) and an HIV-positive (HIV+) test result and the ramifications of a possible positive test result.
 - Length of time to wait for test result.
 - Where to come for HIV test result.

<u>Note</u>: The counsellor should always obtain follow-up measures to ensure that the client comes back for the test result. Many times individuals will come for the test, and out of the fear of a possible positive test result, will not return for the results of the test. The counsellor should always maintain a way to contact the client to be sure he/she returns for the results of the test.

Note to Local Churches: Numbers of local churches are finding the pre/post-test counselling to be a very effective way to share the gospel. Many church buildings are not utilised during weekdays. The Pastor of the local church sponsors some of his congregants to take a 'recognised' pre/post-test counselling course that is accepted by the Ministries of Health. He then offers the church building as a testing site where people can come on a specific day for counselling and an HIV test. Counsellors in this situation are usually free to incorporate spiritual guidance, and offer hope in Jesus Christ to those being counselled and tested. Many churches involved in this community service are finding that many people accept Christ as a result. Many members of the extended family

are also brought to Christ and into the local church as a result of this creative ministry to the community.

2. Post-test counselling - is counselling given to the person whose test result has been received. This session should accomplish the following:

The Negative Test Result

- Explain the meaning of both a negative (-) and positive (+) test result and the implications of both.
- Adequately explain the client's negative status.
- Discuss possibility of being in the 'window period'.
- Assist in making plans for a 2nd confirmatory test.
- Help the client to incorporate no-risk sexual behaviour life skills so as not to have to worry about HIV infection.
- Explain that a negative test result is only relevant for as long as at-risk sex is not engaged in.

The Positive Result

- Explain the meaning of both a negative and positive test result and the implications of both.
- Sensitively prepare the client for a positive test result.
- Adequately explain the client's positive result.
- Discuss the implications of his/her positive test result (for example: in own life, in the life of his/her family, accepting his/her status, coping skills, personal care, life skills, changes that need to be made for example: in sexual expression, support resources, medical care, and treatment, etc).
- Assist the client with "who should I tell" decisions and their implications.
- Link with HIV support systems.
- Discuss having sex again, if it should be engaged in...what about risk to sexual partner.
- Possible need to deal with sexual identity matters in the case of 'same sex' exposure to HIV.
- Help client make a plan regarding family matters.
- Possible HIV and AIDS community involvement.
- Choices and lifestyle plan for staying healthy for longer.
- Eventually, preparation for symptomatic illnesses, facing a terminal illness and all of the implications in the preparation for full-blown AIDS, dying, etc.

Who Might Be the Client Needing Counselling?

This could be anyone, even like you or me, that faces HIV and AIDS and needs support in living with HIV either for himself/herself or for a loved one. Thus, the client could be a person who is: heterosexual (opposite sex persons), homosexual (same sex persons), bisexual (either sex persons), and persons from any racial, socio-economic, ethnic, or religious background. Here are some:

- The "worried" who may feel they have been at risk for exposure to the HIV virus
- Rape and/or molestation victims
- Teenagers and young adults (who are the highest risk group)
- Patients who visit a health care institution/STD clinic/TB clinic
- IV drug users who have exchanged needles
- Children who could have been exposed through needle pricks, sexual abuse, or perhaps born HIV positive because their mother was HIV infected
- Couples getting married who want to make sure there is no risk of infection being brought into the marriage
- Women of childbearing age

Possible Feelings of the HIV-Positive Person Being Counselled

- Reluctance to talk about sexual matters
- Embarrassment of being in this position
- Not knowing who to tell
- Not knowing how to tell
- Not knowing what the future holds, fear of unknown
- Not admitting or taking ownership of being HIV positive
- Fear of getting sick, fear of dying
- Despair about provisions for medical and health treatment, particularly if money is scarce
- Fear of losing employment, life insurance, life provisions
- Confusion and fear of rejection
- Battling with sense of loss
- Feeling ashamed, resisting having to be dependent upon others
- Acute distress, feeling 'out of control'
- Feeling numb and emotionless
- Feeling of doom, depression, etc.
- Not wanting to eat, cannot sleep
- Low self-worth, etc.

The emotions of the HIV-positive client often go "up and down" and are totally mixed up for a while, and this is natural. These feelings will change often, and go from one extreme to the other. It is important for the counsellor to help the client deal with these emotional feelings.

What Are Some of the Emotions of the HIV-Positive Client?

These feelings about HIV and AIDS can be:

FACT 72

SHOCK

No matter how much you prepare, it is a shock to hear that you are HIV positive which will eventually turn into AIDS.

DENIAL

At first, some individuals will be unable to believe that they are HIV positive. They may rationalize like this, "The test must be wrong," "It can't be true," "How can I be positive when I feel so good?"

ANGER

Some people get very angry when they find out that they have HIV. They blame themselves, blame the person who infected them, or blame God. Some individuals are so angry at the one who infected them, they want to go out and infect other people out of vengeance.

BARGAINING

Some try to make deals. They think, "God will cure me if I stop having sex," or "The ancestors will make me better if I slaughter a goat," or "If I go and see a special doctor, he will give me a magic cure."

LONELINESS

Persons with IV and AIDS often feel very lonely. Their sense of loss is magnified particularly in relationships with others. They need to be given the assurance that they are not alone, that especially God has never left or forsaken them...ever!

FEAR

People living with HIV and AIDS often fear many things:

- Pain
- Shame
- Other people knowing they are infected
- Of not being able to be intimate
- Of not having sex
- Of leaving their spouse, children, and friends

SELF

CONSCIOUSNESS Some HIV-infected persons feel everyone is looking at hem or talking negatively about them. This makes them want to hide. They sometimes feel rejected by others...that they are ugly. That they want to reject themselves...do away with themselves (maybe suicide).

DEPRESSION

Some people with HIV and AIDS feel there is no good reason for living. They feel useless. Sometimes they will stay at home, not eat, talk to anyone, or punish themselves, etc. Depression can make this person weak in mind and body.

HOPE

People with HIV and AIDS can have hope about many things:

- Hope that they will live a long time
- Hope that scientists will find a cure
- Hope that the doctor will be able to treat each sickness as it
- Hope because they are loved and accepted for who they are
- Hope because of their belief in God and life after death

• Hope because they know they are accepted by God and are forgiven for any failure, even if sexual that caused the HIV infection, because God loves them

The Counsellor's Non-Verbal (Non-Speaking) Manner

The manner in which the counsellor approaches the HIV-positive client is very important. It can either help them both or it can be a negative experience and not helpful. Some of the following can help the counsellor focus attention on his client in the best possible way:

Squarely: Face the client squarely and up front. This posture conveys

the message "I am available for you and I will listen."

Receptively: Adopt a receptive rapport. This indicates that you are

interested in what the client has to say.

Lean forward: Lean slightly towards the client which indicates "I am

interested."

Eye contact: Maintain comfortable eye contact.

Relax: Be at ease and relax, with yourself and the situation.

The REDA Model of Helping

This is an acrostic which assists the counsellor in the process of helping the HIV and/or AIDS client. Thus, it is suitable for responding to a wide range of sexual health problems including HIV and AIDS. The **REDA** model stands for:

- R apport
- E xploration
- D ecision
- A ction

Each of the stages has aims and tasks for the counsellor. Here is a simple outline:

1. RAPPORT

AIMS: To establish a co-operative working relationship

TASK: Welcoming

Introductions

Contract – explains the purpose of the session, confidentiality and

time aspect

Helping the client to relax enough to talk

SKILLS: Being at ease, being comfortable, having ability to set others at

ease, and clarity of setting the tone. Ability to know when to listen.

2. EXPLORATION

AIMS: To assist the client in identifying the nature of the problem for

which help is being sought. To understand what the problem means

FACT 73

FACT 84

to the client. For the Christian counsellor, he/she also wants to include into the aims, to be able to lead the client into a daily walk and discipleship with Jesus, and to have a lifestyle that pleases God. Obtaining as complete a picture of the problem as possible. Identifying the most pressing aspects of the problem. Understanding the client's general situation. At this stage, the

Christian counsellor needs to ascertain as to whether or not the

client has accepted Jesus Christ as Saviour and Lord, and about the client's spiritual walk.

SKILLS: **People Skills:**

TASK:

- a) Attitude:
 - Unconditional positive regard for the client
 - Personal respect for the client
 - Empathy and compassion
- b) Non-verbal communication:
 - Knows how to come across in manner that helps client to open up and share problems and solutions
 - Knows 'how' and 'when' to listen
- c) Verbal Communication:
 - Ability to address situations with simplicity and ease
 - Minimal verbal response
 - Ability to paraphrase client's responses
 - Ability to probe and get client to talk
 - Ability to reflect...consider all that has been said
 - For the Christian counsellor, to be able to discern the right time to bring in spiritual relationship with God, and God's ability to help the client solve his/her problems.
 The Christian counsellor cannot force his/her beliefs on the client, but needs sensitivity to lead the client to Christ and Biblical solutions if the client is willing
 - Not to show shock at any problem, no matter how twisted, the client may have or been involved in
 - Clarifying...ability to make clear what can seem like confusion
 - Checking out...ability to verify and coordinate information
 - Interpreting...ability to see into what the client is "really" saying, even though it may be masked or hidden
 - Confronting...where necessary to help the client solve the problems at hand, yet not pushing the client further than he/she is able to handle
 - Never to convey hopelessness, no matter what the problem may be. Helping the client to realise there are always solutions to problems if the right solutions are found

- Informing...ability to give information and assistance when it is needed in order to see the desired result
- Summarising...ability to collect all the information and help the client to be able to simply absorb it
- Feedback...ability to share responses and communication back and forth
- Follow-through...ability to make and communicate a plan whereby the client can carry through with problem solving and incorporate accountability in those areas
- To be able to also direct the client to support systems that can help him/her follow through on decisions and solutions to problems

Communication Skills:

The do's and don'ts in getting the client to talk:

- a) Do pause.
- b) Do show interest.
- c) Don't ask 'yes/no' trick or leading questions.
- d) Don't criticise.
- e) Don't bring the client back to the point at hand too quickly.
- f) Don't raise personal matters, particularly sexual ones, too soon.
- g) Do help client to know that his/her problems are not unusual.
- h) Don't be threatening.
- i) Do listen.

3. DECISIONS

Having explored the problem and its meaning to the client, the counsellor can now offer new perspectives and begin to focus attention towards what can be done about the problem, with short and long-term solutions.

AIMS: To assist the client in planning a course of action and embark upon it. To help equip the client (emotionally, spiritually, mentally, relationally, and with the necessary life skills)to be able to solve his/her problems satisfactorily.

TASK: Introducing different ways of looking at the problem. Helping the client to participate and initiate solutions to the problem, and providing new and relevant information regarding the problem and the solutions.

SKILLS: Particularly for the Christian counsellor, It is important that the counsellor know Biblical principles regarding decisions to be taken that can help the client decide on the basis of 'what pleases God'. The Christian counsellor cannot force his/her biblical belief system on the client. However, he/she should be clear as to what the biblical position is in principle. This way the Christian counsellor can guide

the client into making right decisions. The counsellor must also have the skill to be able to help the client who resists the Christian ethos, as much as is possible.

4. ACTION

Having guided and helped the client to make important decisions in problem solving, the counsellor must help the client to be able to make an achievable action plan to carry out solutions to the problem.

AIMS: To assist the client in planning a course of action and embark upon it.

To also incorporate an accountability whereby the client will be able

to measure his/her progress.

TASK: Identifying an appropriate course of action. Supporting the client to do

this in manageable steps. Guiding the client to support systems to be able to achieve decisions taken. Evaluating action taken. Reviewing goals in follow-up. Homework to be done. Bringing conclusion.

SKILLS: An ability to lead the client to an action plan that can be accomplished

in the client's living environment and within the financial means

available to the client.

Identifying Problems and Barriers During Counselling

1. The Client:

- Culture
- Perceptions
- Habits
- Education
- Family situation
- Resources available to the client
- Religious persuasion
- Primary language ability, mother tongue

2. The Counsellor:

- Culture
- Identifying with a client that is so unlike himself/herself. Example: the client is from a very rural area with little education and an animated belief-system, it might be difficult for the counsellor who is from the urban centre and highly educated, to identify with the client.

Pre-Test Counselling

1. RAPPORT

AIMS: To establish a relationship of trust between the counsellor and

client. To effectively carry out the test and test results in a manner that will help the client live his/her life in the best way possible in

the future.

TASK: Introducing/Welcoming

Establishing a contract to include:

- First session date
- Subsequent sessions, time, and venue
- Duration of visits
- Cost factor
- Test results duration
- Confidentiality

Helping the client to relax and start to share why he/she wants to be tested. Possible fears, etc. Explanation of the test and ramifications of the test.

2. EXPLORATION

AIMS: To explore the client's story, problem, possible reasons for taking

the test.

TASK: Explore until you have a complete picture of the client's reasons,

problems. Complete understanding of reason for the test, and or anxiety levels connected with it. Identify the client's living environment, and how it possibly relates to his/her coming for the test. Identify the important needs of the client and problems that need to be solved, particularly those immediately surrounding the

reasons for the test.

SKILLS: The Counsellor needs to use those skills that are particularly

"people" and "communication" orientated. The counsellor needs to

explore and identify immediate problems the client has.

3. DECISION

AIMS: To lead the client in a positive direction to make important

decisions about his/her lifestyle, as well as the HIV test. To help

prepare the client should the test result be positive.

TASK: Give necessary/basic information about HIV/AIDS and test to

client. Assist client with steps he/she needs to take about lifestyle

change.

SKILLS: Know how to direct client so the sessions result in change where

change is needed. Skills to be able to guide the client to decision-making. Ability to motivate the client in areas where problem solving is needed. Counsellor needs to be able to stay focused and

be motivational.

Things the Counsellor Should Inform the Client About Concerning the 'Decision' Stage

- The difference between HIV and AIDS
- The different stages of HIV infection. The variances of HIV infection and that it does not work the same in every body:
 - Window period
 - HIV positive, but well
 - AIDS-Related-Complex (ARC) symptomatic illnesses beginning to appear
 - Full-blown AIDS
- How the HIV virus is transmitted; how it is not transmitted
- No cure but:
 - Healthy lifestyle (diet, addictive behaviours of smoking/alcohol/drugs, etc.)
 - Mental and emotional health
 - Safer sex practices
 - Other general precautions
- Treatment for symptoms and opportunistic HIV infections (Note: The counsellor must be aware of the treatments and medicines available in that particular area. Some areas have more medical assistance available than others.) It is important that the counsellor does not offer medical and medicine availability that IS NOT readily available in that particular area. Another factor that the counsellor must discover is the cost of such medicines and medical care, and the ability of the client to pay. If the client is disadvantaged where he/she cannot possibly pay, the counsellor must explore options to either obtain financial subsidy or to refer the client to financial resources that could help. Medicines should not be suggested that are out of reach for the client. This would set the client up for false hope and disappointment.
- What problems may be encountered if HIV positive:
 - Loss of work
 - Loss of income
 - Medical and dental services (needed?) (refused?)
 - Loss of insurance
 - Differing feelings depression, sense of loss, etc.
 - Victim of prejudice, stigmatised or rejected
 - Loan benefits may be withdrawn
 - Negativity from family members, or spouse
- Find out about the client's family system, other support systems, who he/she will tell
- How the client deals with stress
- The HIV testing procedure itself, antibodies, etc.
- Implications if pregnant
- Implications if other STDs are present

4. ACTION

AIM:

To help the client to follow through with decisions brought about as a result of needing the HIV test. Example: these may be sexual behaviour change to prevent risk of infection in the future. To help the client, even if fearful of test results, to return for the test results at a future appointment with the counsellor. To give support after decision making.

TASK:

Refer the client to the nurse for the HIV test. Arrange appointments. Getting the client to make return appointment and engaging a positive environment that will alleviate any fear to return for test result. The counsellor needs to be aware that many clients come for the test but fail to return for the results, out of fear. The task of a good counsellor is to motivate and convince the client positively, that he/she will want to return for test results.

SKILLS:

Ability to show the positive side of HIV testing, longevity of life, etc. that test results allow. Ability to motive without instilling further fear and judgement.

What is Bereavement Counselling As It Relates to HIV Counselling?

This counselling is given at a time of loss (death or separation for example). It is to give total support to help the client during the bereavement process. It allows the client to verbalise different emotions and feelings. It is to assist the client in an open and honest way. Therefore, bereavement counselling means to talk about loss, death, and dying issues.

Phases of Bereavement

FACT 74

These are similar to the phases of grief outlined in Section 14 on "Death and Dying" in this manual.

Phase 1: Awakening Stage

This is the first stage of the bereavement process. The client is diagnosed to be HIV positive, or may think he/she is HIV positive.

Emotions = shock, dismay, disillusionment, loss of control, hopelessness, anger, blame, etc.

Phase 2: <u>Denial Stage</u>

Client doesn't realise the seriousness of the disease. The client can think "this isn't really happening to me" or "it isn't really that bad" because there are no immediate symptoms or negative effects at this stage. The client can tend to push it off or take the results lightly.

Phase 3: Aggression Stage

Aggression and rebelliousness are often a result of underlying anger. Maybe anger at oneself or the person who may have possibly infected him/her. Sometimes the client may want to go out and infect others (projected anger) so he/she does not feel alone in the disease. As irrational as it may sound, the counsellor must be able to recognise these tendencies. These feelings in the client are normal and can relate to the intense struggle the client is feeling knowing he/she is going to die earlier than expected. The client may also give up on having any 'order' to his/her life due to feeling hopeless...no long-term planning for life anymore. The person may be angry at God, feeling God is doing this to punish him/her. This can produce aggressive behaviour toward God and negative behaviour which 'gets back at God'. Example: a person is infected by his/her spouse even though faithful in the marriage, or infected through a blood transfusion. This person could blame God and engage in behaviours that are negative

and that are really projected anger toward God (drinking when he/she knows they shouldn't).

Phase 4: <u>Negotiation Stage</u>

The client may try to 'negotiate away' the HIV-positive results, thinking "God, if I am good You will make this status go away." This negotiation phase usually is characterised by making promises (promises to a spouse, to God, etc.). This process is to ask God for a longer time to live or to achieve certain goals in life. Example: If I stop sleeping around God will cure me.

Phase 5: Depressive Stage

Depression occurs. The person thinks a lot of his loved ones as well as of himself/herself. Sometimes the person is quiet most of the time, doesn't want to talk to people or engage in daily activities. The person may be, in fact, "saying good-bye" to life, his loved ones, etc. The person may cry a lot at this stage...and that is OK. The counsellor must be sensitive enough to get the client to 'open up and talk' by gentle, appropriate touches (e. g. pat on the arm, touching the hand, etc.). Sometimes touching and quietness says more than words at this stage. The counsellor must always assess the feelings of the client so that any gestures like touching are entirely appropriate, and do not make the client feel that you pity him/her.

Phase 6: <u>Acceptance Stage</u>

The person comes to the stage where he/she accepts his HIV positive status and the illnesses that may be showing themselves. He/she has made peace with God, and his/her loved ones, and has accepted his/her status, etc. The counsellor must be sensitive to the fact that the client has gone through a lot of suffering to come to this point of peace. This tranquility should not be taken for granted. The client is accepting the status because he wants to live the rest of his/her life in peace, and die in peace, rather than being 'happy' about the status. There is a marked difference between 'being content' with the status, and 'coming to terms' with the status. Withdrawal as compared to the client's normal lifestyle, may still be marked. However, there will be a remarkable sense of well-being rather than fighting the HIV-positive status.

It is important for the counsellor to know that not all HIV-positive clients will follow ALL stages or necessarily in the above order. However, it is important for the counsellor to recognise the stage of the HIV + client and to help him/her come to the acceptance stage so they can live a quality life for as long as possible. In counselling the HIV+ person in these stages, guidelines given in Chapter 14 "Death and Dying" will be helpful. Remember: the client, in facing his/her own HIV-positive status, is facing a similar situation about himself/herself as he/she would with losing a family member.

Practical Guidelines for the Counsellor

- Don't let the client be too dependent upon you, the counsellor.
- Let the client cry if he needs to.

- Do not try to hide the factor of death down the road. Allow him/her to talk about it as he/she is ready.
- Be careful NOT to say the following to the client:
 - "I know how you feel" (you do not unless you, too, are HIV-positive)
 - "Try to forget it; don't concentrate on your HIV status."
 - "For sure you will live a long life." (perhaps false hope)
 - "Well, at least you will be spared having to worry about problems after you die."
 - If a child is diagnosed HIV positive or dies, "Don't worry, you can have another baby."

Positive Behaviour of the Counsellor Toward the Client

- "Is there something I can do for you?"
- Talk with the personbefriend him/her, but keep the relationship professional.
- "It must be painful."
- Physical contact, by appropriate, gentle, yet appropriate touching.
- Just be there.
- Listen attentively.
- Be aware that you can make mistakes during the session.
- If you don't know an answer, then do not pretend you do, but assure the client that you will do your best to find the answer.
- Bereavement counselling doesn't mean just to counsel the person, but also to help with daily problem solving and taking to task.
- "It is OK to feel as you feel now."
- "You are very special...never stop being who you are. People need you".

Pre-Test Counselling

- Be compassionate with the client's reactions, by showing empathy. Allow him/her to validate his/her feelings; allow the right to express themselves.
- Reduce anxiety by the counsellor being very calm, yet understanding. A relaxed atmosphere can reduce anxiety in the patient. Also lend reassurance if the patient is not feeling calm.
- Talk about insecurities and other feelings that may accompany such a test.
- Establish their comprehension and general knowledge why they came, what they understand about HIV, ARC (AIDS Related Complex) and AIDS.
- Assess the risk of their having contracted the infection.
- Assess their understanding about the HIV test, what it entails, what it reveals, what it will exclude, when the test will come back.
- Explain the advantages and disadvantages of being tested. Show how the positive aspects of testing outweigh the negative factors.
- Explore psychosocial reactions:
 - client's coping skills
 - family support
 - other support systems

- Explore sexual behaviour patterns. Educate in behaviour changes and safer sexual practices.
 - Encourage abstinence from sex if unmarried and provide necessary life-skills resources for making that choice
 - If married, encourage non-penetrative, non-genital sex, use of condoms, etc.
- Gently lead the client to consider employment scenarios:
 - Employer's reaction when symptoms appear
 - Safety at work
 - Confidentiality
 - Who to tell, if to tell
 - Possibilities of work loss
 - Other financial considerations
- Pros and Cons of who to tell:
 - How to tell (spouse, etc.)
 - Dealing with loved ones' responses
 - Rejection and negative responses, coping skills
- Maintaining a healthier lifestyle
 - Diet
 - Exercise
 - Stress management
 - Sleep and rest
 - Immediate attention of symptomatic illnesses

Checklist For Pre-Test Counselling

- Introduce yourself
- Explain confidentiality of sessions
- Explain and explore reasons for the test, either it has been recommended or the client wishes it. Explore that
- Ask what client already knows about HIV transmission, prevention, myths, etc.
- Explain facts about HIV and AIDS
 - How HIV affects the immune system
 - How HIV infection is different from AIDS
 - The long incubation period
 - Routes of transmission
 - How HIV does not spread
 - At present no cure
 - Treatment for opportunistic infections
 - The possibility of symptomatic treatment
 - Give hope that there could be a cure sometime in future, but balance it with the reality that we are yet a long way from it
 - Explain that the HIV-antibody test is not a test to find AIDS
 - Explain the "window" period, time between infection and antibody build up
 - Explain false negatives
 - Explain HIV-positive person can spread it immediately upon infection

- Explain policies for coming back and obtaining results
- Explain need for possible 2nd confirmatory test
- Discuss implications of a possible positive result
 - Whom should they tell?
 - How might they cope?
- Discuss support systems, family, and church
- Discuss any other possible at-risk or sexual partners
- Discuss sexual behaviour, possible need for behavioural change, life skills, etc.
- Discuss importance of healthy lifestyle
- If the counsellor keeps the patient's outpatient card, explain what you write on it to preserve confidentiality. Check their understanding
- Explain necessity for them to return for results. Alleviate fear of results
- Arrange follow-up appointment, time, etc.

Checklist For Post-Test Counselling When Test is Positive (+)

- Greet the clients and tell them the result of the test in a calm but honest way
- Give them time to react
- Explain that their reaction is normal
- Check that they understand what the results mean, and the difference between HIV-positive and AIDS
- Ask them what worries them the most about the results. Discuss alternatives for dealing with this worry
- Check their knowledge of HIV transmission
- Explain any facts that they may have forgotten or misunderstood in the first session
- Ask if they will find it difficult to tell their sex partner, spouse, etc.
 - Help them to plan how to do this
 - Invite them to bring in their sexual partner for counselling
- Ask them who else they plan to tell. Identify what emotional support they have from family, church, and friends
- Ask about high-risk behaviour, and discuss how they may change it
- Explain the practical precautions the client needs to take in the home, and also dispel unfounded myths
- If female, find out if client is pregnant, and discuss implications of that
- Give them time to ask questions
- Put the client in touch with local support and further counselling groups
- Explain the medical follow-up that is needed
- Explain the important necessity of immediate medical attention to all/any symptoms
- Early treatment prolongs life
- Discuss coping skills
- Arrange for further appointment

Basic Facts for Post-Test Counselling When Test is Negative (-)

• Giving the results:

- The results may produce feelings of relief and delight which can sometimes lead to reckless repeated behaviour (e.g. sexual behaviour that puts client at immediate risk again).
- In the time allotted, work through the CAUSE of those feelings, what they might mean, and what the news of the negative test result mean.
- Discuss the possibility of a false negative result (possibly client is in the window period) and the need for a second confirmatory test in 3-6 months.
- Be sensitive to the client's reactions.
- Endeavour to motivate the client to carry through on decision-making plans for changes that may be needed in his/her life. There can be a tendency for the client with the HIV-negative test result to walk out of the session having gleaned NOTHING other than the test result. The counsellor should always aim to motivate the client towards positive lifestyle change in the problem areas of his/her life. This will bring long-term results rather than just short-term (negative test) results.
- Help the client to see the importance of making a life plan to avoid further HIV risk, should there be any.
- The REDA model can be used as a framework for post-HIV test counselling.

Counselling People Living With HIV and/or AIDS

"AIDS is the stuff of all our nightmares, triggering many of our deepest fears."

- These words spoken by an HIV-positive patient, sets AIDS apart from any other life-threatening disease, such as cancer.
- Society often reacts to AIDS with stigmatisation, fear, and blame. This is usually not the case with cancer or another terminal illness.
- This complicates the HIV-positive person's process of adapting to, and living with, the diagnosis.
- Except for physical care, one of the most important tasks of the counsellor (nurse or person taking on that role) is to provide psychological and social support to infected people.

The Psychosocial Experience of an HIV Infected Person

- The diagnosis of HIV infection or AIDS is often interpreted by the patient, and those surrounding the patient, as a death sentence. Even some medical institutions (because of the deluge of HIV-infected needing their services) will demonstrate a 'hopeless' response to the HIV-positive patient.
- It evokes severe emotional reactions such as: shock, anger, guilt, anxiety, depression, suicidal thoughts, obsessiveness, and denial.
- HIV-infected people are particularly fearful about being isolated, stigmatised, and rejected.
- They experience loss of control, loss of autonomy, self-blame, and feelings of guilt, all of which cause further anxiety and depression.
- They fear the loss of their ability to care for themselves and their families; they fear the loss of their jobs, their friends, and family. They fear the uncertainty of the future.

Will there be pain or disfigurement, and who will look after them? "Will people be afraid of me?"

- HIV-infected people are often very angry with themselves or others, and this anger is sometimes directed at people closest to them.
 - They are angry because there is no answer to HIV and AIDS and because of the uncertainty that the future holds, particularly for them.
 - They are often also angry with those who infected them, and with society's reactions of hostility or indifference to the HIV-infected.
- Guilt and self-reproach for having contracted HIV or for possibly infecting others or those they love, are commonly expressed.
 - These feelings may be associated with the person's unresolved conflicts about gender confusion (homosexuality) or sexuality in general.
 - Having to tell family members and loved ones that one is HIV positive, often means that one also has to tell loved ones for the first time, about one's intimate life, sexual preferences, or sexual behaviour.
- Most HIV-positive people go through a phase of denial.
 - Denial is an important and protective defense mechanism albeit short-lived, as it can temporarily reduce emotional stress.
 - Denial becomes a coping mechanism.
 - To maintain hope, HIV+ patients should be allowed constructive denial for a time, if they are not yet ready to accept their diagnosis and status.
 - The counsellor should confront this denial if it results in destructive behaviour, such as avoiding medical care, or continuing to engage in high-risk sexual behaviour, or to put sexual partners at risk also.

Psychosocial Assistance to the HIV-Infected Person

- Again, the main function of the HIV and AIDS counsellor is to be there for his/her patients, to listen to their feelings and problems, and to support their self-determination. Counsellors must allow patients to verbalise their fear, anxiety, anger, sorrow, and guilt, or shame, as this gives them opportunity to identify the possible problem areas which need to be addressed and processed in their lives.
- Counsellors must help HIV-positive people to make decisions for themselves and encourage them to do so for as long as possible. The Christian counsellor will want to facilitate directing the patient to biblical solutions that will not only please themselves, but also please God.
 - The HIV-positive person's control over everyday life situations should be reinforced.
 - Counsellors should ensure patients that they can still be productive in the economic, intellectual, and social spheres of their lives, possibly for many future years if right decisions are made now.
 - Patients should, therefore, be encouraged to go back to their work and their life as soon as possible; to live as normal a life for as long as is possible.
 - -The contentions that infected people are unemployable, that they should not be given educational opportunities, (because they are going to die anyway!!) and that they should not be allowed to remain socially active

could result in the collapse of a whole society. This is because it would not only be a totally devastating lifestyle for the HIV-infected, but it would place such demands economically with the immediate loss of people in their productive years (example: Countries would immediately lose a high percentage of their professional labour force and governing leadership if all the HIV-infected were removed from the normal day-to-day jobs).

- A big question that counsellors must assist the HIV-positive person with is: "Can I have sex...what do I do about sex?" Particularly for the Christian counsellor who objects to pre-marital sexual activity, he/she may be ill-prepared for this complex issue. It is not sufficient to just say "Don't have sex anymore". This gives little resource for saying NO to sex. Some of the considerations for intimacy that the counsellor must address with the HIV-positive patient are:
 - 1. If the patient is <u>not married</u> and became HIV through pre-marital sex, the counsellor must walk through all the reasons for sex in the first place. Was it casual, habitual, forced sex, incest, same sex, etc.? All of these possibilities must be explored in the 'discovery stage' with the patient. This often takes time because it can be uncomfortable for the patient to discuss such matters, and most probably it is the first time he/she has ever discussed his/her own intimacy. Out of this 'discovery' will come issues such as:
 - -Why did you feel the need to engage in the behaviours?
 - -How do you feel your behaviour has impacted your life (positive, negative, both you and your partner)?
 - -Do you feel any part of your sexual behavior needs to change...why?
 - -If change is needed, what decisions, then steps do you feel are necessary to accomplish that change?
 - -In the case of illegal sex (incest, child abuse, rape) the counsellor must know the current local laws that apply to reporting by the counsellor and legal steps that must be adhered to in:
 - -protection for the potential victim
 - -counsellor/patient laws
 - -Now that you are HIV infected and risk infecting others through sex, let's look at possible alternative ways to channel your sexual activity (these must be explored).
 - -No further sex, non-penetrative sex, non-genital sex, etc.
 - 2. If the patient is same sex, the counsellor must explore what it is that the patient feels about his/her gender of origins (born male or female and how comfortable they are with their birth gender). Often in gender confusion where HIV infection is thought to have been contracted through homosexual sex, the patient has struggled for a long time with sexual confusion. These issues will likely have to be pursued in future counselling.
 - 3. In the case of the married person being unfaithful, and perhaps where other children are involved from these sexual unions, the resolutions to these problems are much more complex. It is not enough for the counsellor to say to

the patient, "Stop having sex with that person". The counsellor must direct the patient to responsible decision-making with regards to the "other" person, welfare of any children involved, and ways of bringing the best resolution for everyone concerned. The Christian counsellor will obviously look to the Biblical principle that governs solutions to these problems and seek "righteous" solutions in the best way possible. Other issues for married HIV-infected might be:

-if married partners are both HIV infected, the use of condoms to lessen cross infection is important. This lessens the possibility of reinfecting the spouse with a different HIV virus strain or more of the virus. It also lessens the possibility of pregnancy which would not be desired. The counsellor needs to be able to give instruction to the married couple on these options, their risks, and what might be best for them when it comes to their sexual intimacy. The counsellor should also be able to explain confidently about these options.

The counsellor must have worked through these issues first. It is important that the counsellor not take a simplistic approach and skim over the surface just to avoid dealing with these complex issues. Christian counsellors must be careful that out of their own belief system, they might come across as being judgemental, accusatory, or condemning. The Christian counsellor must be able to motivate the patient to HEART CHANGE because he/she wants to change. This will only be done through demonstrating the love of Jesus, and through compassion and understanding of the problems that led the patient to this point. The counsellor who avoids dealing with these issues (because more than likely the HIV-positive patient is positive because of some kind of sexual experience) will likely not lead that patient to resolve these important issues in his/her life. This puts the HIV + person at further risk, and also places future sexual partners of the HIV-positive person at great risk for infection. The Christian counsellor can ask God for wisdom in 'where' and 'how' to present the person of Jesus Christ as the HIV-positive person's best friend, and how He can meet every need that he/she will encounter, as he/she turns over his/her life to Jesus. Christians who counsel HIV and AIDS patients have a wonderful evangelistic opportunity. Involvement by the church brings practical help to a growing segment of the community that is seeking help...those that are HIV-positive and/or into full blown AIDS.

A NOTE OF CAUTION: Particularly in developing countries where there is a great lack of professional and qualified counsellors, there will be a greater need for trained lay Christian counsellors to help. Local churches will be able to give training to specific lay people so that the HIV/AIDS-related needs in the community are more adequately met. The church can and should take the lead in the issues surrounding AIDS and not leave it up to government only. However, there are two cautions here:

- 1. That the church not fail to adequately train lay counsellors so that they are properly equipped
- 2. That the church not misrepresent our qualifications in preparing lay counsellors.

It is very important that the lay counsellor be just that...a <u>lay counsellor</u> and not pretend to be professional. The lay counsellor can be confident in having a compassionate heart for the HIV-infected, albeit limited training, and wanting to be a friend to the HIV-infected person. However, it is important that the lay counsellor not move into areas outside of

one's expertise and training. This could lead to giving wrong advice to the HIV-infected and AIDS patients who don't need that on top of the problems they already have. The lay counsellor's best function is to "listen", and to stick to common-sense problem solving, even using the REDA model. However, it is strongly advised not to try to give answers concerning areas where the counsellor really does not have the expertise.

<u>Practical Suggestions to Counsellors, Nurses and Support Persons to the HIV-Infected</u>

- 1. Compile a list of problems along with the patients' input.
- 2. Try to find possible solutions to these problems with the patients. Encourage them to come up with their own solutions. This is necessary so that they will take ownership in carrying out the solutions to their own problems.
- 3. Make a list of the patient's qualities and possible limitations in terms of problem solving. For example: their coping skills, sense of self-worth, personality style, communication style, sense of humour, family support system, economic and financial resources, job resources, educational background, etc.
- 4. Examine and discuss possible solutions to problems they are presently encountering and likely will encounter as a result of their HIV-positive status. Assess each one in terms of the patient's capabilities.
- 5. Identify the ways in which they dealt with specific problems in the past, and help them to develop new ways, if necessary.
- 6. Encourage the patients to make their own decisions and to take control over their lives whenever and wherever possible.
- 7. Take note of relationship problems between the patient and his/her loved ones, friends, and family, as well as between the patient and other health providers.

<u>Note</u>: Living with HIV and AIDS sometimes gives rise to serious emotional problems, such as depression, suicide, and obsessiveness. If the patient seems unable to cope, the counsellor, nurse, or lay counsellor should not hesitate to refer the patient with serious emotional trauma to professionals with expertise to help the patient. The lay counsellor should not continue without professional input if the patient seems not to be responding positively within a reasonable time into the counselling.

A Paraphrased Testimonial of an HIV-Positive African Young Man

My doctor gave me the news. My first reaction was one of relief. The confusion and fight I felt before the test seemed over for the moment. All the various symptoms in my body could now all be explained. No more worried now about IF I would develop AIDS. I now was moving into full-blown AIDS.

The next day on my way to work I began to realise the full meaning of my status. What would lie ahead? I had moments throughout the day of denying it was really happening to me. Me...I wanted to believe I would be well in a few days. I really didn't feel very good so I went and told my supervisor that I would be off sick for a couple of days. I briefly wondered if there had been some mistake. Maybe I had been misdiagnosed. My mind was racing. I could not concentrate on anything for more than a few minutes. Ninety percent of my thoughts were 'death' related or reflections on what life choices I had made. I had so many "what if" thoughts...mistakes, broken dreams. Where would

it end? What would my funeral be like? What sickness would finally kill me? Would my family still love me or would they hate and blame me?

Suffering and fear were what I felt. I tried to imagine how long I could keep my job, and be well enough to work. My biggest concern was telling my parents. They were both old and I could not know for sure what this news would do to them. I felt guilty about how they would feel.

Some reactions surprised me, others made me angry. I tried to imagine how I would feel if I were on the other side. One work friend sent me a note that said, "I know there is nothing I can say or do to change what's happening with you. But my heart is with you. I love you just the way you were and you are. Nothing has changed in that regard. I am here for you. If you want to laugh, scream, kick the wall or cry, I will be with you if you want. Be yourself." Those words were some of the greatest comfort to me. The one that stood out that made me the most angry was a neighbour. He wouldn't talk to me all of a sudden. I could see his children run across the street if I approached, like I was infectious to them! I heard them laugh and I knew it was because of him that they acted like that. I felt bad and mad at the same time.

The early weeks of 'real' illness were the most challenging so far. I remember after I was diagnosed with pneumonia that they found several lesions in my mouth. I was afraid to see the doctor for fear that he would find something else wrong. What if I died right then? But, he explained that I wouldn't and then he rubbed my sore feet and that meant so much. I just needed someone to touch me and it seemed that lots were now avoiding me. Why me? It was the same old me...why was I so lonely?

I remember the day when I was replaced at work. How would I pay my bills? That was very worrying for me because I always sent some money home for the family and the old people. Now what would happen? I could hardly bear the thought that they would have to care for me. I was the first-born and it didn't seem right. Guilt again! It meant so much the day my Father walked over to my rooming house and said he had come to take me home. He then put his arm around me and he wasn't afraid. I was so proud of my Father before, but even more I wanted to be like him when I became old. Old? I guess I would never have that chance, for I would die in my 20s.

I went home and experienced varying degrees of depression, rage, gratefulness, helplessness, and resignation. Looking back, I see it was my attempt to control what was happening to me that I had no control over.

When AIDS set in, I remember thinking, 'If I am going to die, I am going to die.' But, I wanted to say 'when' and 'how.' I could accept weight loss but I couldn't accept the skin infections that for me, started to come. I didn't want diarrhoea. There was no way that my mother was going to see my private parts at my age. I wasn't an infant! And, I was terrified that, at times, I would lose my mind.

I remember the doctor telling me, 'Don't try to answer all the questions. Things will fall into place; take one day at a time and it will get easier.' He was right. Fourteen months have passed since my diagnosis. I continue to experience up and down days...one day

I'm very good and another few days bad. But the peaks and valleys of my illness are less dramatic for me. I feel tired of fighting. Yet, I'm coming to accept that I can't change things. I look out my window and I see a bird. It has so many colours...it's sitting there on a branch with the wind on its back blowing the feathers. I don't think I noticed that before now, but today I do. The small things make me grateful. Grateful for just one more day. Grateful for my loved ones who love me...just me. Yes, the diarrhea did come and that day I felt so sick I didn't care if my mother did have to clean me up. I couldn't hold it and I wasn't embarrassed...I just felt sick. I have grown to accept what I can and cannot do. But, I'm still grateful for one more day to see the sun, feel the wind. I try to enjoy something joyous every day. The mere fact that I am alive today allows me to reflect, but the guilt is gone. I've come to terms with my mistakes. Would I do things differently if I had them to do again? For sure. But, I can't go back; today may be my last day so I'm going to watch for that little bird and see if he comes back today. Just today!

Counselling and Assisting the Dying Patient

• The counsellor working with the HIV-infected persons and their family/friends, will encounter many of the situations described in Chapter 14 "Death & Dying". It is important that the caregiver have a good knowledge of culturally expected, and accepted ways of expressing loss and grief. The caregiver must also respect and support the spiritual beliefs of the patient, family and friends, and facilitate the traditions that the family holds dear. Where specific practices seem to conflict with Christians, this is where they can demonstrate the love of Jesus practically, rather than having a confrontive and judgemental manner. The Christian caregiver can walk in wisdom, looking for just the right opportunity for non-Christian family members to seek their input. When the time is right, they will have opportunity in a loving way, to share Jesus Christ in a manner that it will be heard, and hopefully received. However, forcing one's beliefs, especially during a time of loss and grief, is not wisdom and will only bring distrust and resentment by loved ones.

Case Scenario of a Mother Whose Son Is HIV Positive

She watched as her son fell into a deep coma, a sleep from which he wouldn't wake up. She remembered when he was tiny, growing up, and how he would cry when he fell and hurt his knee. Now she watched him lying there and knew, as a mother, what he needed (and what she needed also). She felt that if she could crawl into bed with him, just like when he was tiny, tousle his hair, and sing him to sleep he would be all right. But, she didn't do it because she feared what the nursing sisters would think. It would not be acceptable because he was nineteen years old now and what would they say? But, he kept groaning in his coma and he couldn't talk. The Mother wanted to soothe him, but she couldn't. It wasn't long and he slipped off into another world...death had taken him. To this very day the Mother regrets that she sacrificed her son's dying need to be soothed and her need to console her son, because of what others would think. She never had the chance to bring closure to her dying boy...the nurse's opinion won!!!!

Counselling people dying with AIDS demands a great deal from caregivers.

- Most of the time, such counselling involves young people who are dying in the prime of their life.
- Because of the stigma associated with the disease, these people often die a lonely death without the compassion which, for example, a cancer patient might receive.
- Counselling for the dying has no fixed pattern or schedule.
- Each process is different and the caregiver's role varies according to the specific needs and demand of each patient.
- The overall attitude of the caregiver towards the dying person must be one of respectful care and dignity. The patient must be permitted to make his/her own choices in life for as long as possible.
- Sensitivity to the specific needs of each dying person remains the key to success in helping them right to the last.

A Dying AIDS Patient Gives the Following Advice

"As in life, people with AIDS facing death have a right to do it their own way. Do not pry or force patients to feel your feelings or 'face' death your way. It is a disservice to force patients to give up their feelings, even if wrong, or to give false cheery hopes to them. Sometimes I just want people to listen to me. Sometimes, I do not want to talk or think about AIDS. Sometimes I do not want to talk at all. I just want you there! If you stay, contribute what you can, but being there for me helps the most. I can't say how I will feel tomorrow. Maybe you can't come tomorrow. But, permitting me to be me helps me not be afraid. You cannot fail that way. Thanks for your commitment to helping all sick people, like me!"

Counselling and the Local Church

In very practical ways, the local church can minister to the non-Christian community by involvement in practical counselling, and offering their church building as a community testing site on specific days.

The possible HIV-infected person who comes for pre-test counselling, receives the HIV test, and then returns for results and post-test counselling, is in a very needy position for spiritual guidance. This person is also more likely to respond to accepting Jesus Christ as Saviour and Lord. The Christian church must get involved and do her part to give this practical assistance.

Some practical ways of involvement are:

- Training up specific lay workers in the church to do lay, pre/post-test counselling. (Note: Do this in such a way that it is recognised by the local health authorities.)
- Offer your counselling services to the community at no charge, or at a very nominal charge as a community-care service. Practically demonstrate that the church cares.

- Nursing sisters, and/or doctors can also help with counselling and testing services.
- Offer the church venue as a testing station for the local community, and enlist Ministry of Health input relative to testing kits, testers, etc.
- Offer HIV/AIDS family support systems, friendship evangelism of HIV/AIDS families, etc.
- Offer teen support systems.
- Offer behavioural change support teaching groups. (For example: offer specialised groups where biblical teaching and support is offered free to cover subjects like: alcohol abuse, sexual addiction, unfaithfulness in marriage, abuse, etc.)
- Offer home-based care support for symptomatic patients.
- Offer clinic or hospital visitation for sick.
- Offer childcare for HIV-infected parents who need some help.
- Offer support for the dying and the bereaved, and counselling...lead the sick to Jesus; lead the bereaved to Jesus.
- Offer counselling and practical physical support for single parents.
- Endeavour to offer Christian homes to orphaned children whose parents have died of AIDS.
- Take the message of sexual purity and AIDS prevention to all of the local schools in the community, reaching every school-age child in your community.
- Offer AIDS-prevention education to community businesses, school professionals, etc., free of charge and allow this to be a tool of evangelism.
- Offer parent support and "raising moral children" training to non-churched parents who struggle with a changing society for their children. Lack of traditional values and peer pressure make the parenting process difficult.
- Offer support to mothers of child-bearing age whose husbands are being unfaithful, with options and assistance to deal with the infidelity that could result in their becoming HIV positive. Matters concerning possible unborn children and surrounding issues also need to be addressed.

There is much that the Christian church can do through the needed, open door of community counselling services for HIV and AIDS-<u>affected</u> and <u>infected</u>. May the church not lose the opportunity to do so!!

A PRAYER FROM THE CHURCH

Lord Jesus, for so long we've been silent!

This dreaded, unthinkable killer...AIDS...is here, right amongst us.

Lord, help us to be silent no longer.

May we hear Your voice and do Your deeds.

You did not wait until hope was gone before you got involved with us.

No, you involved Yourself in our lives even while we were yet sinners.

Help us, Lord, to be involved in probably one of the greatest disasters that threatens our children and grandchildren...that of AIDS.

We commit ourselves to involvement. That by every means...even AIDS we will win some in our community to You.

Your mission: to bind up the broken-hearted, to pray for the sick, to bring hope to the oppressed is our mission, too.

Help us, Lord Jesus, because we are willing to get involved.

AIDS is our problem because it is Your problem.

Thank you for helping us, Lord. Amen!





DEATH & DYING



DEATH AND DYING

The Dying Patient's Bill of Rights



I HAVE THE RIGHT TO

be treated as a living human being until I die.

I HAVE THE RIGHT TO

maintain a sense of hopefulness, however changing its focus may be.

I HAVE THE RIGHT TO

be cared for by those who can maintain a sense of hopefulness, however changing this might be.

I HAVE THE RIGHT TO

express my feelings and emotions about my approaching death in my own way.

I HAVE THE RIGHT TO

participate in decisions concerning my care.

I HAVE THE RIGHT TO

expect continuing medical and nursing attention, even though 'cure' goals must be changed to 'comfort' goals.

I HAVE THE RIGHT TO

not die alone.

I HAVE THE RIGHT TO

be free from pain.

I HAVE THE RIGHT TO

have my questions answered honestly.

I HAVE THE RIGHT TO

not be deceived.

I HAVE THE RIGHT TO

have help from and for my family in accepting my death.

I HAVE THE RIGHT TO

die in peace and dignity.

I HAVE THE RIGHT TO

retain my individuality and not to be judged for my decisions which may be contrary to the beliefs of others.

I HAVE THE RIGHT TO

expect that the sanctity of the human body will be respected after death.

I HAVE THE RIGHT TO

be cared for by caring, sensitive, knowledgeable people who will be able to gain some satisfaction in helping me face my death.

In the Christian Church, our first priority in caring for the HIV/AIDS infected is to pray for their salvation, if they have not personally accepted Christ as Saviour and Lord. Second, we believe that the Christian Church should pray for their Divine healing. Third, the Church must be involved in the personal well-being of the persons with AIDS (PWA) and their extended family and friends, in all aspects.

The Stages of Dying and of Losing a Loved One

These stages are similar to those one faces upon learning he/she is HIV positive. Usually, a person (or their loved ones) will go through all or some of the following stages of feelings and emotions. The **dying person's** stages can often be more predictable than the stages experienced by a **loved one** who has just suffered a loss. The dying person's stages are often more predictably recognised by the following:

1. Denial

- Most individuals react to the first awareness of a terminal illness with denial.
- A feeling of numb shock may come initially, which can be displayed with anger, crying, panic, and even total silence where the person shows no reaction.
- Anxious denial following diagnosis is typical of the person who is told too fast, too soon. One's personal readiness must be carefully considered.
- Denial and partial denial is displayed by almost all people initially, and from time to time thereafter.
- Partial denial is a healthier way of dealing with pain over a long period. This
 functions as a buffer and gives the person time to collect himself/herself and to
 mobilise other defences.
- Denial is usually a temporary defence. Maintained denial is usually, though not always, accompanied by increased distress if the denial holds out until the end. Often this person is NOT at peace with his/her present physical state and thus, he/she and the family are not prepared for the death process.
- The dying person being able to drop denial gradually, and being able to use less radical defences, depends on:
 - how he/she is told about his/her status;
 - how much time he/she has to acknowledge what is happening;
 - how he/she has been prepared throughout life to cope with stressful situations, particularly those that are out of their own control.
- Denial is sometimes displayed by people when they feel they cannot cope with their status. Example: medical staff or family will deny rather than deal with the situation because of their own feelings of inadequacy. A person may talk to one person and deny with another. Sometimes those surrounding the dying loved one may have differing opinions of whether or not to tell, therefore, one may talk and another may not. Often the terminally ill person is caught in the middle of the feelings the loved ones are dealing with, while no one is really concentrating on the feelings of the dying person.

2. Anger

- Rage, anger, envy, and resentment may replace denial.
- "Why me?" It is a phase that is difficult to deal with because no one has the answers to this question. Anger is usually projected at random to persons, situations, and events, which most often include the loved ones. This can be hard to understand especially facing imminent death.



- Loved ones may react by feelings of guilt. What did I do to cause my loved one this pain? Why not me instead? Is God punishing us? Did I do enough? All of these feelings are motivated by guilt.
- Anger is an honest feeling and needs to be dealt with in ways that will result in positiveness rather than pushing it away.

3. <u>Bargaining</u>

- The terminally ill person or their loved ones may entertain thoughts like "if I behave well and do good things from now on maybe I will be cured."
- Sometimes a mental agreement is made with God to postpone inevitable death, or cancel it, if certain actions are carried out. The patient will sometimes fall into a strict regime trying to "earn" healing or delay death.
- To bargain means to make a deal, or in the case of dying, to postpone. This can include the idea that "living" will be the prize for good behaviour and set a self-imposed deadline.
- It also can include the person promising to give "no further requests if this one is granted".
- No person in a terminal situation can be expected to keep a promise like this.
- Psychologically speaking, promises made by the terminally ill may be associated with guilt, which can be explored by those giving help and thus the guilt can be alleviated. Assurance can be given.
- When not dealt with, guilt in a dying person can become the basis for irrational fears and the need to punish oneself. These destructive feelings need to be dealt with by trained caregivers who can help alleviate such unfounded feelings.
- Bargaining can take may forms eating 'correctly', making friends of foes, performing unfinished business, consulting other doctors, taking special kinds of medicines, taking trips, etc.

The difference between feelings of 'bargaining' need to be distinguished from honest steps taken by the terminally ill person to make preparations for dying. These can be easily confused. It is important that the caregiver not pass judgement on the dying person. Rather, gently explore with the terminally ill person his/her feelings, and be available to assist the terminally ill as they walk through the various stages.

4. Depression

Reactive Depression = depression as a result of past<u>issues</u> or matters that are deemed to be unresolved in the life of the terminally ill person.

- When there can no longer be denial, and bargaining seems to be of no avail, depression can set in with a terminally ill person or their loved ones. It is a natural reaction when going through a sense of great loss. The dying person is dealing with loss, particularly loss of life.
- It is important that preparation for 'grief-work' that is necessary before separation from this life, is undertaken by both the terminally ill person and his/her loved ones.

- Often the caregiver can assist in alleviating reactive depression by helping the terminally ill person deal with **guilt** and **shame** feelings. Once these are dealt with, often depression will be lessened.
- Loved ones can do many things to help the terminally ill person restore selfworth. Some can be: not making any demands, putting aside expectations, not giving false hope, helping the persons to occupy themselves with productive things each day, giving small duties that they are able to perform without difficulty for as long as they want to do them, allowing the persons to talk about their feelings and taking each step as it comes, etc.
- Reactive depression to death and dying often lifts quickly once problems are taken care of, one at a time, with sensitivity and honesty.
- Encouragement helps in reactive depression, as does hope and reassurance. Particularly Christians can share positive hope about the future, whether in life or death, because knowing Christ takes care of both life and death situations. This alleviates giving false hope, yet gives a Biblical perspective for death.

Preparatory depression = depression that is usually related to anticipated or <u>impending loss</u>. Here encouragement and reassurance might not be as helpful as the loved ones just "being there" for this person. There are many issues that the terminally ill person must come to grips with, and allowing that person to walk through these steps is very necessary for final resolution.

- The 'preparatory' depressive state of a terminally ill person prepares for acceptance of death, so it must not be blocked or interfered with. Special care persons can assist by being sensitive to these stages, helping the sick go through the stages whereby the final result will be resolution and peacefulness.
- It is important <u>not to admonish</u> the terminally ill person facing death "not to be sad, to cheer up" and to get over his feelings. Remember, this person is in the process of facing tremendous loss, coming to grips with death which is totally unknown. What is important is to give of oneself to assist the terminally ill in dealing with these difficult issues.
- If permitted to express sorrow, the terminally ill person will reach acceptance more quickly and easily. If he/she knows that those loved ones have also dealt honestly with the impending illness and death, they will be more assured themselves.
- This kind of preparatory depression is generally silent and the person occupies himself/herself with things ahead. These can be: the welfare of the family's future, financial stability for the future, terminal care if they become unconscious, the welfare of a spouse or children, etc.
- Only persons who have been able to work through their anguish will finally reach acceptance and peace in the situation of death and dying. Family members and loved ones need to do the same.

5. <u>Acceptance</u>

- Given sufficient time, the dying person will, with help, work through the previous stages, and having mourned his/her loss, can reach quiet acceptance.
- He/she will be tired, and probably weak, may need to doze often and in brief intervals; this is different from the need of sleep because of depression.

- The person who has reached the 'acceptance' stage is neither resigned nor hopeless, nor is he unhappy; rather, this is a time devoid of feelings or almost so, a time of separating himself/herself from the world. It is important to realise with the dying person who may appear asleep, that he/she can hear more often than you think, even though he/she is not necessarily seeing. Persons surrounding the dying person should conduct conversation with 'hearing' in mind: soft, soothing, and comforting tones, etc. The family now needs more help, understanding, and support than the dying person once he/she has reached this stage.
- His/her circle of interests is diminished; he/she requires few visitors and only for short periods.
- Communication is more non-verbal than verbal. Example: the occasional squeeze of the hand, smile, etc. Confirming, reassuring, and sensitive responses are good at this point.
- Loved ones need to be unafraid to sit with the dying person. Much reassurance is given thereby. Sometimes just sitting in silence, reading the Bible softly, humming a song softly, talking gently but not expecting responses, are all positive bedside care responses by loved ones.
- It is not usually difficult for the elderly dying person to reach acceptance.
- With this acceptance comes the very powerful and special "symbolic language" we so often hear.
- Dying patients often make reference to "travel", trips, journeys, or any form of symbolism so often mistaken for the person being delirious.
- If we can recognise the symbolism, then caregivers should "go" with the patient as much as they can, showing peace and tranquility with the dying person's experiences.

6. Resignation

- It is not uncommon that younger patients do not reach acceptance of death. This is one of the marked tragedies of AIDS that AIDS more often targets the young who die before their time.
- It is very difficult to leave this life when there is still so much to do and to live for.
- Resignation is acknowledgment of the dying state yet a reluctance to 'let go'. Resignation does not allow for the most peaceful acceptance of dying. This is also very painful for the remaining loved ones.
- This stage often results in repeated battling with all the stages above mentioned, sometimes by the remaining loved ones for years. Particularly this can happen with premature death from AIDS, or cases such as suicide, etc.

Important Note for Caregivers and Loved Ones of Terminally Ill Persons

The above stages that a dying person can go through are not necessarily the case with everyone and may not be as described above. It is important that loved ones of dying friends not go looking through theoretical eyes, wondering if the person is depressed or bargaining, etc. Loved ones of terminally ill persons are not there to psychoanalyse; they are there to lend their undivided attention with love, compassion, understanding, and

attentiveness. Just allow the dying person to be 'himself/herself' as you are yourself, rather than fitting him or her into little categories and analysing that person. You can help by being available, listening, and helping in any way you can.

The Death Process as it Relates to the Past, Present, and Future

Most persons facing the knowledge of their own death must rapidly focus on many areas dealing with their past, their present, and their future. The past needs to be reconciled and concluded; the present must be fulfilled; and the future must be planned or, at least, probed. Dealing with the past, present, and future in a short time is usually very emotionally exhausting, sometimes painful and, hopefully, victorious at the end. But, in the process the dying person will experience emotions which fluctuate and may sometimes seem irrational. The dying person's emotions are all packed into a short time and with so much to deal with. Therefore, the dying person is increasingly dependent upon family and loved ones as he/she is going through this process.

The loved ones will see displayed, and often feel themselves, an interplay of discomfort, joy, fear, apprehension, pain, love, and anger, etc. To better understand, family members, including children, can be helped to meet their dying loved one with confidence, talk unhurriedly, listen intently, and keep on course rather than let emotions dictate the moment. This lays a foundation of trust upon which the last days can be built and cherished for years to come. If loved ones fail to lay this relationship of trust, like small children, they will be bewildered, feel frustrated, misunderstood, and not be at peace.

Loved Ones and the Death Process

The process of death and dying and stages experienced by the **person surviving the death of a loved one** are often less predictable than those of the dying person. One who is suffering from a significant loss due to the death of a loved one may experience all, some, (in varying degrees) or none of the stages listed below. Being a survivor of death is quite different from being the one dying. It is important that loved ones consider these points with their dying relatives and friends:

- Death is not a common occurrence for anyone. Few people have witnessed death and no one can say he/she is comfortable with it. Loved ones also need support and understanding during the illness and death process. Each stage or symptom should be tackled with openness and sensitivity. It is helpful for loved ones to have a mental picture of what they positively desire for the dying person in his/her last days. This need not be idealistic, but peacefulness is a desired culmination. Loved ones also need to be confident as to what to do as each situation occurs, and who to call if they need help.
- Watching the dying person's physical changes requires focusing on the 'real' person inside. Sometimes the dying person's appearance changes and deteriorates. He/she may lose hair, become thin, and look more delicate as the end nears. Loved ones and caregivers should focus on who the person "was" and afford the dignity and respect that comes out of love for that dying person.
- **Misunderstanding in the dying child.** Dying children often blame themselves for what is happening to them and for the sorrow and anxiety they see in their parents. It is important that family and loved ones of dying children give them a clear explanation

- of what is happening to them and that they are not being punished by death. The fear of death can be alleviated even in children if handled sensitively, age-appropriately, and truthfully.
- Misunderstanding in the child who sees his parent dying. Children who witness the death of a parent (particularly young children) are often fearful about what will happen to them when the parent is gone. They too, can blame themselves that perhaps the parent's death is a result of the child being naughty. These children and family members must be encouraged to talk out their feelings as they witness the death process in a parent. Then, family members can include them in the plans for comfort of their dying parents, and in the plans for the future. They must be assured that death is not a punishment and that they will still be cared for and loved after the parent has gone. It is important too, that the child be permitted to express his/her emotions and be helped through each stage in a positive way.
- When one parent is dying, the other parent often finds it difficult to be the one to give explanations to the children. Explaining the nature of the terminal illness of the other parent in such a way as to encourage questions from the child may be difficult. It can be helpful for a doctor, nursing sister, or elder family member to answer those questions from children. These can arouse overwhelming pain in the parent that is healthy.
- When loved ones around seem anxious, the dying patient often takes on that anxiety. Patients young and old can sense anxiety by those around them. It is helpful to recognise anxiety for what it is, deal with it, and discuss it openly. Strong emotions that cause anxiety, such as, remorse, bitterness, questioning, etc. will often surface. They must be accepted and the patient and loved ones helped to channel these feelings into positive efforts to improve the quality of life that remains.
- There will be times of sadness. There is a big difference between having feelings of sadness in facing death, and the feelings of depression. It is not wrong for either the patient or the loved ones to feel very sad at times. Both must balance the way they will deal with those feelings of sadness. Sometimes it helps to talk with the dying person. Other times it helps to divert one's attention and do things which chase away sadness. Yet, at other times, it helps to be part of the process of treatment, nursing care, etc. Friends of those facing death can help by being sensitive to what will positively help and bring a peaceful resolution to those feelings.
- Sometimes there is a sense of fear about 'catching' the illness on the part of loved ones. That is a natural feeling, particularly for those who have not been around sick people. In the case of AIDS, loved ones can be afraid of being around the person dying of AIDS. These fears are unfounded because AIDS is not caught; AIDS is acquired largely through risky sexual acts. Loved ones can be helped to alleviate this fear by dealing with these feelings openly and with reassurance. Loved ones can be directed to basic home care tips about where precautions need to be taken, and where they do not. In the case of illness from cancer, some relatives may fear that the disease is inherited. These questions should be openly discussed with the physician and reassurances given.
- Sometimes loved ones will remember negative experiences in the past when facing death, and these can rob them of quality of life at present. It is normal to think back about a possible similar experience regarding death. If that experience was

negative, it is important that loved ones deal with those feelings and images as they come. Honesty and openness about these fears, discussion, prayer, and reassurances about facing death this time – that it can be faced positively – need to be reinforced by those around. Good total care from the onset of a loved one's illness can prevent past experiences from robbing one of present peace.

What is Grief?

Grief is a normal and natural response to loss. It is often a mixture of human emotions that follow a major change in a familiar pattern of life, particularly when a loved one dies.



- 1. It is not a sign of weakness.
- 2. Grief is necessary to being able to bear sorrow honestly, and accepting its reality.
- 3. Grief is an inevitable and appropriate reaction when facing the loss of a loved one. Grief can be seen as a tribute of love for someone very precious.
- 4. Recognizing grief for what it is is a sure sign of a healthy recovery.
- 5. Grief is a feeling you cannot run away from and should not deny. In expressing grief you release yourself from its grip long-term.
- 6. For most people, there is a pattern in the grieving process. Please note these in the grief cycle below. Each individual may experience all or only some of these in different stages. Not everyone will grieve in the same way, or for the same length of time, or with equal depth. However, it is important that grief not be held for too long or too hard, or to feel that your love for the dying person is less because you didn't express grief in a specific way. For example: at a funeral some people wail, some sob, some are emotionless for the moment. Loved ones should not be judged on the love they had for the person by how they express their grief.
- 7. Allow grief to have its way for awhile. Gradually then, you can be released from the grip of grief as it is expressed and dealt with.

The Grief Cycle

1. Shock

- Temporarily stunned; can be compared to a trance in some instances. Can leave the bereaved feeling numb for some time. Sometimes those in shock can seem so calm that it is as though nothing has happened. This can be attributed to shock.
- Perhaps relieved at the end, because of the pain suffered by the loved one.
- Lasts for minutes, hours or even days.
- Tendency to let others make decisions, sometimes the use of the tranquiliser is necessary, particularly when sudden death occurs as in an accident.
- Once the initial shock wears off, one must face up to the reality of death with all of its emotions; one must try to regain control of one's life and begin to make decisions and get on with life.



2. Facing Emotions

- One must confront, analyse and deal with his/her emotions. They may be put off temporarily but inevitably, one must face the conflicting emotions that surround death and dying.
- These emotions can provide motivation for action. If not understood and properly handled, they endanger future actions and getting on with life.
- Use the help of others, not trying to be self-sufficient in understanding and handling emotions.
- During this period, one should not endeavour to make major life decisions too quickly.
- Emotional reaction can lead to mistakes in judgement. It is better to wait until grief is worked through, at least partially, before making major decisions.

3. <u>Depression</u>

- Loneliness and depression are a normal part of the grieving process.
- Depression affects all of us, but in varying degrees.
- It, too, will pass away with time. Time is a great healer!
- Recognise the difference between loneliness and aloneness. Loneliness can be accepted because it is the process of missing someone. Aloneness is the sense of being totally by oneself.
- Depression may be caused by the loss of the loved one, or it may be caused by multiple stresses. Stress management skills will be needed to alleviate those things that are causing the depression. Rest, diet, and exercise also need to be balanced in the life of the bereaved one who is feeling depression.

4. Physical Symptoms and/or Illness

- Negative thoughts can cause physical distress.
- Negative habits such as drinking, smoking, bad eating, and little exercise can come into the life of someone who is facing death, or suffering the loss of a loved one.
- Unresolved grief can result in physical symptoms of illness.
- It is important to examine the 'cause' of the symptoms and illness, and deal with the cause.

5. Panic

- Loss can result in panic in the face of the unknown, and fear of being alone. This can cause inability to concentrate or sleep.
- A tendency when in panic is to:
 - Run from life.
 - Find excuses to be alone.
 - Be afraid of doing new things and facing people.
 - Experience difficulty in coping with daily responsibilities; difficulty dealing with children.
- Unresolved grief can play tricks with the mind. The important thing here is to recognise grief for what it is so that it is not an ongoing state.

6. Guilt

- Almost all people experience some feelings of guilt, particularly in the loss of a spouse over things left undone, words left unsaid, and acts regretted.
- Normal guilt is due to doing or not doing something while the spouse was still alive.
- Neurotic guilt is allowing feelings of guilt to get out of proportion. This degree of guilt can affect health and behaviour negatively.
- In cases of neurotic guilt, one should examine one's image of self-worth, and seek assistance from a pastor or counsellor to resolve the guilt feelings.

7. <u>Hostility</u>

- Hostility, resentment, and anger are not uncommon feelings for those working through grief.
- There can be a tendency when one cannot find answers to the situation, to blame God, doctors, pastors, the church, family members, deceased's family, or oneself.
- A person facing loss and death is often asking and battling with the wrong questions:
 - The common question is "WHY?" A better question is, "HOW can I live through this and help others?"

8. <u>Drifting</u>

- Persons facing loss can sometimes move into their own world, and exclude others. They may feel it difficult to grieve in the presence of others; they do not want to bother others; they feel embarrassed by their feelings. They may be overly taken up with daydreams and fantasies about their lost loved one or what life was and might be if that person were still here. This can be a substitute for dealing with their loss and grief.
- Sometimes, in the case of the loss of a spouse, one has to examine their new status (widowhood) and come to terms with who they are in that role, rather than their married identity.

9. <u>Hope</u>

- Finally, HOPE does begin to glimmer through and the days become more positive and brighter.
- Grieving persons achieve the ability to express and handle their emotions without
 fear of others and without a sense of worthlessness. They are able to control their
 emotions more and more with the times of grief becoming less and less. They are
 able to feel warmth in relationships again, and be a source of encouragement to
 others.
- They are able to get on with their life and make wholesome decisions to live for today and look forward to the future in their present state.
- Even in the deep areas of loss, HOPE can come again. TIME is a great friend and will help to heal the grieving person. This does not happen overnight. Usually

grieving persons will find the loss of their loved one become less of a focal point in their daily life. While the loved one's memory is always cherished, HOPE can be restored to a life of living with joy and fulfilment.

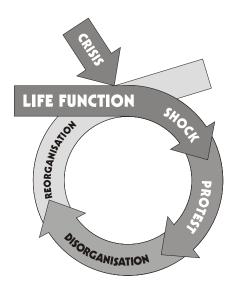
10. Reaffirmation and Confidence

- Gradually those experiencing loss will begin to feel confident about their own future.
- One can never go back to the 'way it was' but they accept their new status.
- Persons healed from grief can emerge with much still to experience and give in life:
 - -They are now capable of helping others in grief, through their own experience
 - -They have ability to use one's untapped potential through what they experienced.
 - -They can build on the new strengths they developed in their loss period.
 - -They are gaining a new sense of self-worth, value of friends, and positiveness about the future.

These stages are neither always clear, nor are they the same for each person. The stages and lengths vary. Persons can vacillate between stages, and may regress at times.

The Mini-Grief Cycle

Sometimes an individual may be far along and seemingly "out of" the grief process only to face another crisis (maybe not involving death) where they seem to go through parts of the whole grieving process again. Fortunately, these minicycles are usually short-lived and do not last as long as going through it the first time.. Time alone, however, does not heal all wounds. The "work" of grief is a process that means ploughing through until grief is behind.





Grief is NOT an illness, or a figment of the imagination. Grief is real and is a natural, healthy response to loss, particularly by a death. It is experienced in all cultures and parts of the world. It has both negative and positive aspects. However, when grief is denied, the person is left wounded and unable to move on positively in his/her life. Providing sufficient support and understanding enables him/her to work through it and come out on the other side stronger and more positive.

STAGES OF RECOVERY FROM LOSS This is a process which must be passed through in order for good health to be restored:	WHAT SOCIETY TENDS TO TEACH ABOUT GRIEVING Most persons are poorly trained to handle loss; society teaches us how to 'keep things inside' and how 'not to lose' anything. Instead of recognising our loss and accepting it, we are taught to:
 Gain awareness. Accept responsibility. Identify support people. Take action. Move beyond the loss. Be willing to take ownership of the loss. 	 Bury our feelings, or deny them. Replace loss. Grieve alone. Just let enough time pass. Regret the past and try to "fix" it. Never trust anyone or anything again.

Inadequate coping skills given to us by society do not prepare us to deal with the natural and predictable process of death. Death comes to all of us and our families; yet our friends and even professionals often do not know how to help us deal with this life process. They, like us, have the same impractical teaching about death and loss which is to:

- Be afraid of our feelings.
- Try to change the subject.
- Avoid talking about it.
- Speak in half truths rather than with honesty.
- Give false hope or keep feelings inside.
- Keep busy and forget about it.
- Avoid thinking about death and it will go away.
- Keep the faith and then you will just feel happy!

False Expectations in the Grieving Process

Often society expects the survivor of loss to "act recovered" in order to be treated in an acceptable manner. In order to gain acceptance, it can be easy for the survivor of loss to:

- Want the approval of others, so acts in a way to please them, denying his/her own feelings?
- Suppress his/her feelings to save face?
- Keep busy to keep feelings in and not let others know how he/she is feeling.
- Begin to ACT recovered but is really not recovered.

When the survivor of loss suppresses the grieving process to please others, grief often manifests itself in other ways, because the mind and body have to let it out in some way:

- Sleep disturbances
- Periods of confusion
- Difficulty in making decisions
- Imagines things, hallucinates, becomes fearful
- Behaviour problems of acting out grief and not knowing he/she is doing it; abuse of medications, alcohol or drugs, eating disorders, etc.
- Fear of the past, present, and future
- Fear of people, places, or things
- Isolating oneself and withdrawing
- Emotional outbursts of anger or other inappropriate reactions, etc.

Essential Ingredients for Recovery from Loss Due to Death

For both the **dying** person and the **survivor** of a loved one, it is essential that these people and their support people keep the following in mind:

- Recovery from loss begins when we accept that:
 WE ARE RESPONSIBLE FOR OUR OWN FEELINGS AND ACTIONS.
- If we are responsible for our own feelings and actions, then WE ARE ALSO RESPONSIBLE FOR ENDING OUR FEELINGS AND CHANGING OUR ACTIONS.
- Therefore, only the persons suffering from loss can achieve recovery; no one else can do it for them.

The Process of Recovery as Recommended by the Grief Recovery Institute

- 1. Choose a partner or counsellor.
- 2. Make a commitment to:
 - Total honesty
 - Absolute confidentiality
- 3. Identify loss events in your life.
- 4. Identify those events that are emotionally incomplete.
- 5. Identify significant events in those emotionally incomplete relationships.
- 6. Identify communication, which should have taken place during these events, however, for some reason did not.
- 7. Prepare those recovery communications:
 - Make amends
 - Achieve forgiveness of self and others
- 8. Allow the recovery communication to the person involved or to the partner or counsellor.

- 9. Achieve closure and let go of the event, your feelings about it, and your non-productive actions resulting from those feelings.
- 10. Move beyond the event into new aspects of your life based upon your newly recovered emotional state with its accompanying different pattern of actions.
- 11. Begin to take emotional risks; make yourself vulnerable to trust people again.

The DO'S and DON'TS of Dealing with a Bereaved Person

DON'T assume that you are dealing solely with bereavement.

DO be aware that there may be other memories from the past.

DON'T say "I know exactly how you feel" because no one can fully understand the measure of pain a person is going through.

DO say "I can understand some of the things that you are feeling."

ANY PERSON'S DEATH INFLUENCES ME BECAUSE I AM INVOLVED WITH MANKIND

After the Death

- Understand that with death, particularly those that are sudden, such as in an accident, that shock is always present to some degree.
- The thought that the bereaved will never see their loved one again in this life is sometimes too much to bear.
- The most helpful thing we can do is to allow the bereaved persons to express their emotions, allowing them to talk about the person that they have just lost, and to cry freely.
- If we have not faced our own mortality, this will be very difficult for us to do.
- To protect ourselves in issues surrounding death, we often resort to the well-worn cliches such as:
 - -"You'll soon be back to normal," which really means, "I hope you are (for my sake) because I can't cope with you like this."
 - "There there, don't go upsetting yourself now," which really means "Unless you stop crying now, I will cry and that will be embarrassing. I don't want to deal with this."
- Be understanding but not gushing or overly sentimental.
- Grief is very draining, stressful, and depressing, often for those that are supportive as well as for the grieving person.
- We need to be aware of our own emotional levels, and whether or not memories are being resurrected for us, as well as the bereaved.
- Sometimes our instinct is to over-protect the newly bereaved. We need to remember:
 - -To allow the grieving person to do the ordinary things in life if possible, like shopping if that is what they want to do.
 - -Some form of normality will help, even if only in small doses.
- There are many different aspects associated with loss.
 - -Many people call them 'stages', but this tends to imply that there is an expected progression through each 'stage'. This is not necessarily the case.

- The bereaved person experiences many emotions. Just as he/she thinks that he/she has moved on from one 'stage' to another, regression can occur with no logical explanation.
- Hence it is healthier and more accurate to look at a moving in and out of differing reactions or phases to grief.

Jesus Christ, the Church, and the Grieving

The believer in the Christian Church knows a hope regarding life-after-death as no others can. The Lord Jesus Christ conquered death in dying on the cross and rising again.

"Then shall be brought to pass the saying that is written: "Death is swallowed up in victory." "O death, where is your sting? O Grave, where is your victory?" (1 Corinthians 15:55).



The person who has his/her sin forgiven by the person of Jesus Christ, and His shed blood on the cross, is truly prepared for death. This is because he/she knows that death is not the final end. The Christian who has Christ living in his/her life moves on to eternal life with Jesus Christ, after death.

"But I would not have you to be ignorant, Brethren, concerning them which are asleep, that ye sorrow not even as others which have no hope" (1 Thessalonians 4:13).



"For if we believe that Jesus died and rose again, even so them also which sleep in Jesus will God bring with Him" (1 Thessalonians 4:14).

Therefore, death for the **dying person** who knows Jesus Christ is not the same as facing a sense of 'the unknown' or something 'fearful'. He/she knows that immediately his/her spirit leaves the body in death, he/she is going to be with the Lord. And upon the return of Jesus Christ, it will be the de ad in Christ who will rise first and meet the Lord in the air and be ever with the Lord throughout eternity.

"For the Lord Himself will descend from heaven with a shout, with the voice of an archangel, and with the trumpet of God. And the dead in Christ will rise first. Then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air. And thus, we shall be ever with the Lord" (1 Thessalonians 4:17).

Those who die in Christ Jesus and have prepared themselves in life to be with Him by accepting His forgiveness of sin, die knowing that they will have an even greater life after death. This fact lessens the pain and sting of death for the believer. Although he/she knows he/she is being temporarily separated from loved ones on earth because of death, there will come a day when he/she will be reunited with those loved ones who also know Jesus Christ as personal Saviour and Lord. They will see their loved one again. Together on the day that Jesus Christ returns to the earth in the Second Coming, they will also be reunited with their loved ones who are in Christ. Both the dying and the survivors of loved ones who have died in Jesus Christ are comforted by this fact.

The non-believer who dies does not have any hope after death. He dies having no assurance of sins forgiven, or of spending eternal life with Jesus Christ. The sense of loss for the unbelieving dying person and the unbelieving survivor is permanent. They will never be reunited again, which makes death much more painful and hopeless.

It is incumbent upon the Church to bring the 'good news' of salvation to those who have not accepted Christ's forgiveness and prepared for death. Sharing the hope of life-after-death with Him is the task of every believer. Not only will this bring hope to the dying, but also it brings hope to the living!



CRIMES AGAINST CHILDREN (Child Abuse)

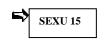


CRIMES AGAINST CHILDREN (CHILD ABUSE)

Never before has there been such violation of children in the world as there is today. Child abuse and sexual molestation are crimes against children that most often go undetected.



Worldwide it estimated that 30% of little girls and 25% of little boys are sexually abused before they reach their adolescent years. These 'little people' carry the pain of abuse for the rest of their lives, often bringing dysfunction into their adult lives as a result.



The Christian church has for too long been unprepared in screening child abusers who use the church to get at children. The church has also often remained silent about child abuse, not knowing how to help in the many aspects of it. The church, too, has often remained ignorant about child abuse, which has only assisted Satan in his evil works (2 Corinthians 2:11).

Child Sexual Abuse Worksheet

The following is a short quiz which is designed solely to make one aware of his/her beliefs and knowledge (or lack of it) of child abuse:

	TRUE	FALSE
1. The most frequent abuser of children is a stranger.		
2. Adult men and women abuse children equally.		
3. Girls are victims of abuse more frequently than boys.		
4. Boys are seldom sexually abused.		
5. The sexually abused child wants to leave his/her family.		
6. The sexually abused child suffers permanent psychological damage.	. 🗆	
7. The sexually abused child usually hates the perpetrator (the abuser).		
8. The stigma of sexual abuse only affects the perpetrator (the abuser).	П	П
9. In a father/daughter incestuous relationship, the mother is often	_	_
aware of the sexual relationship.		
10. Incest (sex within the family) is more likely to occur in stepfamilies	s. 🗆	
11. Most children tell an adult if someone is abusing them.		
12. Most sexual abusers are male and married with children of their ow	'n. □	
13. Women are never sexual abusers.		
14. Once disclosed, sexual abuse is easy to treat.		
15. A child cannot get an STD from sexual abuse.		
16. Often, child abusers are 'authority' figures to the child.		
17. Catching the abuser and telling him to STOP will correct the	_	_
abuser and make him/her stop abusing the child.		
18. Perpetrators (abusers) are rapidly convicted and sentenced.		

Answer Log

(1)F (2)F (3)T (4)F (5)F (6)T (7)F (8)F also the child (9)T (10)T (11)F (12)T (13)F (14)F very difficult (15)F often does (16)T (17)F almost never stops the abuser (18)F very few are caught, convicted, and sentenced.

Sexual Abuse Defined

Child sexual abuse is any exploitation of a child under the legal age in a specific country (in many countries the age is 16 years) for the sexual pleasure and gratification of the adult. It may be a single incident, or events that occur over a number of years.

Sexual Abuse Defined Further

This is any kind of incident that an adult inflicts on a child in parts of the body that are:

- Under the swimming costume (different for girls than boys)
- Uncomfortable to the child and has sexual inference

Sexual abuse of children includes any or all of the following:

- Obscene remarks and suggestions, obscene telephone calls, obscene internet
- Indecent exposure (showing any of the private parts of a body either by the adult to the child, or child to the adult)
- Voyeurism which is to watch a child undress
- Fondling the child (touching the child's private parts)
- Taking sexually suggestive photos or pornographic pictures; showing the child sexually suggestive or pornographic pictures
- Sexual intercourse or attempted intercourse including oral (sex with the mouth)
- Rape (forced sex), incest (sex within family members including stepfamily), prostitution (sex for money or payment in kind, and favours)
- Bestiality (sex with animals)
- Sexual abuse can be with opposite sex or with same sex

Who are the Sexual Offenders?

- SEXU 72
- Child molesters come from every class, profession, racial, and religious background.
- Most are persons the child knows and trusts.
- The highest incidence of sexual abuse of children happens within the family or extended family, including stepfamily.
- Ninety percent of reported persons who abuse are married men.
- A large proportion are married with children themselves.
- Most sex offenders lacked affection and physical contact when they were young; however, that is NOT an excuse to molest a child.
- A high percentage were themselves abused as children. Again, this is NOT an excuse to molest a child.



- Child molesters tend to gravitate towards places, professions, and activities which put them into easy contact with children (Note: Many abusers are people who work with children in churches, clubs, schools, community organisations, etc.). This does NOT mean that all people who work with children are abusers. It does mean, however, that abusers will seek out these places where children are readily available for them to abuse.
- Child abusers usually pick out their victims, and plan their abusive activity.
- A disturbing United States statistic shows that child molesters average 73 child victims before they are caught.
- Offenders avoid detection because they are so expert at hiding their deviant behaviour from the family, friends, and colleagues (both their own family and the family of their victims).
- Often sexual abusers are persons who are perceived as authority figures to the child (an adult person the child believes has authority over him. These can be teachers, childcare staff, church persons, a neighbour, a parent, etc.) Therefore, the child tends to be easily coerced into silence by that adult authority because of fear.
- Despite efforts to work with offenders, the risk of reoffending (committing this crime again) is 75%.

The Facts

MYTH - Children are usually molested by strangers.

FACT - 75%-80% of children are molested by someone they know.

MYTH - Incest is a rare occurrence.

FACT - Documented estimates vary from 1 in 23, 1 in 10, to 4 in 10 children being victims of incest (forced sex within the family).

MYTH - Only girls are victims, not boys.

FACT - Reported cases indicate a high percentage of girls are victims of sexual abuse, but both girls and boys are equally vulnerable and boys are not far behind the girls in the number that are sexually abused children.

MYTH - Women offend as frequently as men – it is just not reported.

FACT - 90% of all known offenders are male.

Identifying Abuse

Children who have been sexually abused, or are presently being sexually abused may or may not indicate the following symptoms, or some of them (Note: If a number of symptoms are being exhibited by the child at the same time, or in a pattern, or over a period of time, this could be an indicator of sexual abuse.):



SEXU 14

- 1. Drastic changes in behaviour/moods, sleeping or eating habits. Example: The child suddenly becomes withdrawn, refuses to eat, or has disrupted sleep. These can be signs to investigate
- 2. Excessive interest in his or others' private parts, excessive masturbation, or sexual actions that he would not otherwise know about are signs to investigate

- 3. Overdressing, cross-dressing, double dressing or obsession with an article/s of clothing such as stockings can be sign. Example: The child won't take this article of clothing off
- 4. Unnatural fear or excessive fear
- 5. Redness, swelling, pain in genital area discharge or constant itching and itching and scratching/touching, and of course, infections or injury in the private part area
- 6. Uncharacteristic anger or aggression
- 7. Missing or not wanting to go to school/church, stealing, lying, running away, performing badly at school suddenly, fantasising, etc.
- 8. Regressive behaviour (withdrawing), crying, bed-wetting, suicidal tendencies or attempts
- 9. Extreme insecurity, lowering of self-worth...feels he/she is no good
- 10. Displaying the need to talk but then unable to

How to Protect the Child from Abuse

Parents cannot be with the child 24 hours per day. Therefore, ALL children are potential victims of child abuse. Most children who are abused sexually were abused before they were 10 years of age. THE BEST PROTECTION PARENTS CAN GIVE TO THEIR CHILDREN IS TO TEACH THEM <u>EARLY</u> HOW TO PROTECT THEMSELVES.

Current Myth about HIV/AIDS and Children

There is a very popular myth in many parts of Africa, India, and Eastern Asia, in particular, that is totally false and only perpetuates child abuse. This myth says: If you are an adult and you think you might be infected with HIV and/or AIDS, then sleep with a virgin child, it will chase HIV and AIDS out of your body. This myth is believed by many an infected adult, and perpetrated on many an unsuspecting child! This myth is particularly dangerous because it is totally untruthful, and it only serves to infect the child with HIV, AIDS, and/or STDs (sexually transmitted diseases).

Teaching Good Touches

At approximately three years of age (each parent must determine his/her child's developmental ability) or before the child attends childcare, creche, or pre-school, the child should be equipped to protect him/her self against child abuse. One of the primary beginnings is for the parents to teach the child about 'good' and 'bad' touches. It is important that you <u>not</u> teach the child about so-called 'good' and 'bad' people; only good and bad touches. Most child abusers are good people, to the child!



- Pat on the head
- Hugging your family in a healthy way
- Kissing your family or friend on the cheek
- Holding your friend's hand
- Good playing

Teaching About Bad Touches



- Anyone touching your private parts (anything under the swimming costume)
- Kissing on the mouth
- Playing games with your private parts
- Anyone wanting you to touch them on their private parts

Example: the parent is helping the 3-year-old child (thereabout that age) undress for the bath. This child now is potty trained and has fair coordination. This is a good indicator that the child is capable of learning about 'good' and 'bad' touches. Mummy pats the child on the head and reinforces, "Honey, this is a good touch!" The child repeats this as reinforcement. This is repeated several times with parent demonstrating 'good' touches. Parent then encourages the child at a specific point that he/she is getting big now and that he/she must take off his/her own clothes for the bath, that Mummy wants ONLY him/her to take off clothing...no one else. This can be taught over several weeks/times. Parent then reinforces to the child that **no one but him/her is to take down panties or take off the clothes.** Parents then reinforce the concept that the private parts are ONLY for him/her, and not for anyone else...**that is a bad touch.** This needs to be in progressive steps over a period of time until the child is confident and understands the concept of **good** and **bad** touches.

A note of caution: parents should always give this instruction in <u>positive</u> ways, not negative ways. <u>Avoid</u> instilling fear; <u>avoid</u> putting across any idea that the child's private parts are dirty! <u>Avoid</u> telling the young child about sexual things or telling him/her more than is necessary for the child to protect himself/herself. The idea here is to reinforce the concept in the child that IF the child is in the situation of a "bad" touch, he/she will **recognise it** for what it is and refuse.

YOUR MOTTO MUST BE: NO - GO - TELL



Steps of Protection for the Child

1. Discuss the right to be safe.

Explain that everyone, including the child, has rights. Start with simple ideas such as the right to breathe, eat, sleep, play, or go to the toilet. Ask children what would happen if you took any of these rights away. Encourage them to think, thereby developing their own judgement.

2. <u>Discuss the difference between touches that give a "yes" feeling and those that give a "no" feeling.</u>

Introduce the idea of "yes" and "no" feelings. Explain that children have the right to say "no" even to someone they love, if they do not like a touch or a kiss. Children should not be forced to be affectionate. Children should begin to trust their own feelings and judgements if they are to learn to keep themselves safe.

3. Talk to children about their bodies.

Explain to the child that his/her body is his/her own, and that no one should touch him/her in any way that makes them feel confused or uncomfortable. Do not frighten children with too much information. Rather, help them to become sensitive to their own feelings of comfort or discomfort. Teach children about their private parts, using either their proper names or "those parts covered by your bathing costume".

4. Talk about secrets.

Differentiate between a secret you can keep and a secret you need to tell. If a secret is a surprise for someone, or one that definitely gives you a 'yes' feeling, then it is a secret you should keep. If a secret gives you the 'no' feeling, or it might hurt you or someone else, then you need to tell a grown-up whom you trust. Offenders often rely on a child's willingness to keep a secret; so your child needs to know **never** to keep a secret of this nature.

5. Encourage children to 'tell'.

Develop a relationship with your children where they feel free to talk with you, their parents. Assure them that whatever they tell you, you will not be <u>angry</u> and you will <u>believe</u> them. Even if they break a rule and are in a potentially dangerous situation, assure them that you still want to know and will be there to support them no matter what. Remember: the abuser often subtly instills fear into his/her potential victims by threats...threats that no one will believe them if they 'tell'; threats that they will harm them if they 'tell'.

6. Make the child aware of bribes and tricks.

Offenders may use bribes for sexual favours from the child. Explain the difference between a bribe and a gift to the child. Gifts are given freely – bribes want something in return. Tricks might involve presents, money, sweets, a cell phone, new shoes, etc. A common trick used by molesters is "Your Mum is sick and asked me to fetch you." Establish a family PLAN that will always be used by every family member should there be a crisis in the family. For example: the family decided that if there is a crisis, everyone will phone either Auntie Mary or Uncle Musa in the event of an emergency. ONLY Auntie Mary or Uncle Musa will be the ones to fetch you if there is an emergency! Tell children that you want to be told if anyone offers them a bribe or tries to trick them. Also educate your children not to EAT anything from a stranger, or GO WITH a stranger, for any reason.

7. Teach children to say "NO" when they need to.

Educate children that they have your permission to say "NO" if they feel uncomfortable with anything they are being asked to do. This includes saying a polite but <u>firm</u> "NO" to authority figures such as adults, a relative, a teacher, a priest or pastor, a babysitter, etc. if that person is wanting them to do or see something that makes them <u>feel uncomfortable</u>. Frequently practice "NO" situations which might be potentially dangerous situations, particularly with young children.

8. Do not define people as 'good' or 'bad'.

If children think that only 'bad' people hurt them, they will be ill prepared for the person who approaches them in a manner which gains their trust. If in the child's eyes, a 'good' relative approaches them for a sexual favour, then that child will be confused and perhaps think the sexual favour must then also be good. One method of relating this is that we all have 'good' and 'bad' in us, and even 'good' people sometimes do 'bad' things, or things we do not like.

9. Answer children's questions timely and openly.

If the children ask questions, answer with sensitivity and care, without dismissing their feelings or denying the reality of the situation. This helps children trust their own judgements and feelings, and is better than telling them not to worry. Children will not share their feelings if they are not taken seriously. Do not frighten children with too much information. An example: if the child comes and shares that he feels uncomfortable with Mr. X, the wrong thing would be to respond, "How can you think that way about Mr. X?" This kind of negative response conveys to the child that he/she has bad judgement about Mr. X; the child is made then to feel shame for thinking that way about Mr. X; the child is not believed. This child will unlikely express his/her feelings again with you. Rather, a right response would be, "Honey, I'm glad you shared. While Mummy and Daddy look into this matter, you can stay away from Mr. X when you're alone, and only be with Mr. X when we're with you!" It is important to follow through your child's reports of "uncomfortable" feelings by thoroughly investigating them.

10. Believe your children.

Children do not lie about sexual assault or sexual abuse! They do not have the vocabulary or the experience; therefore, children reporting such must always be believed. Question gently, but do not interrogate. Create an atmosphere of trust where children know they will be listened to and believed.

11. Play "What if...." games.

As parents, think up some case scenarios that could be possible 'sexual traps' for your child. "What if Mrs. X comes to the school and wants to take you to the shops to buy some new shoes?" "What if Mr. X at school wants to take you to his house for ice-cream?" "What if Mr. X tells you that we have to work late and he is to take you home from school?" It is a fun learning game, and gives children opportunity to test their ideas and judgements.

12. Teach children to keep themselves safe.

Even if this means breaking rules, the child must be made to trust his/her own judgement about uncomfortable feelings, if they are in potentially dangerous situations. For example: Mother goes to the store and leaves the child alone at home for a short period and tells the child to lock the door and stay inside until Mommy comes back. A knock comes to the door and the child finds the neighbour man outside the door wanting to come in. The neighbour asks if anyone is home and may he come in. The child must know that it is RIGHT in this situation to 'lie' and to say he/she is NOT ALONE (even if they are) and to be assertive in saying, "No, you may not come in!" even if that person is an adult and the child is feeling impolite.

Educative tools to give your children to help them protect themselves against sexual abuse

Parents should teach their children the following protective measures for self protection:

- SAY A BIG 'NO'!
- GET AWAY QUICKLY...RUN IF YOU CAN.
- DO NOT KEEP IT A SECRET.
- DO NOT FEEL SHAME. YOU ARE NOT TO BLAME IF SOMEONE TRIES TO HURT YOU.
- TELL AN ADULT YOU TRUST WHAT HAS HAPPENED TO YOU (like your mother, your father, the police, your pastor, or school principal).

Strangers and Children

Educate children on the following points:

- Do not talk to strangers.
- Do not take anything from a stranger, even if you would like to have it or how much you want it.
- Do not go with a stranger, either walking, on a bicycle, or in a motor car. No matter what he/she tells you, do not go!
- Get away quickly as you can. Run if you must until you are safe.

If a stranger asks the child to go with him or her, here are three questions the child should be taught to ask himself/herself:

- Do I have a "yes" or "no" feeling?
- Does an adult I trust know where I am? Has he/she given me permission right now to go?
- Can I get help if I need it?

"Yes" and "No" feelings

"Yes" feelings = are those the child has been taught that follow RIGHT moves. For example: playing football in a game where there are many people including several adults.

"No" feelings = those the child has been taught that follow WRONG moves. For example: teacher wanting you to come back to his house alone with him for a Coke after a football game.

The child must be taught and educated by the parents to:

- Carry on when the feeling is RIGHT.
- STOP and not stay around when the feeling is WRONG.

"Good" and "bad" secrets







Good secrets = are those secrets which are full of surprise and good fun. They promote the well-being of everyone involved.

Bad secrets = those which are asked of you which have the potential for harm. Sometimes they involve bribery, fear, distrust, shame, etc. No older person should ever ask you to keep a kiss, hug, or touch, secret. They should never ask you to go someplace and keep it secret, even if you know that person well. If any person does this, TELL A GROWN-UP PERSON YOU TRUST IMMEDIATELY.

<u>Handling Disclosure – What to do</u>

If a child tells you that he/she has been sexually molested, here are some helpful suggestions as to what to do:

- 1. Stay calm don't panic or show shock don't judge.
- 2. Listen attentively, sensitively, and empathetically, and acknowledge their feelings. Do not say things like, "Now be a big girl...don't cry." It is very important that the victim be encouraged and given every opportunity to 'tell' what has happened, how it happened, with whom it happened, and how he/she is feeling. Allow the victims of abuse all the time they need to get it out. Do not rush them and do not display shock or disbelief.
- 3. Make notes afterwards, but not in front of the victim. This could make him/her feel very uncomfortable and 'close up' and not tell.
- 4. Immediately after it is told to you, report it to someone in authority for example your pastor, child welfare, the police child protection unit. Note: particularly if the abuser is a family member of the victim, the victim may beg you not to report the abuse because of fear. It is **extremely important** that you remain calm and **never** fail to report abuse. Always report abuse to the proper authorities. Although it can seem traumatic (particularly when family members are involved), abuse that goes unreported continues on. The abuse does not stop and other people will subsequently be victimised. Here is where you must gently explain to the victim that **reporting** the abuse and allowing the law to take its course helps everyone, including the abuser. There is NO HELP for the victim or the abuser UNLESS IT IS REPORTED and followed through. Child abuse is a crime against children, a sin against God, and a crime in any society that MUST be handled in a legal way.
- 5. If the alleged abuser is a family member or person living in the same house as the victim, it is VERY IMPORTANT that the victim is immediately removed from the home until the process of law is completed. Allowing the child to remain in the home with the alleged abuser places that child's life potentially at risk. Many abusers who feel that their victim 'told' could threaten, harm, or even kill their victim to keep them silent and protect themselves. Remember, sexual abusers are "sick" persons who desperately need help, and are not to be taken lightly.
- 6. Immediately upon reporting (particularly in the case of sexual abuse), the victim must be taken to the nearest proper medical facility for a physical examination to determine damage. It is crucial that this is done as quickly as possible after the abuse has taken place in order to obtain evidence that would stand in the legal system. Particularly now in the age of HIV and AIDS, IT IS ESSENTIAL that possible



victims of abuse or rape who may have been infected with the HIV virus receive medical treatment which can help to lessen that possibility. While this treatment is not always available to victims in developing countries, the rule of medical examination immediately is essential. If, for some reason, time has lapsed between the incident of abuse and reporting, in any case, always have the victim medically examined.

Important Messages to Give the Victims

- 1. It is not their fault
- 2. You believe them
- 3. It is right to 'tell' and you are glad they did. Affirm 'telling'
- 4. You are sorry it happened to them and what the abuser did was wrong the abuser needs professional help and must be stopped from abusing others
- 5. They are "OK" and not bad/dirty. They are still very special
- 6. They CAN be helped and you will get help for them
- 7. They can say 'no' to adults or to anything that gives them a 'no' feeling
- 8. Teach them about good and bad touches, and good and bad secrets for the future. Reaffirm them
- 9. Help the victims decide 'who' they are going to tell about the abuse (whether members of the family, spouse, etc.). Also help the victims decide 'how' and 'when' they are going to tell. There are some people close to the victims that in most cases should be told. They would be parents of a minor child, spouse of a married person, etc.

Reporting Sexual Abuse

It is extremely important that there is no indecisiveness about reporting. Sexual abuse MUST ALWAYS be reported to the proper authorities, just as in any other crime. Suggestions to whom you should report:



- Your pastor. It is important here that the pastor is properly informed as to where to take it from there. Reporting should NOT stop with the pastor in the case of sexual abuse. Pastors are not law enforcement officers and do not handle criminal matters for follow-through. Pastors are an initial start for reporting, but it must not end there because sexual abuse is breaking the law. Either the pastor or you must take the reporting of sexual abuse to the legal authorities.
- Police units, particularly child protective units, are the designated authorities for reporting sexual abuse. Should the sexual abuser, himself, be a police officer, then the person reporting MUST insist on reporting the abuse to the Commanding Officer in charge. In the case of the possible abuser being a law enforcement officer, DO NOT report the alleged abuse to another officer who may be a friend or colleague. Always report to the person in charge, in that case.
- In some communities there are specialised Child Protection Units (C.P.Us.) that will assist you in starting the whole process and the follow-up of reporting. It is important that local churches and agencies have an accurate and complete list and complete list of phone numbers of all such available child abuse agencies in their

- own community, at their immediate disposal. All those working with children should also have this information available to them.
- In some major centres there are helplines and telephone counselling services available to report abuse. Some names are: Child Line, Life Line, Child Emergency, Child Help, etc.
- Therapeutic centres for help and psychological counselling is necessary for the
 victim of sexual abuse. Seek out community resources for trained help. Church
 people and pastors who are counselling potential abuse victims must be adequately
 trained. Being a Christian DOES NOT constitute adequate training for counselling
 an abused child. Seek professional help.
- Welfare agencies can be called in as well as social workers who have the legal power to remove a child in an emergency. These agencies are the best in the community to access counselling, support, guidance, and do the necessary investigation for children's court, where necessary. Once it has been reported to them, community services, such as, child welfare and nursing sisters should immediately go out to investigate cases of sexual abuse against children. A pastor or friend of a victim can fill the role of seeing to it that proper follow-through is continued until the case has been resolved.

Implications of Abuse for the Church

The Church has a major role in ministering to and strengthening the family through some of the following:

- 1. The Church must fulfil its role in providing education and programmes for children and parents and church staff to prevent and manage child abuse. Seminars for parents on how to teach their children about sexuality and sexual child abuse are opportunities for the Church to help prevent this tragedy.
- 2. The Church has a dynamic role to influence and change its community through evangelism, discipleship, teaching and training of its members, as well as offering its services to the community at large.
- 3. The Church can also influence for good where negative factors brought into the community would accelerate exploitation of children. For example: the church can lobby strongly against unwholesome TV and radio programmes; it can speak strongly against child pornography; it can help to disband drug dealing where children frequent; it can affect the kinds of magazines that are sold in shops, etc.
- 4. The church has an active role in destroying the works of Satan and working with God to restore and heal individuals who are being hurt by abuse.
- 5. The church must offer biblical and godly counsel to victims and offenders of sexual abuse, by first having trained workers within its congregations, and second by offering its help to the community at large.
- 6. The Church has a vital and essential role to play in providing support systems for

victims, offenders and their families by way of practical help. Example: refuge for the victim, shelter and clothing for the child victim, legal advice, consultation and doctor examination fees, medications, counselling services, etc.

The Spiritual Significance of Child Abuse

- It is an emotionally traumatic event. Such an incident opens the door for Satan in the victim's life and can cause permanent emotional crippling or bondage. For example: guilt, anguish, fear, feeling unworthy and dirty, loss of self-worth, etc.
- It opens the doorway to two major problems in the victim's heart: **unforgivingness** or bitterness and rejection.
- It can put the victim and the offender into spiritual bondage. (Any sexual act has spiritual significance and in sexual intercourse, even rape or incest, the victim and the abuser become one in flesh and spirit.) Therefore, there can be transference of evil spirits or demonic oppression or possession (spirit of lust, sexual perversion including homosexuality), controlling other people, or power over other people (spirit of control), sexual addiction later in life...all of which hold these persons in bondage. Jesus comes to set the prisoner free (Luke 4:18) and this is where the Church comes in. Both the victim and the offender need spiritual counsel and ministry that will set them free from the bondage that sexual abuse brings. And they can be set free!
- There can be a hindrance to the victim's or offender's prayer life, faith and relationship to God, particularly if they blame God and are angry with Him. The church must be able to minister healing so they are free from these feelings (that hinder them) after abuse.
- The victim's or offender's thought life becomes disturbed and problematic. For example:
 - Obsessed with sexual thoughts or thinking about what happened so they cannot move on in life;
 - Obsessed with thoughts of, and plans for, revenge and allowing feelings to take control or to become self-absorbed at getting back at the perpetrator;
 - Becoming withdrawn, introverted and self-centered. Unable to think of anything else which affects his/her wholeness of life can't concentrate or cope at school or at home, can't relate to other people, can't manage tasks he/she is accustomed to, becoming irresponsible and demanding (cannot give to others), and may display aggressive behaviour;
 - Can take the pain and hurt into adult life which renders him/her dysfunctional in his/her own relationships. For example: feel he/she can never get married, may have problems sexually as a married person, and cannot relate to his/her own children in adult life.

Problems Experienced by Victims of Sexual Abuse



Emotional problems

- **1.1** Excessive fear, crying, aggression, tantrums, hate, silence, etc. Many times these emotional problems are either self-destructive (tendencies of suicide) or destructive of others (abusive to other people)
- **1.2** Deprivation and loss manifested in stealing, lying, or inappropriate attention-seeking such as sexual acting out or deviant behaviour displays (particularly in younger children), destructiveness, demanding time and attention in negative ways, uncaring, selfish, and rebellious behaviour
- 1.3 Anger and hurt causing problems in relationships (especially those involving communication and trust), running away, taking drugs, prostitution, irrational and irresponsible behaviour such as, truancy in school, girls falling pregnant, deliberately failing in school or in job expectations, avoiding responsibilities, denying the truth, and manipulating people, etc. can all be signs of sexual abuse
- **1.4** Desire for revenge and power. Manifests itself through gossiping, obsessive and uncontrolled cruelty or frightening thoughts, uncontrolled bouts of anger, scheming and plotting, distractedness and emotional barriers, projected distrust of all persons of the same sex and age as the abuser (like a father, uncle, aunt, etc.), hardening of the heart, stubbornness, independent, and resisting help
- **1.5** Depression feeling of emptiness and loneliness this goes along with guilt and hopeless feelings
- **1.6** Struggling with their own sexuality sexual identification, how they see their bodies. Sometimes can be manifested in 'same sex' behaviour, cross-dressing, etc.

Mental difficulties

- **2.1** Neurotic or obsessive behaviour, or severe psychiatric problems
- **2.2** Lack of peace, manifesting in nightmares, eating disorders and/or sleeping problems
- 2.3 Uncontrolled thought life
- **2.4** Phobias, negative associations, memory blocks, strong defence mechanisms. For example: Excessive washing of hands, wanting to keep articles of clothing on, wanting to or not wanting to bathe or be clean, etc.

Spiritual problems

- 3.1 Fear of man/fear of God
- **3.2** God-consciousness is replaced by self-consciousness
- **3.3** Inability hindrance to giving or being able to give/receive. Being unable to love or to accept love (be loved themselves)
- **3.4** Not thriving or living below God's potential for their lives

Physical problems

- **4.1** Infection, discharges or bleeding in private parts
- **4.2** Pain from tearing or brutality or perversion (can be in the rectum, mouth, etc.)
- **4.3** Sexually transmitted diseases (STDs) including HIV infection and AIDS, cervical cancer, mouth sores, etc.
- **4.4** Bruising, cuts, etc. (especially with rape or sodomy)
- **4.5** Sexual problems later, ineptness, in manhood inability to have an erection, frigidity and no interest in sex as an adult, infertility, etc.
- **4.6** Speech and hearing difficulties, or slow progress

Social Problems

- **5.1** Delayed interaction with other people, regression or lack of interest
- **5.2** Communication and relationship difficulties, cannot make friendships
- **5.3** Coping-problem solving skills get destroyed or disturbed
- **5.4** Too eager to please, no self-will, allow themselves to be used and manipulated

Church Ministries and Child Abuse Prevention

In numerous countries, particularly in the United States, churches are now finding it necessary to take many more steps to ensure the safety of children from sexual abuse. Sexual abusers find children in churches as easy targets. Increasingly, children in church ministries have been victims of terrible sexual abuse that has brought the church into disrepute. Sometimes it can take years for a church or ministry to recover where abuse has victimised a child within the church itself. In October 1998, the General Superintendent of the USA Assemblies of God put out a guideline for American church ministries to prevent child abuse. These apply to all children's workers whether paid or voluntary. These suggestions were:

Step 1: The 6-month rule. Adopt a policy restricting anyone from working with children (young people under 18 years) to those who have been members in good standing in the local church for a minimum period of time (e.g., 6 months).

Step 2: Screening forms. Have every person in the local church who is working with minor children (under 16 years) complete a screening application (see sample below) that asks for character references and any criminal convictions.

Step 3: Contact references. Even though the potential person desiring to work with children in the local church has completed 'Step 2' and filled in the screening form, that in itself is not sufficient. The church must follow up and contact the references named, trying its best to check out the character of the potential children's ministry worker. If you contact the reference in person or by telephone, be sure to make a written record of the references and keep it on file at the church. This helps the church in the future should there be a question of sexual abuse involving a church worker. If legal charges are made, the church can show that it took all the necessary steps to avoid such cases of abuse; therefore, it was not negligent towards children in its ministries.

Step 4: Two-adult rule. Adopt a procedure in your church, and inform your workers that the church prohibits minors from being alone with only one adult. There



should always be a minimum of two adults at any one time working with minor children.

Step 5: The appropriate response. Should an allegation of child abuse be levied against a church worker, or the church, do not immediately deny the allegations, blame the victim, or minimize the seriousness of the charges. Respond with concern and compassion, taking the allegation seriously for all concerned. Be sure to comply with your national and community child abuse reporting laws. Always investigate the matter with the appropriate leadership, parents, and authorities until the matter has been brought to a conclusion.

Step 6: Education. Provide periodic training within the church about child abuse for all those working with children (e.g., Sunday school teachers, baby care workers, church school teachers, youth leaders, and parents of minor children). A possible resource for such training is your local child welfare agency in conjunction with those in the community who are legally in charge of child abuse problems.

Step 7: Accountability, not mercy. Many churches have given known sex offenders a second chance by allowing them to work with minors again sometime. They err on the side of mercy. The church <u>must always</u> make considerations in relation to the <u>protection for the child</u>, not for mercy towards the offender. While the church may view a second chance for the offender as merciful, in such cases where charges of sexual abuse have been levied against a local church or ministry, the courts will deem this as reckless behaviour by the church. Any person who has been found to be an abuser of children in the past should find alternative places of ministry in the church after rehabilitation, but never again with children. This is wisdom!

While some of these steps may seem improbable and impractical for smaller local churches, it is folly for any church to assume that sexual abuse does not happen in our community. Statistics prove that sexual abuse of children exists in all communities and is carried out in relatively similar forms in every community around the world. The devastating results upon children are also the same....lifelong scars. Churches are wise to think ahead in how to deal with this problem and lead the way to STOP the exploitation of children in their community. Children are our greatest heritage!

"Behold I send you forth as sheep in the midst of wolves; be ye therefore wise as serpents, and harmless as doves" (Matthew 10:16).

See next pages for sample questionnaire for prospective church and children's workers.

<u>Minor Children's Church Worker – Questionnaire (sample)</u>

	Age:		
divorced.			
_			
for a living and name of on			
for a fiving and name of co	mpany)		
· •	(Telephone # of workplace)years		
	How long have you worked here?)		
rk with?			
d telephone number of pro ildren in the past. <u>Contact Person</u>	evious places or Phone #		
priate behaviour towards ck) yes no	· -		
criminal offence in a cour no. If you ticke	ed "yes" please		
	for a living and name of con (Telephone # of (How long have you were with?		

Church Ministry Follow-up Report for Prospective Children's Workers

Name of prospective work	ker		
Did the prospective work	er complete the quest	cionnaire? (tick)Yes	No.
Are we convinced from children's worker has behaviour with children?	no previous allegat	tions or charges of in	
Has this person been ac desire for working with or			_
The names of persons we	contacted about char	acter references on this p	erson are:
<u>Name</u>	Date Contacted	Their comments about	t this person
1			
2			
3			
4			
When did this person become	ome born again?		
Where did this person bed	come born again?		
Name of previous church	this person attended		
Why did this person leave	his/her previous chu	ırch?	
Specify any negative com	ments about this pers	son, from others.	
Did our church adequathe/she works with our chhis person instructed? whom)	urch children?	YesNo. When and b	y whom was
Church leader completing	g this form:		
THIS COMPLETED FO			



SUGGESTIONS FOR CHURCH INVOLVEMENT IN HIV/AIDS



SUGGESTIONS FOR CHURCH INVOLVEMENT

"Be doers of the word, and not hearers only, deceiving yourselves. For if anyone is a hearer of the word and not a doer, he is like a man observing his natural face in a mirror; for he observes himself, goes away, and immediately forgets what kind of man he was. But he who looks into the perfect law of liberty and continues in it, and is not a forgetful hearer but a doer of the word, this one will be blessed in what he does" (James 1:22-25).

The Church of Jesus Christ ONLY possesses the answers to the crises of misplaced sexual behaviour and the resulting HIV and AIDS diseases in our communities. God is calling the Church to rise up, take the lead and get involved in rescuing a whole generation in Africa, from premature death. This chapter is intended to give ideas for involvement to the local church.

The Different Aspects of HIV and AIDS Involvement

There are three:

- A. <u>Prevention Side</u>
- **B.** Education/Training Side
- C. Care-Giving Side

A. The Prevention Side

1. Awaken Awareness

Each local church needs to begin to awaken the conscience of people (Christians first then community) that involvement in the HIV/AIDS crises is their God-given responsibility! For too long the church has felt it was the world's problem because we are all saints! AIDS is in the church and so it should be in the church (God help us if it isn't)!

"Now it happened, as Jesus sat at the table in the house, that behold, many tax collectors and sinners came and sat down with Him and His disciples. And when the Pharisees saw it, they said to His disciples, 'Why does your Teacher eat with tax collectors and sinners?' When Jesus heard that, He said to them, 'Those who are well have no need of a physician, but those who are sick. But go and learn what this means: I desire mercy and not sacrifice. For I did not come to call the righteous, but sinners to repentance" (Matthew 9:10-13).



Pastors need to speak on Biblical sexuality at least **twice each year** in their local churches.

2. <u>Utilise World AIDS Day to Plan an HIV/AIDS Emphasis</u>

World AIDS Day is **December 1 every year**. Utilise a Sunday near to December 1 and perhaps plan a whole week of activities in your church to bring HIV/AIDS awareness to your people. Get them involved during this special time. **This will also send a strong message to your civic and government leaders that your church 'PRACTICALLY' CARES!**

Utilize AIDS Memorial Day & Week in the First Week of May

The first week of May is a memorial week to remember those that have painfully died as a result of AIDS. The church can take this opportunity to plan a special HIV/AIDS emphasis to heighten awareness in your congregants to the AIDS crises and their responsibility in it.

3. Establish a Resource/Volunteers Base in the Church

The local church can either establish its own HIV/AIDS ministry base, or work with an existing community-based HIV/AIDS group that is already functioning. PLEASE GET INVOLVED! Seek out people in your congregation who are willing to work. Train them, and begin to get your local church HIV and AIDS ministry together.

One Thing Most Churches Have Is People/Resources

The local church may not have an over-abundance of money, but it does have people! People are the greatest source of resource for involvement in HIV and AIDS ministry as a tool of evangelism. Some of the people that could help your church to develop a successful HIV/AIDS ministry are:

People with skills: health workers, builders, home care people, visitation people

Material resources: food resources, used clothing, medical supplies, toys, AIDS booklets, Christian reading material, loving support, etc.

Facilities venue: the church being a place where HIV/AIDS people can come and receive help

Equipment: beds, household goods, vehicles for transporting, etc.

Land: for possible orphan and street children's home, counselling rooms, a venue to serve as an HIV testing place, etc.

Contacts: begin to link arms with those in your community who also are involved in AIDS Awareness. It can be a way of getting the gospel out in the open arena. LET YOUR CHURCH'S LIGHT SHINE!

"Let your light so shine before men, that they may see your good

4. Establish an HIV/AIDS Care Base

You may begin with just one day a week where people can come and you pray with them. BUT START SOMETHING! Build up your care support which can include the following:

<u>Emotional/Spiritual Support</u> - where people 'infected' or 'affected' can come for prayer and friendship. A place where people can come to receive strength to face death of loved ones from AIDS... and recovery for the hurting as a result of HIV and AIDS.

<u>Basic Needs Support</u> - where people affected/infected can receive help in the home, with children, getting food and medicine, expertise of home-based care for their loved ones, spiritual care for those who are frightened because of AIDS and don't know Jesus, visitation/friendship, alleviating fear about the disease, and offering the peace of Jesus.

Physical needs of affected/orphaned children - With 15 million or more orphaned African children having no parents and many with no extended family to love and care for them, the Christian Church must get past JUST TALKING ABOUT IT. The church will either DO SOMETHING or we will lose a greater portion of the upcoming generation to sniffing glue, living on the streets, dying of STDs and being slaughtered by AIDS. Realise that in a home that has a family member with HIV/AIDS, it is often the children who are left in need. The church MUST SEEK out these needy children before these precious children's lives are messed up. Raise up godfathers/mothers in the local church to become foster parents to these children who become victims of AIDS. The church can develop 'drop-in' centers for children without parents, utilising Christian homes/churches during the week.

<u>Testing</u> – work with the local health clinics and offer your church on specific days in the week as an HIV testing station venue. Provide it free; alleviate the fear of testing as the affected come to your church for testing.

<u>Counselling base</u> - The church can be more effective than anyone else in providing trained counsellors to minister to the HIV-infected and affected in pre/post-test counselling. The Church offers THE ONLY HOPE in the AIDS crisis. Begin to train up Christians who can counsel the AIDS/HIV-infected and their loved ones. See Chapter 14 for material.

<u>Hospice/Home care</u> – Some churches will be able to set up a chronic care hospice home where the AIDS-infected can live out their last days with love, adequate care, and in a Christian 'infected-friendly' environment.

B. Education Side

- **1.** Role Models The local church can disciple Christian role models who can demonstrate to the non-Christian community that it is possible to:
 - Live sexually pure lives.
 - Resist sexual temptation...
 - Raise morally pure children.
 - Not be afraid of the HIV and AIDS-infected.
 - To love and care for HIV and AIDS-infected.

Sadly, the non-Christian community is seeing very little positive role modeling in government, on television and radio, and in the community. The church can be living examples of 'right' living without being judgemental.

In today's world the young people are hearing mostly these words from adults:

- Don't do that because I say so!
- Don't do as I do: do as I say!
- Don't do that because it isn't our tradition!
- Don't do that because God will get you if you do!

Realise that in today's world it isn't enough for this generation to just hear words. Youth today are hearing a wrong message that says, "If it feels good do it!" "Everybody is doing it," "You're not a woman or a man if you don't do it." Youth today need to see examples in Christian youth and adults that show them how to live right! There is no doubt that God's Church today can say to this generation of young people as Paul said,

"Therefore I urge you, imitate me, For this reason I have sent Timothy to you, who is my beloved and faithful son in the Lord, who will remind you of my ways in Christ, as I teach everywhere in every church"

(1 Corinthians 4:16-17).

"Imitate me, just as I also imitate Christ." (1 Corinthians 11:1).

"Let your 'Yes' be 'Yes' and your 'No' be 'No" (Matthew 5:37).

A home or church atmosphere which models realistic expectations, godly lifestyle, sexual purity, involvement, care, and compassion will be flooded with young people giving their lives to Jesus Christ! This is the Church's day to "walk the talk" as never before.

Deuteronomy 6:6 & 7; Proverbs 22:6; Psalms 127:3-5;

Proverbs 13:24; Ephesians 6:4; 1 Peter 1:16; Proverbs 22:15;

Proverbs 13:24: Proverbs 23:13-14.

2. <u>Teach the Biblical standard</u> - Know what God says about the family and

raising moral children. God's standard is **cross cultural** because it is His standard in His Word the Bible. Raise that standard! Example: **parents** are commanded to be the primary teachers of their children about life's principles and godliness, not the aunt/uncle, school, church, initiation school, or anyone else. Those other sources can assist parents in reinforcement of godly principles, but they are not to take the place of parental input.

3. <u>Have a plan in the church to teach personal sexual purity to the family</u>

and upcoming children - This should be done minimally twice a year, as children respond to repetition. Flip charts for this teaching are in Chapter 24. This teaching should also include AIDS prevention. The local Christian church could easily cover every school child in the community with an HIV/AIDS presentation and gospel message. A motivated local church that is involved could reach every school-aged child in the neighbourhood in a relatively short time!

Remember that statistics taken from America and in Southern Africa found that less than 1% of Christian youth in the Christian Church are receiving teaching to establish Biblical values in the area of morality and sexuality. THE FAMILY AND CHURCH must rise up and do our job...teach and train the children "So that when they are older they will not depart from it" (Proverbs 22:6).

4. Train all church leadership in the following:

These topics should be taught and reinforced in the local church on a yearly basis:

- Sexuality God's way, moral teaching
- Life-skill management at all ages/levels
- Biblical values and lifestyle
- HIV/AIDS Awareness
- Truth about condoms, testing
- STDs, sexual abuse
- How HIV/AIDS affects me and my family
- Ways of church involvement in social issues relating to the community

Note: Where possible utilise other good Christian resources available to you. Examples are:

- Christian videos
- Christian tapes
- AIDS resource material from Africa...Operation Whole
- Assemblies of God booklet Edward The Elephant Says Help Stop AIDS as well as other materials from them

- Utilise what you can of community resources including NGO's and Ministry of Health/Education materials. Note: when you come to a concept that is non-Biblical, use it to give the Biblical view. Example: some organisations stress the condom as being the answer to the AIDS crises with very little said about moral behaviour and choices. The church can compare that teaching with the truth of God's Word and use what they can.
- 5. Provide lay training in AIDS awareness and include people from the community This is an excellent way to show people in the church and community that you are serious about stopping HIV/AIDS and are willing to DO SOMETHING PRACTICAL ABOUT IT. Allow the open door of AIDS training to be the platform to take the gospel message of salvation through Jesus Christ. Make the ministries of your local church known through AIDS involvement. Some areas of involvement to give AIDS awareness programs and an evangelism thrust would be:
 - Schools/universities
 - Prisons
 - Workplaces
 - Civic centres
 - Armed forces/military camps
 - Villages in rural areas, and in the urban centres
 - Professional people and business employees
 - Target difficult places to reach:

-homosexual community -prisons

-traditional healers/sangomas -prostitutes/truckers -street children/orphans -special interest groups

6. Challenge discrimination and stereotyping in the disease of AIDS

Constantly train people to see HIV/AIDS-infected people as any other sick people who need our love and care. Demonstrate by example, that the church welcomes AIDS-infected people amongst them. Dispel the notion that only gay, street, or bad people get AIDS. Bring in various HIV+ people to the church so that personal identification with the disease is made easier.

7. Encourage stopping the spread of HIV by teaching about HIV testing

- Role model by getting tested yourself if you are a church leader. Take the fear out of testing.
- Help people in the community to understand that 90% of HIV-infected do not know they are infected and continue to spread it to those they love.
- Develop a policy whereby all those anticipating marriage are tested twice at least six months in advance of their marriage.

Note: This will cut down on the spread of AIDS by HIV-infected individuals passing it on to others. People can make testing become easier by getting tested themselves, whether high-risk or not! Government clinics will usually HIV test without charge.

8. Develop a church policy and methodology to deal with sexual abuse and

<u>molestation</u> - Two out of every five girls are molested and two out of every six boys are molested before ten years old. The church cannot remain passive on this issue. The local church can teach parents how to protect their own children from sexual abuse. Let children in the community know that you are there to help them if sexual abuse has occurred. Children <u>will not seek out help from the church relative to abuse if there is no help for them.</u> Help will not be forthcoming if there is no church policy and training to deal with these issues.

9. Constantly reinforce the Biblical teaching of God-given selfempowerment

over one's own body and sexual urges as follows:

- Men and/or women can help themselves from being promiscuous.
- Women do have a choice over their own sexuality and body.
- Men/women do not have the right to sleep around and then take HIV home to kill their spouse and children.
- Mothers have a responsibility to get tested before getting pregnant.
- HIV-infected mothers must be taught alternate methods of feeding baby besides breastfeeding. Here the Church can help reduce infant mortality of infected babies by providing instruction in non-breasting feeding procedures and nutritious milk formula procedures.
- 10. Integrate church AIDS Awareness with existing community-based AIDS

 Awareness programs This way the local church can positively challenge non-Biblical ideas about sexuality, and bring in God's way. Rather than totally reinventing the wheels, you can complement existing community-based programs, allowing this to be a way of shining for Jesus in these organisations:
 - GOs
 - Government programs
 - Interfaith programs
 - Civic programs
 - Private programs

Demonstrate solidarity with the rest of the community leadership. To be effective, the local church should not take a "lone-wolf" approach. This will not produce positive results and will not be a positive witness to the gospel of Christ. The local Christian church can build bridges with the community; do not burn bridges! Let your community, city, and nation know that THE CHURCH is standing with them in the AIDS crises...we are the **HEAD NOT THE TAIL** in being LIGHTS in the darkness of AIDS.

11. Provide support for all HIV/AIDS areas of community need:

- Pre/post test counseling
- Various forms of HIV/AIDS care including HIV + mothers
- Child/family/youth support
- Bereavement and death preparedness and counselling services
- Using HIV/AIDS infected people where you can, assisting them in their own self-worth in providing work, and also helping to get the AIDS message out to the community

C. Care-Giving Side

1. Provide practical HIV/AIDS assistance

Care is needed for both for the <u>affected</u> and the <u>infected.</u> This can progressively grow to involve:

- Counselling
- Material help for HIV-affected families and HIV-infected persons
- Bereavement/death/dying assistance
- Medical help or direct to medical care
- Testing
- Orphans, street children, commercial sex workers and the homeless

2. <u>Provide godparents (mother and/or father figure) to children who</u> need help

- Train and provide Christian foster homes for parentless children
- Assist orphaned children with education, uniforms, clothing and fees
- Engage in a street children's feeding ministry
- Visit orphanages and be friends with the children
- Provide specialised ministries for children without parents
- Provide medical help and transport for disadvantaged children

3. Hospice/Terminally-ill care for those without families

- Help families to care for their own who are HIV/AIDS-infected, without fear
- Develop Christian hospice AIDS care in the community

4. Target financial resources for AIDS awareness ministry in your church overall budget - Do not wait for one of the church members to be in crisis due to AIDS before the church plans for money that is set aside for such cases. It will not be long until AIDS will hit every local church. It is better to be prepared with money on hand to deal with these desperate situations. Already in Africa, some local church pastors are conducting 10 or more funerals each week. A local church that has not planned for 'ministry people' and 'money resources' when AIDS hits, will find themselves in very difficult circumstances. Build up a reserve if you can to help with:

- HIV/AIDS care situations for extended church families hit with AIDS
- Parents who cannot work due to AIDS and provide for their children
- Funeral expenses for those who cannot afford to pay
- 5. Provide condoms to married people where one person is HIV infected and the spouse is not Provide expertise in how to correctly use a condom and direct them to appropriate Christian medical persons who can instruct them so as not to further infect the family unit. This would also include counseling and instruction for preventative care in handling HIV/AIDS patients who are excreting body fluids. While the condom in this case is not 100% effective, it can help married couples where either spouse is HIV infected.
- 6. Make a plan to utilise your church buildings and members' homes to meet the HIV/AIDS crisis in the community. Mobilising church resources and making an effective plan to utilise what we already have WILL RESULT IN A SIGNIFICANT DIFFERENCE IN THE AIDS CRISIS IN THE COMMUNITY. The Church's problem has not been lack of people, resources, or the mandate to help in HIV/AIDS. It has been lack of a plan, vision, and determination to do what Jesus has commanded us! THE CHURCH CAN HELP!

REMEMBER: THERE IS NO GOVERNMENT OR SYSTEM THAT IS GOING TO BE ABLE TO ADEQUATELY SUPPLY THE PEOPLE RESOURCES AND FINANCES NEEDED FOR THE AIDS CRISIS IN AFRICA. AS AIDS BECOMES MORE WIDESPREAD, THE CHURCH MUST GET ACTIVELY INVOLVED...NOT PASSIVELY INVOLVED! WE CAN DO IT BECAUSE JESUS LIVES IN US AND HE COMMISSIONED US TO DO IT!!!



GUIDELINES FOR TEACHING HIV/AIDS IN THE LOCAL CHURCH



GUIDELINES FOR TEACHING HIV/AIDS IN THE LOCAL CHURCH

The Pastor-making a decision for the Church to be involved in HIV/AIDS ministry

Firstly, the Senior Pastor must see the need and be motivated to involve his local church in HIV/AIDS ministry. The levels of involvement most probably will be:

- local church involvement then
- outside/community involvement

Motivating factors for the pastor in local church HIV/AIDS involvement are:

- The need is so great.
- It is one of the greatest open-doors to the non-Christian world in terms of evangelism.
- So many are dying without Christ and only the Church can remedy that.
- The toll in human lives that are dying prematurely is a primary factor.
- The plight of orphans and resulting street children is another.
- The economic devastation in losing so many people to AIDS who are in their productive years is causing poverty.
- The non-Christian world has no solutions to the moral dilemma of AIDS; only the Church has answers that can change the 'heart' of a person.

Start with local church leadership

- 1. The Pastor can take the contents of this manual and have <u>a meeting</u> relative to HIV and AIDS ministry in the local church, <u>with all of those in church leadership</u>. They could discuss the following:
 - Explain to leadership the need for the church to be involved.
 - Give some motivational teaching out of the chapters in this manual to the leadership so the HIV/AIDS ministry is a team effort.
 - Preach a few sermons to the whole congregation on biblical morality and values.
- 2. <u>Conduct an HIV/AIDS education workshop in your local church.</u> If the church leadership has teaching, and the congregation has some preparation through Sunday sermons, the next step can be to arrange an adult AIDS awareness workshop, perhaps on a Saturday. Make sure you do the following, if possible:
 - Put up posters around the church promoting the workshop. (See sample of poster at the end of Chapter 20 "Education.")

- Give a hand flyer to every adult in your congregation, inviting them to the seminar. (See sample flyer of 4 to a page in Chapter 20.)
- Teach the adults about the most important aspects of HIV/AIDS, especially covering:

HIV/AIDS Statistics – Chapter 3

Sexuality and HIV/AIDS Facts Explained – Chapter 4

Quiz – Chapter 5

Facts on Condoms – Chapter 8

Crimes Against Children – Chapter 16

Sexuality God's Way – Chapter 2

Other chapters can be taught later. Especially invite parents to attend.

3. Conduct an HIV/AIDS and morality training workshop for the youth.

Be sure to involve the parents of the youth if possible, in getting the youth to attend. Be sure the parents agree to the workshop. However, it is NOT always a positive thing to have the parents physically present with the youth. The age barrier is sometimes a problem in talking about HIV/AIDS and sexuality with both the parents and youth in the same room. It might be advisable to conduct workshops with the church youth over a period of several weeks rather than trying to cram it into a single day.

4. Make HIV/AIDS ministry involvement mandatory for Bible college

students. A special emphasis covering most of the concepts in this manual should be a "must" for those training for Christian ministry. A college level examination for testing Bible college students is available by writing OPERATION WHOLE offices. It can be mailed to you.

- **Develop trained, local church teams for evangelism using AIDS prevention as the open door.** Once you have several HIV/AIDS trained leaders in your local church, begin to groom them for outside, community ministry. To do that they must:
 - Know the HIV/AIDS material well.
 - Know how to adapt it to the age-group they will minister to. (See Chapters 17 through 22 for guidelines.)
 - Have the appropriate visual flip charts available to the teams who will be teaching.
 - Make appointments with local school principals to make your presentations available to the community. Offer to come and assist the teachers in HIV/AIDS education by doing a free AIDS awareness class. Once you get into one school and have a recommendation letter regarding your program, you will have an open door to all the school children in the community. Many of these children and their parents can be followed up by your local church.
 - Offer to conduct free AIDS education to the employees of local businesses. Assuredly, if your church HIV/AIDS awareness teaching teams do a good job, you will be flooded with opportunities to share

this message all over the community. In each session, you will be able to present Christ as the solution for change in moral behaviour while giving AIDS education.

- Invite community leadership to an AIDS emphasis in your church. This can be the village Chief, the Mayor or other such high profile persons to open such an event. Doing so will also bring the non-Christian community out to your local church event. Combine a first class AIDS Awareness campaign with a gospel outreach. Again, many will come to know Christ as a result.
- Once your HIV/AIDS ministry team is trained, make arrangements to have Assemblies of God hand-out booklets available to those who hear your presentations. Please contact the local resident missionary in your area, or write to OPERATION WHOLE so that you will have these available for your church's AIDS ministries.
- Target HIV/AIDS ministry education to these groups:
 - School age children (particularly middle and high school)
 - Parents
 - Truck drivers
 - Police officers
 - Military & army
 - School teachers
 - Prisoners
 - Health and social service workers
 - Commercial sex workers
 - Business employees

In all of the above, your church teams will be able to share life-saving information on HIV/AIDS, plus share the simple gospel while they are doing these educational presentations.

• Once you have teams in the local church that are confidently ministering in the community on AIDS awareness, you can begin to train teams who can help in "home-based" care for the HIV and AIDS patients. This training information is covered in Chapter 13.

Begin to target the following:

- Christian homes that have a loved one HIV-infected
- Non-Christian homes that have a loved one HIV-infected
- Lead the HIV-infected to Christ, and also their extended family
- Visit hospital wards where AIDS patients are
- A wise pastor will train someone under him in the local church to care
 for the those sick with AIDS. There also should be another lay pastor
 in the local church who can conduct funerals. Otherwise, in areas
 where there is a high infection rate in the population, that pastor will

have little time for shepherding his congregation. He will constantly be at funerals which can rob the life of the living in the church. There should be a "delegated" church leader responsible for the issues of death and dying. This will help the pastor with his priorities.

• The local church can sponsor a community parade and open-air service on the theme of "I CAN WAIT." Banners can be made and held as people march. There can be singing, skits, and a powerful message which will all heighten community awareness of AIDS and moral values. Many will come to Christ through these kinds of rallies.

There is much the local, Christian church can do to bring Christ, life, and hope to the community by getting involved in HIV and AIDS ministries. The opportunities are endless. For any local church to pretend HIV and AIDS is not its problem and not become involved in this strategic area, may very well miss out on one of the greatest opportunities to share the gospel with a hurting world. God will help and bless you through it. Amen!

"Then the King will say to those on His right hand,
'Come, you blessed of my Father, inherit the kingdom prepared for you
from the foundation of the world;
for I was hungry and you gave me food; I was thirsty and you gave me drink;
I was a stranger and you took me in;
I was naked and you clothed me; I was sick and you visited me;
I was in prison and you came to me'

(Matthew 25:34, 35, 36).



OTHER CHRISTIAN ISSUES INVOLVING HIV/AIDS



OTHER CHRISTIAN ISSUES INVOLVING HIV/AIDS

Laying a Biblical Foundation

The following topics deal with African cultural issues relating to HIV and AIDS. This is meant only as a guide since there will be variations from place to place in Africa. Some of the differences in African countries will be significant. Others will be minimal. Instructors, therefore, should be prepared to address each issue as it specifically relates to the cultural context in which they find themselves.

Traditional African Views of Health and Wholeness

- Health and wholeness in Africa is physical, social, psychological, and spiritual wellbeing.
- Traditional healers combine the role of doctor and priest, combining both medicine and religion.
- The health of an individual is connected to the health of the wider community and society.

The Traditional African View of Illness

Causes of illness:

- 1. Supernatural, either through the agency of God, spirits, or the ancestors.
 - Through a human agency (e.g. cursing, bewitching, poisoning, etc.).
 - Natural causes.
- **2.** Illness is often viewed as resulting from a breaking of spiritual and/or temporal relationships.
- **3.** Illness is almost always imposed on one by another.
 - Through evil or ill will, such as cursing or bewitching
 - Could be by a negative pronouncement by an aggrieved person on another
 - Misfortune on someone due to persistent disobedience or bad behaviour
 - Persistent misfortune that is only erased by a ritual
 - Something that cannot be explained because it is evil
 - Tragic consequences of moving away from social norms
 - Through the use of herbs, muti, charms, and/or other medicines

Traditional African Views of Healing

- 1. Healing in traditional African context is almost always a process of liberation (individually or corporately) from whatever has caused the illness.
- 2. Healing in traditional African context is a process which includes both a

- temporal and spiritual component.
- **3.** Illnesses are fought with a combination of medicines (herbs, powders, etc.) and specific words, chants, incantations, communications, or prayers which will address the physical, mental, and spiritual aspects of the illness.
- **4.** The healing process is affected through various ways involving people, animals, plants, spirits, ancestors and God-the-Creator.
 - Traditional healers are believed to be the instruments of the spiritual realm.
 - Healers are expected to be aware of and to understand activities in the spirit world.
 - Healers are expected to be able to communicate and consult with the spirit world.
 - Healers may become instruments of the spirit world and become spokespersons for spirits.
 - Healing involves not only medicines, but also prayers.
 - There is no separation between the temporal and spiritual domains.
 - Medicine is considered effective ONLY when given power by God.
 - There is a sense that through the activity of God and the spirit world, society can be liberated from illness.
 - Healing is the prerogative of God only.
- **5.** Traditional healers operate with a knowledge of the physical and cultural environments in which they operate.
- 6. Those who consult healers in a traditional context do not do so for medical reasons alone, but to deal with social, psychological, and spiritual problems, all of which are considered to be a part of illness.
 - It is therefore necessary for healers to understand culture in order to be effective in healing.
 - It is important for healers to recognise physical, mental, spiritual, social, and other kinds of evil.
 - Healing involves not only medicines, but also prayers.

The Role of Evil in Illness

- The African world view recognises the existence and activity of evil spirits (as opposed to evil forces) in bringing illness.
- Mechanisms exist to discipline, drive out or weaken the influence of evil spirits.

The Contemporary Situation

- Traditional explanations for the causes of illness continue to dominate in Africa.
- The overwhelming majority of Africans, including urban and well-educated people, well as rural people, still consult traditional healers.
- Treatment for illness often combines both traditional and modern medicine.
- In numerous African countries, traditional healers are officially recognised along with

modern medical doctors, under Ministries of Health for the well-being of the nation.

HIV and AIDS in the Traditional African Context

- There is much discussion in Africa as to what HIV or AIDS is. Very often, discussion centres around whether AIDS is a natural disease, a curse, or a judgement from God.
- Although AIDS appears, at first instance, to resemble a curse, it has important characteristics which mean that it cannot be a curse.
- The instructor should carefully examine these matters with students in order that they clearly understand the issues involved and understand the nature of AIDS from a biblical perspective, if taught in the Church context.
- The appearance of HIV and AIDS:
 - HIV/AIDS is a disease which by all appearances has no direct identifiable cause.
 - "Cause and effect" of HIV are spaced widely apart, and it appears that HIV moves silently through whole populations. By this we mean that generally in Africa, people need to see a direct link between something which happens and the event which caused it to happen in order for them to believe in that cause. Example: If HIV is largely caused by a risky sexual act yet it takes months or years before that illness is evident, they do not believe that sexual contact is the real cause.
 - Traditional explanations for HIV and AIDS can be:
 - Traditionally, HIV/AIDS is often thought to be a curse or to be bewitching because of the following:
 - Has no visible symptoms from the start
 - Is characterised by wasting away, the thinning disease
 - Has no known origin
 - Has no medical cures and is not understood
 - Is considered a shameful disease
 - Yet, in an African understanding of the concept of "curse", HIV and AIDS cannot be a curse because:
 - It is non-specific, and transcends all races, people, and beliefs. Whereas, a curse is only passed through a bloodline.
 - It is contracted as a result of will and choice, a curse is imposed.
 - It is similar to other non-curable diseases such as cancer.
 - It is caused by a virus which can be detected in the blood; illness which results from a curse has no identifiable cause.

Biblical Principles in Relation to HIV/AIDS

The Bible does not speak directly about AIDS. AIDS is a relatively new disease in terms of when it was discovered. Yet, AIDS is not a new disease in the eyes of God. He knew about the onslaught of AIDS from the beginning. However, the principles of practical

living, given in the Bible, speak to the problem of AIDS and related issues that affect our families, our churches, and our communities.

Biblical Principles Regarding Disease and Health

The Old Testament Concept of Health

- A state of completeness in a person and nature, or complete harmony between people, God, and nature.
- The key Old Testament word for health is "shalom" or "peace", both physical and spiritual, in the individual and society.

• Requisites for health in the Old Testament:

- Complete obedience to God's law
- Medicine for this is **repentance**, **forgiveness** and **obedience**. These ingredients result in wholeness of spirit, mind, and thus, outflow to physical well-being and one being in good relationship with other people
- Health in its spiritual sense refers to righteousness, which is basically a spiritual relationship between people and God
- Disobedience to God leads to illness
- Health in its physical sense is characterised by strength, power, and long life

• Health is a state of wholeness and fulfilment of one's reason for existence:

- Fulfilling God's purpose for being.

• Individual and societal health are linked in the Old Testament:

- Health of the individual is derived from the pursuit of righteousness as one pursues the will of God
- A righteous individual contributes to a healthy society
- Each relationship has specific obligations and relationships are ultimately bound up in one's relationship to God.

• Healing in the Old Testament

- The aim of healing was to restore "shalom/peace"
- Human beings are viewed holistically
- Healing is holistic involving healing of social diseases (oppression and injustice, etc.)
- Healing involves healing of personal sin

• Further lessons from Old Testament book of Job:

- Illness can come even when one is obedient
- There is not always a 'cause and effect' relationship between personal sin and physical illness
- There is not always a 'cause and effect' relationship between societal sin and illness
- Suffering may have other causes and purposes which are beyond our finite understanding or control
- In the face of illness, it is necessary for people to continue to trust God

- Sometimes God permits illness to come to an individual through no wrong done, in order to fulfil a purpose under God's control that is higher than one's understanding.

The New Testament Concept of Healing

The New Testament accepts and confirms the Old Testament concept of health and healing. If there are differences, then it is in 'emphasis' rather than 'substance'. The Old and New Testament are totally in harmony regarding principles of physical health and healing.

• Definitions, or requisites of health in the New Testament:

- Life, in a state of fullness and peace (John 10:10)
- Holiness, or completeness of man (1 Thessalonians 5:23)
- Wholeness (Luke 17:19)

• Healing in the New Testament:

- A demonstration of the power and glory of God and the presence of the kingdom of God in the world often came when Jesus healed the sick. It was His way of demonstrating both His love and compassion for the suffering, and Divine power over these illnesses. The same can be said for the miracles of Jesus (Examples: healing of the blind man, calming the stormy sea)
- A testimony of the "good news" of the availability of salvation to every person, and the working of the Holy Spirit to bring people to Christ
- Healing usually involved a combination of both the physical and spiritual. (Example: total healing which restored completeness in the lives of people.)

The Biblical Teaching on Suffering and Sickness

- Because of sin, suffering and sickness have entered this world. God did not bring suffering and sickness to teach people lessons. Rather, sin entering the world in the first place, and the sinful nature of each individual at birth, lends to choices in life that bring suffering and sickness on an individual basis (Romans 5:12-21).
- Suffering and sickness may be used by God to display His power and glory (John 9:3).
- Suffering and sickness may be used by God to produce righteousness in the believer's life (James 5:13-16).
- Suffering and sickness may be used by God to bring about repentance (Numbers 21:4-9).
- Suffering and sickness may come to the believer for reasons known only to God. (Note the whole book of Job. Job was never told by God the reasons for his suffering.)
- Suffering and sickness may be used by God in purifying the life of the believer (2 Corinthians 12:5-10).

The Biblical Teaching on Healing

There is no question that both in Bible times and now, God heals! In Scripture we contextually conclude that God heals for different reasons, many of which are above our ways that we do not fully understand because we do not fully understand God's ways. At best, we see through a glass darkly in understanding God's ways (1 Corinthians 13:12). Yet, not everyone is healed of sickness and suffering, even amongst believers. We see that sometimes even non-Christians are healed by God. Yet the Bible has much to say about healing:

- It is the believer's privilege as children of God to seek the will of God in the matter of physical healing. Any healing, whether by natural, medical, or supernatural means must come from Omnipotent God, who created the human body in the first place (Luke 4:18,19; Isaiah 38:1-5).
- The believer is encouraged to ASK the Lord for physical healing, according to Scripture (James 5:14-16), and that God delights to demonstrate His love and power through physical healing (John 11:4). All through the text of Scripture, people ASKED for healing and they received it. Today, we are to ASK for healing as the believers' first response to the HIV and AIDS-infected. The Christian Church sometimes has characterised AIDS as a disease for which even God cannot bring healing. There is no Biblical support for believing that God is unable to heal those infected with HIV and AIDS. God can and does heal some infected by HIV and AIDS.
- Suffering and sickness is not always removed by God in response to prayer for reasons we do not always understand. Sometime God heals depending upon our response, but not always. In 2 Corinthians 12:7-10 the apostle Paul's suffering was not removed, even though he asked for it to be removed. Why? We do not fully understand. Yet, in Matthew 9:22, Jesus healed the woman with the issue of blood because of her faith. To many it would seem that Paul had the same faith as did the women with the issue of blood, yet only one was healed. Why? We do not have full understanding as to the reasons why one is healed and another is not.

Healing in the crisis of HIV and AIDS is the believer's privilege. Here, the Church of Jesus Christ can raise up an army of praying believers that will intercede for those hurting from the effects of AIDS. We CAN pray; we SHOULD pray; we MUST pray! Are all those for whom we pray (infected by HIV/AIDS and other illnesses) going to be healed? The Biblical principle that ALL WERE NOT HEALED also follows with HIV and AIDS. Experience shows us that some who are prayed for healing from HIV and AIDS will be healed. Others will not be healed, sometimes for reasons that we cannot understand. Yet, we should not stop praying for them. Christian ministers walking in obedience to the Biblical pattern can assuredly pray for healing for those with HIV and AIDS, yet should not presumptuously make unsubstantiated claims of healing from HIV and AIDS. All healings, before being reported to the general public, as done by Jesus, will stand the

scrutiny of being verified by medical authorities as to whether or not the HIV status of a person has changed from 'positive' to 'negative' due to divine healing.

The Biblical Response to HIV and AIDS: Compassion or Condemnation?

Compassion as the Biblical Response:

The following is only a brief summary of principles in the Bible about Christians Twenty-two points, plus triple-word-score, plus fifty points for using all my letters. Game's over. I'm outta here showing compassion for other people.

- God is a compassionate God (Psalm 103:2-5; 13-14). As God's children, believers too, should demonstrate compassion towards others, just as God has showed His compassion towards us.
- God does not base His love and mercy towards us on the basis of 'how good we are'. The Bible clearly teaches that God demonstrated His love to us first while we were still sinners (Romans 5:8). Therefore, if we all received what we deserve from God, none of us would have any hope because we all have sinned. Therefore, how can we bring condemnation upon an HIV or AIDS-infected person, even if it was because of inappropriate behaviour?
- Jesus had compassion for the sick, no matter what the origin or cause of that sickness
 - (Matthew 9:35-36). Jesus was deeply concerned for those who were afflicted with various diseases. Because believers are followers of our Lord, we must also have this same compassion, and minister the love of our Lord in the lives of others including the HIV and AIDS-afflicted.
- Paul commanded us to be compassionate.
 - Galatians 6:2 "...bear one another's burdens and in this way you will fulfil the law of Christ." This carrying of burdens is particularly pressing in the case of people with AIDS. Unfortunately, the Christian Church has been very slow and reluctant to become involved. Yet, AIDS cannot wait for the Church to get on board!
 - Galatians 6:10 says "Let us do good to all people, especially to those who belong to the family of believers." The context here demands us to respond to the hurts and pain of others whether they are believers or not.
 - Compassion is an expression of the fruit of the Spirit, which is **love** (Galatians 5:22).
 - How this works itself out in reality is first demonstrated in our attitude toward the person infected and affected by HIV and AIDS. To lack love and not to express it to the PWA is a denial of saving faith and the fruit of the Spirit in our lives. We need to be careful that we are not denying our Lord by not showing love and compassion towards the PWA, or those around him or her. This would be a serious violation of Scriptural principles operating in our lives.
 - Moving a step further, it is one thing to have a loving attitude. But, the Bible admonishes us to put "action" to our faith (James 2:14). It is not enough to say with our mouth "I care about those infected with HIV and AIDS" and

not put action and involvement into our caring. Faith without works is dead, even when it comes to HIV and AIDS. Every Christian church must be in the HIV and AIDS crisis if we are doing the works of Jesus as we should be.

Condemnation as a Response:

Sadly, many Christians have felt in their hearts the following attitude towards those infected with HIV and AIDS: "They are getting what they deserve! They should have been more mindful of their behaviour!" In honesty, while many Christians will have never openly said those words, in their hearts they have held those kinds of attitudes. We have seen that the Biblical response to AIDS is that of love and compassion summarised by "there but by the grace of God, go I." Therefore, we must examine our hearts before God and be willing to confess wrongfully judging those with HIV and AIDS, and also demonstrating our bias by non-involvement in the AIDS crises in our communities. We also must examine the issue of AIDS and God's judgement.

What is the Judgement of God?

Judgement is to pronounce a sentence on, or a misfortune resulting from what one deserves. It is the action that results when God's holy nature has been violated.

• Judgement upon sin in the believer's life:

- It is a means to bring about restoration and bring that person back into right standing. Judgement by God is not to destroy or to cast aside the believer. It can be considered a discipline to turn us around.
- This is a corrective measure that God uses to bring a wayward child back to Himself when he/she has been resisting God.

• Judgement upon the unbeliever's life is different:

- It is corrective punishment upon the offender by God, and not by man. It is first, to bring the offender to God and into relationship with Him
- It can appear that God is angry or has vengeance, but it is important to note what God has to say about His vengeance:
 - Romans 12:19-20 "Do not avenge yourselves, but rather give place to (God's) wrath; for it is written, 'Vengeance is mine, I will repay," says the Lord. Therefore, if your enemy is hungry, feed him; if he is thirsty, give him a drink." Here the principle of Scripture is that it is not for US to bring judgement on those with HIV and AIDS. We are instructed to practically demonstrate God's love to the affected and infected with practical acts that will help the PWA's needs to be met.
 - Deuteronomy 32:34-35 is a verse that many people misuse to justify their feelings against a PWA, because of perceived misbehaviour. "Vengeance is mine, and recompense; their foot shall slip in due time; for the day of their calamity is at hand, and the things to come hasten upon them." In this

context the vengeance or judgement of God is directed in His timing, against His enemies who will reap what they have sown. In this text, we see first of all God's reaction towards sin by the word "avenge". Sin is something which God must judge. However, in the day of salvation and grace as we are living in now, God's heart is always to restore and bring the lost sinners into right relationship with Him. Jesus Christ gave His life on the cross for that very reason! God says it is not His will that ANY should perish (John 3:16) and have to suffer eternal separation from God because of unforgiven sin. It is the Christians' task to bring the good news of the gospel to everyone, including PWAs, if there is unforgiven sin. Our task is not to judge but to lead them to Christ who can forgive.

• Judgement may be an instrument of God to bring about repentance and restoration.

- In the story of King David's sin of adultery with Bathsheba (and if that were today David could have become infected too with AIDS) David and Bathsheba were judged by God for their sin. God called them to repentance (not damnation) through His prophet, Nathan, who exposed the sin that they thought was well hidden.
- In their case, David and Bathsheba suffered the consequence of their sin through the death of their son. Yet, God did forgive their sin. In their case, as in others' such as families with histories of sexual abuse, the sins of the fathers can be repeated for generations (Exodus 20:5 & 6). However, it is important to see the balance. God has provided a remedy for every sin, even generational sin with generational consequences, which is repentance and obedience.

• Types of Judgement:

• Universal Judgement

The world and all its inhabitants are under judgement because of sin (Genesis 3; Romans 5:12-21; 8:20-23).

- All are affected in some manner by universal judgment as a result of the Fall because of sin, as experienced in illness, the debilitating effects of sin upon humanity intellectually, morally, and socially.
- Even if we live godly lives, we will still experience some of the world's suffering as a result of the Fall, because of the presence of sin in our world (example: economic hardship because of wars, natural disasters such as earthquakes, governments that are evil because of sin, etc).

• Cause and Effect Consequence

- This form of judgement involves God's cause-and-effect rules in the moral and spiritual realm.

- Examples of this type of judgement are seen in the 'Ten commandments' and other Biblical admonishments where it says: "Thou shalt not..." which included drunkenness, immoral behaviour including sex outside of marriage, rape, and incest, etc. If these commands are broken, a negative consequence always follows, not only to the persons themselves, but to those around them and the community at large. (Example: we see in the case of HIV and AIDS, natural consequences resulting from sexual misbehaviour. One loses his/her life, or does not see the children grow up, or children become orphans as a result.) The circle of those who bear the consequences of the wrong behaviour of an individual can go on and on.

• Specific Divine Judgement

This type of judgement is what most Christians mean when they say that AIDS is God's judgement upon PWAs.

- Specific divine judgement occurs in the Bible when God directly intervenes to punish a specific group of people. (Example: Genesis 6 God's judgement of the world; when Sodom and Gomorrah were judged by God for their wickedness, Genesis 18; when God judged the nation of Israel, Numbers 14; with Korah and his followers, Numbers 16).
- Specific divine judgement is directed towards a specific group of people at a specific time, for a specific act of rebellion against God, or for their innate wickedness. (Example: The story in Genesis 6:5 of the flood.)
- Specific divine judgement is announced by God, Himself, or his prophets before the judgement begins. (Example: Sodom and Gomorrah, Genesis 18; Judah and the Babylonian captivity, Jeremiah 25:1-11.)
- In specific divine judgement, more than cause and effect or the natural consequences of the sinner's action takes place. God causes something out of the ordinary to happen to demonstrate that this is a response of His divine wrath that is taking place. In the case of the destruction of Sodom and Gomorrah, we see that there is retribution over and above the natural course of events. God specifically acted with a judgement upon them, in this instance.

Evaluation of AIDS in the Light of Biblical Judgement

When we look at the AIDS pandemic, we must ask if this is a judgement which is different from the 'universal judgement' on mankind as a result of the Fall of creation.



• AIDS is not a specific, divine judgement:

- AIDS cannot be a specific divine judgement from God upon all PWAs because it does not meet the criteria for that type of judgement (stated above).
- It is not directed against a specific group of people.
- The judgement was not announced beforehand by God or by any of His servants.
- If we assume that AIDS is caused primarily through sexual contact and wrong behaviour, it would not be in the character of God to bring this judgement upon those who have contracted HIV and AIDS through no fault of their own.
- If we make the wrong assumption that AIDS is because of sexual sin, then it would be inconsistent of God to suddenly bring about this judgement in mass when sexual sin has gone on long before AIDS came about. God is not inconsistent.

• AIDS is NOT a specific divine judgement from God upon all those who are infected:

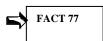
- AIDS is a 'cause and effect' consequence.
 - The contraction of AIDS, in many cases, has come as a result of promiscuous, sinful behaviour by at least one partner (Note: understanding that in marriage relationships, for example, one partner may well have not been promiscuous, but faithful). The 'cause and effect' of contracting AIDS in this case is not a judgement. The outcome of the promiscuity by one person has had the 'effect' caused by another, resulting in HIV and AIDS.
- We see this supported in the following Scripture:
 - Romans 1:27 speaks regarding issues of homosexuality (same sex). Here Scripture speaks "...and receiving in themselves the penalty of their error which was due." From this verse it seems clear that one of God's judgements is not some terrible sickness, but rather simply allowing the natural and logical consequences of sin to pile up, and awful as they are, to punish the sinner.
 - Thus, we might say that those who engage in immoral behaviour and contract AIDS are experiencing the natural and logical consequence of their sinful lifestyle.
- God's judgement and the innocent persons affected by AIDS must be considered as follows:
 - Is everyone who has contracted AIDS under the judgement of God? The answer is, "No." Why? The answer to that question is in the nature of sin itself. Sin is rarely, if ever, self contained. Sinful acts such as immoral acts, often reach out beyond those

who are directly involved. For example: the sin of the alcoholic who drinks away his pay affects his whole family when they go ill-clothed and unfed. Results for this alcoholic:

- The alcoholic receives the judgement of God in his body not functioning properly and perhaps liver problems because of his sin of drunkenness.
- But, the innocent children who have never touched a drop of alcohol also suffer from that sin, as well.
- The immoral person may receive AIDS as a consequence of his/her lifestyle and pass it to an innocent person.
- However, we would not call AIDS a judgement of God upon innocent persons.
 - They are the unfortunate victims of the effects of sin.
 - In this sense, we might say they are suffering from **universal** judgement.
- The seeming lack of cause-and-effect judgement for some individuals also does not fit into the argument that AIDS is a divine judgement. God's laws are consistent as His judgements. Some persons contract HIV and subsequent AIDS upon being immoral once, and others do not contract HIV and AIDS at all, even though they are immoral time and again. There is not always a predictable cause-effect relationship between behaviour and consequences/punishment. Example: a flood kills and destroys the property of both the righteous and the unrighteous. We cannot conclude that this is a divine judgement of God either.
- Biblically, Jesus warned against this direct association of sicknesses and disaster with personal or group sin. (John 9:1-3 where the man blind from birth was thought to be judged because of sin. Jesus countered this and said that the blindness was not because of sin and was not a judgement) (Luke 13:1-9).
- Why some seem to be able to sin without terrible immediate consequences, while others have immediate negative consequences is beyond our ability to understand. Ultimately, the answer to this question lies in the mystery of the nature of God and all that is wrapped up in the universal sin problem in the world. In the end, we do know that God will judge all sinners and He will be totally **just** in His judgements.

Conclusion

There is no doubt that God does not bring AIDS to anybody. We also believe that AIDS is not a judgement of God as such. We also know that God's heart is yearning for every single person to come into right relationship with Him. The Christian church's task is to be the "light" in the darkness of AIDS. To be the "salt" in a world where generally there is a taste for unrighteousness (Matthew 5:13, 14). There is NO OTHER answer to the AIDS problem than the message of Jesus Christ, relayed through the church of Jesus Christ!



Acknowledgement: Some of the information in this chapter has been gleaned from MAP International, Nairobi, Kenya



AIDS EDUCATION, TEACHING TECHNIQUES AND FORMS



AIDS EDUCATION— STRATEGIES FOR TEACHING

This chapter introduces you to methods of conducting AIDS education in various types of situations including churches, classrooms, and small groups. It will assist you, the teacher, to be able to teach this subject as effectively as possible.

How People Learn

IF THE STUDENT HAS NOT 'LEARNED' THEN THE TEACHER HAS NOT 'TAUGHT'

People learn by taking in information through their senses to their brain where it is processed, and the person is able to use it. People take in information by the three following ways:

- 1. Visually through the eyes by what is seen.
- **2.** Audibly through the ears by what is heard.
- **3. Kinetically** through action and movement.

The more senses we use, the better our brains pick up the information, process it (learn it), and retain it (remember it). The teacher who is teaching the topics in this book wants to help learners by every way possible, to understand these important issues concerning HIV and AIDS. Therefore, good teaching will require giving the information **visually** (with pictures which are provided in Volume 2, Chapter 24), **audibly** by explaining the concepts in this manual, and **kinetically** by having the students demonstrate practically the necessary information about AIDS (by actual hands-on involvement, sketches, drawings, plays, games, quizzes, etc.).

It is very important when teaching about sexuality, HIV, and AIDS that the teacher give the students opportunity to:

- **Listen** to the educator speak about the issues concerning HIV and AIDS.
- Look at flip charts (provided in Volume 2, Chapter 24), see diagrams, newspaper articles, written material on the subject, videos, etc. concerning HIV and AIDS.
- **Discuss** what they have learned in group discussions, debates, speeches, etc.
- **Practice** using the skills (example: demonstrating ways HIV is not spread by shaking hands, etc.) either by practical involvement with HIV-infected persons, by sketches and plays in drama, by drawings and paintings, etc.

A Learning Cycle About HIV and AIDS

1. Starts with experience. Example: everybody is asked to discuss his/her own, and his/her church's attitudes towards sexuality, and about AIDS.

- 2. This builds on everyone's experience to deepen understanding about AIDS. Example: discuss social, political, economical, personal, and religious reasons for the above attitudes.
- 3. The learner then moves on from his/her ideas, to his/her experience about HIV and AIDS. Example: Once he/she discusses his/her own ideas, the learner talks about his/her experience within the church and his/her attitudes.
- 4. The learner then moves on to action. Example: if he/she goes into the home of a person living with AIDS (PLWA) he/she then moves on to getting involved which means action. A similar result can happen if the learner takes part in a skit about AIDS, although the impact may not be as great as actually being with a PWA.

Teaching About AIDS Is Not Just Lecturing

In the past, teaching people things, particularly in church or a classroom, meant that someone would stand up in front of a group of people and do all the talking. We now know that helping people to learn about AIDS involves far more than just talking about it, or telling people what they should or should not do in their sexual behaviour. Today it means:

- Listening actively to what people say and helping them to change some of their misinformation about AIDS, into correct information.
- Recognising that the needs of the learners are probably different.
- Encouraging the students to ask questions about HIV and AIDS.
- Encouraging the students to identify problems concerning HIV and AIDS and to find their own solutions.
- Sharing ideas and information in a way that will help the students to understand and learn more about the problem of AIDS.
- Building on what the students already know, so they can practically get involved in the issues pertaining to AIDS in their community.

The teacher teaching about HIV and AIDS needs to choose appropriate teaching methods that will best help the students to actively participate in issues surrounding HIV and AIDS. The teacher will need to have good basic communication skills where he/she can effectively exchange information between himself/herself and the learner.

Creating a Good Environment for Learning

- As much as possible, make the <u>venue comfortable</u>, attractive, not overcrowded, and not too hot, too cold or one that has distractions (example: when teaching adults on AIDS awareness it is better not to have children present due to the sensitivity of the material and because they are distractive). Always prepare the venue so it is to the best advantage.
- 2. The personal qualities of <u>the teacher should be attractive</u>. Example: the teachershould dress conducive to the audience, but also be well groomed, wear clean pressed clothing (does not have to be expensive). Example: a teacher sharing HIV/AIDS information with teenagers may well dress differently than in speaking to a church-service audience.

- 3. The teacher should be **well prepared** in subject matter before each session.
- 4. The materials must be presented in a motivational manner, with <u>a variety of teaching methods</u> used, not boring or complicated. For the most part, HIV and AIDS teaching should be easy to understand, not clinical, and simple enough that the learners can retell it to their family without difficulty.
- 5. The teacher's demeanor **should be warm and friendly** and without sarcasm, not too talkative or talking down to the students. The teacher should always show respect for the students, no matter whether adults or children.
- 6. Speak in the language that the majority understand. Where necessary, an interpreter may need to be used so that all the students understand.
- 7. <u>Keep the teaching session moving</u>. The teacher must be the leader and direct the learning session without being overbearing and allowing for maximum participation by the students. Keep the class focused. Occasionally, a student will endeavour to "take over" the class or to steer the class in another direction.
 - The teacher can politely and easily keep the class directed and allow for other directions in a question period at the end of the session.

Teaching Adults

The teacher should realise that teaching adults is different from teaching children. A few pointers to remember in teaching adults are:

- Adults have a wide range of experience and knowledge of their world. It is
 important that the teacher not "talk down" when conducting a lesson about HIV
 and AIDS.
- Adults have established thoughts, beliefs, values, and prejudices which very
 often they don't want changed easily. Respect those ideas, even if they are
 not the same at the teacher's.
- Adults usually assume some kind of responsibility for themselves and for their own learning. They also have an established pattern for their experience in problem solving.
- Adults are generally more self-motivated. Especially adults attending a HIV/AIDS teaching session are there because they want to be.
- Adults want to see a practical use for learning the material. The HIV/AIDS material being taught needs to relate to their everyday lives.
- Adults often lack confidence, especially when dealing with the subject of HIV/AIDS and related sexuality. These subjects must be presented in a straight forward yet sensitive manner. If the teacher is younger than most adult students, it must be kept in mind that a younger person teaching about sexuality to older adults must be very sensitive and respectful. The teacher must observe cultural norms in teaching this material.
- Adults and children learn best through repetition. The teacher should reinforce the concepts being taught about HIV/AIDS several times and in different ways during the lesson.
- Adults and children also learn best when they are involved hands-on at some point during the lesson so that the material is practically applied.

• Adults want to know what is expected of them and have an 'action' plan at the end so that the learning has a purpose.

Teaching Children

The teacher must realise that teaching children about HIV and AIDS may very well prevent them from becoming infected at a later age. This puts a high level of importance on the teaching of children. There are also different teaching methods that the teacher must utilise in order to effectively teach children.

- The teacher must show respect to child-students. Children also must never be talked down to or be made to feel insignificant.
- The teacher of HIV and AIDS must have a lesson plan whereby every minute of the class is prepared beforehand as to desired goals, varied teaching methods, participatory learning, cross-tutor learning where the children learn from one another, hands-on learning, reinforcement learning, and the evaluating process.
- It is wise where at all possible (usually takes a more professional teacher to ascertain this) for the teacher to discover 'how' each child learns best. Example: some children will be more **visual** (through the eyes) learners and others more **audio** (through the ears) learners, and even others more **kinetic** (through movement) learners. Example: a child who has difficulty with visual learning (with the eyes) will do better sitting at the front of the class near to the teacher.
- A variety of teaching methods should be utilised by the teacher. Example: in teaching about HIV and AIDS the teacher should <u>talk</u>, use <u>pictures</u>, and utilise the students in acting out the concepts in some form during each class such as <u>skits</u>, and maybe several times over. No single teaching method should be used for very many minutes, particularly with young children.
- The teacher teaching about HIV and AIDS must be sensitive about age appropriateness. Example: a teacher teaching young children should ascertain what the students are able to handle regarding the sexual aspects of HIV and AIDS simply yet without going into graphic details about sex. That is neither tasteful nor age appropriate. The teacher must also recognise the parents' role in teaching their children about these sensitive issues and where possible, have parents in such classes with their children. Note: It is wise, where the church teaches morals, that a written note be sent home to the parents advising them of such a class, inviting their attendance, and allow them the prerogative NOT to have their child attend if they desire to give this teaching to their own children.
- The teacher should move about the classroom all the while teaching so as to maximize those in the seating pattern.
- In teaching about HIV and AIDS, the teacher should not attempt to "scare" the students, but rather motivate them to behaviour which will prevent them from contracting HIV and AIDS. The teacher should also cultivate non-judgemental attitudes in the students about HIV and AIDS.
- The teacher of children in the subject matter should use the correct names, particularly for body parts, rather than using silly expressions because of embarrassment. The word "**private parts**" is generally cross-culturally acceptable for most children.

- The teacher must get the children to "take ownership" of this disease, even though they may not directly identify with HIV and AIDS. Helping the students to see that AIDS is everyone's problem will help AIDS to be real to them.
- Structured, directive teaching is usually preferred by the authors, over non-directive teaching when dealing with children. We believe that the results prove that children learn best in a structured learning environment.
- Once the concept has been taught to the child, the teacher should enlist the child in a
 hands-on activity (such as drawing, drama, etc.) that both reinforces and interprets what
 the child has learned. This way, the teacher can correct any misconceptions and
 redirect the learning process. Concepts must always be reinforced in numerous ways
 during the lesson.

THE FOLLOWING TABLE COMPARES ADULT EDUCATION PRINCIPLES WITH THOSE THAT HAVE BEEN TRADITIONALLY USED WITH CHILDREN, IN ASSERTIVE-DIRECTED EDUCATION.

ADULTS	CHILDREN
Have a wide range of experience	Little experience
Have established thought, beliefs & prejudices	Thoughts, belief & prejudices mostly undeveloped
Are responsible for their own learning	Teacher responsible
Multi-way communication and learning	Mostly one-way learning
High participation	Lower participation with mostly questions
Motivate themselves	Teacher motivates
Relationship between teacher and students more	More formal relationship between teacher and
i nformal	students
Students must feel emotionally safe	Emotions less important
Learners are taught to think	Learners are taught what to think
	(directive education)
Opinions and feelings are important	Opinions and feelings less important because
	they are being formulated
Can identify own needs	Teacher identifies needs
Emotional learning more valued	Intellectual learning more important
Teacher is a facilitator	Teacher is boss
Competition is discouraged	Competition is encouraged
Peer relationships more important	Teacher-student relationship more important
More informal seating desirable	Fixed seating more desirable
Flexible programme	Directed programme
Immediate feedback	Delayed feedback
No such thing as failure	Passing emphasised

The Role of the Educator in Teaching HIV and AIDS

The educator of HIV and AIDS (be it pastor, youth worker, Sunday school teacher, public school teacher, or community leader) has an extremely important role to play.

- To bring awareness to the students about HIV and AIDS.
- To make the issues of HIV and AIDS real to the students.

- To dispel myths about HIV and AIDS.
- To change attitudes about HIV and AIDS, bringing a compassion for people with this disease.
- To motivate students to involvement in the HIV and AIDS crisis in their community
- To identify the needs of the organisation to whom you are teaching, relative to HIV/AIDS
- To set learning objectives which are HIV and AIDS specific, measurable and realistic
- To give new information about HIV and AIDS, and about the affected and infected
- To assist churches and community organisations in setting up their own AIDS awareness and care program
- To assist families of the infected so their loved ones can have a better quality and longevity of life
- To demonstrate the evangelistic opportunities available to Christians' involvement in HIV and AIDS, so that the Christian church can fulfil the Great Commission to go into "all the world" and preach the gospel to EVERY creature
- To assist medical authorities who are already overworked and overwhelmed by the immensity of the HIV/AIDS problems they are facing on a daily basis
- To assist parents in dealing with this sensitive subject matter, so that their children will not become victims of the disease of HIV and AIDS
- To give the learners opportunity to practice their new skills in a confident and safe manner in the community, in the HIV and AIDS field, and provide trained workers

Before an HIV/AIDS Ministry Educational Event

- 1. FIND OUT THE NEEDS and WHO THE AUDIENCE WILL BE.
- 2. DETERMINE WHO ARE THE STAKEHOLDERS.
- 3. SET THE VENUE, DATE, AND TIME DURATION.
- 4. FIND WAYS TO INVITE PEOPLE, PROMOTIONAL MATERIALS, AND GET THEM DISTRIBUTED.
- 5. SET OBJECTIVES.
- 6. DECIDE ON THE CONTENT.
- 7. CHOOSE TEACHING METHODS.
- 8. INVITE OTHER SPEAKERS.
- 9. DETERMINE COSTS AND HOW TO PAY FOR IT.
- 10. PREPARE YOUR LESSONS.
- 11. PREPARE YOUR HANDS-ON PARTICIPATORY MATERIALS.
- 12. HAVE SUFFICIENT HIV AND AIDS HANDOUTS FOR THE STUDENTS.
- 13. ENLIST HELPERS FOR THE EVENT.
- 14. PREPARE A SCHEDULE OF THE EVENT FROM START TO FINISH, IN WRITING, AND DISTRIBUTE TO THOSE INVOLVED.
- 15. PLAN STRATEGY FOR FOLLOW-UP.
- 16. PRAY! PRAY! AND KNOW THAT GOD WILL BLESS IT WHEN FINISHED.
- 17. EVALUATE IT!
- 18. PLAN FOR FOLLOW-UP ACCOUNTABILITY AND REVIEW.

Finding Out the Needs

In order to be successful as a teacher of HIV and AIDS, you need to know what the needs of the participants are. Example: If the audience is a church, how much exposure to solid HIV and AIDS awareness have they had in the past?

- Are there HIV and AIDS infected in that church?
- Are there affected loved ones who need understanding and teaching?
- Are there any HIV/AIDS ministries already in that church?
- Are there children and youth who will be some of those involved in the learning sessions about HIV and AIDS?
- Will you need to hold separate sessions for younger children/youth and a separate one for adults?
- What does the leader (may be a pastor) want to achieve by having this HIV/AIDS teaching?
 - Does he want to establish an HIV/AIDS ministry from the church?
 - Does he want education only for the people?
 - Does he want the staff and teachers trained only?
 - Is he wanting to help parents only?
 - What are the short and long-term goals that the leader wants to achieve in this HIV and AIDS teaching?
 - What kind of ministry does he want as a result of these training sessions: children, youth, home-based care, public school awareness, testing site on the church premises....what?
- What areas of the audience need change or motivation?
 - Involvement in HIV and AIDS in the church and community?
 - Education for awareness only, perhaps to all the schools?
 - Involvement in practical home care for people with AIDS (PWAs)?
 - Attitude change about HIV/AIDS, dispelling fear?
 - What are the people NOT doing that they should be doing?
 - What are the people doing that they SHOULD NOT be doing?
- How does the HIV and AIDS teacher find out what the needs are and what the learners already know?
 - By talking to the group leader (may be the pastor, etc)
 - By talking to several of those who will be attending
 - By listening to rumours and myths in that area about HIV and AIDS
 - By looking at that community's statistics...how much HIV and AIDS is in that community, and generally what do they believe?
 - By using a questionnaire
 - By conducting a survey
 - By reading the articles in that community's newspaper about HIV and AIDS and what they are saying

REMEMBER: ADAPT THE LESSONS ON HIV AND AIDS TO MEET THE INDIVIDUAL GROUP'S NEED. ALSO REMEMBER: MOST PEOPLE DO NOT KNOW AS MUCH ABOUT HIV AND AIDS AS THEY SAY THEY KNOW!!!

Helps for the Teacher in Setting 'Aims' and 'Objectives' for Teaching about HIV/AIDS

AIMS are what you want to achieve by having the HIV/AIDS educational teaching. AIMS are broader and less specific than objectives. AIMS are determined by these questions that you, as the teacher, must answer:

What are your AIMS?

- Is it to just bring awareness about HIV/AIDS?
- What is the church's or organisation's plan in having this seminar on HIV and AIDS?
- How best can you achieve the overall aims?

Who will the participants be?

- Will all the attendees be Christians? Church goers?
- What language do they speak? Must I use an interpreter?
- Are they used to seminars or workshops?
- Can they read? At what level?
- Are they men, women, or both?
- What age are the participants?
- How many will likely attend?
- Do they have any background in HIV/AIDS education or involvement?
- Are they medical people, or participants coming from no medical knowledge of HIV and AIDS?
- Will the participants largely be single or married?
- Are there any HIV infected or AIDS persons attending?

OBJECTIVES are the expectations you want of the class participants when the teaching is over. It is that which you expect the participants to be able to know or do when finished. To set "objectives" finish the end of this sentence, "After this teaching on HIV and AIDS, I expect the participants to be able to _______."

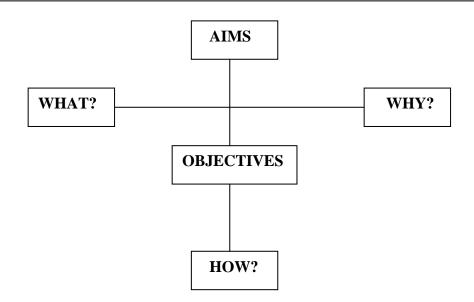
Objectives must be:

- **Practical** (common to everyday living)
- Workable (be easily done by the participants)
- **Measurable** (participants will be able to assess them)

• **Assessable** (for you, the teacher, to be able to evaluate your progress)

AIM: To teach participants the basic facts about HIV and AIDS

<u>OBJECTIVES</u>: By the end of this session, participants should be able to explain how the immune system is affected by HIV in clearly understandable terms.



<u>AIMS</u> - What you want to achieve in the teaching session about HIV/AIDS.

WHAT:

Say what you want to achieve in teaching HIV/AIDS workshops.

Give the specific steps toward achieving aims.

Say what people will know/be able to do after the lessons are

completed.

WHY: To focus your planning of the teaching session.

To know where you are going in the teaching sessions.

So learners can be clear on what they are doing in the class.

So you know what to evaluate at the end.

OBJECTIVES - Your overall goals for the participants in learning about HIV and AIDS.



HOW: Set your objectives.

Think about the learners and their need	ls.
Complete this sentence after this event:	Participants will be able
to	_



YOU MUST BE ABLE: TO ACHIEVE IT IN THE AVAILABLE TIME FOR THE WORKSHOP; TO MEASURE IT, OR KNOW IF YOU HAVE ACHIEVED IT.

Examples of objectives for HIV & AIDS classes:

- At the end of this workshop the participants will be able to explain with 100% accuracy how HIV is both transmitted and prevented.
- At the end of this workshop this church will have established a core group of at least six trained adults who can further develop this church's involvement in HIV and AIDS.
- At the end of this workshop, parents will know how to explain HIV and AIDS to their children with much more ease, and more relative to their ages.
- At the end of this workshop, HIV and AIDS will be fully understood so school teachers can teach it in "Guidance" classes.
- At the end of this session the participants will throw away their myths about HIV/AIDS and be able to list nine ways it is not spread.
- At the end of this session the participants will know how to be totally safe from HIV infection and will be able to explain this to their family members.
- At the end of this session the participants will not be afraid of HIV testing, will take the test if there is any doubt about their own status, and will understand how testing is beneficial to them.

Note: If the HIV/AIDS education classes are more than one class, then each session must have its own set of objectives which the teacher must determine for each class.

Planning the Content of HIV/AIDS Workshops

- What the teacher will cover in the class is determined by the needs of the participants.
- Do not try to cover too much in a single session. Be specific about the objectives of each session and the time you are allotted.



A Sample of the Sequence of Class Topics in Teaching HIV and AIDS

The authors of this book have conducted hundreds of seminars with a variety of audiences: church groups, school assemblies, corporate business employees, and parents, etc. The following is an outline of the sequence we follow, depending upon the time we have. You must determine what best suits your participants.

A Two-Hour HIV/AIDS Awareness Seminar

Note: This could be an introductory session for adults that would be 2-3 hours in length. The resource information and flip chart helps are in this book as follows:

- <u>Statistics</u> on HIV/AIDS (graphics in **STAT Section** in Volume 2, Chapter 24 of this manual) giving the severity of the situation, particularly in Africa
- <u>Choices</u> reinforcing the concept that HIV and AIDS is pretty much a disease of choice...by what we do with our sexuality and body
- <u>Attitudes</u> briefly to dispel common negative attitudes about HIV and AIDS. (graphic in Volume 2, Chapter 24, Section **STAT 16**)
- <u>HIV and AIDS</u> teaching on what HIV is, its characteristics, how it gets into a body, what it does in a body, why you don't get sick right away, how HIV-positive people spread the virus, the rules for not becoming infected, difference between HIV and AIDS, the stages of HIV infection, etc. All the graphic picture helps for this section are in Volume 2, Chapter 24 in Section FACT
- Condom & Testing Education with picture helps in Section FACT and TEST and SEXU in Volume 2, Chapter 24 of this resource
- <u>How not to become infected</u> teaching on right choices regarding sexuality, morality, etc. with all graphic pictures in Volume 2, Chapter 24, in **SEXU** Section of this resource
- <u>Bible verse reinforcement</u> for the principles being taught are in Volume 2, Chapter 24, Section **REFR** in this resource

Lesson Outline for School Students – Teaching About HIV/AIDS

Grades 0 through Grade 8 = 1 Hour from start to finish

Number of Minutes		<u>Activity</u>
0 – 5 minutes	=	Welcome Song (with an appropriate message)
1 minute	=	Opening Prayer
10 -15 minutes	=	HIV/AIDS teaching using visual flip charts, overheads
		of CD Rom found in Volume 2, Chapter 24 of this
		resource
10 minutes	=	Skit by students (given ahead of time so they are
		prepared) on HIV & AIDS at he end of Chapter 20
10 minutes	=	Sexual Abuse Prevention instruction (utilising pictures
		in Volume 2, Chapter 24 under SEXU)

10 minutes = "Edward The Elephant Video" or any hands-on

activity that reinforces the HIV/AIDS concepts

5 minutes = Invitation for students who desire prayer or further

help after class to raise their hands

5 minutes = Closing prayer, instructions on AIDS booklets they will

be given, to take them home and read to their

extended family.

Students file out row by row and are given the AIDS booklets just outside the classroom Door s they are filing out. This helps to maintain order. Students needing further help for Sexual abuse counselling, questions, etc., are retained and are seen by an adult teacher, pastor or counsellor.

Grades 9 through 12

The teacher can use a similar outline as above; only the AIDS presentation can be one and one half hours in duration from start to finish for older school students.

Note: When conducting AIDS Awareness classes in the public school sector, it is important that the class presentation contain a high quality educational experience. If the local church conducts these AIDS Awareness programmes in the local public schools, it is important <u>not to preach</u>. Remember to respect the school setting. However, the gospel of Jesus Christ and His ability to help the students to make right choices and enlisting prayer for areas of need, is usually or almost always welcomed.

If the educational presentation is 1 to 1½ hours <u>teaching children</u> in a school setting, we follow this **sequence in presenting the materials** (resource for the teacher included in the chapters plus the graphic illustrations in Volume 2, Chapter 24):

- <u>Statistics</u> relative to children on HIV and AIDS (in Volume 2, Section STAT, Chapter 24)
- <u>Choices</u>, reinforcing concept to the children that HIV and AIDS is almost always a choice by what they do with their private parts
- <u>HIV/AIDS education</u> on what it is, how you get it, rules to prevent infection, and life skill choices to say "NO" to sex until marriage.
 All pictures for this are in Volume 2, Sections FACT and SEXU of Chapter 24
- <u>Child Abuse</u> teaching the children how to protect themselves from being sexually abused. All pictures in Volume 2, Section **SEXU** of Chapter 24
- <u>Condom and Testing</u> (High School or older students only), the risks and choices all in Volume 2, Section TEST in Chapter 24 of this resource

If the education is longer (maybe one or two days for leadership training of adults) we include all of the above, but also add the following below, to the above:

- <u>Sexuality God's Way</u> teaching with all graphics in Volume 2, Sections **SEXU**, **FACT**, **REFR**, Chapter 24. Also include the teaching on Secondary Virginity (Chapter 10)
- <u>Condom & Testing</u> education a prerequisite for adult age (Volume 2, Section STAT, FACT, SEXU, TEST for pictures. The study information Chapter 8.)
- <u>Attitudes</u> also necessary for adult age (Pictures Volume 2, Section STAT, study Chapter 6
- <u>STD Teaching</u> the kinds of STDs and how they are spread, graphic helps in Volume 2, Section FACT, Chapter 24
- Why is AIDS so prevalent in Africa with graphics in Volume 2, Chapter 24, Section STAT.
- Home-Based Care graphics in Volume 2, Section HOME
- <u>Death & Dying</u> and dealing with grief, graphic helps in Volume 2, Section FACT, Chapter 24
- <u>Giving Hope</u> particularly in dealing with young people and how to talk to them. Graphic helps in Volume 2, Sections FACT, SEXU, STAT and REFR Sections
- Basic Counselling for those being trained in HIV/AIDS pre-post test counselling. This teaching will also be helpful in Bible colleges and in training pastors and teachers. Graphics in Volume 2, Section FACT, Chapter 24
- <u>HIV/AIDS Church Involvement</u> should be taught in all workshops training church leadership. Graphic helps in Volume 2, Section FACT, Chapter 24
- <u>AIDS Education, Classroom Education and Church Guidelines</u>
 Covered in Chapters 17, 18, 19 and 20 should be a prerequisite for peereducator training to establish a local church ministry for HIV and AIDS.
 Graphic helps in Volume 2, Chapter 24
- <u>Tips on Getting Started</u> should be included so the adults have a workable plan on how to implement the materials they have covered into their particular area of need (whether the home, their neighbours, or their church, etc) Chapter 22, Volume 1 for study, Volume 2 for picture helps.

Effective Teaching Using 'Get-Acquainted' Techniques

In any class, particularly dealing with a subject as fearful as AIDS, it is important to include simple teaching games to alleviate fear and help the students to relax. In school classes the teacher usually has a very tight time frame whereby singing a song would be sufficient to relax the students so they are ready to listen to teaching on HIV and AIDS. Some of these relaxing class techniques are:

1. <u>Discussion Groups</u> – here the teacher must have discussion that is very **directed** so that the time is profitably utilised. <u>Number</u> the students into 3-5 groups (depending

on how many are present). Give each group a defined <u>topic</u> that they must discuss, draw a <u>conclusion</u> about, and <u>report back</u> to the whole class. The topic should be written down and handed to the group to take with them. Each group should divide into their respective locations with <u>approximately 15 minutes</u> to discuss ONLY. When time is up, have 1 person <u>summarise</u> the group's findings in 1-2 minutes only.

Sample Discussion Topics Could Be:

- What are some current myths about HIV and AIDS? Why do people believe them? How can we correct these myths?
- Are young people being taught about HIV and AIDS? How effectively? What more can we do to help young people make right decisions so as to not contract HIV and AIDS?
- What were some good things in our culture that prevented the spread of HIV and AIDS? Are they still there today? What are some bad things in our culture which may have contributed to the spread of AIDS? Should these be changed, and how?
- How can our church (whatever the group is) contribute to the community in helping to stamp out AIDS? Involvement?
- What are things we can do to assist the AIDS "infected" and their "affected" families to make life easier for them?
- 2. <u>HIV and AIDS Quiz</u> with a sample found in Chapter 5. The teacher can have the class do the quiz individually and then correct it together. Or, the teacher may go through the questions with the whole group allowing for limited discussion. Note: The teacher should NOT permit extensive discussion in quiz time since the teaching sessions will cover most of the questions being asked, only in a more organised fashion.
- 3. <u>Drama</u> a group in the class will have prepared a skit ahead of time, demonstrating some of the ideas about HIV and AIDS. The teacher can work with the students to write their own, or we have included a sample skit to use, included at the end of Chapter 20. This skit can be adapted and made age-appropriate to the students in the class, according to the audience. Dramas and sketches can also be used to illustrate concepts taught in the various workshops. (Example: a skit can be used to demonstrate basic home care for a sick patient; or to demonstrate the myths about how HIV is contracted, etc.).

The Teacher – Choosing from the Various Teaching Methods

- 1. <u>Lecture method</u> where the teacher stands in front of the class and talks. It is always better if the teacher using the lecture method uses visual flip charts, or overhead transparencies as he/she is talking. Lecturing too long is the least effective way for students to learn, because they will only remember 20% of what they hear!
- 2. <u>Panel discussion</u> where specific people (usually 2-6 people) are selected from within the class to discuss a specific topic. They are also given a limited time frame. A

forum is similar and involves teaching by a teacher and then followed by open discussion.

- 3. <u>Seminar</u> where the group comes together to gain information, but is usually more 'listening orientated.' However, usually in a seminar the students will be required to research and prepare the topic in advance, as given by the teacher. When the class teacher is finished teaching, there will be discussion and conclusions drawn based on what the teacher taught and what the students found in their previous research.
- **4.** <u>Workshop</u> also where the group comes together to gain information, but is usually more "hands-on" and "working" orientated. Here the students apply a "real" task under supervision of the teacher.
- **5.** <u>Brainstorming</u> where the participants are given a topic and they discuss, investigate, and draw conclusions in the teaching process.
- **6.** Rounding the Room everyone in the class takes a turn at giving his/her thoughts or conclusion on a particular subject. This helps the teacher gauge the feelings of the students and what they are thinking.
- 7. <u>Commissions</u> where a specific group goes out to investigate a particular matter, compiles the facts, and then reports back to the whole group on their findings.
- **8.** <u>Demonstration</u> is usually done by one or more persons to demonstrate a point.
- **9.** Role playing is usually done by one or more persons to demonstrate a particular example or model. It can be in "acting," "drama" form. (Example: in teaching about relationships, a student could play the role of the feelings of a "raped" person, demonstrating an intimidated spouse, illustrating an AIDS person who is shunned, etc).
- **10.** <u>Case study</u> where the student/s take a particular topic, go out and thoroughly investigate it, and then reports back the findings to the class so that a conclusion can be drawn.
- **11.** <u>Group discussions</u> where the whole class is divided into smaller groups, given a topic to discuss, and then reports back the group's opinions.
- 12. <u>Games</u> these can be very effective in illustrating the points that the teacher is trying to get across. The teacher must have the games and all equipment chosen ahead of time. The game must always reinforce and illustrate the point being taught. The teacher needs to know how long the game will take and keep it moving. Sometimes the element of competition in game-teaching is good. Here the winners are rewarded!
- **13.** <u>Buzz Groups</u> are usually shorter, less specific, and fast paced, whereby the class is divided into groups of 2 or 3 sitting nearby and quickly "talk" around specific topics so that many ideas are shared. This is a good "wake up" technique on a hot afternoon.

- **14.** <u>Question and Answer</u> where questions are thrown out to the class and answers are given by others.
- **15.** Flip charts where concepts in the class are taught by holding up a visual reinforcement of the concept being taught. Usually the teacher holds it up as he/she is talking to illustrate what is being said. The graphic pictures in Chapter 24 of this manual can be mounted in a book with plastic slide-in pages and held up as flip charts.
- **16.** Overhead transparencies where the graphic illustrations are put up on a projector to reinforce the concepts being taught by the teacher.
- **17.** <u>Drawings</u> students draw out their interpretation of what has been taught, in picture form.
- **18.** <u>Videos/films</u> the material being taught is shown visually using a video. This can sometimes be more difficult because it requires a screen, video projector, and a VCR in order to teach using this method.

Remember: a good teacher will use a variety of teaching methods in each class. A student will remember approximately 20% of what he hears! This is why it is so important to use a variety of teaching methods in teaching about HIV and AIDS, particularly if you want students to retain what you are teaching and be able to implement it.

The Class Session Itself

- <u>Teacher Notes</u> the teacher should write out each class session for himself/herself in point form. This will help the teacher stick to the point, teach with order, and maximise time better. Have notes in a place where you can easily see them from where you are teaching. It is NOT necessary to be glued to your notes. However, when you walk and move away from your notes while teaching, always do that so you can soon come back and see your notes, keeping on target. Note: Sample lesson plans and teacher presentation forms are available at the back of Volume l, Chapter 20.
- An effective teacher who helps the students learn (particularly in teaching HIV and AIDS) will <u>vary the teaching methods</u> several times in each class. He/she may lecture for 10 minutes using flip charts, then have a short five minute "buzz" session, followed by questions and answers, then 15 more minutes of lecturing using either flip charts or an overhead projector as he/she teaches. This could be followed by group discussion of specific topics, and then more lecture...and so forth.
- Questions and Answers can be very effective IF in a planned way. However, particularly in teaching about HIV and AIDS, it is better if the teacher completes his/her teaching first. Then allow for questions and answers. Usually many of the questions will be answered during the teaching sessions, but in a logical order and in

sequence. Allowing for random questions at any time in a class on HIV and AIDS will make the logical sequence of information very difficult. The class can seem interrupted and fragmented if too many questions and answers are permitted at random.

- <u>Time of Day</u> is a good factor in determining what teaching method and style you will use. The students tend to be more alert in the morning. As it gets into afternoon and the air is hotter, those are the better times to utilise "group" teaching methods. The students will stay awake better if they are participating.
- **Projecting your voice** is something a good teacher must learn. Speak with a clear tone and simple words so everyone can understand. "Throw" your voice out as you speak so that those at the back of the class can hear as well as those at the front. Avoid using the same tone for too long. Vary your loudness, softness, highs and lows of speaking so that you are more interesting.
- **Eve contact** is extremely important, particularly with classes of children. Look right into the eyes of the participants, back and forth, so that in turn they look at you.
- <u>Keep to your lesson plan</u> by having it in front of you for reference, so that you keep on track, keep on topic, keep to time, etc.
- <u>Utilising hand movements, and body gestures</u> can be effective if illustrating your point. Body language can be both effective and distracting. Avoid playing with chalk, rings or jewelry while teaching...that distracts. Be yourself; be natural. Body language should always enhance your teaching methods, not distract from it. Be neat and tidy. Check yourself in the mirror before going into the classroom...do you have ink on your face, thread hanging from your nose? Look good to the students.
- <u>Note taking</u> tell the students if you wish them to take notes during the class. If you are giving hand-out notes for the seminar or workshop, it is probably better if students are not busy taking notes.
- <u>Using the work board</u> can be effective in teaching if it is limited to a few points. However, avoid talking "to the board" or writing everything out word for word. That will take too long and the students will become bored. Move when you write. Avoid having diagrams on the board beforehand. The students will be busy trying to figure out the board instead of listening to the teacher. Always turn and face the class if using a board, to talk to the class.
- Overhead projectors and video machines always practice using them before the class time so you know exactly how they work. It is usually best if you have someone else, other than the teacher, who is operating the machines. Make sure the person operating the equipment knows what he/she is doing! Also make sure that the outlet electricity plugs work. You will also have to think about darkening the room's windows. This should be done well ahead of time with either black cotton material being taped over the windows, or taping newspaper over all windows.

During the HIV/AIDS Seminar

- Greet participants as they come in the door. Give name tags if you plan to use them.
- Have each participants fill in a registration form so that you have a record of where to find attendees. This can also be helpful to give to the host leader like a pastor, etc.
 If a registration form is not used, then the teacher should use an "attendance form" to know the whereabouts of the students.
- Welcome everyone.
- Open in prayer and state the AIMS and OBJECTIVES of the workshop.
- Start with a relaxer: group discussion, game, song, etc.
- You may want to do the HIV/AIDS quiz in order to evaluate the knowledge of the students.
- Monitor the group dynamics. Example: in the school setting if some of the noisier students are sitting in a group near the back, the teacher should split them up and seat them closer to the front.
- Vary the teaching methods.
- Give tea breaks approximately every 2 hours, for 15 minutes in duration.
- Summarise and use repetition in the teaching methods.
- Have someone else preparing the tea refreshments.
- Give out handouts at the right time. It is usually best to give them out right at the <u>end</u> of the particular session rather than beforehand so the students will not sit and read them while teaching is going on.
- Be flexible but keep the workshop moving.
- Follow the lesson plan as closely as possible and keep yourself, the teacher, on track.
- Don't be judgemental about any participants.
- Keep students focused by eye contact, variety in teaching, class discipline, etc.
- Use appropriate language and culturally acceptable expressions.
- Speak clearly.
- Make sure everyone is contributing, not just a few.
- Observe always.
- Be perceptive.
- Introduce and thank participants even if they do not answer correctly. Never embarrass or belittle anyone for incorrect answers.
- Stay in the room during the video or when a guest is speaking. Leaving the room is 'body language' which says, "This is not really important enough for me to stay!"
- Make sure instructions are understood.
- Where possible, have participating speakers who can reinforce the concepts. Example:
 it is always very effective to have HIV and AIDS persons speak about their own
 experiences in the class. In such cases, the class must be admonished to confidentiality
 and respect.
- Have children and adults separated when teaching HIV and AIDS. Age-appropriate classes can be conducted with children ages 6 through ages 12; ages 13 through 20; ages 20 through adult years.

Common Mistakes Made by HIV/AIDS Teachers

- 1. Failing to adequately prepare long before the workshop. Failing to send the host person (pastor, school principal, etc.) instructions for promotion and inviting people; sending instructions regarding the venue, etc.
- 2. Not working out a clear purpose with "aims" and "objectives" for each segment of the HIV/AIDS workshop
- 3. Failing to plan the event well enough in advance and do sufficient promotion to get people to attend
- 4. Not arranging enough guest speakers besides yourself to enhance the workshop (HIV/AIDS persons, medical person, youth speaker, a parent, etc.)
- 5. Using only one teaching method which makes the workshop boring
- 6. Giving too much information at one time and not enough reinforcement of ideas for the students to understand thoroughly
- 7. Not giving any room for the participants to express themselves
- 8. Not giving any room for hands-on learning
- 9. Misjudging the time frames and going much over time frames
- 10. Not setting the audience at ease, particularly with the subject of AIDS so they can positively learn
- 11. Not having sufficient small breaks in a day workshop so people can use the toilets, have a drink and be refreshed
- 12. Not ventilating the room sufficiently and having too many distractions

Sample Forms in Chapter 20:

- 1. <u>Teacher Lesson Planner Form</u> this form is used by the teacher to plan everything he/she will do in teaching the HIV/AIDS class.
- 2. <u>Teacher/Class Arrangement Form</u> this form is for the teacher to complete several days before the actual class to organise all the details of needs for the class. A completed copy done by the teacher should be kept for himself/herself. A duplicate copy should be given to the one in charge of the venue so they have everything ready for the class to start on time and run smoothly.
- 3. <u>Teacher Presentation Form</u> this form is for the teacher in planning his/her HIV/AIDS lesson, used along with the "Teacher Lesson Plan" form.
- 4. <u>The Student Presentation Notes Form</u> this form is for the teacher to give to the students in the class if the teacher wants them to take notes.
- 5. The HIV/AIDS Workshop Registration Form this can be used along with the flyer form to hand out as "invitations" or to give so people register and it will be known how many people will be attending and provision can be made for them.
- 6. <u>HIV/AIDS Workshop Advertising Form</u> this form can be used by those

hosting the HIV/AIDS workshops to invite people to attend. This poster will need your particulars completed in dark, black pen, and then posted in strategic places. Example: put up posters in taxi stands, shops, schools, train stations, market, etc.

- 7. <u>HIV/AIDS Hand-Out Flyer Form</u> this form is a miniature of number 6 with three to a page as flyers. Your particular information will need to be filled in first with a black pen before duplicating and cutting into three hand-out flyers as invitations.
- 8. <u>HIV/AIDS Sample School Skit for Students</u> this short skit can be presented by a group of students, provided they are given it well ahead of time and can practice it. It does not take a lot of time and students can adapt it to make it appropriate to their ages. By providing the skit, the teacher is able to keep the message consistent with the moral values being taught.
- 9. <u>Evaluation Form</u> this can be used by the teacher to determine the response of the students and the effectiveness of the HIV/AIDS classes.

Evaluation Following the HIV/AIDS Presentation

An evaluation is a means whereby the teacher is able to determine the worth of the program, method, or class. The evaluation is very helpful to the **teacher**, to the **host leader** or **pastor**, and others responsible for the HIV/AIDS teaching programme.

Why Should the HIV/AIDS Teacher Evaluate the Program?

- To assess the success or failure of the workshop...have the teacher's learning objectives been achieved?
- To improve the programmes
- To test your teaching objectives
- To evaluate if the students understand the material
- To discover new ideas about the subject of HIV/AIDS

Who Can Benefit from the Evaluations?

- The teachers
- The Church Pastor, organisation, school, etc.
- The community fathers and leaders so as to assess what is happening in that area with regards to HIV/AIDS training and support systems
- The health facilities in the community

Who Conducts the Evaluation?

• Insiders (the teachers, the host pastor or manager)

• Outsiders (those in charge after the HIV/AIDS teacher has gone) to determine if the particular program was beneficial

When Do We Evaluate?

- Either before the HIV/AIDS workshop so as to determine the needs, background, and objectives of the students
- Or during the training so as to determine how well the students are learning
- At the end of the training so as to determine the effectiveness of the learning and training
- Or after the training, usually by the host leadership rather than the teacher, perhaps some days following the HIV/AIDS class to see if the students are practicing key points in the class. Also to determine if this particular programme should ever be repeated

How to Evaluate

- By using questionnaires. A sample is provided at the end of this chapter.
- By observing voluntary responses of the students. Did they seem enthusiastic? Did they express how they felt about the class? Did they pay attention? Did they return for all the classes or did many drop out? Did they ask you, the teacher, to please come again?
- By asking the participants. This can be the least effective way to get a realistic evaluation of the HIV/AIDS classes because often participants are "too polite" to say even if they did not like the class.
- By giving an examination. This is particularly useful for student ministers in Bible colleges, leadership training courses, prefects of schools, and academic teachers, etc. Courses have been given by OPERATION WHOLE to several Bible colleges over the course of a week to total 20 hours of class time. Two credits were given under "Pastoral Care" for those who passed the exam with a minimum of 60%. College level examinations are available to colleges if they write the authors at:

OPERATION WHOLE P.O. BOX 612 Randpark Ridge 2156 South Africa

Planning Evaluations

In most cases, the teacher of HIV/AIDS should plan to evaluate the progress and success of the teaching classes. However, some settings may not allow for written evaluations, such as a local church congregation, very young children, etc. In these cases, the teacher must strive to get verbal feedback from the participants.

• Where possible, at least give out an evaluation form for students to complete at the end of the HIV/AIDS workshop/s.

- In a workshop lasting more than one day, the teacher may have to include a half-way evaluation at the end of the day.
- In the evaluation the teacher needs to find out what was most helpful, and what was least helpful.
- It is also good to ask participants to make suggestions for areas of improvement in such a class.

HIV/AIDS Programme Evaluation – How to Measure It

The subject of HIV and AIDS, particularly regarding sexuality, is a more difficult one to really evaluate. The true test of success in teaching about HIV/AIDS is the following:

- Are at-risk people who were engaging in sexual behaviour that could infect them with HIV changing their behaviour as a result of the class? Is there a lifestyle change?
- Are non-involved people getting involved in the HIV/AIDS crises in their community?
- Is the local church establishing a practical ministry to help in the community in dealing with HIV/AIDS?
- Have future pastors and teachers received sufficient teaching in HIV/AIDS to implement it in the community where they find themselves?
- Are parents more equipped and talking more to their children about HIV/AIDS than they did before the classes?
- In Christian ministry, are the classes helping participants to see their need of Jesus Christ in their personal life, and are they accepting Him as Saviour and Lord?
- In Christian ministry, are the classes helping to disciple participants to become established in the local church where they can grow?

To Summarise

THE TEACHER WHO FAILS TO PLAN PLANS TO FAIL!

Knowing the material covered in these chapters on HIV and AIDS, refining your teaching methods, planning for the workshops, and getting the invitations out is absolutely essential for effective teaching on HIV and AIDS. However, the reward is knowing that many lives will be changed and possibly saved from an untimely death because YOU, the teacher, did your very best!! **Happy teaching**.

AIDS PRESENTATION EVALUATION

Please feel free to answer the questions as to how you evaluated the presentation, enabling the presenters to accurately assess its effectiveness with the students. Thank you kindly.

Mark an "X" over the word that most accurately represents your assessment.

Yes Mostly No

1. The workshop was well organised and interesting. (Yes, Mostly, No)Comments:
2. The material was clearly presented and easily understood. (Yes, Mostly, No)Comments:
3. Each session was the right length of time. (Yes, Mostly, No)
Comments:
Comments:
5. The content of the material was what I wanted and covered sensitively. (Yes, Mostly, No) Comments:
6. The presentations had sufficient variety of teaching methods (talk, sketch, visuals, video) (Yes, Mostly, No) Comments:
7. The presenters were non-judgemental and helped to take the fear out of AIDS. (Yes, Mostly, No) Comments:
8. I believe the program was worthwhile. I would come again with friends. (Yes, Mostly, No) Comments:
9. The AIDS workshop helped motivate me to change. Please describe in a few words wha changes the teaching will help you make:
10. The seminar helped to motivate me to get involved in HIV and AIDS. (Yes, No) Please explain the areas you would like to get involved in:
Please feel free to share any area/s of the presentation that you feel should be altered. Give your suggestions as to how to make the presentation more effective.
If you need to talk with someone further, please sign your name and provide a number where you can be contactedPhone #

Name if you wish help

PRESENTATION NOTES FOR STUDENTS

DATE:
TOPIC:
TEACHER:
LENGTH OF CLASS:
WHAT I LEARNED:
1
2
2
3
CONCLUSION ON THIS TOPIC:
ASSIGNMENT:

PRESENTATION NOTES FOR TEACHERS

DATE: SPOKEN:	<u>LANGUAGE</u>
TOPIC: LEVEL: TARGET GROUP: PARTICIPANTS:	EDUCATIONAL AGE OF
GENDER: Male: Female:	
AIM:	
OBJECTIVES: 1	
2	
3	
TEACHING METHODS: 1. 2. 3. 4.	
NOTES:	

AT THE END OF THIS SESSION, THE AUDIENCE WILL:	

HIV/AIDS WORKSHOP REGISTRATION FORM

Name	(Tick) Married	Single
Phone Number:	Male	Female
Address		Town
Last Grade Completed in School	Language Spoken_	
Name of Your Church		
Have You Ever Attended Class on HIV		
Do You Require Transport?	Yes	No
<u>HIV/AIDS WORKSHOP DETAILSV</u>	Vill Be Conducted:	
When		
	Date	
Venue	Where	
Гіте		
Contact Person:		
Cost: Food:		
Food:		
Please Mail this Registration Form to:		
i icase ivian uns registi autin futin tu:		
Cut		
Cut		
- Cut	•	
HIV/AIDS \	WORKSHOP	
KEGISTRA	ATION FORM	
A.T.	(TE) 1 \ 3.5 \ 1	G! 1
Name		
Phone Number:		Female
Address		
Number Street Last Grade Completed in School	Languaga Spokan	Town
Name of Your Church	Language Spoken_	
	/A IDC9 - X/	NI -
Have You Ever Attended Class on HIV		
Do You Require Transport?	Y es	No
HIV/AIDS WORKSHOP DETAILSW		
When	Date	
Vanua		
Venue	Where	
Гіте		
	* *	
Contact Person:		
Cost.		
Cost:		
Food:		
Please Mail this Registration Form to:		

SAMPLE LESSON PLAN FOR THE TEACHER IN TEACHING HIV/AIDS

Date:	_Venue:
Γime frame of lesson: Starting	Finishing
Геа break times:	
Age group of class:	Class' educational background
Γopics being covered:	
(1)	Minutes allotted
(2)	Minutes allotted
3)	Minutes allotted
(4)	Minutes allotted
(5)	Minutes allotted
(6)	Minutes allotted
Guest speakers (including HIV pe	ersons, medical people, etc
Reinforcement resources: (tick) Flip charts Overhead transparencies Visiting orphans Panel discussion Discussion groups	□ AIDS booklets □ Videos □ Visit AIDS person □ Music □ Drama □ Drawing □ Wall charts □ Writing □ Visit HIV Testing Site □ Other
Seating arrangement: (Draw a si the venue.)	imple sketch of how you will arrange seating in
Hand out booklets: (tick) ☐ Edward the Elephant ☐ AIDS	& ME \square Book of Hope \square ICI Seven Questions

Name	of
Teacher:	

TEACHER/CLASS ARRANGEMENTS

Date of	Class	Du	ration
Topic			
Venue A	Arrangements: (tick) Need key to get in Need to arrange childcare Need clean-up person Need transport arrangements Need chairs arranged Need to arrange food for meals Need windows covered		Need Equipment: Overhead projector Chalkboard & chalk Large sheets of paper Marker Pens Other Advertising: Newspapers
	Need heater for warmth		□ Posters
	Need toilet paper & soap		\Box Flyers
	CLASS TIME ARR	<u> </u>	NGEMENTS
	Teaching aids		Interpreter – language
	Name tags		
	Overhead transparencies		Chalkboard drawings & chalk
	Skit arrangements Prizes		Student handout notes: How many
	Game materials:		=
	Jame materials.		How many
			Money for class materials:
			How much
	Guest Speakers:		
Name o	of Teacher:		

HIV/AIDS WORKSHOP CHECKLIST

2-4 WEEKS PRIOR TO WORKSHOP:

	Check	Due Date	Date Completed
Send out invit/posters			
Book venue			
Book food persons			
Book guest speakers			
Make out Aim/Obj Frm			

1 WEEK PRIOR TO WORKSHOP:

Finalise workshop materials/copies	
Confirm venue & check equipment available	
Get venue quote/cost	
Get venue directions/maps	
Confirm food preparations	
Get caterer food prices	
Finalise workshop sessions	
Confirm other speakers	
Make appointment with host (Pastor Leader)	

1 DAY PRIOR TO WORKSHOP:

I BITT I MORE TO WORKSHOT:	
Make up handout boxes for materials	
Packing list:	
Files	
Registration forms	
Evaluation forms	
Workshop programmes	
Name tags	
Cash receipt book	
Cash box/money	
Video/other materials	
White board pens & chalk	

DAY OF WORKSHOP:

Review each session	
Cover windows if necessary	
Check equipment	
Set up equipment – ready for use	
Set up registration table:	
Registration forms	
Name tags	
Arrange seating	
Put up wall posters	
Set up tea table	
Programmes	
Have greeter at the door	

AIDS AWARENESS SKIT (PARTICIPATION GRADES 4-8)

Enter people, 2 boys and 1 girl. They all sit around in a recess kind of situation, chatting as in a breaktime.

A 2^{nd} girl enters from the side...the boys all look at her and then one boy stands up and walks over to her (off to the side).

Boy: Hello, my darling, how are you today?

Girl: I am just fine!

Boy: You are looking very beautiful today!

Girl: Thank you!

Boy: (whispering but loud enough so audience can hear):

Do you know I love you very much?

Girl: Ohhhh!

AT THIS POINT THE SCENE ABOVE JUST FREEZES AND STANDS STILL, WHILE A BOY WALKS IN CARRYING A BIG SIGN THAT THE AUDIENCE CAN READ WHICH SAYS:

"WHAT IS LOVE?"

THE BOY WHO ENTERS WITH THE SIGN THEN SAYS THE FOLLOWING TO THE AUDIENCE:

"EVERYONE SHOULD HAVE FRIENDS WHEN THEY ARE YOUNG, BUT TRUE LOVE WAITS UNTIL YOU ARE OLD ENOUGH TO FIND A MATE THAT GOD WANTS YOU TO TO MARRY. LOVE IS NOT JUST A CASUAL FEELING!"

THE BOY WITH THE SIGN LEAVES AND THE SCENE ABOVE WITH THE GIRL/BOY RESUMES.

Boy: Today, I am feeling heavy; I have a big need!

Girl: Oh, what kind of need?

Boy: I have a fire inside.

Girl: Let me go and get a glass of cold water to help cool the fire.

Boy: No, you don't understand...meet with me in that dark place in those bushes over there, right after school is finished.

Girl: For what?

Boy: To have sex!

THIS SCENE FREEZES AGAIN AND THE SAME BOY COMES OUT WITH ANOTHER SIGN WHICH THE AUDIENCE CAN READ WHICH SAYS:

"CHOICES...YOU CAN SAY 'YES' OR 'NO'. RIGHT OR WRONG"

THE BOY SAYS THIS TO THE CROWD AND THEN EXITS.

THE SCENE ABOVE RESUMES.

Girl: I say NO!

Boy: But, you are my darling, my sugar, and I love you more than I love myself! Please, I beg you, come with me over there after school!

Girl: I said NO! (and the girl starts to slowly walk away from the boy)

Boy: But wait, I will buy you soda, biscuits, and chocolate! Please?

Girl: (stops and looks back with a question on her face) Meat?

Boy: Yes, meat...I can get you some meat! You come with me to the bushes and have sex and I'll get your family some meat!

Girl: (starting to walk away again) NO! NO!

Boy: I even have _____(Use your money, a small amount)..... let's go after school!

Girl: I think you didn't hear.... I said NO! It will always be NO! I will be your friend, but I will never have sex with you (walks out).

THE BOY WHO CARRIED THE SIGN COMES BACK AND SAYS TO THE AUDIENCE:

"IF SOMEONE COMES TO YOU SAYING THEY ARE YOUR FRIEND AND WANTS TO HAVE SEX WITH YOU...JUST SAY NO...EVEN IF THEY CALL YOU MY BABY, MY SUGAR!" (Group Leader will come in here and get the whole group of students to repear: JUST SAY NO TO SEX!

"IF SOMEONE OFFERS TO BUY YOU SODA, MEAT, CLOTHES OR GIVE YOU MONEY...JUST SAY NO!"

(Group Leader will come in again and get the group to say "No"!)

"IF A GROWN UP, RELATIVE, OR TEACHER ASKS YOU TO HAVE SEX WITH THEM JUST SAY NO!"

(Group Leader will come again and repeat "No" with the group!)

THEN THE LEADER WILL THANK THE GROUP AND THEY WILL ALL EXIT AND HE/SHE WILL SAY AGAIN:

"NO ONE IS IN CONTROL OF YOUR BEHAVIOUR OR YOUR BODY EXCEPT YOU! YOU MUST CHOOSE TO KEEP YOURSELF FROM SEX UNTIL YOU ARE MARRIED BECAUSE YOU ARE 'SPECIAL'."

REPEAT....

"I AM SPECIAL...I AM WORTH WAITING FOR!"



HOW TO TEACH HIV/AIDS IN THE CLASSROOM (SCHOOLS)



THE HOW-TO'S OF TEACHING PRINCIPLES TO TODAY'S STUDENTS AIDS AWARENESS PRESENTATIONS IN SCHOOLS

A. <u>Making the Arrangements:</u>

It is important to try to find a reputable person to liaise for you, such as the principal of a particular school. In our case, we found a wonderful Christian principal in Soweto who, because he had community favour, introduced us. We were permitted in the public schools during class time through this principal. From there, the reputation of the HIV/AIDS program you are conducting will become well known and you will have many invitations. Find a key contact person, preferably someone who works in the area of schools, and/or who is a recognised educator. This gives credibility to the teaching profession.

B. Make the Necessary Preparatory Steps:

For "OPERATION WHOLE" we first (through our "liaise" person) met with a selected group of educators (mostly principals and guidance teachers) in one area and showed them briefly how we could present a quality program in their respective school. Our preview with these school leaders took approximately 45 minutes to promote our AIDS program to them. We sold ourselves and the program!!! Go prepared! Have an outline of your aims and objectives for your school presentations so the teachers will know exactly what you will present. Give out samples and have visual illustrations to present to the educators. OPERATION WHOLE teams have conducted AIDS Awareness presentations and the gospel message to approximately 175,000 people each year since 1995.

C. Allow the Educators in the Area to Buy into Your Program and Make It Theirs:

Principals of schools guard their schools very closely. You must make YOUR program THEIR idea! Facilitate the teachers to feel that this is their THING and that you are helping them pull it off. Even if, in reality, you are doing it all, you must pull them into the plan at the onset or they will close the door on you. Use key buzz phrases when trying to get into a school: use the words MORALLY BASED INSTRUCTION rather than anything RELIGIOUS! You can always subtly bring in the Christian message once you are there. Other buzz words to sell your program are: LIFE SKILLS, AIDS PREVENTION, STUDENT EMPOWERMENT, INFORMED CHOICE, etc.

D. Know What Your Classroom Teaching AIMS and OBJECTIVES Are:

Remember: you haven't taught a thing unless the students LEARN!! You are there to help students LEARN, NOT JUST TO TEACH!!! Use a lesson plan for each class. See sample in Chapter 20.

Remember: you are NOT THERE just to entertain (even though things you do may be entertaining. Humour is used as a teaching technique). YOU ARE THERE TO GET ACROSS THE MORAL (BIBLICAL) MESSAGE OF THE HOW-TO'S TO STAY ALIVE AND NOT BECOME HIV INFECTED. YOU ARE TO DO EVERYTHING TO HELP THE STUDENTS GRASP THOSE TRUTHS, IN A VERY SHORT TIME!

What to Include in the Lesson Plan for School AIDS Presentations

- 1. <u>Determine your points</u>. What points do you want the children to learn?
- 2. Make your points clear. Use varying teaching techniques:
 - **Lecture method** (only for about 2-3 minutes at a time);
 - **Role-playing** by enlisting the help of a teacher or a student when you are illustrating a point (example: when teaching the myths about how HIV is spread, you can use a student with you to teach handshaking. HIV is NOT spread by shaking hands);
 - Visual impact (i. e: flip charts, overheads, graphics);
 - <u>Vocal repetition</u> (students repeating or reading as a group, the point from the flip chart);
 - <u>Drama-sketches</u> most effectively used when they are short and make the message conclusive and not obscure! We take a pre-written skit (an example is provided in this manual in Chapter 20) to the school ahead of time and have the students act it out. They do wonderfully!
 - Feed-back by student participation and response (but make it short and snappy);
 - **Illustrations** to make your points that are short and relevant;
 - Flip Charts, Overheads, or CD pictures and visuals to reinforce your point.
- 3. Make sure your classroom is set up in the way you want it. You will probably have to do that yourself since most public schools are short staffed and the room is never ready. Most township schools have only double classrooms at best and do not have auditoriums. In primary school presentations, have the younger classes sit on the floor at the front (if not enough chairs). Put chairs in rows against the wall with a small aisle in the middle. Bigger kids can stand at the back. REMOVE DESKS! THEY TAKE UP TOO MUCH ROOM! If you are showing a video, you must cover the windows with black cotton fabric or tape newspaper over all the windows to cut out the light.
- **4.** <u>Control your classroom entries and exits</u>. Have older students come in first, from back to front, and younger ones come in last. Even in high schools, have one of your own people POLICE lines of students as they come in, and have another one of your helpers assist with the seating, moving from the wall out. If you allow students to seat themselves, they will

always take the outside seat and then everyone has to crawl over them!!! THAT CAUSES CHAOS!

5. Set the classroom tone:

- Let students know what you expect (i. e: when you are talking they don't talk).
- Establish an atmosphere for learning.
- Establish respect for each other.
- Classroom is quiet except for times you enlist their participation.
- Have orderly entries and exits (row by row because in most cases the teachers will not do that for you).
- Show students the respect you expect from them (i..e: never raise your voice or yell).
- Use your eyes...use authority...always say 'thank you' when you give an instruction to children!
- Know how to STOP interruptions (but never take away the student's dignity).
- Know how to respond to "testing responses" that are the opposite of what you want. Never be thrown off base.
- Begin and finish on time!
- **6.** <u>Segment your presentation.</u> Section it off into exactly what you are going to do that will accomplish your teaching/learning goals. OPERATION WHOLE HAS FOUND THE FOLLOWING TO BE VERY SUCCESSFUL:
 - Five minute introduction of team and setting tone of classroom and what we are here to do.
 - Three minutes of positive reinforcement:
 - -how special each one is before God
 - -no two people the same (fingerprints, DNA)
 - -God made one of me; I am special (most kids have a very low SELF-WORTH FACTOR).
 - Be very specific about directing students to the <u>right choice/s</u>; do not be vague; be bold about your message. But, you cannot force or choose for them! Make it COOL to make RIGHT CHOICES! Begin to turn around negative behaviours and make positive behaviours POPULAR!
 - Emphasis must be reinforced to the learners that GOD GAVE US THE ABILITY TO MAKE CHOICES THAT WILL KEEP US FROM HIV AND AIDS.
 - Two minutes singing ONLY with primary students
 - Fifteen minutes teaching getting right in the kids' faces, utilising all teaching methods (overheads=visual, role-playing=kinetic learning, demonstration=audio learning, repetition=reinforcement).
 - Five minute sketch given to the school ahead of time and done by the students (reinforcing life skills in the how-to's of saying NO to premarital sex and peer pressure). Same sketch is adapted for different age levels. WE INSIST THAT CONTENT MESSAGE REMAINS THE SAME, ONLY THEY CAN CHANGE THE WORDING.
 - Make the presentation culturally sensitive.
 - Two minute hand/arm exercise (primary kids only).

- Thirteen minute AIDS comic video if you can facilitate it (primary); otherwise, fully utilise the flip charts in Volume 2.
- Thirty minute AIDS video (high schools) or flip charts.
- Two minute POINTED WRAP UP & PRAYER.
- Give instruction on hand out book/s and any follow-up meetings.
- Ten minutes should be in between individual presentations, if you are doing more than one presentation in the school. This allows for students with difficulties or problems to receive ministry (particularly Upper Division students). We suggest there that you specifically train two women and two men on the school ministry team to deal with sexual abuse, date rape, questions/answers, etc.

7. Plan the length of your presentation and stick to it.

Primary school students grades 1 through 8 should be maximum one hour. For high school a good suggestions is one and a half hours in length.

8. Always make it a point that two members of the AIDS presentation team will go to thank the school principal, leaving handout samples of the AIDS booklets with him or her.

9. Ask for a letter of reference from that school, evaluating your AIDS presentation.

A letter given to you from each school is invaluable as a door opener to other schools and places to share your AIDS presentation. Keep these letters in a special booklet covered with plastic pages, so that you can show these as references where you need them. This gives you credibility.

10. Endeavour to strategise an effective follow-up program for more lasting results.

Some suggestions would be:

- Principals'/teachers' AIDS workshops.
- Follow up student open air rallies featuring special music, HIV-positive youth sharing their testimonies, a celebrity Christian who could share his/her testimony, puppet show, etc., all reinforcing the "SAY NO TO SEX...I CAN WAIT" theme.
- Parent day workshops on AIDS and sexuality. Bible Clubs and/or local church follow-up into the schools for the students.
- Bible Clubs and/or local church follow-up into the schools for the students.
- Hosting special events at your local church for the school students to attend.

The local church that trains a team with excellence to give AIDS presentations in the public schools will also find this an open door for presenting the gospel within the context of education. AIDS awareness education is an excellent way of child-evangelism and, most likely, is the key to being permitted to do this in school class time.

~~~~ HAPPY TEACHING & LEARNING ~~~~



GETTING STARTED



TIPS FOR GETTING STARTED WITH HIV/AIDS AWARENESS

- 1. <u>Start where you are in sharing the information you have learned</u>. Don't feel that you have to be a professional, or go at it full-time. Start with your family, extended family, friends, colleagues, church or company employees.
- 2. <u>Neither be afraid of, nor minimise</u> small groups.
- 3. Make goals for who, where, and when.
 - Who you will share the information with,
 - Where you are going to meet with them,
 - When you are going to meet with them,
 - Write out your plan and stick with it.
- **Metwork** with another peer educator who is concerned about HIV/AIDS and keep motivated. To keep current contact groups such as "Africa...Operation Whole" and others who are using a moral message for up-to-date information.
- **5.** <u>Know the material well</u>. Study it and put it in your own user-friendly language. Be sure it is in sequence.
- **6. Don't feel you have to have fancy equipment** to share about HIV/AIDS. Use flip charts for small groups; visuals are **MOST** effective. See Chapter 24.
- 7. Present the material in a non-clinical way...don't just lecture. Don't be threatened if you don't know something...say that! No one knows everything about HIV/AIDS. YOU ARE A SHARER, NOT AN EXPERT!
- **8.** <u>Make a plan for separating small children from adults</u>. Each age group requires a different approach. Adult groups can be from ages 15 and up.
- 9. <u>Be culturally sensitive</u>, yet tell-it-like-it-is!
- **10. Be sensitive of the time** use the time you are given and don't go over.
- **Realise people are afraid to even talk about HIV/AIDS**. Dispel that fear so people will not feel threatened. Take a 'linking hands' approach to fight AIDS.
- **Keep focused.** Allow questions at the end of your talk or presentation. Most questions will have already been answered with continuity, if your talk is thorough. Questions can then be fielded at the end.

- **Regularly evaluate your efforts with others who hear you.** Always look for ways to improve your presentation. Don't get locked in. There is an evaluation form in Chapter 20 for feedback.
- 14. The "best" way to prevent HIV/AIDS is to teach RIGHT MORAL CHOICES. Therefore, we strongly suggest that this is the more effective approach. Be confident that moral teaching works, because it has been proven where morals are taught, behaviour changes! People will try to tell you that teaching morals does not work. This has been proven incorrect. However, do NOT take a defensive, confrontational approach to the condom. Be offensive. Give the facts on the failure rate of the condom, and give people the freedom to make their own CHOICE with their eyes open. Don't try to make the choice for people!
- **Look for people who can give a testimonial** for two to three minutes during the lesson. These can be non-infected persons who share how such seminars have changed or motivated them: HIV+ persons who share their experiences; teenager/parent who has changed his/her behaviour since hearing your presentation.
- 16. Realise that the number of lives you will save is not immediately measureable. Don't become discouraged. YOU CAN MAKE A DIFFERENCE!

TIPS FOR THE HIV/AIDS PRESENTATION

There are several things you need to do in order to make the best of every opportunity to present the material you have received on HIV/AIDS. Here are some ideas:

- 1. Prepare yourself by knowing the material well.
- **Write down the sequence of how you will present it.** However, after you become more versatile in doing it, be flexible to the needs of your audience.
- **3. Get your materials in order** (overheads, flip charts, hand outs, etc).
- **Practice your presentation** (out loud to yourself). You may want to tape yourself and hear yourself back. Critique yourself. But **REMEMBER** don't try to be a professional. Just be yourself....saving lives!!!
- 5. Enlist prayer support for each presentation.
- **6. <u>If you can promote your presentation</u>** (tell friends, put out a flyer, make a poster, utilise free radio announcements, use church/organisational bulletin boards, supermarket bulletin boards, etc).
- 7. If you are charging a workshop fee, make it very nominal so you don't eliminate the very people who need motivation and help. If you are in AIDS awareness for the MONEY you are probably in the wrong business. You must have a passion for the loss of lives due to HIV/AIDS. That will come through if your MOTIVES are right! It is in order to take up an offering to defray your presentation expenses, or to charge a nominal registration fee for the training. There are businesses/churches that can afford to contribute towards those who are doing AIDS Awareness presentations. They should CONTRIBUTE AND NOT BE STINGY, realising that investing in awareness will benefit them and the community. Bless the hands that feed you!
- **Remind** A few days before the presentation, remind those with whom you have a date, and talk about the arrangements again.
- **Involve as many people as possible** in the presentation, i.e. ask someone to prepare something to drink; ask someone to help with materials; ask someone to greet and seat people as they arrive.
- **10. Be culturally and religiously sensitive.** Some of the material is a "taboo" subject. Don't beat around the bush....say it straight. However, use terms that do not make people feel embarrassed or uncomfortable. While you

may belong to a specific church denomination, and you want to share your faith which is really important, be sure to make non-believers comfortable so they don't feel they are on the outside.

- 11. Start on time, even if few are present!
- **Start with prayer and then get right into the presentation.** Don't try to combine AIDS awareness with too many other agendas.
- **Begin to bring together a support group (of people)** to deal with those who Hear you and need help, i.e. people who are afraid they may be HIV+; HIV+ persons who may be in attendance; others who are in need. Be able to direct them to help.
- 14. <u>Honour copyrights</u>. If you are using "<u>Africa...Operation Whole</u>" material, please adhere to the "copyrights". We are not trying to keep the message to ourselves. However, Operation Whole desires to preserve the integrity of the moral message with all those who are using our materials for presentations. In the case of using Operation Whole's videos, these are on a rental contractual basis to protect the copyrights of the owners. If an author gives permission to copy or use his/her material, it is appropriate to acknowledge his/her as your source.

YOU HAVE JUST EMBARKED ON A FRUITFUL TASK THAT HAS ITS REWARD IN SAVING LIVES.

GOD BLESS YOU!



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