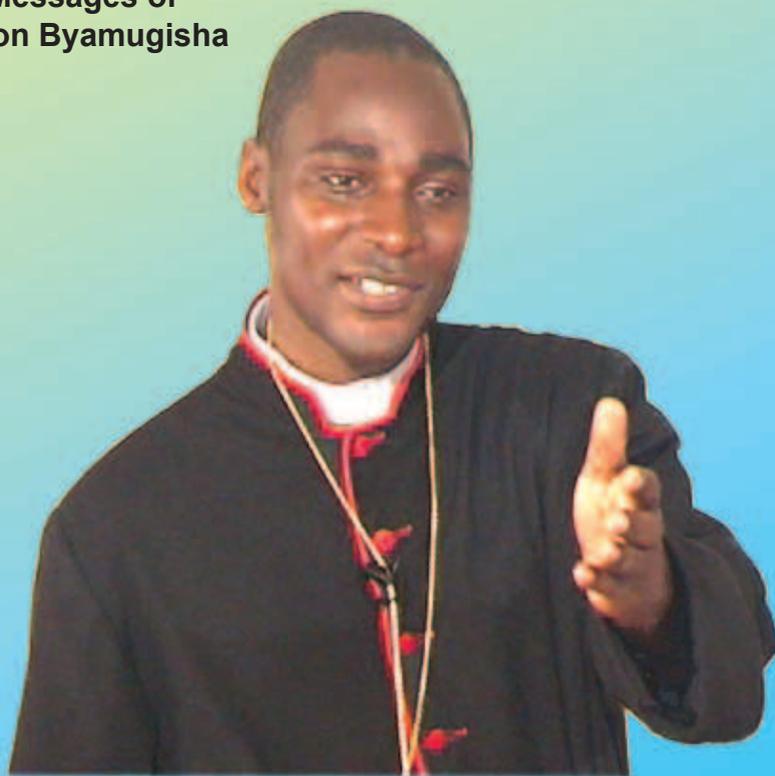


A FACILITATOR'S GUIDE

to the video

WHAT CAN I DO?

The HIV/AIDS Ministry
and Messages of
Gideon Byamugisha



Written by Christian Aid and produced by the Strategies for Hope Trust, with support from the Lutheran World Federation and World Vision International.

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TO THE VIDEO

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MESSAGES OF GIDEON BYAMUGISHA**

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What Can I Do? is described as a video throughout this guide, but is available in both video and DVD format.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
HIV	Human Immunodeficiency Virus
HIV+	HIV-positive
NGO	Non-Governmental Organisation
PLWHA	Person(s) Living With HIV/AIDS
VCT	Voluntary Counselling and Testing

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Glen Williams
Series Editor
Strategies for Hope Trust

1 October 2004

INTRODUCTION

This Facilitator's Guide can be used by anyone who is preparing to show the video '*What Can I Do?*'. It is designed especially for church leaders (including lay people), but can also be used by health and development workers, teachers, lecturers, trainers and community leaders. It has a three-fold purpose:

- ❑ To enable people who watch the video to achieve a more in-depth understanding of the many topics which it covers.
- ❑ To assist organisations and groups watching the video in exploring the issues which it raises for their responses to HIV/AIDS within their own churches, other faith-based organisations and communities.
- ❑ To help individuals watching the video to examine its implications for their own attitudes, beliefs, values and behaviour.

The Guide is designed to be used in a flexible manner, according to the needs, experiences and particular situations of the groups watching it. It does not propose a fixed curriculum, but offers a set of options to which users

of the video can take a 'pick and mix' approach.

Section One explains the background to the video, the audience for whom it is intended, how it is structured, and how the facilitator can use it most effectively.

Section Two consists of a full transcript of the soundtrack, broken down according to the themes covered by the different segments. Facilitators should familiarise themselves with this before showing the video in public.

Section Three aims to help groups identify the main messages of the video and their possible implications for churches and individuals.

Section Four consists of guidelines for in-depth workshops on five major themes referred to in the course of the video.

Section Five consists of basic information about HIV and AIDS to which the facilitator may wish to refer for guidance.

The **Appendix** lists HIV and AIDS-related information and training materials available on the Internet which may be useful to the groups viewing this video.

SECTION ONE:

GETTING THE MOST OUT OF THIS VIDEO

1. What is the video about?

The video *'What Can I Do?'* depicts the life and the HIV/AIDS ministry of Rev. Gideon Byamugisha, an ordained priest in the Anglican Church and Canon of St Paul's Cathedral, Namirembe Diocese, Uganda. Canon Gideon was diagnosed HIV-positive in 1992, and is open about his HIV-positive status.

Through his life and his ministry, Gideon Byamugisha is a genuinely prophetic voice in the era of HIV and AIDS. He travels widely, educating people about HIV and AIDS, and encouraging churches to challenge HIV-related stigma, denial and discrimination.

This video is not meant to celebrate the life of Gideon Byamugisha. Rather, it aims to share the lessons which Gideon has learned from his personal journey with HIV. As he says at the start of the video: 'It's not just my story that is important, but the lessons that can be learned from the story'.

In this video, Canon Gideon describes how he has learned to live openly and positively with HIV, and how he is helping churches to respond to the huge challenges of the HIV epidemic. Through his HIV ministry, Canon

Gideon advocates more relevant and effective HIV prevention strategies. He calls for Christians to do away with judgemental attitudes towards HIV-positive people, and instead to offer them love and support. He encourages churches to spread hope – not fear – through peer education, counselling, home-based care, practical help and prayer.

Through his life and his HIV ministry, Gideon Byamugisha demonstrates the uniquely valuable contribution which HIV-positive church leaders can make to HIV care, prevention and advocacy activities – not only within the church but also in wider society. He concludes the video with a call to every individual and all sections of society to examine what they themselves can do to respond more effectively to the unprecedented challenges of HIV and AIDS.

2. Why has the video been produced?

This video has been produced to support the many efforts currently being made to enable churches, other faith-based organisations and communities to carry out more effective HIV/AIDS related activities. Churches in many

countries have been in the forefront of efforts to mitigate the impact of HIV/AIDS. In particular, they have pioneered ways of making health care and counselling available to people living with HIV, and of providing children orphaned by AIDS with education and social support.

Churches have generally been much less effective, however, in addressing problems such as HIV prevention and HIV-related stigma, denial and discrimination. Many churches still take a judgemental attitude towards HIV-positive people. This video aims to support the many efforts currently being made to address these issues.

3. Who is the video for?

The video is intended for a number of different audiences:

• **Within sub-Saharan Africa:**

Ordained ministers and priests; lay church leaders; religious Sisters; staff and students of theological seminaries, Bible colleges and other church training institutions; members and leaders of national and regional church organisations; staff and volunteers from church-based hospitals; and members of church congregations. It can also be used with non-church groups and organisations, for example, groups of people living with HIV and AIDS; young people's associations; school teachers and students; community groups and non-governmental organisations.

• **Outside sub-Saharan Africa:**

International, national and local

church organisations; church training institutions; community groups and non-governmental organisations; UN agencies and other international organisations.

The needs and interests of these different groups vary enormously, and they will want to use the video in a wide variety of ways, for varying lengths of time. The video is therefore structured so that it can be used in a flexible way.

4. How is the video structured?

The video is 49 minutes in length and is divided into an Introduction and 14 segments, according to the themes covered in the box opposite.

Each segment of the video is separated from the next by a three-second interval, to facilitate stopping and re-starting the tape whenever required. Within each segment, one or two key sentences in the transcript (see Section Two of this Guide) are highlighted to provide a starting point for identifying the main issues.

5. How can the video be used?

The exact ways in which the video is used will depend on the particular circumstances of the organisations wishing to use it. For example, a lecturer at a theological seminary will use it differently from, say, an outreach worker from a development

STRUCTURE OF THE VIDEO

<u>Segment:</u>	<u>Time from start:</u>	<u>Duration:</u>
Introduction and title	0'00"	1'40"
1. Finding out	1'43"	6'27"
2. Telling others - the challenge	8'13"	2'54"
3. Coping with stigma	11'10"	1'57"
4. Why be tested?	13'10"	5'15"
5. Being open	18'28"	2'55"
6. Public health & spiritual messages	21'33"	3'19"
7. ABC+	24'55"	3'18"
8. HIV prevention messages	28'16"	4'31"
9. The importance of support	32'50"	3'27"
10. From an individual to a collective response	36'20"	2'15"
11. Challenges for the church	38'38"	2'01"
12. The benefits of a support network	40'42"	3'09"
13. Doing too much? Or not enough?	44'04"	2'21"
14. One final message: What Can We Do?	46'25"	2'45"

organisation showing it to a church youth group or a community-based organisation. In general, however, there are three main ways in which the video can be used, as follows:

Full showing: The video can be shown from start to finish, without a pause. (The audience should be informed that the video consists of an introduction and 14 segments, separated by three-second intervals.) It can also be shown with pauses after some or all of the segments. In Section Three

we suggest ways in which these two methods can be combined in order to help groups identify: (a) the issues raised, and (b) the possible implications of these issues for attitudes, values, beliefs and activities within the church and the wider community.

Thematic workshops: The video can also be used to introduce workshops on particular themes which it covers. Participants in the workshops should have already seen the whole video. In Section Four of

this Guide, we present workshop guidelines on five important issues raised by the video, namely:

- Stigma and discrimination
- Knowing your HIV status
- Disclosing your HIV+ status
- Living with HIV, not dying from AIDS
- Appropriate HIV prevention messages.

These are all important issues for members of churches and communities. The video touches upon them all but does not attempt to deal with them in a comprehensive way. This section of the Guide is designed to help church and community groups develop their understanding of these issues

and decide upon their practical implications for their own activities. Also included in Section Four are Biblical reflections to stimulate group discussions on the spiritual, moral and theological implications of these issues.

- **Showing excerpts:** Particular segments of the video can be shown to introduce certain topics at training sessions, conferences or other meetings. For example, before a meeting for senior church leaders, the segment entitled 'Challenges for the Church' could be shown. With a church women's organisation, the section 'ABC+' could be shown. Trainee pastors could be shown the segment 'Public health and spiritual messages'. In these situations it is not necessary for viewers to have seen the whole of the video.

SECTION TWO:

TRANSCRIPT OF VIDEO SOUNDTRACK

INTRODUCTION (Duration: 1'40")

Gideon: 'I am not supposed to be speaking to you... I am supposed to be dead.'

'He said, "Man of God, what are you going to do?" And for the first time I realised I didn't have a plan...'

'There is no reason why our people should continue dying from a preventable and manageable illness.'

'HIV/AIDS is feeding on lack of knowledge, HIV/AIDS is feeding on ignorance of our people... the inappropriateness of our cultures, of our economic structures, of our relationships.'

'I always tell people that HIV/AIDS is not just a disease. It is a symptom of things that have gone wrong. In the way we relate to one another, in the way we trade with one another, and most important, in the way we love one another.'

'It's not just my story that is important, but it's the lessons that can be learned from the story that are more important.'

(TITLE): **'What Can I Do?
The HIV/AIDS Ministry and
Messages of Gideon Byamugisha'**

Gideon (song): So let's get together and encourage ourselves; Together we stand and fight until we reach the end; (Again!) Together we stand and fight until we reach the end.

Voice-over: The Rev. Gideon Byamugisha is a priest in the Church of Uganda. In 1992, Gideon, his wife and child were about to leave for Britain so he could pursue further studies.

Segment 1 (Duration: 6'27") FINDING OUT...

Voice-over: Unfortunately, his wife fell seriously ill.

Gideon Byamugisha: We took her to a clinic, the doctor diagnosed pneumonia and then said, 'I'm going to treat her.' It was a Friday. 'Bring her back for review on Tuesday.' On Tuesday morning, we were the first to reach the clinic and as my wife lay waiting for the doctor, we were conversing and then she told me, 'Gideon, the doctor is delaying to come. We reached here at eight, now it's coming to ten, why don't you check and find out what is happening?' As I made about five steps to go to check on the doctor, I heard people crying. When I turned back, it was my wife dying. So the last words I heard ever from Kellen, my late wife, was, 'Why don't you check on the doctor?' It was a painful process at that time and we went to the village and buried her. Then I came back. I had exams to finalise. Thank God I passed them with a first class and the theological college said I could remain lecturing in the college. Around September,

that was April 30th, around September my sister-in-law came to me with some shocking news.

Eunice Mari: I tried to help him remember what we went through with Kellen and how she passed away very quickly. And then I reminded him, I tried to go back to the issue of that clinic and the tests which were taken, and I said, well, when I passed there after burial, these are the results which I got from the clinic. I handed them over to him, I didn't want to tell him it was this, this, this. So I gave him the paper and he looked at it and read it and he just said, 'I can't believe this.' And he burst out and cried.

Gideon: You can imagine what happened to me at that time. I was still grieving over the death of my wife and now there was another even more gruesome news that my wife died of

***You mean I could also be positive?
A born-again Christian? A priest?***

HIV/AIDS. It was shocking news to me. Dying of HIV/AIDS? My wife? You mean I could also be positive? A born-again Christian? A priest? It was so shocking. But I remember the words Eunice told me after she saw the confusion that was in my eyes and in my face. She said, 'Gideon I am giving you shocking news. I am sorry about that, but I want to assure you that you are still loved. And we will support you, we will care for you.' Probably, brothers and sisters in Northmead Church, those could be the greatest words people living with HIV/AIDS among you or in your family or in your community really need. Even before

you talk about money, the assurance that they are still loved. The assurance that irrespective of the problems, of the agonies they will pass through, you will be there for them. And Eunice, I think God used Eunice to build my life because I remember, I rubbed the tears out of my eyes and got courage to ask questions, what does that mean and what do I do next?

Eunice: Well, after we had talked a bit about that, I had got a card from the AIDS Information Centre. I had some friends I was working with, but those papers, I had them on me to help anybody who would want to go and test. So I told him, 'Gideon, in case in future when you are settled, you want yourself to know your status...'. I handed that card to him, that he was free to go, that it is a centre where no one will know you have gone to test. They would counsel him and they would help him to live, whatever would come out.

Gideon: And in January 1992, I made that courageous decision to go and have an HIV test. I reached there, I took the HIV test after being counselled and I had to wait for two weeks before I could get the results. These days you are lucky, you get your results maybe on the same day when you test. But at that time, we had to wait for two weeks. When I came back of course, the results confirmed my worst fears. I was HIV-positive. But I remember this man asked me a question somehow in a mocking way. I don't know whether he really was serious or whether he was just mocking me, but he said, 'Man of God, what are you going to do?' And for the first time,

I realised, actually I didn't have a plan for how I was going to handle the HIV.

And for the first time, I realised, actually I didn't have a plan for how I was going to handle the HIV. But I remember telling him, 'Counsellor, I don't know what I'm going to do, but the God who created me will give me guidance on what to do'.

But I remember telling him, 'Counsellor, I don't know what I'm going to do, but the God who created me will give me guidance on what to do.'

Segment 2 (Duration: 2'54")

TELLING OTHERS – THE CHALLENGE

Gideon: The first challenge I had was, do I keep quiet with this information or do I tell people? I had a choice of keeping quiet but I said, you are a leader, you are a lecturer, you are a pastor. How do people say 'how are you' and you say 'I am fine', when actually I am not fine? How do you tell people to pray for you, for general prayers, when actually you have something you could be prayed for very specifically? And so I made a decision that, however painful it will be, I will tell people, I will share about my status. The people I first told said, 'Well, we will support you but still don't talk about it'. I said 'now, the way I've talked about it to you is the way I want to tell others'. Brothers and sisters, if you could be positive here or you have a friend who is positive, don't let society box you in

because society wants to be happy at your expense. If you feel it is the right thing to do, to tell people, to be open, do it. Don't be boxed into that. So I continued sharing to my brothers, to my family, my church leaders, but fortunately everyone I told,

And so I made a decision that, however painful it will be, I will tell people, I will share about my status.

they said thank you for being very honest and we will give you the support you need.

Paddy Nahabwe: I was in the office when he came and when I saw his face, I knew something had gone terribly wrong. So I got a place where we sat and before we started talking, he said, 'Let's pray.' So we prayed. I was really keen and marking every word he was using in prayer. And I knew he was going to tell me very bad news, telling from the prayer. So after the prayer he said, 'My brother,' he held my hands and said, 'my brother, I am HIV/AIDS positive. I've just got the results, so it... it's a problem, long we will not be together.' I felt like they had poured ice on me, I felt like I could, actually I thought it was like a dream, it was like it is not true. But I said, 'You

But I said, 'You know, pick the courage, be strong, this is a problem that has come, since it has already come to us and to our family, let us accept it as a problem'.

know, pick the courage, be strong. This is a problem that has come. Since it has

already come to us and to our family, let us accept it as a problem. But for me, I think what I can do is to give you, to continue giving you, the love and where possible the care if you think you need some treatment.'

Segment 3 (Duration: 1'57") **COPING WITH STIGMA**

Voice-over: Even as his family accepted him, Gideon had to learn to accept himself and deal with the stigma associated with being HIV-positive.

Gideon: Now, two experiences I have learnt in this. To defeat the stigma, you have to use a two-forked method. You have to defeat self-stigma, stigma that is not coming from your friends or from your workmates or from your village, but from your imaginations of what people are talking about you. Maybe they think I'm promiscuous, maybe they think, you know... and you stigmatise yourself. So even when people are whispering their own things, you tend to think they are

You have to defeat self-stigma, stigma that is not coming from your friends or from your workmates or from your village, but from your imaginations of what people are talking about you.

talking about you. So the first step I did was to defeat that stigma, first of all to realise that I'm not an accident on earth, that I'm a product of God. Secondly I'm not the worst sexual offender in the whole world to deserve having HIV. So the stigma will be there but if you make

up your mind to say I'm not willing to be stigmatised, people will respect your decisions.

Someone asked me, how did you get the virus? I have three pints of blood in me. The headmaster who gave me the blood is dead, the wife is dead from HIV/AIDS. It could have been through blood. I have three hundred injections in my body. Any one of those injections could have carried the virus. When I married, I didn't test for HIV. It could have been through sex. So I can't know how I got the virus and it's not very important for me to know. What is important is, now that you are positive, how do you handle this disease?

Segment 4 (Duration: 5'15") **WHY BE TESTED?**

Gideon: If you don't know whether you have HIV or not, then you will not know whether you are spreading the disease or whether you are getting the disease from other people. So once you know that you are negative, then you take precautions to ensure that you have sex with someone who is negative. Or if you must have sex with someone and you don't know their status, then you do it in a way that you are sure will not bring risk. And if you know you are positive, again, it shows you how you can do your sexual life, how you can lead your sexual life in a way that does not expose others to infection. And that's very, very important in terms of breaking the transmission chain, the HIV transmission chain. In terms of care and treatment, it's very important to know your status because now once you know, you know whether you need care,

you know whether you need treatment, at what stage you are. If I'm positive, do I need treatment immediately, can I wait, and how should people handle me? All these are issues that you cannot

If you don't know whether you have HIV or not, then you will not know whether you are spreading the disease or whether you are getting the disease from other people.

solve unless you know your status. And then finally, realistic planning. Once you know your status, once you know you are positive or once you know you are negative, there is a way it gives you realistic planning. Are there some of the goals I need to change? Are there some of the strategies I need to modify in line with my new situation of either being positive or being negative when I thought I was positive?

Lillian Nakamya: I have benefited from knowing my status. I was one of those people who were gossiping and pointing fingers at people living with HIV. Knowing my status has helped me become more understanding. These days some people in my neighborhood call me 'Doctor'

I was one of those people who were gossiping and pointing fingers at people living with HIV. Knowing my status has helped me become more understanding.

because of the way I talk to people living with HIV.

Voice-over: Gideon continued lecturing

at the theological college and in 1995 met and married Pamela, a widow whose husband had died of AIDS. Their decision to marry was not well received.

Gideon: Now, when I introduced the story to my family, they were not very enthusiastic. They said, 'You are dying tomorrow. Why? Why should you think of getting married, you are dying...' I said, 'But you people, are you God to know when I'm dying?' So well, I tried to convince some of them anyway. Now, to get a pastor who was willing to marry positive people, was even a tougher exercise than convincing my family. It was tough, until one pastor said, 'Gideon, I think you are talking sense. Even when you are positive, once you take the precautions the doctor tells you, you can live a long and happy life with your partner. So bring a confirmation letter from the parents that they agree and I will wed you.'

Voice-over: Gideon and Pamela were married and later that same year Gideon applied for a job teaching at another theological seminary. Several relatives and friends knew about his HIV-positive status, but he was still not publicly open. Now he had to tell his Bishop.

Bishop Ssekkadde: Gideon, when I mentioned he was going to Namugongo to teach, when he was... he came back to me after he had left, he came back to me and said, 'Bishop, you want me to go to Namugongo to teach but you don't know my status. I need to tell you my status.' And here was Gideon explaining his position, his health position, that he was HIV-positive. So when he mentioned, I told Gideon, 'Gideon, we are here by the grace of God, and you are there by the

grace of God, and so it's by that grace of God that we are what we are.' And so I told him, 'You are welcome into the diocese.'

Gideon: He left his chair and came and prayed for me where I was seated and said, 'Gideon, I think you have a calling, you have a ministry and even this job I've given you, of being a lecturer, why don't

Gideon, I think you have a calling, you have a ministry and even this job I've given you, of being a lecturer, why don't you leave it and start an AIDS programme here?

you leave it and start an AIDS programme here. Because we also have this problem in the diocese.'

Segment 5 (Duration: 2'55") BEING OPEN

Voice-over: At the end of 1995, Rev. Gideon Byamugisha became the first Christian pastor in Africa to publicly declare he was living with HIV, the virus that causes AIDS. Another bold step in his process of openness, but not one that everyone should feel obliged to take.

Gideon: Being publicly open, I would consider it a calling and not everyone is called to that. What is very necessary, after knowing your HIV-positive status, is what I call shared confidentiality. That you don't have to shout on the hilltops or on television or on the radio to say 'I'm positive', but at least the people who matter to you, the people who make your life good or better or best should know. You know, your family, your friends, your

employers, your spiritual nurturers. These are people, you know, who really matter to your life. So that value of shared confidentiality is very important. But

What is very necessary, after knowing your HIV positive status, is what I call shared confidentiality.

then there are people like me who realise that there are still so many misconceptions about HIV/AIDS, there are still so many things that are not right within the HIV/AIDS fight. Who feel that if they disclosed who they are and what they are passing through, maybe it would help in strengthening the fight against AIDS. So those ones consider taking a step further to become publicly open.

Florence Mahiro: Reverend Gideon inspired me in several ways. First of all by hearing about him, reading about him, talking about himself as a person living with HIV/AIDS, yet being a member of the church, was a really great inspiration. So it helped me as a person. It also helped me a lot with my son, because my son is positive and it took me time to disclose to him. So as I prepared him, you know, for opening up and disclosing his sero-status, many times I use to quote the example of Reverend Gideon. And he is really... his kindness, his care, his love, his support has been a great, great motivation to me.

Voice-over: Gideon established a very active and successful church-based HIV/AIDS programme in and around Kampala. This included the establishment of Post-Test Clubs, where people who have tested for HIV can come together to share with and support one another. These clubs

also have income generating activities to assist their members.

Segment 6 (Duration: 3'19")
PUBLIC HEALTH & SPIRITUAL MESSAGES
- CONFUSION IN THE CHURCH

Voice-over: As a result of his expanding ministry, Gideon has been able to help the church better understand some issues of HIV/AIDS, sex and sexuality.

Gideon: Now there is that confusion in Christian circles. People are confused about lawful sex and safe sex. And every time a person says, 'I'm positive', positive equals unlawful sex and unlawful sex means either outside marriage or before marriage. So you are condemned even before you speak. There is confusion between a spiritual message and a public health message. Now, one of the things that pains me as a priest is that I

And every time a person says, 'I'm positive', positive equals unlawful sex and unlawful sex means either outside marriage or before marriage. So you are condemned even before you speak.

wed couples; some girls who have taken trouble to abstain from sex for all their life and on Saturday (we usually wed on Saturdays, I don't know how you do it here...) On Saturday, when I lift my hands and say; 'Now you have been faithful in little things and God now has trusted you with bigger things, be

fruitful, beginning with this night, and multiply.' That night the woman picks infection, that night. It really pains me. I've been crying to God, to help people see that it doesn't mean that if you have not had sex before or outside marriage, then you are free from HIV or you are automatically saved from infection, no! This virgin gets lawful sex in marriage, but it is unsafe what, sex. First day, first night, first sex, infection. In fact there is more disturbing statistics. 61 percent of all women in Africa who are HIV-positive have never had sex with more than one man. Have they waited? Yes! Have they been faithful? Yes! Are they positive? Yes! So in fact there are some congregations where I say I'm positive and then when it's question time they say,

61 percent of all women in Africa who are HIV-positive have never had sex with more than one man. Have they waited? Yes! Have they been faithful? Yes! Are they positive? Yes!

'Pastor you have told us you are positive, have you repented about it?' Then I say, now there is confusion here. What? Repenting that I have malaria, repenting that I have HIV, what's there to repent?

Segment 7 (Duration: 3'18")
ABC + ...

Gideon: And that is why I have been fighting the ABC message. It's a wrong message. Abstain, if you can't abstain, be faithful, if you can't be faithful, use condoms. Now, two problems there; the

message implies that if I am faithful, then I can't get AIDS, which gives me a false security so that when I discover I am positive, I curse God. I have been faithful for twenty years. How can I pick this virus? So the faithfulness, it's not a right... It's a good message spiritually, but in terms of helping you not to catch infection, it's not a very important message. It becomes important only after abstinence, you add on two things – test for HIV, test your partner and when the two of you are negative, remain faithful and guard against other routes of infection. That's the complete message from a pastor, from a counsellor, from a teacher, but the other one is half-truth. Another problem with the ABC message is that it tends to imply that those who use condoms are the unfaithful ones. So these days I have problems when I go to a shop, I say, 'Can I have a packet of condoms?'. This woman selling

No, don't be shocked. I am a pastor. I am living with HIV/AIDS. I'm married. But the health people tell us that in order to avoid re-infection, you need to use condoms. Don't think that I am going to commit adultery.

condoms looks at me, looks at my collar... 'Excuse me, did you say condoms?' I say, 'Yes!' You know, she is totally confused. A pastor? In his collar? Asking for condoms? To commit adultery? And he is very bold you know. So I begin an AIDS education in the shop. 'No, don't be shocked. I am a pastor. I am living with HIV/AIDS. I'm married. But the

health people tell us that in order to avoid re-infection, you need to use these condoms. Don't think that I am going to commit adultery.'

Lillian Nakamya: My husband and I did not know anything about condoms and we did not use them. We always thought they were used by prostitutes. Rev. Gideon taught us about condoms. He told us that if you use condoms to save your life, and not just for sleeping around, then it is not wrong. Because of what we had heard before, especially

Rev. Gideon taught us about condoms. He told us that if you use condoms to save your life, and not just for sleeping around, then it is not wrong.

in church, we had always thought that condoms were immoral. Now I know that if you have unprotected sex, even if you are married, you can re-infect your partner with the virus.

Segment 8 (Duration: 4'31")

HIV PREVENTION MESSAGES

Gideon: I've said there is unlawful and unsafe sex. Then we have unlawful and safe sex and then there is lawful and unsafe sex, then we have lawful and safe sex. And every time we are designing messages, we must design messages for each of these groups of people. (See box on next page.) There are people who are having sex lawfully, at the same time safe. They've tested, they know what they are,

or if they've not tested, for every sexual intercourse they have, they use condoms consistently and correctly. So it's lawful,

Unlawful & Unsafe Sex
 Unlawful & Safe Sex
 Lawful & Unsafe Sex
 Lawful & Safe Sex

it's safe. Then there are guys who are lawfully married, having lawful sex but it is very unsafe. They've never tested. They don't know each other's status. They are busy infecting and re-infecting each other, producing children, forty percent of whom may be positive. Then there is another category. Spiritually and religiously, they are really doing things we don't like, isn't it, which annoy God. They are having unlawful sex. But when it comes to HIV, they have no case to answer. Isn't it? Not because they are saints, but because either the people they are having sex with are negative, negative, or there is the way they do their sex so that the semen and the blood and the vaginal fluids do not mix. And then there is double tragedy. Not only are they committing adultery, they are killing our sons and daughters. These also need another message. But when we group all these together, then we cause stigma when we don't intend to.

Gideon: Once a pastor stands up to talk about safe sex, he is not talking about now its okay that you should go and have sex illegally. What he is saying is that before AIDS, God was telling us to preach against three evils, adultery, prostitution and

fornication. Now that AIDS has come, God is saying don't subtract, add two more, murder and suicide. Even when you have paid dowry, even when you have been legally married, you don't have a right to kill someone's son or to kill someone's daughter. You don't have a right, especially when there is information. You don't have a right to kill yourself. That's what the preacher is talking about. The God who says, 'Thou shall not commit adultery' is the same God who says, 'Thou shall not kill', whether with a bullet, whether with a sword, whether with a slow death-causing organism called HIV/AIDS.

Voice-over: After Gideon went public

The God who says, 'Thou shall not commit adultery' is the same God who says, 'Thou shall not kill', whether with a bullet, whether with a sword, whether with a slow death-causing organism called HIV/AIDS.

about his HIV-positive status, the demands on his time increased enormously. Invitations to speak in churches and to attend workshops and conferences multiplied. He found himself travelling more and more, not only in Uganda but internationally.

Segment 9 (Duration: 3'27")

THE IMPORTANCE OF SUPPORT

Voice-over: At the same time, his health began to deteriorate. By 1998 he was critically ill and his doctors had given

up on him.

Gideon: One act of God saved my life. My bishop woke up at midnight and wrote a letter to the Ministry of Health and said, 'If there is anything you can do to save this man, please do it. Because we can't afford to lose this young man, who is doing such wonderful work for the Lord and for the church and for the country.' And the Ministry of Health officials circulated the letter among friends. I'm emphasising this to give you the importance of having a support system of friends, of church leaders, of family members, as a way of defeating HIV/AIDS. And one friend shared the letter and this one shared this letter until it landed into the hands of a very kind lady in the US. So she began moving from house to house asking patients who were using medicine, antiretroviral treatment and they were no longer using it. Because of change of advanced medicine technology, medicines are changing all the time. And so they would say, 'Oh, yea, we have some.' So she would pack the medicines in packs and then write the name Reverend Gideon Byamugisha, and my doctors in Uganda would telephone me to come and pick the medicine. Tell you what, in two years, my

I hear people say they don't see miracles but probably it's because they don't have the eyes to see miracles.

weight had been restored back, I'm now 76 kilos, my CD4 count is 730 and they cannot detect the virus in my blood. So it's ...it's amazing, a miracle. I hear

people say they don't see miracles but probably it's because they don't have the eyes to see miracles.

Voice-over: With advice from his doctors, Gideon started ARV treatment when he began attending the Mildmay Centre, a specialist referral hospital for HIV/AIDS patients in Kampala, in 1999. He visits the Centre once a month for medical care and for emotional and spiritual support. Often, the support is more powerful than the medicine. His personal counsellor, who is also a pastor in the Church of Uganda, is the Reverend Florence Bukenya. She believes that church leaders should give people living with HIV more leadership responsibilities.

Rev. Florence Bukenya: Gideon has taught us a lesson. He has served even with his positive sero-status. And he has worked even more than those who

...it's a challenge to religious bishops and other top religious leaders that we need to open up our hearts to welcome even those of our brothers and sisters who find themselves HIV positive but still in our ministry.

are, who are not sero-positive, who are free from HIV. And then I think that one, we also learned from Gideon's life and ministry. And it's a challenge, it's a challenge to religious bishops and other top religious leaders that we need to open up our hearts to welcome even those of our brothers and sisters who find themselves HIV positive but are still in our ministry. Welcome them, show them

the love and give them the support they need. They will keep on living and this will make a difference in their quality of life.

Segment 10 (Duration: 2'15") FROM AN INDIVIDUAL TO A COLLECTIVE RESPONSE

Voice-over: Strengthened by treatment and support, Gideon has found that his HIV ministry has taken on many new dimensions.

Gideon: It evolves with increasing understanding. At first we thought that we had a duty to do awareness raising, inform people. Then we realised that informing people without training them in skills of how to prevent themselves from infection, or how to look after those who are infected, is not enough. So we entered into training programmes. Then we realised that if you just train people without offering them services, then again you are not achieving much. So we entered into advocacy for voluntary counselling and testing, for HIV treatment, for home care provision, for orphan care and support. Now we've reached a stage where we realise

So we entered into advocacy for voluntary counselling and testing, for HIV treatment, for home care provision, for orphan care and support.

that yes, however important, however good our programmes are at the local community level, if the dynamics at the international level don't change, still we

may not achieve much.

Voice-over: This realisation challenged Gideon to advance his ministry and apply for a job with the international Christian organisation, World Vision.

Robbie Muhumuza: We knew that Gideon was living with HIV/AIDS, but that was not a major issue for us as an organisation because we have a policy that does not discriminate against anyone living with HIV/AIDS. He has been called by church groups in Europe, in Asia, in America, in Southern Africa. He attends UN meetings, and we thought just working for World Vision in Uganda was going to be too small for him so we've expanded his area of operation. He now works for World Vision International, the global organisation, so that his talent shouldn't only be used in Uganda but the rest of the world can benefit from him.

Segment 11 (Duration: 2'01") CHALLENGES FOR THE CHURCH

Robbie Muhumuza: I think the biggest message that I see is not one of judgement and condemnation, because the church was very quick to judge the rest who had HIV/AIDS as being immoral, as being wicked, as being God's judgement. But the message of Reverend Gideon is of compassion, is of non-judgement, is of dealing with stigma. And in many ways, his own life challenges the church to reconsider their own views, and many of these congregations and leaders are

changing the message. They no longer condemn people living with AIDS as wicked people but they see them as God's people, that God loves and cares for. And

And in many ways, his own life challenges the church to reconsider their own views, and many of these congregations and leaders are changing the message.

they are willing to extend a hand towards them.

Rev. F. Mubiru: I had developed a judgemental attitude towards people living with HIV, because all the time I thought that AIDS was God's judgement to those who are immoral. So I was not sympathetic at all and I could only listen and leave everything there. Reverend Gideon Byamugisha's testimony has been a big challenge to me. As I have

I had developed a judgemental attitude towards people living with HIV, because all the time I thought that AIDS was God's judgement to those who are immoral.

told you, that at first I never knew that this Reverend had that problem. But then after some time, that's when he told us his testimony and I was challenged. Then I felt that I should really stand in his feet to fight this problem of AIDS within our communities. So I mobilised people to test their blood voluntarily and they responded. So people could come from different areas and this has attracted many people. Presently we have formed our post-test club for those who tested

within this area and from different areas.

Segment 12 (Duration: 3'09")

THE BENEFITS OF A SUPPORT NETWORK

Voice-over: Gideon acknowledges that the effectiveness of his ministry depends mainly on the tremendous support he receives on a personal level. This has enabled him to open the Quiet Gardens centre, where orphans and other children affected by HIV receive care, support and education in life skills.

Gideon: When I opened up, when people knew that I was positive, they really saw a man who needed help. Spiritually, medically, socially, I really needed help in every way. And so my friends and my family came together and began thinking of ways of how they can offer me help, including mobilising treatment, arranging spiritual retreats, giving me technical assistance when I needed it in my own ministry. And in the course of doing that, there was a barrier, there

When I opened up, when people knew that I was positive, they really saw a man who needed help. Spiritually, medically, socially, I really needed help in every way.

was a legal requirement that, sometimes, in order to do work which involves fundraising, which involves using public resources, you need to be a legal entity. And so the Friends of Canon Gideon Fellowship had to transform itself from just a loose fellowship into some legal

entity called now 'Friends of Canon Gideon Foundation'. So that they can do better what they originally set out to achieve. And that is to give me the support I need, in all ways, medical, technical, social, economic and spiritual. But also to ensure that the things and programmes and projects I have initiated do not die off when I'm dead. That there is a continuity of the things I have started. For example, now we have what we call the 'African Network of Religious Leaders Living with HIV/AIDS'. That is an area where my friends could not prevent themselves from entering because I was concerned that I needed to know other colleagues. I needed to find them and share my experience with them and encourage them that it is possible to break the stigma, it's possible to break the denial, it's possible to change society's thinking. And that was a noble cause and worthwhile and therefore my friends said yeah, we will support you in arranging retreats for people, for religious leaders who are living with or affected, personally affected by HIV/AIDS. And out of those retreats has come such a very important network.

Segment 13 (Duration: 2'21")

DOING TOO MUCH? OR NOT ENOUGH?

Voice-over: Gideon's friends and supporters are concerned that all this work is taking a toll on his health, but there is still so much more to be done.

Florence Bukenya: Gideon is a person

who serves beyond his limitations, if I can say. I mean beyond his strength, physical strength. Because you could look at him and say, but you are not well, and then he gives you a programme, 'now I have to go here, I have to do this, I have to do this'. I say, 'But you, when do you rest?' He says, 'But how can I rest when I have this duty to do, I have this duty to fulfil, I have to go here, I have to go here.' But then I keep on telling him that for the sake of your good life, we still need you.

Gideon: Sometimes when the house is on fire, you tend to think that if I can fetch one more bucket, probably this fire can die down. The only way you can slow down is if many more people come with the buckets and begin throwing together with you water in the fire. Then you can

...you reach a church and you ask them what they are doing about AIDS, you don't find any programme.

say, 'I can now slow down because even if I don't throw the bucket, ten more buckets are being thrown on the fire.' And I would gladly, when I see all around me people talking about AIDS, people doing a lot about AIDS, people willing to sacrifice and volunteer their time, why should I over-spend myself? But it's this idea of...you know, you reach a church and you ask them what they are doing about AIDS, you don't find any programme. You ask a person, have you ever tested for HIV? No. Have you ever stopped having sex? No. Is there a way you do your sex so that it doesn't infect someone or you infect yourself? No. Then you say, now if I

keep quiet, really, where are we heading?

Segment 14 (Duration: 2'45")

ONE FINAL MESSAGE: WHAT CAN WE DO?

Gideon: If I could share one message about AIDS, it is that HIV/AIDS is preventable and manageable. It's the only message I would want everyone to continue thinking about, that we have three types of death, preventable death, postponable death and inevitable death. And for people to continue dying of the first two, the preventable and postponable, is intolerable in God's sight. So each one of us should re-examine where we can put our efforts, our knowledge, our intelligence, our resources, our time and energy to ensure that we cooperate with God in bringing about a kingdom He has already willed.

Gideon: Let us understand hope, by developing accurate messages, discover

hope through our biblical and pastoral foundation, spread hope by mobilising our congregations, develop hope by

So each one of us should re-examine where we can put our efforts, our knowledge, our intelligence, our resources, our time and energy to ensure that we cooperate with God in bringing about a kingdom He has already willed.

changing the attitudes and feelings about HIV/AIDS, share hope through peer-education, counselling and home care. Offer hope through counselling, practical support and prayer. Minister hope, not fear. And finally, my brothers and sisters, may the God of peace, equip us with every good thing we need to do His will and may He work in us that which is pleasing in His sight. To God be the glory, in the name of the Father, Son and the Holy Spirit, Amen.

SECTION THREE:

IDENTIFYING THE MAIN MESSAGES AND IMPLICATIONS FOR CHURCHES

1. **Time required:** maximum of 4 hours (but can be spread over more than one session on different days).
2. **Equipment needed:** video player and monitor; A4 note pad and pen for every ten participants; one flip-chart and marker pens.
3. **Number of participants:** ideally, 20-30.
4. **Aim of the exercise:** to identify the main messages of the video and to decide on the possible implications for churches and their members.
5. **Directions:**
 - (a) **Explain** to the group the activities they will be asked to carry out and the time periods involved. (*Time required: 5 minutes.*)
 - (b) **Common questions about HIV and AIDS:** This enables you to assess the extent to which members of the group understand the basic facts of HIV and AIDS. This knowledge will be useful when you begin discussing the contents of the video and its implications for churches (see step (e), below). You can do this exercise with the group as a whole, with one member of the group writing up the answers on a flip chart. Here are some questions to ask:
 1. What is HIV? What is AIDS?
 2. How can you contract HIV?
 3. Does HIV cause AIDS?
 4. How can you avoid contracting HIV?
 5. Can you contract HIV from 'casual contact' with a person infected with HIV?
 6. Is there a cure for HIV or AIDS?
 7. What should you do if you think you might already have HIV?

The answers to these questions are contained in Section Five of this Guide. (*Time required: 15-20 minutes.*)

(c) Show the video non-stop from start to finish. (*Time required: 50 minutes.*) If the group feels ready to proceed straight to a discussion of the video, skip step (d) and go straight to step (e).

(d) Re-show the video, stopping after each segment to allow participants to ask for clarification of any issues. It may help to refer to the quotes highlighted in the transcript. (*Time required: 1 hour and 15 minutes.*)

(e) Group discussions: Divide the participants into groups of 10 people, and issue each group with two sheets of flip-chart paper and one marker pen (alternatively, one A4 writing pad and pen per group). Ask each group to answer two questions:

- First, what are the five main messages which come through in the video?
- Second, what does the video have to say about the role of the Church in the fight against HIV and AIDS?

Each group writes their responses on the flip-chart or A4 size paper, and puts these up on the wall. (*Time required: 50 minutes.*)

For example: when the video was tested in Zambia, a group of pastors identified the following main messages: 'Fight stigma (including self-stigma)', 'Having HIV does not always mean being immoral', 'Need to talk about HIV and AIDS whenever and wherever', 'The disease is found everywhere, even in the Church', 'Confusion in the Church between spiritual and public health messages'. The same group of pastors suggested the video had the following implications for churches: 'The Church must stop being judgemental', 'The Church should actively address stigma', 'Need to rethink the condom message', 'Churches should be in the forefront of efforts to explain that people who are HIV-positive need love and comfort'.

(f) Report-back: Ask each group to present and explain its decisions. Invite comments and explanations from the participants, and identify areas of overlap. List the final decisions on a flipchart. Several of the main messages will almost certainly be covered by the five thematic workshops, for which Section Four of this Guide gives guidelines. Suggest that the groups should reconvene for workshops on the themes covered by these guidelines. (*Time required: 40 minutes.*)

SECTION FOUR:

GUIDELINES FOR THEMATIC WORKSHOPS



Workshop No. 1: Stigma and discrimination

Aims: To introduce the concept of stigma and look at how stigma affects people living with HIV/AIDS.

Note to Facilitator: This section looks at attitudes that cause fear and discrimination in relation to people living with HIV/AIDS. Often the reasons for this are complex and deeply ingrained, so this session should be considered as a starter, with some of the big issues being aired. To get to grips with this properly you will need quite a lot of time. However, as challenging stigma is one of the key issues in both combatting HIV and supporting people living with it, you should get a commitment from the group to spend longer talking about this.

Time required: 1 - 1 hour 30 minutes.

Link to the video: Show Segment 3, *Coping with stigma*.

Introduction

On the subject of stigma, Gideon Byamugisha has also said: ***‘With HIV it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and the loss of trust that HIV-positive people have to deal with’.***¹

Key points to reinforce

☐ We all have deeply held ideas about life. Sometimes we may be right but

sometimes we may be wrong. We have to be open to having our ideas and prejudices challenged. This requires a high degree of honesty and openness, which is difficult.

- ☐ HIV/AIDS-related stigma is a process of devaluing people living with or associated with HIV/AIDS. This leads to discrimination, which is the unfair or unjust treatment of a person based on his/her perceived HIV status. Stigma and discrimination lead to denial when a person who thinks or knows they are HIV-positive pretends to him/herself that

they are not. Denial leads to people not seeking out treatment, not having opportunistic infections treated, feeling isolated and depressed and not taking steps to curb the spread of HIV.

Many of the negative attitudes towards people are a result of ignorance about how HIV is spread. However, stigma has been made worse by the view that HIV is somehow self-inflicted through people's choices of behaviour. Churches have sometimes made this worse by preaching about HIV only in relation to sin. Combatting HIV requires education about how the infection is passed on and an examination of the choices that people do or do not have. Remember Gideon's statistic that 61 percent of HIV-positive African women have only ever had sex with one man. What choices were open to these women?

Activity 1: Definitions

Write the words 'stigma' and 'discrimination' on big pieces of paper on the wall. Ask people to think individually about what they think these words mean, and invite them to write their definitions underneath the word. Assure people that they do not need to be precise about this or 100% accurate. At this stage you want to find out what people think these words mean. After a few minutes have a look at all the definitions – see how many are similar and have a discussion about points of agreement and disagreement.

Activity 2: The stigma tree²

Have a copy of Gideon's quote (see page 25) written out on large sheet of paper upon the wall, or have it on small sheets with enough copies for everyone.

You also need:

- a big drawing of a tree with a trunk, branches and roots
- pieces of paper or card
- sticky tape or blu tack.

You are going to try to get people to think about the different forms of stigma in a community and the effect it has on people. If you have time you can then look at the causes. Ask people to write

Examples 1a: Forms of Stigma

Name-calling ♦ Scapegoating
Finger-pointing ♦ Teasing ♦ Ridicule
Labelling ♦ Blaming ♦ Shaming
Judging ♦ Backbiting ♦ Rumour
Gossiping ♦ Making assumptions
Suspecting ♦ Neglecting ♦ Rejecting
Isolating ♦ Separating
Not sharing utensils ♦ Hiding
Staying at a distance ♦ Harassment
Physical violence ♦ Abuse

on the cards a word or phrase that is an example of stigma (see **Examples 1a** above). When they have done that, invite people to put their card on the trunk of the tree.

You are then going to look at the effect this might have on people. Try to encourage people to imagine that

they themselves are being rejected, called names, refused communion, ignored by old friends, etc. How does that make them feel? Refer to Canon Gideon's quote – how do you think he felt when he said that? Give people a few minutes to think about this and then ask them to write how it feels on another piece of paper. Potential examples are given in **1b** below. Alternatively, it can

Examples 1b:

Effects of stigma - feelings

Shame ♦ Denial ♦ Self-isolation
 Loneliness ♦ Neglect
 Loss of hope ♦ Depression
 Death ♦ Alcoholism ♦ Isolation
 Self-rejection - give up on yourself
 Self-blame ♦ Self-pity
 Self-hatred ♦ Anger ♦ Violence

be useful if, instead of writing it on the paper, people shout out how they feel. Write these words on the branches of the tree.

Repeat the above exercise, but this time think about how the effects of stigma might show in the behaviour of an HIV-positive person and their family and community. Again write these words on the branches of the tree. Examples are given in **1c**.

Finally, have an open discussion about the causes of stigma. See if the participants suggest any of the examples of 'causes' in **1d** overleaf. When you have identified 'causes' write them on pieces of paper and stick them on the roots of the tree.

Examples 1c:

Effects of stigma - behaviour

- ♦ Withdraw from public activities (e.g. church membership)
 - ♦ Become very quiet
- ♦ Commit suicide or start thinking about suicide
 - ♦ Die alone - without love
- ♦ Feel unproductive/useless/not contributing
 - ♦ Forced to leave community
 - ♦ Family disruption
 - ♦ Divorce or separation
 - ♦ Kicked out of family
 - ♦ Fired from work
- ♦ Loss of promotion, scholarship opportunities, rented accommodation
- ♦ Decline in school performance or dropout from school
- ♦ AIDS orphans and street kids
 - ♦ Abuse or poor treatment by relatives
- ♦ Deprived of medical care - health staff argue that this is a 'waste of resources'
 - ♦ Sent back to the village and property grabbing
- ♦ Quarrels within the family - argue over who is responsible for this situation and who will take care of the sick PLWHA
- ♦ Stop making use of clinics, VCT programme, and home-based care programme
- ♦ Reluctance to take medication
 - ♦ No treatment
 - ♦ Spread of infection

Examples 1d: Causes of Stigma

- ♦ Morality - view that HIV+ people are sinners, promiscuous, unfaithful, 'sleeping around'
- ♦ People's beliefs about pollution, contagion, impurity
 - ♦ Fear of infection, fear of the unknown, fear of death
- ♦ Ignorance - lack of knowledge and misconceptions which make people fear physical contact with PLWHA
 - ♦ Misconceptions

Bible reflection:

Luke 7: 36-38, 44-47

Here is a woman who should not have been in the house that Jesus was in that night. She was not a woman of high repute. She was seen as having

led a 'sinful life', and her behaviour that evening was certainly eccentric. She did not fall at Jesus' feet and ask for forgiveness, but simply showed her love for him. Jesus welcomed her, supported her and absolved her of any blame for her past behaviour.

To think about

- What sorts of people in your village/ community would not be welcome at a meal, at an important church leader's house, or in your church?
- On the basis of this story, how do you think Jesus would respond to a Church leader who rejected someone like this woman?
- What does this story teach us about stigma and discrimination?

SECTION 4: **GUIDELINES FOR THEMATIC WORKSHOPS** (continued)

Workshop No. 2: Knowing your HIV status

Aims: To encourage people to think about the advantages of being tested for HIV and to prepare them psychologically to do that.

Note to Facilitator: Before embarking on this session you will need to have information to give to participants about where to go locally for HIV testing and counselling. If possible, find leaflets from your local clinic about testing and have them available when you meet.

Time required: 1 – 1 hour 30 minutes

Link to the video: Show Segment 4, *Why be tested?*

Introduction

Living with the fear that you are HIV+, and then the fear of what people might say or how they might react, can be psychologically crippling. This fear is made worse by the judgmental attitude that people often have towards people who are HIV+. However, research has shown that, when there is a supportive environment, HIV+ people who disclose their status often feel a huge sense of liberation. Surely, as the family of God, the creation of a supportive and caring environment is one of the key areas for the Church.

Knowing your HIV status can have enormous practical benefits. Once people know they are HIV+:

- They can access health care services and support. The sooner they do this, the easier it is to control the onset of AIDS.

- They can ensure that they look after themselves and others.
- Pregnant women can take steps to minimise the risk of HIV transmission to their unborn child.
- It enables others to show love, care and support (as seen in the example of Gideon's own life).
- If they are openly positive they can remove the mystery and silence surrounding HIV and reduce stigma and discrimination. They can also influence others to avoid HIV.

Key points to reinforce

- Anyone who has a test should do so voluntarily. People should have counselling both before and after the test, regardless of the result.
- Finding out you are HIV+ can be

both a shock and a relief. People should tell a friend or relative whom they trust that they are going to be tested.

- ❑ There are different types of HIV test. Some require a wait of several hours or days to get the result. In many places there are 'rapid tests' available where you can get the result in half an hour.
- ❑ Most tests are for the antibody to HIV. The antibody takes time to develop after you have been infected with the virus. This means that if you have contracted the HIV virus in the last three months, the antibody would not have been produced yet and as a result the HIV test would be negative. Consequently, if you have a negative test you should

wait another three months, making sure you do not engage in any risky behaviour in this period, and then take another test.

Activity 1: Barriers to voluntary counselling and testing

Divide people up into groups of about six. Give each group a set of ten cards. Each card has written on it one of the statements from the Examples in the box below. Alternatively, you can make up your own statements to suit the audience. Each group also needs a pen.

- Ask each group to rank the reasons they may have for not wanting an HIV test. The group should come to a

Examples (write each statement on a separate card)

-  I cannot afford a test.
-  I would be too embarrassed.
-  I have not done anything that puts me at risk.
-  I am scared of needles.
-  I do not think there is any point. Even if I was positive, what would I do?
-  I would be too scared to find out the results.
-  There is no point in my being tested unless my husband/wife is also tested and he/she won't go.
-  I would be scared that the person doing the test might tell the results to someone I know.
-  It doesn't apply to me. I have only ever had sex with my husband/wife.
-  I have heard that the results are not always accurate.

consensus and should put the cards on the floor like a ladder, with the card they agree to being the greatest reason for not being tested at the top and then the others in descending order.

- Leaving the cards on the floor, ask the groups to have a general discussion. Find out if each group had the same card at the top. If not, what did they have? What were the points of agreement or disagreement? Encourage a discussion to see if the group can come up with their own solutions about how to overcome their fears and the barriers to being tested.

Activity 2: Advantages of voluntary counselling and testing

In the same groups, give each group ten blank cards and a pen.

- Ask the groups to write on the cards the advantages they can think of from being tested for HIV.
- Again, the groups should rank the responses and place them on the ground like a ladder, with the highest rank at the top. Depending on the levels of knowledge and the amount of stigma attached to HIV in your area, people might find this quite hard to do. As facilitator you may need to make gentle suggestions (e.g. I could get support from a local positive

people's group, I could get advice on how to live positively, I would no longer feel anxious about knowing my status, I would be able to protect my wife or husband).

- Invite the groups to share what each group has come up with, and then see if there are two or three things which all the groups can agree on. If you have time, you could discuss how your church could support people to be tested.

Bible reflection:

Luke 19: 1-9

The usual teaching about Zacchaeus is that he was a despised person. We don't know how true that was, but as tax collectors were not popular people there is a good chance that was in fact true.

Zacchaeus, as chief tax collector, represented a whole group of people who were locally despised. They were seen to be collaborators with the enemy – the Roman occupying force. It would have been good to have been a secret observer at the encounter between Jesus and Zacchaeus. Jesus actively wanted to be in Zacchaeus' presence. We have no idea what Jesus said to Zacchaeus when he got home. Perhaps Jesus confronted Zacchaeus with the truth about himself. Whatever it was, it made an impact on Zacchaeus. In Zacchaeus' case the truth was that he was seen as unpopular. But Zacchaeus' encounter with

Jesus changed his life. He knew he was loved by Jesus, and he was given the strength to face up to the truth about himself. Today, the truth about knowing you are infected with a death-causing virus called HIV can be equally hard to face up to.

To think about

- Imagine you are HIV+ – or perhaps you know you are. As a Christian, it should be easier for you to face up to knowing the truth about your HIV+ status, but often it is not. What would it take for people in your church to feel more confident about finding out that they are HIV+?
- If Jesus were an AIDS counsellor, what do you think his response would be towards people who are HIV+?
- Jesus sought out Zacchaeus and spent time with him. He made an effort to be in his house and eat a meal with him and generally be friendly. What could your church or community learn from this behaviour of Jesus?
- Consider the language which is sometimes used to describe people living with HIV and AIDS, e.g. 'those who have gone astray', 'AIDS victims', or just 'them' (not 'us'). What does the use of these terms show about the attitudes of those who use them?

SECTION 4: **GUIDELINES FOR THEMATIC WORKSHOPS** (continued)

Workshop No. 3: Disclosing your HIV+ status

Aims: To encourage discussion about both the personal conditions that would enable someone to disclose their HIV+ status, and how the church can be supportive and make it easier for HIV+ people to disclose their status.

Note to Facilitator: Before starting on this session you need to have a discussion about confidentiality. There may be someone in the audience who wants to disclose their HIV+ status. It is unlikely (although not impossible) that they will want to do this to the entire group. You will need to find a way of letting everyone know, in a sensitive manner, that if anyone wants to talk to you about any of these issues, you will treat everything said in utter confidence. In addition, you will need to have details ready of local support groups and counsellors that you can refer this person to.

Time required: 1 – 1 hour 30 minutes.

Link to the video: Show Segment 5, *Being open*.

Introduction

People should never be put under any pressure to disclose their HIV status. For some people, telling others they are HIV-positive might be a psychologically liberating experience, but other people might find this very difficult. Choosing who to tell and when is entirely a personal choice. However, if people are in a relationship it is crucial that a way can be found of telling the partner so that they can be tested for HIV and get advice. This will also enable them to take measures to ensure that they are both able to 'live positively'. It is virtually always beneficial for someone to be able to disclose his or her status to someone – a family member, a loved one or a close friend.

Key points to reinforce

- Voluntary nature of disclosure.
- Need for total confidentiality if anyone confides in you.
- Balancing the benefits of disclosure against anxieties about breaching confidentiality.

Activity 1 : Guided discussion/role play

In this session you will need a helper who is prepared to act.

- Tell the audience that you are going to introduce someone from a nearby town who has a problem and that they, the audience, need to help solve the problem.

- At this point your helper walks in. He is talking to himself. He says 'I have just had a HIV test and it is positive. I am HIV-positive. Now I am going home to my wife. She is making my dinner as I speak. I want to tell her but if I do she will think I have been unfaithful. On the other hand, it is important that she knows. I want to tell her because I need to share this secret. On the other hand, what will she think of me?Oh I just don't know what to do.....'
- Ask the person what the advantages of telling his wife will be. Then ask him what the disadvantages of telling his wife would be.
- Use this to start a discussion with the audience. Ask them what they think the man should do. Should he tell his

wife? If so, why? Explore as many issues as possible.

Activity 2: More role plays

For this activity you will need two women to tell Joyce and Themba's stories (see boxes below and opposite). It is best if they prepare beforehand so that they can read or even act out the story in a meaningful way.

Now divide the audience into groups and get them to discuss the following questions:

- What would be the likely reaction in your church or community if someone revealed they were HIV-positive?
- Would your church or community make it harder or easier for someone to reveal their status?

Story 1: Joyce's story (based on a true story)³

Joyce is a widow. She had suspicions that her husband had died from an HIV infection. She worried and worried about this as she knew that she herself might be HIV-positive.

Finally, after six months, she plucked up the courage to go and be tested. She found out that she was positive. Devastated, she went home and cried and cried. She felt that she had to tell someone. Who better to tell than her pastor? She went to see him and told him, expecting that

he would be sympathetic. He appeared pleasant at the time, but the next day she had a visit from some of the church elders. The pastor had told them about her HIV-positive status. They told her that she was no longer welcome at the church and that she could not take communion.

She then found that people would not sit next to her on the bus or come to her stall to buy food. Word had got out about her status. Instead of support, she got rejection and condemnation.

Story 2: Themba's story ⁴

Themba was HIV-positive for four years before she revealed her HIV status to anyone. It was only after becoming ill that she felt that she had to tell an aunt whom she could trust.

Gradually she started telling other people and she was introduced her to a group of positive people who have welcomed her and told her about living positively. She was amazed at the response of everyone. She says, 'I was so amazed at the manner in which people treated me after their suspicions were confirmed. They organized almost everything that would help me to stand up from the deathbed, and with this support I have become healthier and people who see me today do not believe that I am HIV-positive.'

She says, 'Lifting the burden of secrecy has helped me in so many ways:

- ◆ It has softened my emotional obstacles and weights on my way to happiness.
- ◆ I defy and do not fear any messages or signs of stigma.
- ◆ I have learnt how to survive and live positively with any life-threatening condition.
- ◆ I have learnt that sharing information equals power.
- ◆ I have accessed HIV and AIDS services and treatment.
- ◆ I have learnt that a healthy body + a healthy mind + a healthy soul equals positive health.
- ◆ Friends with the same condition have joined to form a winning family, and made me realise I am not the only one, and not alone.
- ◆ I have developed into a leader in the struggle against HIV/AIDS.'
- ◆ I now believe that nature never creates obstacles without solutions.

- What should your church be doing to support people who want to share their HIV-positive status?

Bible reflection: **John 9: 1-34**

This man lived in a community that associated illness with sin. Jesus had

given him a double blessing by curing his blindness and denouncing the theory that he or his parents must have sinned. No wonder he couldn't keep quiet. He had to tell people that he had been cured, and yet all the people round about him wanted to see was the negative side of that. They did not want to rejoice with him but to condemn

Jesus for healing him on the Sabbath. The man had things to say about Jesus as the Messiah and the nature of God. He had to speak out the truth, which could have been wonderfully liberating for those around him, but they did not want to hear the truth.

To think about

How do you think Jesus would have reacted to a person who told him

they were HIV-positive?

- Do you think if Jesus were present it would be easier or harder to disclose your status?
- Given the way Jesus responded to the man whose illness was perceived to be caused by his sin, how do you think the church should respond to people whose HIV-positive status is often, wrongly, associated with sin?

SECTION 4: **GUIDELINES FOR THEMATIC WORKSHOPS** (continued)


Workshop No. 4: Living with HIV, not dying from AIDS

Aims: By the end of this workshop, participants will understand that HIV infection does not mean imminent death, and that PLWHA can live productive lives and make a valuable contribution to the community. They will also understand the conditions that can help PLWHA live healthy lives, and how they can help to make this happen. They will understand the potential role of PLWHA support groups and will know how they can find out more about support groups in their area.

Time required: 1 - 1 hour 30 minutes.

Link to the video: Show Segment 9, *The importance of support*.

Introduction

Gideon's life proves that people living with HIV can lead productive lives and that the onset of AIDS is not inevitable just because you are HIV-positive. Gideon's life also shows how PLWHA can help communities, churches and governments deal more effectively with HIV and AIDS. Some of the factors that enable PLWHA, like Gideon, to deal effectively with HIV include:

- The support and love of family and friends. These are the key providers of emotional/psychological and physical support to PLWHA.
- The acceptance and support of work colleagues and the community. The Church can play a very important role in ensuring that this happens.

- A healthy, well balanced diet and avoiding excessive alcohol intake.
- Access to medical treatment to deal with opportunistic infections.
- Access to antiretroviral drugs (ARVs).
- For pregnant women living with HIV, access to special care during pregnancy and delivery to prevent mother-to-child transmission of HIV.

Note that access to ARVs is only one of the factors mentioned. All of the other issues mentioned also help PLWHA to live healthy and productive lives, even without ARVs.

However, PLWHA in many places are not treated like Gideon. Once they are HIV-positive, people shun them and

stigmatise them. Evidence shows that when PLWHA are treated badly like this, they very soon give up hope and die prematurely. Ultimately, this means that the valuable contribution PLWHA can make to the family, the community, the church and to life in general is lost unnecessarily.

Activity 1:

Quiz: True or False?

You can carry out this exercise in two ways – either as a quiz or as a group exercise. For the quiz, simply ask the questions to the whole group and use their answers to stimulate a discussion. For the group exercise, divide the participants into two or more groups and give them several of the questions each. Give each of the groups about half an hour to prepare answers to the questions and then ask them to report back their answers to the main group. Use the information in Section Five to guide the thinking of the audience before posing the questions.

Questions *(you can add your own):*

1. Someone with HIV also has AIDS – *True or False?*
2. Someone with HIV will be dead in two years' time – *True or False?*
3. An HIV-positive person can continue in their job – *True or False?*
4. An HIV-positive person can have a safe sex life – *True or False?*
5. An HIV-positive person can have children – *True or False?*

6. What contribution can an HIV-positive person make to your community?

Answers:

1. *False:* HIV can lead to AIDS under certain conditions (see Section 5, Question 6). If you have HIV you are not necessarily sick and may not appear unwell.
2. *False:* Some HIV-positive people are still alive 15 years after contracting the infection. Key factors that help this include love and care, healthy diets and access to medical treatment.
3. *True:* You cannot contract HIV from casual contact and so there is no reason why someone cannot continue in their job. However, HIV-positive people are often discriminated against in this manner and are sacked.
4. *True:* Most people living with HIV continue to have sex. It is important that they are helped to make having sex as safe as possible. This means using condoms (male or female) every time they have penetrative sex. Non-penetrative sex, such as cuddling and kissing, is not a risk for HIV transmission.
5. *True:* However, without antiretroviral medication, an HIV+ woman is about 30-40 percent likely to give birth to an HIV+ baby. If a woman living with HIV becomes pregnant she should seek medical care early in her pregnancy. If antiretroviral medication is available, she should be given this

to prevent HIV transmission during pregnancy and labour. She will also be given advice about minimising the risks of HIV transmission during the early infant feeding period.

6. Gideon's life illustrates many of the positive contributions that can be made by people living with HIV.

Use the responses provided to the questions above to start a discussion about how the community and the Church can help HIV-positive people live a productive life.

Activity 2: Support groups for people living with HIV

Read out the case study below, or photocopy it and give a copy to each participant.

After reading out the story, it might be a good idea to tell the audience about the support groups in your area. Describe the activities they engage in and the impact they have on the lives of people living with HIV. Emphasise the benefits that HIV+ people can

Case Study: The role of support groups

When Agathe Komboigo from Yako in Burkina Faso discovered she was HIV-positive she almost collapsed with shock. As in many other places, HIV-positive people in Agathe's community are stigmatised and discriminated against. Agathe was discriminated against by her own family, even to the point where family members refused to eat with her. The rejection devastated Agathe more than any physical pain could. 'That hurt me to the core,' she said, 'It really weighed heavily on my mind'.

One day Agathe heard about SEMUS, the Sahel Solidarity and Mutual Support Association on the radio. SEMUS provides support to people living with HIV and AIDS. Its members help out with medical needs and provide care and support services, but perhaps most important

of all, they help people living with HIV to remain positive about life.

'They welcomed me with open arms and talked to me,' said Agathe. 'Without SEMUS I wouldn't be here now. My life totally changed from that moment.' One of the first eye-opening experiences for Agathe was when she attended a conference for people living with HIV/AIDS. 'I couldn't believe there were all these people living with HIV,' she beamed. 'I found that really encouraging.'

As a result, Agathe herself started to help out with SEMUS activities. She now carries out home visits to other people living with HIV, and she leads lively discussion groups at the SEMUS office. 'I really look after myself now because I want to be in good health because this work is so important to me,' she said.

provide to one other through mutual support and respect. You can also mention the role which support groups have played in helping governments and faith-based organisations to combat HIV. For instance, in South Africa and Nigeria, national networks of HIV+ support groups are some of the most vocal organisations demanding action on HIV and AIDS. Everyone benefits from this type of advocacy.

Divide the participants into two groups:

Group 1: Ask this group to consider the needs of people living with HIV. Ask them to divide the needs into categories such as health-related, psychological/morale, friendship, income etc.

Group 2: Ask this group to consider what benefits a support group can provide to people living with HIV.

Let the two groups discuss amongst themselves for 15 minutes and then bring them together. Ask each group to report their results. See if there is any similarity between the two and stimulate a discussion on how a support group can bring benefits to people living with HIV, and the possible role of churches in assisting the development of support groups.

**Bible reflection:
2 Corinthians 11: 24-29**

Paul, one of the greatest known activists for spreading the gospel, rarely had it easy. He lists how many times he was stoned and whipped, the dangers he went through and the lack of food and shelter which he endured in the course of his ministry.

We all face difficulties in life, and knowing that you are HIV-positive is perhaps one of the hardest things anyone will have to face up to. But knowing you are HIV-positive is not the end. In fact it might be the beginning of a life when different things and people take on a new importance. All of us need support from God, and from our church and community round about us. And all of us have gifts to offer to God, and to our church and community.

To think about:

- From what you know about Paul, what was it that inspired him to persist with all his travels? What can we learn from that?
- Many different people helped Paul to survive hardship and danger (for example, 2 Corinthians 11: 32-33). He went on to do great things. How as a church can we enable everyone – including people living with, or affected by, HIV – to go on and do great things?

SECTION 4: **GUIDELINES FOR THEMATIC WORKSHOPS** (continued)


Workshop no. 5: Appropriate HIV prevention messages

Aims: To learn -

- That there is no single HIV prevention message for all groups of people but that different groups within their church need to work out what is most appropriate for them.
- That for prevention messages to be effective the group must 'own' those messages.
- That there is a message for everyone. Some people may feel that they are at a low level of personal risk of becoming infected with HIV, but their behaviour and their attitude will have an influence on other people. For example, if they refuse to allow young people to have discussions about sex and sexual behavior, then they are encouraging silence and conditions of ignorance which themselves may lead to the spreading of the virus.

Note to facilitator: All you can aim to do in this workshop is to start a discussion about how your church or community is going to work on suitable HIV prevention messages. In fact 'messages' is not an adequate expression because that implies simply giving or receiving information. It takes more than simple information to prevent the spread of HIV. For example, in Zambia many nurses are HIV-positive. Nurses know how HIV is spread, but they still become infected with the virus. What needs to happen is that people adopt attitudes and behaviours that prevent the spread of HIV.

For this session you will need to do some preparatory work. It would be useful to have a range of people from within your church work with you on this. Collect as much information as you can about HIV/AIDS - books, magazines, booklets, pamphlets, videos, CDs, internet information and so on (see Appendix, 'Resources available on the Internet').

Time required: 45 minutes for each activity.

Link to the video: Show Segment 8, *HIV prevention messages*.

Activity 1

Have Gideon's four categories of sexual behaviour – lawful and safe, lawful and unsafe, unlawful and safe,

unlawful and unsafe – written out on four separate, large pieces of paper. Divide the group into four sub-groups and give each of them one piece of

paper. Ask them to discuss what that statement means – you might need to give prompt questions (e.g. 'how can you be sure having sex is both lawful and safe?') – and then ask each group to make a five-minute presentation to the rest.

Activity 2

Divide people into groups of five or six, and give them a pile of booklets or whatever material you have gathered together. Ask each group to make a five-minute presentation that would be suitable for different groups within the church. For instance, one group can make a presentation for the Sunday School, one for the Youth Group, one for the Women's Group and so on. Give each group about half an hour to design their presentation and then to make a presentation to the other groups. Reassure people that this might not be easy and that they should not feel bad if criticised, because this is a lesson for the whole group to learn from.

Activity 3

This is a more advanced exercise, designed to encourage participants to identify practical actions that can form part of a prevention strategy in their own community.

Divide the participants into groups of five or six. Ask them to consider what factors or conditions in your community may lead people into engaging in 'unsafe' and 'unlawful' sex. If necessary, help the groups with prompts from box 5a.

Bring the groups together and

ask them to explain what they have identified. Now tell the groups that they must identify ways in which they can

5a: Factors in 'unsafe' and 'unlawful' sex

- ♦ Lack of information/ignorance
 - ♦ Woman needs money
- ♦ Man puts pressure on woman for sex
 - ♦ Threat of violence
 - ♦ Peer pressure
 - ♦ Lack of condoms
- ♦ Perception that condoms are not safe
- ♦ Perception that condoms are bad

address these problems and create incentives for people to practice 'safe' and 'lawful' sex. Again, if necessary, you can help the groups from the prompt

5b: Factors in 'safe' and 'lawful' sex

- ♦ Income generation
 - ♦ Education
- ♦ Provision of condoms
- ♦ Education for men to show respect for women
- ♦ Talking about sex/being open
 - ♦ Church to talk openly about sex and condoms
- ♦ Abstinence groups

box 5b below.

You can use the subsequent discussion to encourage the group to develop a plan of what they will do to encourage HIV prevention in their community.

SECTION FIVE:

COMMON QUESTIONS ABOUT HIV AND AIDS

These are just some of the questions which people may ask during or after the showing of this video. You can use the information provided here to answer these questions, or you may find other ways to give these basic facts to the groups with whom you are working.



1. What is HIV? What is AIDS?

HIV stands for 'Human Immunodeficiency Virus'. When people become infected with HIV they are 'HIV-positive' (or 'HIV+'). People who are HIV+ can feel well and look well for many years after they become infected. AIDS stands for 'Acquired Immune Deficiency Syndrome'. It is the late stage of HIV infection.



2. How can you contract HIV?

In most parts of the world, the most common way that HIV is transmitted is by having unprotected sex with an HIV-infected person. It is also passed on through transfusions of infected blood, by sharing needles or injection equipment with an injecting drug user who is infected with HIV, and from HIV-infected women to their babies during pregnancy, delivery or breastfeeding.



3. Does HIV cause AIDS?

HIV causes the number of some types of white blood cells, which fight infection, to decrease. You might hear people who are HIV+ talking about their CD4 count. This is an indication of how well their body can fight infection. If their CD4 count is low, then they are more likely to pick up infections such as TB, pneumonia, diarrhoea, some types of rare cancers and other illnesses. Without access to modern drugs, known as antiretrovirals, which help stop HIV from multiplying, and therefore prevent HIV from damaging the immune system, a person who is HIV+ will eventually become increasingly unwell and finally develop AIDS.



4. How can you avoid contracting HIV?

Since there is no vaccine to protect people against HIV, and there is no cure

for AIDS, the only certain way to avoid AIDS is to avoid becoming infected with HIV in the first place. In some parts of the world, HIV is transmitted mainly through injecting drug use. In most parts of the world, however, HIV is principally a sexually transmitted disease. Knowing the risks associated with sexual intercourse is therefore a very important part of education for HIV prevention. The only way to be completely sure of not passing on HIV – or being infected by HIV – sexually is to abstain from sex. For many people, however, this is not realistic. Most adults are in sexual relationships, the majority of which are in marriage. Sticking to your one sexual partner, whom you know to be negative, is good practice. The key to this, however, is KNOWING that your partner is HIV-negative. This raises questions of HIV testing and fidelity. If you are not 100 percent sure of your, or your partner's, HIV status, then using a condom *every time* you have sex is the best way to protect yourself. You should learn how to use condoms and how to talk openly and honestly with your partner about using condoms.

? 5. Can you contract HIV from 'casual contact' with a person infected with HIV?

No. This means that it is OK to play sports and work together, shake hands, hug friends or kiss them. You can sleep in the same room, breathe the same air, share drinking and eating utensils and towels, use the same

showers or toilets and use the same washing water. You cannot get infected through tears, saliva or sweat, through coughing or sneezing, or through bites from mosquitoes or other insects. You could, however, contract or pass on the virus through sharing razors, so if possible people should have their own.

? 6. Is there a cure for HIV or AIDS?

There is no cure for HIV or AIDS, although today there are medical treatments (known as antiretroviral therapy) that can slow down the rate at which HIV weakens the immune system. But these drugs do not get rid of HIV or cure AIDS, and although they enable most people living with HIV to live longer, healthier lives, they do not work for all people. There are other treatments that can prevent or cure some of the illnesses associated with HIV/AIDS, such as TB, and it is important to have these infections treated as soon as possible. In addition, advice and support in relation to diet, treating minor infections, dealing with worries and 'living positively' in general can greatly enhance a person's quality of life.

? 7. What should you do if you think you might already have HIV?

It is essential to know whether or not you have been infected. You should therefore ask your doctor or other

health worker about having an HIV blood test and having HIV counselling. If you are infected, early detection and advice are important. Even without modern drugs, treating simple infections, eating as well as possible and

having support from family and friends can make a big difference to how you feel. With proper care, people with HIV infection can live for many years. It is also essential to know how to avoid infecting others with HIV.

REFERENCES

1. World Council of Churches, *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*, 2001
(www.wcc-coe.org/wcc/news/press/01/hiv-aids-plan.html).
2. Based on a workshop by the Change Project
(See www.changeproject.org/technical/hiv aids.)
3. STIGMA-AIDS eForum, stigma-aids@eforum.healthdev.org.
4. Ibid.

APPENDIX

RESOURCES AVAILABLE ON THE INTERNET

The following Websites contain a great deal of information and training materials on HIV/AIDS, gender, sexual health and related issues of particular relevance to church and community-based HIV programmes:

Catholic AIDS Action: www.caa.org.na

Christian Aid: www.christianaid.org.uk.

Christian Connections for International Health: www.ccih.org

Doctors for Life: www.dfl.org.za

Ecumenical Advocacy Alliance: www.e-alliance.ch

Global Fund: www.theglobalfund.org

International HIV/AIDS Alliance: www.aidsalliance.org

Joint United Nations Programme on HIV/AIDS (UNAIDS): www.unaids.org

Lutheran World Federation: www.lutheranworld.org

Policy Project: www.policyproject.com

Stepping Stones: www.steppingstonesfeedback.org

Strategies for Hope: www.stratshope.org

Teaching-aids at Low Cost: www.talcuk.org

Tear Fund: www.tearfund.org

UNICEF: www.unicef.org

World Conference of Religions for Peace: www.religionsforpeace.org

World Council of Churches: www.wcc-coe.org

World Health Organisation: www.who.org

World Vision International: www.worldvision.org

WHERE TO ORDER WHAT CAN I DO?

To order this guide, or the video/dvd, in all available languages (English, French, Portuguese, Spanish or Swahili) please contact:

TALC, PO Box 49, St Albans, Herts AL1 5TX, UK.

Fax: +44 (0) 1727 846852. Tel: +44 (0) 1727 853869.

Email: info@talcuk.org Website: www.talcuk.org

Different language editions are also available in the following countries:

ENGLISH:

Ghana: Christian Council of Ghana, PO Box 919, Lokko Road, Osu, Accra. Email: christiancouncil@4u.com.gh

Kenya: Good News Productions International - Africa, PO Box 636, Village Market, Nairobi 00621. Email: jswift@gnpi.org

Nigeria: Africa Christian Textbooks (ACTS), TCNN, PMB 2020, Bukuru 930008, Plateau State 930008. Email: acts.jos@gmail.org

South Africa: The Christian Literature Fund, Private Bag X19, Wellington 7654, South Africa. Email: info@clf.co.za Website: www.clf.co.za

Uganda: FOCAGIFO, PO Box 112, Kampala. focagifo@yahoo.com

Zambia: Expanded Church Response Trust (ECR), PO Box 34691, Chitemene Road, Plot 6061, Lusaka. Email: ecr@zamnet.zm

Zimbabwe: Media for Development Trust, PO Box 6755, 19 Van Praagh Avenue, Milton Park, Harare. Email: Joyline@mfd.co.zw

FRENCH:

Democratic Republic of the Congo: Tabernacle Sifa, IBS-Congo, Avenue Kasa Vubu No 87 bis, Bandal Tshibangu CBCO, Kinshasa, DEM REP CONGO. Email: tabernacle.sifa@laposte.ne

PORTUGUESE:

Mozambique: Rede Crista Contra HIV/SIDA, PO Box 1346, Av Amilcar Cabral 730 R/C, Maputo. Email: redes@rchs.org.mz

SWAHILI (AND ENGLISH):

Tanzania: Upendo AIDS Centre, PO Box 77014, Lupir St, House No 336, Mwananyamal/ near Vijana Soc Club, Dar es Salaam. Email: wandoam@yahoo.com

SPANISH:

Please contact: Christian Aid, PO Box 100, Interchurch House, London SE1 7RT, UK. Email: info@christian-aid.org



A FACILITATOR'S GUIDE

to the video



FOCAGIFO

WHAT CAN I DO?

The HIV/AIDS Ministry and Messages of Gideon Byamugisha

Gideon Byamugisha is an ordained minister in the Anglican Church and Canon of St Paul's Cathedral, Namirembe Diocese, Uganda. He works for international church organisations as an advisor on HIV and AIDS. He is also HIV-positive. In the video *What Can I Do?* Canon Gideon shares with us the lessons he has learned from his journey with HIV. He calls for more relevant and accurate HIV prevention messages, and encourages churches to spread hope – not fear – through peer education, counselling, home-based care, practical help and prayer.

This Facilitator's Guide can be used by anyone who is preparing to show the video *What Can I Do?*. It is designed especially for church leaders (including lay people), but can also be used by health and development workers, teachers, lecturers, trainers and community leaders.

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