



Dear Religious Leader,

Thank you for picking up “PrEParing Your Community: A Toolkit for HIV Education & Risk Reduction.”

You can make a big difference in your congregation’s efforts to fight HIV/AIDS. Whether you have never spoken with your community about HIV prevention, or you have been doing so for a long time, your congregation looks to you for wisdom and guidance.

HIV/AIDS can be a difficult topic to discuss. This toolkit is designed to make it easier for you to talk about HIV and HIV prevention, with a specific focus on a new prevention strategy called pre-exposure prophylaxis (PrEP).

The Center for Interfaith Action on Global Poverty (CIFA) has worked with religious leaders across Africa, many of whom recognize that PrEP can be a valuable additional tool to combat HIV.

That’s why we worked with faith leaders to develop this toolkit. These clergy recognize the value of PrEP and wish to share this approach with peers in their faith. Our hope is that, by equipping you with information about this new intervention, you can help us to share information about PrEP with those who need it most.

Thank you for joining us in the critical fight against HIV.

National Faith Leader  
Title  
Denomination  
Country

Ministry of Health Official  
Title  
Ministry of Health  
Country

Secretary General  
National Inter-Religious Council  
Country

## **Get Started: How to Use This Toolkit**

### **Module 1**

Picking up this toolkit for the first time? Start here!

1. Let's Get Started
2. Some Common Questions
3. Additional Resources

## **Teach Yourself: HIV, Risk Reduction, and PrEP**

### **Module 2**

Key facts & information to help you inform your community about HIV and risk reduction:

1. Key Facts about HIV
2. Approaches to HIV Risk Reduction
3. PrEP: A New Way to Reduce Risk

## **Begin the Conversation:**

### **5 Conversations Healthy Communities Should Have**

### **Module 3**

Faith leaders touch the lives of their communities in many ways: at weekly prayers, during lifecycle events, during individual counseling, or out in the community. Each of these interactions can be a *teachable moment* – an opportunity to discuss health and well-being with your community, and to share important messages. Here are 5 key conversations that all religious leaders – regardless of faith – can have with their community:

1. How can we promote the health and wellness of our community? How does HIV affect our efforts?
2. What can each of us do to fight HIV, protect ourselves and our loved ones, and promote the welfare of all people?
3. How can we preserve loving and healthy marriages?
4. How can we protect the wellness and integrity of our families?
5. How can we support the women in our community?

## **Engage with Your Faith:**

### **Faith Resources to PrEPare Your Community**

### **Module 4**

Based on the Key Conversations from **Module 3: *Begin the Conversation***, this section provides faith-based messages and sample sermons for Protestant, Catholic, and Muslim religious leaders to use to address these topics. It includes specific references from the Bible, Quran, and other religious sources, so that you can tailor these conversations to your specific faith community. This section even includes complete sermons that you can use to deliver to your congregation.

1. Protestant Guide: A guide for Protestant religious leaders.
2. Catholic Guide: A guide for Catholic religious leaders.
3. Muslim Guide: A guide for Muslim religious leaders.

### Engage Your Congregation:

#### Different Conversations for Different Settings Modules 5–8

Preventing the spread of HIV and caring for our community requires everyone to be involved. Here are some different tools to help you engage the various members of your community in these conversations about HIV risk reduction.

#### Engage Women: To Keep Themselves & Their Families Healthy Module 5

The Engage Women module will help women learn about HIV and how it is transmitted, how to support an HIV-free community, and how they can reduce their risk of becoming HIV positive and support their families to do the same.

#### Engage Men: To Protect Their Families and Support Society Module 6

These interactive workshops focus on the ways in which men can support an HIV-free community and understand HIV, how it is transmitted, how they can reduce their risk of becoming HIV positive, and enable their families to do the same.

#### Engage Young Couples: To Reduce Risk & Protect Those We Love Module 7

A pre-marital counseling guide for young couples, to be used in private conversations with couples before they marry.

#### Engage Youth: Responsibility and Empowerment Start Now Module 8

These interactive sessions are tailored specifically for the youth – providing them with appropriate and thoughtful opportunities to understand HIV and how it is transmitted.

#### Activity Kit:

#### Everything You Need to Engage Your Community Module 9

This ‘activity kit’ is designed to give you the tools that you need to facilitate the modules and workshops contained within “PrEParing Your Community: A Toolkit for HIV Education & Risk Reduction.” It includes handouts with important HIV information, scenario cards that can be used in drama and role-plays, illustrations, and other material.



## Get Started: How to Use This Toolkit

### Let's Get Started: What's the Big Idea?

The goal of this toolkit is to help YOU to protect the health and wellness of your community by reducing your congregation's risk of becoming HIV-positive. Specifically, we want to make sure that you know about pre-exposure prophylaxis (PrEP) – a new way that people can reduce their risk of becoming HIV-positive.

### How Can I Use This Toolkit?

We know there's a lot here to absorb, but don't worry... you don't have to use the entire toolkit, nor do you have to use it sequentially. You can pick and choose the pieces that work best for you, as every community and situation will be different. Some religious leaders may have been involved in HIV work for a long time, whereas others may have only limited knowledge of HIV and HIV prevention. Not to worry, we've got something for everyone!

Something for everyone				
<b>1</b>	<b>About you</b>	I have limited knowledge of HIV and its prevention...	I'm well-informed on the topic and have already begun having conversations with my community...	
	<b>2</b>	<b>Where to start?</b>	Read Over Module 2: "Teach Yourself" to get the basics about HIV.	Familiarize yourself with PrEP in Module 2. Review the curricula for "Engage Your Congregation" (Modules 5-8), and select one or two that you can begin to implement.
		<b>3</b>	<b>Next step?</b>	Review Module 3: "Begin the Conversation." Pick two of the conversations to have with your community and find a time to do them.

## Some Common Questions You Might Be Thinking About...

### **What if I don't feel comfortable talking about HIV?**

HIV can definitely be a difficult topic to discuss. It involves the sadness of loss and disease as well as the difficult issues of sex and sexuality. However, conversations don't have to just focus on these challenging topics... this toolkit is about equipping communities to live full, healthy, and happy lives. That's what the conversation is really about.

**Not worried about these questions? Ready to get started? Skip this section and start working with the rest of the toolkit!**

One important thing to be aware of is that your community is, undoubtedly, already talking about HIV. However, often times the sources of information widely available or widely consulted are unreliable. These sources may cite incorrect information about how HIV is transmitted or how it can be treated. That's one reason why it's so important that *you* be an active part of the conversation. If you don't, then you are allowing the conversation to occur without the guidance and wisdom that you can offer.

### **OK, but do I have to talk about sex?**

You don't have to talk about any particular topic any more than you are comfortable. Nevertheless, one thing that we have learned is that communities that speak openly and honestly about all the issues related to HIV are best able to protect themselves against the disease. And yes, sometimes that means dealing with issues of sex and sexuality. However, you don't have to do it by yourself. We encourage you to leverage the resources that exist in your community. If someone else is particularly adept at facilitating conversations on these or other issues, let them lead the way. The key is to create a wide variety of settings and forums where members of your community can talk openly about these issues – you don't need to do it all yourself. Also, there are lots of good resources in this toolkit that will help you address these issues in a way that is sensitive to the concerns of your faith community.

### **What if I don't know a lot about HIV?**

Don't worry! This toolkit isn't about giving you *all* the answers; it's about giving you the tools to help reduce your community's risk of getting HIV. There are definitely some important things that you should know before you begin this process, such as how HIV is transmitted and what kinds of treatments are available. However, all of that is in **Module 2: *Teach Yourself***. More important than having all the answers is raising important questions in a supportive and caring environment – and as a religious leader, that's one of the things that you do best.

### **What if someone in my community asks me a question that I don't know the answer to?**

There's no way to be prepared for every question that someone might ask. If someone asks a question that you don't know the answer to, don't feel like you have to make up an answer. Just tell them that it's a great question, but that you aren't sure of the answer right now, and because you want to make sure that they get an accurate answer, you are going to get back to them about it. Then, you can consult any of the resources that are available to you (see "Additional Resources" at the end of this module).

### **How do I start a conversation on such a difficult topic?**

As a faith leader you touch the lives of your congregation in many ways: at weekly prayers, during major life events, during individual counseling, or out in the community. Each of these interactions can be a teachable moment – an opportunity to discuss health and well-being with your community, and to share important messages. In **Module 3: *Begin the Conversation***, we've included five key conversations that all religious leaders – regardless of faith – can have with their community.

### **Does this have anything to do with my faith?**

If you'd like some guidance on how your or other faith traditions address some of these topics, please look at **Module 4: *Engage with Your Faith***. This section provides faith-based messages for Protestant, Catholic, and Muslim religious leaders to use to address these topics. It includes specific references from the Bible, Quran, and other religious sources, as well as examples of possible sermons on these topics, so that you can tailor these conversations to your specific faith community.

### **I'm busy. How will I find the time to talk about HIV?**

There's some good news here: you don't have to do it all yourself! In fact, it's great if members of your congregation or community take on leadership roles. This creates greater involvement of the community, and also makes your job much more manageable. Members of your community can run **Modules 5-8: *Engage Your Congregation*** or take the lead on any of the other conversations that you want to have, provided they are prepared with the background material in the toolkit. For instance, if you already have a women's group, the leader of that group might actually be the best person in your community to lead **Module 5: *Engage Women***. Or a men's group leader could organize a few sessions around **Module 6: *Engage Men***. And in pre-marital counseling of young couples, you could use inspiration from **Module 7: *Engage Young Couples***. Similarly, if someone in your community is particularly good at working with youth, they could lead **Module 8: *Engage Youth***.

The other piece of good news is that talking about HIV doesn't have to be a distraction from your regular responsibilities as a religious leader. What we have found is that religious leaders who advocate for HIV risk reduction find it to be an extension of their core role – ministering and supporting the needs of their communities. Supporting the health and wellness of your community does not need to be a distraction; it's an important way that you can support the spiritual and physical needs of your community.

## Additional Resources

### **AVERTing HIV and AIDS (AVERT)**

[www.avert.org](http://www.avert.org)

AVERT is an international HIV and AIDS charity, based in the United Kingdom, working to avert HIV and AIDS worldwide, through education, treatment and care.

### **AIDS in AFRICA**

[www.aidsin africa.net](http://www.aidsin africa.net)

**AidsinAfrica.net** is an online resource for current information on HIV/AIDS in Africa.

This website uses animated maps and diagrams to make the statistics behind HIV/AIDS in Africa more engaging and easy to understand. AidsinAfrica.net is also home of the documentary [5 Heroes of AIDS in Africa](#).

### **Asian Muslim Action Network (AMAN)**

[www.arf-asia.org](http://www.arf-asia.org)

AMAN is an NGO that works with communities across Asia to promote peace and conflict resolution and also work on the issue of HIV/AIDS. AMAN, in partnership with the Asian Resource Foundation, has developed a resource called *Muslim Responses to HIV/AIDS: Case Studies, Key Issues & Ways Forward*. This resource can be useful for individuals working with Muslim communities on HIV risk reduction.

### **AVAC: Global Advocacy for HIV Prevention**

[www.avac.org](http://www.avac.org)

AVAC is a non-profit organization that aims to accelerate the development and delivery of AIDS vaccines, male circumcision, microbicides, PrEP, and other emerging HIV prevention options as part of a comprehensive response to the pandemic. On their website, you will find up-to-date information about the current state of HIV prevention research and implementation, including guidelines about the use of PrEP and other new HIV risk reduction strategies.

These are some of our recommended resources. Many of these are online resources, but if you don't have access to the internet, you can also consult a local clinic, ministry of health, reputable HIV/AIDS program, or hospital for materials.

### **Catholic Relief Services**

[www.crsprogramquality.org/hiv-and-aids](http://www.crsprogramquality.org/hiv-and-aids)

Catholic Relief Services is a Catholic relief and development agency with a wide variety of HIV/AIDS programs across the world. On their HIV/AIDS website, you will find guidelines and publications related to HIV programming as well as CRS's own toolkit, *The Faithful House*.

### **The Centers for Disease Control (CDC)**

[www.cdc.gov/hiv/resources/factsheets](http://www.cdc.gov/hiv/resources/factsheets)

The Centers for Disease Control is a US-government agency that has lots of useful factsheets about a variety of AIDS-related issues. Some of these are specific to the United States, but many – including updates on the current state of prevention research – have a global focus.

### **The Christian AIDS Bureau of Southern Africa (CABSA)**

[www.cabsa.org.za](http://www.cabsa.org.za)

CABSA aims to build the capacity of Christian communities to respond to HIV through advocacy, comprehensive online information services, and a variety of trainings and workshops. Their website features a wealth of resources for faith communities to use – particularly Protestant Christian communities – to address AIDS.

### **The International Network of Religious Leaders Living With or Personally Affected by HIV/AIDS (INERELA+)**

[www.inerela.org](http://www.inerela.org)

INERELA+ is an international, interfaith network of religious leaders – both lay leaders and ordained women and men – who are living with or personally affected by HIV/AIDS. The mission of INERELA+ is to equip, empower, and engage religious leaders living with and personally affected by HIV to live positively, and act as agents of hope and change within and beyond their faith communities. Their website has a number of resources, including an introduction to their SAVE Toolkit, which aims to address stigma, shame, denial, discrimination, inaction, and misaction around HIV, and gives important information about HIV prevention and care.

## United Nations Program on HIV/AIDS (UNAIDS)

[www.unaids.org](http://www.unaids.org)

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. **UNAIDS' Vision:** Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

## United Nations Population Fund (UNFPA)

[www.unfpa.org/public/global/pid/398](http://www.unfpa.org/public/global/pid/398)

UNFPA has developed *Engaging Faith-Based Organizations in HIV Prevention: A Training Manual for Programme Managers*, a resource for those interested in better engaging with faith-based organizations in their HIV-prevention work. This resource is useful for those interested in developing partnerships between faith-based practitioners and government or secular programs.



## Teach Yourself: HIV, Risk Reduction, and PrEP

### Introduction

The first step to helping your community reduce their risk of becoming HIV positive is informing yourself about the basic facts of HIV.

This Module has three primary resources for you:

1. **Key Facts About HIV/AIDS:** This document provides basic information about HIV/AIDS, including definitions of HIV & AIDS, facts about how it is transmitted, and a brief exploration of how to combat AIDS-related stigma as well as misconceptions about HIV/AIDS.
2. **Approaches to HIV Risk Reduction:** This document outlines the current set of available options for reducing someone's risk of getting HIV. This is important information because this toolkit is all about finding appropriate and effective ways or reducing risk.
3. **PrEP— A New Way to Reduce Risk:** This document introduces the new risk reduction method of pre-exposure prophylaxis (PrEP). The primary purpose of this toolkit is to introduce PrEP within the context of a community-based approach to reducing risk of HIV.

Once you have looked through these resources, your journey doesn't have to stop there... you can always learn more! Check out *Additional Resources* in **Module 1** for other ways to learn more about HIV and HIV prevention.

### Key Facts About HIV/AIDS

Here's a snapshot of the 'Key Facts about HIV/AIDS' sheet that is included in the Activity & Resource Kit. Start your own journey by taking a look at it. We've added some notes for you as a facilitator, but the sheet is a resource that you can share with your congregation...

### Key Facts about HIV/AIDS

**What is HIV?** HIV stands for human immunodeficiency virus – a viral infection that weakens someone’s immune system, making them more susceptible to other diseases. There is no cure for HIV, although treatments are available.

**What is AIDS?** AIDS stands for Acquired Immune Deficiency Syndrome and refers to an HIV infection that is advanced such that a person’s immune system has been seriously weakened.

**How is HIV transmitted?** HIV is transmitted through bodily fluids such as (1) blood; (2) semen; (3) vaginal secretion; and (4) breast milk. The four primary ways in which HIV is transmitted are through sexual transmission, sharing needles during intravenous drug use, or from mother-to-child during childbirth or through breastfeeding.

**Is HIV common?** Roughly 34 million people across the world are HIV positive. In some areas, as many as 30% of people may be HIV positive, whereas in other parts of the world HIV is relatively rare.

**Can HIV be transmitted by kissing or sharing food?** No. HIV CANNOT be transmitted through casual contact, such as shaking hands or hugging. It also CANNOT be transmitted by sharing food or playing sports with HIV positive people. HIV can only be transmitted through kissing if blood is exchanged, which could happen if someone has sores on their mouth or, in rare instances, through deep open-mouthed kissing.

**Is there a cure for HIV or AIDS?** There is no cure for HIV or AIDS. However, a variety of treatments are available that currently allow people who are HIV-positive to live long, healthy, and productive lives. These treatments are called antiretrovirals (ARVs).

**Can HIV be prevented?** Yes. HIV is very preventable and there is a wide variety of measures that someone can take to remain HIV-negative. See “The HIV Risk Reduction Basics” handout in the **Activity Kit** for more information.

**If someone I know is HIV positive, how should I react?** There is no “right” or “wrong” way to react, but keep in mind HIV-positive people deserve respect and

It is important that you, as a leader, know about HIV in your area. Consult a local clinic or hospital to find out more about how common HIV is in your area.

Knowing how HIV is and is not transmitted is a core piece of information that will be referenced throughout this toolkit... knowing how you get HIV is the first step to knowing how to reduce risk and prevent HIV.

HIV-related stigma is a big issue that often stops people from getting treatment or knowing how to reduce their risk. Make sure that you address any misinformation, misunderstandings or stigma whenever you hear it. Using the plain old facts (like on this sheet) is the best way to combat stigma & misinformation.

### Approaches to HIV Risk Reduction

There are many ways to prevent HIV or reduce one's risk of becoming HIV positive. Many of these methods can be used together, in concert with one another, in order to reduce one's risk

of becoming HIV positive. This combination of options is referred to as the approaches to HIV **risk reduction**. Individuals can pursue the combination of strategies that best addresses their particular needs and risk profile. The following list briefly describes traditional options for preventing sexual transmission of HIV, as well as newer methods such as pre-exposure prophylaxis (PrEP).

### Choices and Options

**Abstinence:** Abstinence is the only 100% effective way of preventing sexual transmission of HIV. By abstaining from sex, people cannot be infected with HIV through sexual transmission.

**Fidelity:** Faithfulness to a spouse or partner significantly reduces one's chances of becoming HIV positive. Fidelity must apply to both partners in a relationship – it is not enough for just one partner to be faithful if the other partner is not. By maintaining mutual fidelity and knowing one's status, people can control their exposure to HIV and reduce their risk of becoming HIV positive.

**Counseling and Testing:** It is much more difficult to prevent HIV transmission when we do not know our HIV status or that of our spouse. Knowing your status and the status of your sexual partner allows you to make smart choices about how you can reduce your risk or the risk of your partner.

#### KEY TERM:

We use the term **RISK REDUCTION** because, unfortunately, many of the “HIV Prevention” options that exist are not 100% effective – instead they are ways of reducing risk. We don't want to give people the impression that by using a given prevention option, they are completely safe and will never get HIV. However, the good news is that if these strategies are used consistently and correctly, they can greatly lower their chances of becoming

**Voluntary Medical Male Circumcision (VMMC):** Male circumcision lowers the chance that a man will become HIV positive during sexual intercourse with a woman by 50-60%. However, it does not lower the chances of a woman becoming HIV positive if she has sex with an HIV positive man. VMMC should be performed in a clean, sterile setting and attended to by a medical professional.

**Treatment of Other Sexually-Transmitted Infections (STIs):** Sexually transmitted infections (STIs) can create sores through which HIV may pass more easily during sexual intercourse. Treatment of STIs therefore reduces risk of exposure to HIV.

**Treatment as Prevention:** Treatment as prevention refers to the notion that people who are HIV-positive and are taking antiretroviral treatments (ARTs) are less likely to infect an HIV-negative partner than an HIV-positive person who is not on treatments.

**Post-Exposure Prophylaxis (PEP):** PEP is the use of ARVs by an HIV-negative person immediately or within 72 hours after possible exposure to HIV. If someone suspects that they may have been exposed to HIV through sexual or other means, they should immediately consult a local doctor or community health worker about beginning PEP, which is a specialized course of antiretroviral (ARV) drugs.

**Pre-Exposure Prophylaxis (PrEP):** PrEP is the use of antiretroviral (ARVs) drugs by people who are HIV-negative in order to reduce their risk of becoming HIV-positive. PrEP may be taken by men or women as an oral tablet or by women as a vaginal gel. PrEP is still undergoing clinical testing and regulatory approval and is not yet available in all countries or locations.

**Male & Female Condoms:** Male and female condoms both work as barriers during sex that prevent ejaculated semen from entering the body of one's partner. If used correctly and during every sex act, condoms can be more than 98% effective in preventing HIV. Condoms are also used to prevent a woman from becoming pregnant, and are thus a form of contraception.

### PrEP – A New Way to Reduce Risk

#### PrEP stands for...

##### Pre-Exposure

Pre-Exposure means that PrEP is used by an HIV-negative person BEFORE he or she is exposed to HIV

##### Prophylaxis

Prophylaxis is another word for PREVENTION, meaning that PrEP helps to prevent HIV

#### There are 2 Kinds of PrEP...

##### Pills

Pills – also known as oral tablets – can be taken by both men and women.

Oral tablets must be taken as prescribed in order to be effective. Typically, this means that these tablets must be taken every day.

##### Gels

A vaginal gel – sometimes referred to as a microbicide – is available for women.

Gels must be used as prescribed in order to be effective. Typically, this means using them both before and after sex.

#### Both kinds of PrEP...

The active ingredient in both types of PrEP is an antiretroviral medication (ARV) – the same thing that is being used to treat people who are HIV-positive.

PrEP must be taken according to how it is prescribed in order to be effective.

PrEP is not 100% effective and should be used in concert with other risk-reduction strategies.

PrEP can protect your children or future family by ensuring that you are healthy and able to support them.

PrEP is a way to preserve health and wellness

### The Good News about PrEP...

PrEP is a new, recently discovered way to reduce one's risk of becoming HIV-positive.

It builds on existing strategies to prevent the transmission of HIV, such as prevention of mother-to-child transmission (PMTCT), which also uses ARVs to prevent HIV transmission.

PrEP is non-contraceptive, so HIV-negative women can use PrEP and still have children.

PrEP is the first HIV risk-reduction strategy that can be fully controlled by women and used autonomously by women.

PrEP may reduce someone's chances of becoming HIV-positive by as much as 60%.

PrEP can be used by both HIV-negative men and HIV-negative women.

### A Few Drawbacks of PrEP...

PrEP is not 100% effective. Clinical trials have demonstrated that PrEP can reduce someone's chance of becoming HIV-positive by 40-60%.

People who adhere to PrEP in the manner it is prescribed are much better protected and their risk of HIV infection is greatly reduced. Therefore, it is extremely important to adhere to PrEP use in the manner prescribed by a doctor or clinician.

A person who is using PrEP must receive regular HIV tests to ensure that he or she remains HIV-negative. If one does become HIV-positive while on PrEP, it is important to know that quickly so as to not develop drug resistance.

People who use PrEP may experience some mild side effects, like headaches or nausea.



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**If someone I know is HIV positive, how should I react?** There is no “right” or “wrong” way to react, but keep in mind HIV-positive people deserve respect and support, and should be treated the same way as anyone else. An individual’s illness is a private matter for them and they may or may not want to discuss it; both options are fine.

It is important that you, as a leader, know about HIV in your area. Consult a local clinic or hospital to find out more about how common HIV is in your area.

Knowing how HIV is and is not transmitted is a core piece of information that will be referenced throughout this toolkit... knowing how you get HIV is the first step to knowing how to reduce risk and prevent HIV.

HIV-related stigma is a big issue that often stops people from getting treatment or knowing how to reduce their risk. Make sure that you address any misinformation, misunderstandings or stigma whenever you hear it. Using the plain old facts (like on this sheet) is the best way to combat stigma & misinformation.

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**Treatment as Prevention:** Treatment as prevention refers to the notion that people who are HIV-positive and are taking antiretroviral treatments (ARTs) are less likely to infect an HIV-negative partner than an HIV-positive person who is not on treatments.

**Post-Exposure Prophylaxis (PEP):** PEP is the use of ARVs by an HIV-negative person immediately or within 72 hours after possible exposure to HIV. If someone suspects that they may have been exposed to HIV through sexual or other means, they should immediately consult a local doctor or community health worker about beginning PEP, which is a specialized course of antiretroviral (ARV) drugs.

**Pre-Exposure Prophylaxis (PrEP):** PrEP is the use of antiretroviral (ARVs) drugs by people who are HIV-negative in order to reduce their risk of becoming HIV-positive. PrEP may be taken by men or women as an oral tablet or by women as a vaginal gel. PrEP is still undergoing clinical testing and regulatory approval and is not yet available in all countries or locations.

**Male & Female Condoms:** Male and female condoms both work as barriers during sex that prevent ejaculated semen from entering the body of one's partner. If used correctly and during every sex act, condoms can be more than 98% effective in preventing HIV. Condoms are also used to prevent a woman from becoming pregnant, and are thus a form of contraception.

## PrEP – A New Way to Reduce Risk

### PrEP stands for...

#### Pre-Exposure

Pre-Exposure means that PrEP is used by an HIV-negative person BEFORE he or she is exposed to HIV

#### Prophylaxis

Prophylaxis is another word for PREVENTION, meaning that PrEP helps to prevent HIV

### There are 2 Kinds of PrEP...

#### Pills

Pills – also known as oral tablets – can be taken by both men and women.

Oral tablets must be taken as prescribed in order to be effective. Typically, this means that these tablets must be taken every day.

#### Gels

A vaginal gel – sometimes referred to as a microbicide – is available for women.

Gels must be used as prescribed in order to be effective. Typically, this means using them both before and after sex.

### Both kinds of PrEP...

The active ingredient in both types of PrEP is an antiretroviral medication (ARV) – the same thing that is being used to treat people who are HIV-positive.

PrEP must be taken according to how it is prescribed in order to be effective.

PrEP is not 100% effective and should be used in concert with other risk-reduction strategies.

PrEP can protect your children or future family by ensuring that you are healthy and able to support them.

PrEP is a way to preserve health and wellness

**The Good News about PrEP...**

PrEP is a new, recently discovered way to reduce one's risk of becoming HIV-positive.

It builds on existing strategies to prevent the transmission of HIV, such as prevention of mother-to-child transmission (PMTCT), which also uses ARVs to prevent HIV transmission.

PrEP is non-contraceptive, so HIV-negative women can use PrEP and still have children.

PrEP is the first HIV risk-reduction strategy that can be fully controlled by women and used autonomously by women.

PrEP may reduce someone's chances of becoming HIV-positive by as much as 60%.

PrEP can be used by both HIV-negative men and HIV-negative women.

**A Few Drawbacks of PrEP...**

PrEP is not 100% effective. Clinical trials have demonstrated that PrEP can reduce someone's chance of becoming HIV-positive by 40-60%.

People who adhere to PrEP in the manner it is prescribed are much better protected and their risk of HIV infection is greatly reduced. Therefore, it is extremely important to adhere to PrEP use in the manner prescribed by a doctor or clinician.

A person who is using PrEP must receive regular HIV tests to ensure that he or she remains HIV-negative. If one does become HIV-positive while on PrEP, it is important to know that quickly so as to not develop drug resistance.

People who use PrEP may experience some mild side effects, like headaches or nausea.



## **Begin the Conversation: 5 Conversations That Healthy Communities Should Have**

### **Begin the Conversation: What's the Big Idea?**

Faith leaders touch the lives of their communities in many ways: at weekly prayers, during life events, during individual counseling, or out in the community. Each of these interactions can be a **teachable moment** – an opportunity for you to discuss health and well-being with your community and share important messages. ‘Start the Conversation’ outlines 5 key conversations that you can have with your community.

**KEY TERM: A TEACHABLE MOMENT** is any opportunity for you to share an important lesson with your community. It doesn't have to be in a sermon, a class, or a formal setting.

**We know that talking about HIV risk reduction can be hard... don't worry, what we are really talking about is creating and maintaining healthy communities. Use this guide to help begin the conversation...**

### **How do I “Begin the Conversation”?**

It's not about waiting for the perfect moment or having all the answers: it's about offering you opportunities to encourage your communities to engage in honest discussions about HIV/AIDS. Those opportunities might be during a meeting of your women's group, during a sermon, during pre-marital counseling, during a holiday celebration, or another appropriate moment where you can begin a conversation about these issues.

Sometimes it can be hard to have conversations about HIV/AIDS: don't worry! When we talk about HIV or risk reduction, we are really talking about what we can all do to create healthy and strong communities – and that's a goal that all religious communities share. And remember, you don't have to have all the answers. These are “conversations,” not lessons. You can just ask the question and support your community as they engage with these issues. However, if you are reading this toolkit, chances are you have a lot to contribute.

OK, enough chit-chat. Let's start the conversation. Conversation One begins on the next page...

## Conversation One: How can we promote the health and wellness of our community? How does HIV affect our efforts?

### The Big Ideas

- As people of faith, we recognize the importance of maintaining our physical, emotional, and spiritual health.
- Our community must be proactive in preserving our health and well-being.
- HIV is a serious problem confronting many communities, including our own.
- We need new ways of preventing the spread of HIV; PrEP is one new way.

#### KEY TERM:

When we say **health & wellness**, we don't just mean NOT being sick; we mean being physically, emotionally and spiritually well. As people of faith, we think about the *whole* person.

### Key Facts

- How HIV is transmitted (Module 2: *Teach Yourself*, and Activity Kit)
- Key facts about HIV (Module 2: *Teach Yourself*, and Activity Kit).

### Some Quick Tips

- Look for opportunities to begin talking to your community about issues of **health and wellness**. We want to make sure that people walk away with a sense of personal and communal responsibility for their health and well-being as well as the knowledge that they have the power to control their health.
- Address the Key Facts referred to above. If people have misconceptions about HIV, it's important to correct those (see below for additional resources to help you do that).

### **Additional Resources**

For more basic information and **Key Facts** about HIV, see **Module 2: Teach Yourself**. For more help on how to talk about HIV or have difficult conversations, see 'Some Common Questions' in **Module 1: Get Started**.

## Conversation Two: What can each of us do to fight HIV, protect ourselves and our loved ones, and promote the welfare of all people?

### The Big Ideas

- Each of us has a role to play in preventing HIV – whether it is reducing our own risk or helping others to reduce their risk.
- None of us is an island – our health and welfare affects that of other people.
- PrEP is an HIV risk-reduction strategy that uses Antiretroviral Drugs (ARV) for HIV-negative people to protect themselves.
- The best response to HIV is not stigma or misinformation – rather it is action based on knowledge about the disease.

### Key Facts

- What is PrEP? (Module 2)
- Key facts about HIV. (Module 2)

### Some Quick Tips

- Stress the fact that all people can play a role in reducing your community’s risk of additional HIV infections. Whether it is telling people about PrEP or other risk reduction strategies, supporting family members who decide to take PrEP or use other strategies, or knowing your own status, there are many things that we can each do to help create a healthy community.
- Make sure that during this conversation your community begins to really understand the basic facts about HIV and PrEP, as these will be built-upon in subsequent conversations.

### Additional Resources

- For more basic information about HIV, see Module 2: *Teach Yourself*.
- For more help on how to talk about HIV or have difficult conversations, see “Some Common Questions” in Module 1: *Get Started*.

## Conversation Three: How can we preserve loving and healthy marriages?

### The Big Ideas

- Healthy marriages don't just happen – they require work, open communication, and mutual respect.
- Healthy marriages are ones in which partners support each other to stay healthy and reduce their HIV risk.
- PrEP is one risk reduction strategy that is available for married couples.
- All people have the right to reduce their HIV risk.

**KEY TERM:**  
**A sero-discordant couple** is a couple where one person is HIV-positive and the other is HIV-negative.

### Key Facts

- PrEP can be used by sero-discordant couples, to protect the HIV-negative partners.
- Even married couples should know about HIV; a large percentage of new infections each year are occurring within marriage.

### Some Quick Tips

- Know that even married couples need to be concerned about HIV, and that a high number of new infections each year occur within marriages.
- Make the conversation easier by talking about what a healthy marriage looks like and that one way spouses can support one another is by making sure that they stay healthy. HIV risk-reduction is one important part of this broader effort to maintain health.

### Additional Resources

Find help in discussing health, wellness, and HIV risk reduction in pre-material counseling settings in **Module 7: Engage Young Couples**.

## Conversation Four: How can we protect the wellness and integrity of our families?

### The Big Ideas

- Our own health affects the well-being of our entire family.
- PrEP is non-contraceptive and can be used to create healthy families.
- Healthy families support each other to reduce their risk of HIV and also communicate openly about HIV-related issues.

### Key Facts

- The well-being of a parent affects the well-being of his or her children and the entire family.
- Pregnant women should know their HIV status and access means of preventing mother-to-child transmission (PMTCT) if they are HIV-positive.

### Some Quick Tips

- Recognize that our decisions do not just affect us – they affect our families, loved ones, and all those around us.
- Help your community to understand what this means: HIV similarly does not just affect us. If we pass on our HIV status to our child or infect our partner, we are putting them at risk. If we get sick or cause others to be sick, we are less able to work and support our families. We have a responsibility to protect ourselves and those around us.
- Encourage your community to share this insight and to have open and supportive conversations about risk reduction.

### Additional Resources

The themes of supporting families are addressed for a variety of audiences in **Module 5: Engage Women**, **Module 6: Engage Men**, and **Module 7: Engage Young Couples**. For more about PMTCT see the **Activity Kit** handout: *HIV Risk Reduction Basics*.

## Conversation Five: How can we support the women in our community?

### The Big Ideas

- PrEP may have unique benefits for women in our community, because unlike many other strategies, women can use it easily and discreetly.
- All women have the right to protect themselves from HIV. No person has the right to interfere with a woman's effort to protect herself in any way.

### Key Facts

- PrEP is unique because it is a risk-reduction strategy that women can control by themselves.
- Women have the right to protect themselves from HIV in whatever way they want.

### Some Quick Tips

- Present to women this unique benefit of PrEP, that unlike other risk reduction strategies, it can be used and entirely controlled by women themselves.
- Know that other risk prevention strategies, such as condoms or mutual monogamy, require the involvement and consent of a woman's male partners. Because of this, women who are not able to negotiate condom use by their partners have been vulnerable to HIV. PrEP provides an opportunity for women to protect themselves.
- Support women to use PrEP or whatever HIV prevention strategy they would like.
- Develop a culture that respects the integrity of a woman's body and choices.

### Additional Resources

For additional ways to work directly with women, see **Module 5: Engage Women**.



## Engage With Your Faith: Faith Resources to PrEPare Your Community

Based on the Key Conversations from **Module 3: *Begin the Conversation***, this section provides specific faith-inspired messages for Protestant, Catholic, and Muslim religious leaders to use to address these topics. It includes specific references from the Bible, Quran, and other religious sources so that you can tailor these conversations to your specific faith community. If you want, there are even short examples of sermons that you can use to deliver to your congregation.

### **How does my faith help support health and wellness?**

The goal of this module is to help YOU to protect the health and wellness of your community in ways that are directly connected to your faith tradition. Every major faith tradition supports the health and well-being of its adherents, and this section provides references that will help you speak to your community in the language of your faith. This guide includes references to scriptural texts and meaningful moments and events within your faith that can be used as teachable moments, to bring up the discussion of HIV prevention and care.

### **How can I use this module?**

Each faith is rich in tradition, history, imagery and language. What we have done here is simply worked with different faith leaders to suggest some ideas and texts that might be apt in discussing these issues with your congregation and community. You can pick and choose the pieces that work best for you, as every community and situation will be different. This module is divided into three faith guides:

- A guide for Protestant faith leaders
- A guide for Catholic faith leaders
- A guide for Muslim faith leaders

### How is each Faith guide structured?

Each of these guides is organized around the ideas and themes outlined in **Module 3: *Begin the Conversation***, and the “5 Conversations every Community Should Have” with these five underlying themes:

1. The Urgent Need to Stop the Spread of HIV
2. Our Responsibility to Prevent Harm
3. Building and Preserving Healthy Marriages
4. Protecting Our Families
5. Supporting the Health and Wellness of Women

For each of these five themes, each guide includes the following:

1. Suggested Key Messages
2. Suggested Holidays
3. Selected Scriptural References
4. Suggested Ceremonies
5. Selected Textual References
6. An Example of a Sermon

**Get Creative!** Don't feel like you need to stick to the sample sermons; change or adapt these in order to best suit your needs. Use the elements and scriptural references that are most appropriate for your congregational context, and feel free to adapt according to your understanding of your faith.

### Something for everyone

**1**

Your Faith

Protestant

Catholic

Muslim

**2**

What does your faith say about this?

This guide includes Protestant faith-inspired messages, languages, and ideas.

This guide includes Catholic faith-inspired messages, languages, and ideas.

This guide includes Muslim faith-inspired messages, languages, and ideas.

**3**

Need a sermon?

If you would like to use or be inspired by a sermon written by a faith leader, turn to the end of each relevant theme.

If you would like to use or be inspired by a sermon written by a faith leader, turn to the end of each relevant theme.

If you would like to use or be inspired by a sermon written by a faith leader, turn to the end of each relevant theme.



## **Protestant Guide**

### **A guide for Protestant religious leaders**

#### **Theme 1: The Urgent Need to Stop the Spread of HIV**

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

##### **Suggested Key Messages:**

- HIV is a significant problem without our community.
- HIV affects people of our faith.
- We need to think differently about how we approach the issue of HIV and we need new approaches to stop its spread.
- The best response to HIV is not stigma, but action.
- PrEP is one new method for taking action.

##### **Selected Scriptural References:**

- "If one part suffers, every part suffers with it..." (*1 Corinthians 12:26*)
- "Neither this man nor his parents sinned, said Jesus, but this happened so that the work of God might be displayed in his life." (*John 9:3*)
- "As fish are caught in a cruel net, or birds are taken in a snare, so men are trapped by evil times that fall unexpectedly upon them." (*Ecclesiastes 9:12*)
- "Do not curse the deaf or put a stumbling block in front of the blind..." (*Leviticus 19:14*)
- "...the priest is to put the infected person in isolation for seven days." (*Leviticus 13:4*)
- "Put on the full armour of God so that you can take your stand against the devil's scheme." (*Ephesians 6:11*)
- "Be merciful, just as your Father is merciful." (*Luke 6:36*)



### **Selected Textual References and Further Reading:**

- World Council of Churches, 2003: *Africa Praying, A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*; Editor Musa W. Dube.
- INERELA's SAVE toolkit: "HIV is a virus, but not a moral issue." (<http://inerela.org/resources/save-toolkit/>).

### **Suggested Holidays or Events:**

- Christmas: This celebration of the newborn life of Christ reminds us of the need to preserve life.
- Birthdays: PrEP is part of the promise for sustained life in an HIV-infected world.
- Freedom days: PrEP preserves the freedom to have sex and conceive with less risk of infection.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and "teachable moments" leading into these ceremonies that provide opportunities to raise some key issues.

- Marriage: The couple and those in attendance may be ignorant of their HIV status, or perhaps they know if they are infected or affected by HIV.
- Funeral services: Faced with death, people want to hear a message of life.
- Youth initiation/coming of age ceremonies: This is an opportunity to empower young people with knowledge of sexuality and HIV prevention.



## **Example of a Sermon on Theme 1: The Urgent Need to Stop the Spread of HIV**

Three decades since HIV and AIDS were discovered, millions of people have lost their lives. Millions more are living with the virus, while still more have been widowed or orphaned. The epidemic remains a major challenge and a critical problem in our time, for our communities. We all share a responsibility for the prevention, treatment, and care for those affected, and to help soften the impact of the disease on our families, communities and our nation. HIV is not just a disease of single youth; high infection rates are now affecting people who are in committed relationships, especially married couples. This makes HIV and AIDS even more dangerous. In the past, those suffering from HIV quickly developed AIDS, and usually survived only a few years afterwards. Today, we are fortunate to have antiretroviral medication, but that means HIV sufferers must deal with a chronic infection, something that they must live with for many years. This calls for concerted efforts to reduce the risk of and, if possible, prevent new HIV infections.

There is still no vaccine or cure for HIV/AIDS. People are still becoming infected with the virus at a very alarming rate, 1 new infection every 15 seconds. In fact, 1 in 200 of all adults globally is already infected - and in many nations, the church is a major provider of compassionate care for those with HIV/AIDS. Our churches, however, have not been spared the HIV scourge. Many of our members are either living with or personally affected by HIV/AIDS. In other words, one could say the body of Christ has HIV and AIDS. The body of Christ is sick. The body of Christ has no proper home. And “when one part of the body suffers, the whole body suffers.” (1 *Corinthians 12:26*) With HIV, there is no “them” and “us”. We are all affected when members of our community are suffering from HIV/AIDS.

Sometimes the church denies the existence of HIV and AIDS among its members and leaders. This poses some questions:

- How can the people of God act as a body in their response to the threat of HIV and AIDS?
- How can we act as the hands and the feet of Christ towards those suffering from HIV/AIDS?

While many members of our congregation and our community are healthy and have not been directly impacted by HIV/AIDS, when one part of our community suffers, we all suffer. Each of



us has special talents and are valued sisters and brothers, and when sick, the community is deprived. When HIV affects one of us, it affects all of us.

Public discussions among Christians about HIV lack clear guidance on how to reduce the risk of becoming infected. Most public comments by Christians on HIV lack a decisive commitment to preventing infection. Stigma, shame, denial, discrimination, inaction and “mis-action” continue to thrive in the churches, making it difficult to address the menace that is HIV/AIDS.

The time has come for us to accept reality: As the body of Christ on Earth, we are charged with the responsibility of ensuring the health of everyone in our community; otherwise, we all suffer.

### **We need to think differently about how we approach the issue of HIV, and we need new approaches to stop its spread**

So often, as Christians reacting to AIDS, we do nothing or find ourselves rushing to open our Bibles, to declare to ourselves and to others that something is wrong. Yet in our sudden response we can lose sight of God's mercy, love and forgiveness - and the reality that many have been infected through the actions of others, rather than through their own behaviour. It is possible to be technically correct in interpreting God's standards for human behaviour, yet terribly wrong and un-Christian in our own attitudes towards others' suffering.

Contemporary wisdom regarding HIV prevention and care rallies around notions such as 'value-free' and 'non-judgmental' approaches, as well as supporting the groups which are most at risk of HIV infection. In contrast to this, Christian interests very often revolve around things such as the discernment and avoidance of sin, and the mobilization of Christian groups. Preventing an HIV epidemic, or even individual infections, involves negotiating unfamiliar and difficult terrain, often making us face uncomfortable questions and situations. However, a house on fire calls for use of every available means for quenching the fire. With HIV/AIDS, the first step is to save the life of the person suffering, and then act to reduce the risk of further transmission and thus save more lives. The lack of public HIV risk reduction initiatives from Christian organizations raises a number of questions.



1. Have we not communicated the Christian foundations for minimizing the spread of HIV?
2. Have we not developed a Christian forum for discussing this vital topic?
3. Do we only become engaged when our own families and communities are affected?

One can argue there is a Biblical foundation for preventing the spread of HIV. As we read in Ecclesiastes, “Like fish taken in a cruel net, and like birds caught in a snare, so mortals are snared at a time of calamity, when it suddenly falls upon them.” (*Ecclesiastes 9:12*) Our people are ensnared and we need to take action. Christian responses to HIV/AIDS must be guided by the example of Jesus.

### **The best response to HIV is not stigma, but action**

For much of the HIV and AIDS era, the church has been judgmental. Yet, while unprotected sex can be a common method of spreading HIV and AIDS, it is not the only way, and members of the community living with HIV and AIDS are not necessarily sinful. Moreover, Jesus explained that although sin could lead to sickness, health is in the hands of God. The disciples asked Jesus about a man who was blind from birth, “Who sinned, this man or his parents that he was born blind?” (*John 9:1-4*) Jesus’ reply was that no one had sinned but that it happened so that God’s works might be displayed. Understanding this verse may change the attitude of Christians towards HIV. It is not how righteous or unrighteous you are that determines who gets infected with HIV. What matters is whether or not you have been exposed to the infection.

In addition to those living with HIV and AIDS, there exists among us a broader community of those of us impacted by this disease. We have lost loved ones, we help care for those widowed and orphaned by the disease, and sometimes we live in fear. Fear does not help us; action can. Our community needs to come together to accept that HIV and AIDS are harming our community, and that we must do all we can to reduce the risk of new infections, to help keep our community healthy and strong.

True Christianity is compassionate. Christ commanded Christians to be compassionate when he said, “Be merciful, just as your Father is merciful.” (*Luke 6:36*) Compassion triggers action to feed the hungry, quench the thirsty, shelter the homeless, clothe the naked, visit the sick and the imprisoned. According to the Old Testament, “...the ill and the vulnerable are to be treated with kindness and compassion.” (*Leviticus 19:14*)



Meanwhile, it is the responsibility of all who know that they are HIV-positive to prevent the spread of this virus – by not sharing needles, avoiding contact with infected blood, by abstaining from sexual intercourse, or consistently practicing safe sex – depending on the particular circumstances – as well as medication that helps reduce the risk of contracting the virus.

### **We all share a responsibility**

If the Christian preparation for the Coming of Christ is the same as the preparation for the annual seasons, then I am afraid many may never enter the kingdom of God. Some areas are well known to have floods during the rainy season, but many people stay there until the floods come. Some lose their property and even life. In drought-stricken areas, many will not sell their animals until they start dying, and these people end up selling at throwaway prices. The Church should empower its flock with knowledge of preparedness in all spheres so that people can make informed decisions. HIV is complicated, and calls for complex approaches in reducing risk. When Paul writes in Ephesians about taking the whole armor, he calls for readiness and indicates that every piece of armor is important and unique. (*Ephesians 6:11*) More and more pieces of armor in the fight for HIV prevention mean more effective reduction of the risk of spreading HIV. In addition to the available elements to build our own personal “armor” against the disease – such as abstinence, fidelity, condoms and medication – each of us has a shared responsibility to care for those affected by this disease and stop its spread.



### Theme 2: Responsibility to Prevent Harm

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- We need to protect life by preventing the spread of HIV.
- There are many ways to do so.
- PrEP is part of this holistic approach.
- PrEP involves people who are HIV-negative taking pills or using a gel to protect themselves.
- PrEP is not a license to act irresponsibly.

#### Selected Scriptural References:

- "Love the Lord your God with all your heart and with all your soul...Love your neighbor as yourself..." (*Matthew 22:37-40*)
- "...be as shrewd as snakes and as innocent as doves." (*Matthew 10:16*)
- "How can Satan drive out Satan?" (*Mark 3:23*)
- "It is not the healthy who need a doctor but the sick. I have not come to call the righteous but sinners to repentance." (*Luke 5:31,32*)
- "...the day on which this took place was on a Sabbath, and so the Jews said to the man, who had been healed "it is the Sabbath, the law forbids you to carry your mat..." (*John 5:9,10*)
- "...is it lawful to heal on a Sabbath?" (*Matthew 12:10*)

#### Selected Textual References:

- "We commit ourselves and call on member churches to further awareness regarding prevention of the HIV/AIDS pandemic through education and information, including speaking out against harmful abusive and exploitative sexual practices... advocating effective means of prevention." (Lutheran Church in Kenya, stating the stand of the Lutheran World Federation)



### **Suggested Holidays and Events:**

- World AIDS Day: People look forward to hearing messages of hope.
- Christmas: Jesus came to save people from physical and spiritual harm, so messages of life and hope are important and welcome.
- Regional/national celebrations. A Kenyan example – Jamhuri Day Freedom Celebration: PrEP preserves the freedom to have sex and conceive with less risk of infection.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Marriage: Couples should be advised to avoid gender-based violence, which is a risk factor for HIV infection.
- Burials: Harm reduction through PrEP reduces deaths.



## **Example of a Sermon on Theme 2: Responsibility to Prevent Harm**

HIV is a global concern that confronts the church. It exists within the church whether we deny it or not. Our religion is a powerful force for good, with ethical and moral norms guiding us in our thoughts and actions. In the past, however, we have sometimes seen those infected with HIV/AIDS as potential betrayers of our values, or thought mistakenly that they might be morally inferior to others in our community, or even weak in character. These mistaken views have sometimes made the church abdicate its role of holistic healing and limited itself to only spiritual healing – rather than a full, caring church approach to our brothers and sisters living with HIV, modelled on the example of our Lord and Saviour, Jesus Christ. Our approach must be one driven by love and compassion, and not bound by traditional beliefs and dogma. “God commands us to love our neighbours.” (*Matthew 22:37-40*) If the church has been called to extend God’s kingdom on earth, it is to go along the path that Jesus trod. Jesus showed love simply by being with the people who were suffering from physical pain, social discrimination, injustice and moral judgment. “He was even ready to go an extra mile in challenging the traditions of men in order to save man, by healing on the Sabbath, among other things.” (*Matthew 12:10-13; Mark 3:17-28; Luke 5:31-39; John 5:9*) If ever there were a need for the church to show the compassion of Jesus, the time cannot be better than now when people are faced with a life-threatening infirmity. It is our shared responsibility to care for those impacted by this horrible disease, and to do all we can to stop its spread.

### **We need to protect life by preventing the spread of HIV**

Whilst we are mindful of the ethical issues that HIV presents to the church, we are faced with a more urgent reality that drives us to consider the highest ethical value, which is the preservation of life. HIV and AIDS are here in our community, and we need to support all of our brothers and sisters in protecting themselves and reducing the risk of becoming infected. We must acknowledge and address the awful effects of non-consensual sex, and respect and care for the women of our community, helping them to reduce their risk of infection. This comes both from supporting women in their efforts to protect themselves from infection and in creating a community that does not accept harmful behaviours that place them at risk.



There are many approaches to HIV risk reduction that are safe and valid. Approaches to risk reduction and prevention of HIV transmission are not, however, a license to act irresponsibly, but rather should be seen as part of a holistic approach to HIV prevention supported by our whole church and community.

Outside observers largely agree that early on in the HIV epidemic, our church and other organizations of faith were “part of the problem” rather than “part of the solution.” We were faulted for our delayed responses, our failure to acknowledge the implications of rising HIV infection rates, and for our sometimes moralistic, or judgmental and socially conservative stances towards HIV, which may have led to silence and secrecy, rather than compassion and healing.

The association of HIV infection with ostensibly immoral behaviour, and the failure to openly discuss the root causes of HIV transmission, have contributed to stigmatisation and discrimination of people living with HIV within the church. As a caring church we are called to use our common sense and judgment to discern how the lives of our neighbours who are vulnerable to and affected by HIV can best be protected and enhanced. There is a need to adopt an approach to HIV prevention that would promote Christian values, while also emphasizing the importance of safeguarding human life through safer sexual behaviour – including using all available prevention and risk reduction methods.

It is our responsibility to change this. As a community of faith, we are the best placed to care for those in our community affected by HIV/AIDS, and best placed to teach our children and learn ourselves how best to reduce our own risk of infection.

When it comes to matters of saving lives, love should prevail over all other structures and beliefs. God in His dealing with human beings and in His understanding of our weaknesses has always given another chance to even the greatest sinner. A Christian who values life will accommodate lifesaving approaches with a non-judgmental attitude.

Faith becomes active in justice-seeking love. The presence of HIV in our body, our family and our community calls the church back to what it means to love. If we are the body of Christ in the



world, we must do as Jesus did – live out God’s love toward our sisters and brothers, speak out and advocate for just practices, and create supportive and caring communities of acceptance, safety, refuge and healing. Christians in emulating Jesus should promote values of compassion, tolerance and care for the needy and the suffering within communities.

### **There are many ways to do so**

While as a community, we believe in reserving intimate relationships for married couples, we understand that even in these relationships, there is the potential for HIV infection. Our church supports the use of condoms to prevent the spread of HIV, but believes that they should be part of committed, married relationships.

It is from such understanding that many schools and local clinics, including those run by various churches, are conducting HIV education on approaches to risk reduction. Some houses of worship distribute condoms. Also, HIV prevention methods are being discussed among youth groups with the full knowledge of the church hierarchy. Here in our community we believe that the best way to prevent the spread of HIV is to address its impact on our community, arm ourselves with knowledge on how HIV infections occur and to use available risk reduction approaches. We also believe that creating a safe space for those living with the disease is the compassionate, Christian path.

### **Talking about Safer Practices**

Here is an example from Kenya: Jane Ng’ang’a, the National Coordinator of International Network of Religious Leaders Living with or Affected by HIV, Kenya Chapter, said, “HIV has made every individual who values life look at things differently.” Echoing her statement, Bishop Mungai of Gospel Evangelistic Churches of Kenya said, “We use what is applicable in a situation, and not what we want.” We can learn from experiences that when emphasis is put on applicable and effective means of risk reduction, regardless of whether or not the behavior involved is something we would practice ourselves, HIV rates go down.

Church leaders attending the 2006 International HIV Conference observed that well-meaning but misguided faith-based HIV work can sometimes do more harm than good. According to Rev J.P. Mokegethi of the International Network of Religious Leaders Living with or Affected by HIV, there is need for the churches to engage far more honestly with the realities of HIV and AIDS.



“As faith-based organisations we have been involved in HIV prevention, but we have been doing more harm than good. We have offered care—made promises to look after orphans and help with funeral fees. However, we must stop helping people to die and start helping them to live.”

The head of the Lutheran World Federation said the church must understand that the prohibition on the use of condoms was exacerbating the disease rather than preventing it. Abstinence as the only form of prevention is not viable when discussing HIV prevention. “Churches must realise that the use of condoms in fighting HIV is not contrary to our moral teaching.” Although not publicly approved, many churches, both Catholic and Protestant, in a bid to reduce harm, are permitting HIV prevention programs to quietly operate within their congregations.

### **Types of Harm**

While many of us can see the impact HIV has on those affected, we all have a responsibility to ourselves and to our families to address HIV in our own lives. We all have a responsibility to get tested, and if infected, to take the best care of ourselves to prevent our spouses from becoming widows, our children from becoming orphans. We also have a responsibility to discuss our status with our spouses, or future spouses. We must be honest, faithful and supportive of any methods our spouses can take to reduce his or her risk of becoming infected. We have a duty to do no harm to ourselves, or to our families.

We also, as a community, have a duty to do no spiritual harm to those around us impacted by HIV. We hurt both others and ourselves when we do not extend compassion and love to those both affected and impacted by HIV/AIDS. We deprive our community of its members and create discord in our hearts. There are many among us impacted by this disease and we must support them with acceptance and compassion. All are welcome amongst us.



### Conclusion

The Lord our God identifies with the suffering and marginalized, and heals the sick. (*1 Corinthians 14:26; Matthew 25:31–46*) The church should, therefore, become a community of compassion and healing, a safe place for all people living with HIV to live openly and productively with their status. We should advocate for all available methods of prevention and risk reduction, and help those who need to get access.

“The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV. To respond to this challenge, the churches must be transformed in the face of the HIV crisis, in order that they may become a force for transformation — bringing healing, hope, and accompaniment to all affected by HIV.” (*World Council of Churches at the Global Consultation on the Ecumenical Response to HIV/AIDS in Africa, Nairobi, Kenya, November 2001*(UNICEF))



### Theme 3: Build and Preserve Healthy Marriages

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- It is your responsibility to protect your spouse or future spouse.
- We should love one another without doing harm.
- PrEP is a tool that can protect couples within their marriage.
- PrEP is non-contraceptive.

#### Selected Scriptural References:

- "God blessed them and said to them, 'Be fruitful and increase in number, fill the earth and subdue it.'" (*Genesis 1:28*)
- "It is not good for the man to be alone. I will make a helper suitable for him." (*Genesis 2:18*)
- "For this reason a man shall leave his father and mother and be united to his wife and they will become one flesh." (*Genesis 2:24*)
- "Do not deprive each other except by mutual consent and for a time so that you can devote yourself to prayer." (*1 Corinthians 7:5*)
- "[Love] always protects, always trusts, always hopes, always perseveres." (*1 Corinthians 13:7*)
- "Husbands, love your wives, just as Christ loved the church...In this same way husbands ought to love their wives as their own bodies." (*Ephesians 5:25-28*)
- "...the two will become one flesh." (*Genesis 2:24, cf. 1 Corinthians 6:16*)

#### Selected Textual References:

- "When a house is on fire, people use all available means to quench the fire." (The Most Rev. Benjamin Nzimbi Anglican Primate Kenya, 2005)
- "Empowering the female gender is total empowerment of mankind." (Professor Esther Mombo- St. Paul's University, Limuru-Kenya)
- "Adventists are committed to education for prevention of AIDS. Adventists support sex education that includes the Biblical concept that human sexuality is God's gift to humanity." (Adventist Church Kenya)



### **Suggested Holidays or Events:**

- Easter: This is an opportunity to show the love that Christ has for the church.
- Mothering Day: It reminds us of the important role of mothers and helps us to reflect on the pains they go through due to gender-based violence.
- Sundays: The church service is a time to share and celebrate the best life practices.
- Wedding Anniversaries: This is an opportunity to address the needs of people living together in harmony for many years, as well as what other couples might need to live such peaceful, fruitful relationships.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Marriage: It is a time to advise people on how to live as a family.
- Holy Communion: This sacrament reminds us of the love of Christ for the church.



### **Example of a Sermon on Theme 3: Build and Preserve Healthy Marriages**

Marriage is a gift from God. In the garden of Eden God created man and woman to be complementary, “It is not good for man to be alone. I will make a helper suitable for him.” (*Genesis 2:18*) He charged them with the responsibility to procreate within their kind as well as to take care of the rest of the creation. (*Genesis 1:28*) Through the joining of two through marriage, the mystery of man and woman becoming one flesh is physically expressed. (*Genesis 2:24, 1 Corinthians 6:16*)

HIV has challenged the institution of marriage, especially as the rate of HIV infection increases in married couples. Paul urges Christians to be wise and to make the most of every opportunity to arm themselves in the face of temptation. In a culture where men often may wish to test the fertility of women before they enter into serious marriage relationship, extra-marital sex among aspiring couples often occurs. To some extent, even those young people who profess allegiance to Christianity have ended up in “trial marriages” – and only afterwards do they come to church for the official ceremony.

We each have a duty to our prospective spouses. We must keep them from harm and create a loving and healthy relationship. This relationship begins with honesty and trust. We must be informed, getting tested in order to learn our HIV status, and arm ourselves with knowledge on how to treat the infection and how to reduce the risk of spreading it. We must be faithful to our partners and we must be honest with them, giving them the information and the tools they need to help reduce their risk of infection. All relationships and all sexual acts should be consensual. A healthy marriage is not one of discord, but one where a woman has an equal say in the timing of intimacy. Creating a healthy marriage is the first step in creating a healthy family, which is one of God’s wishes for us all.



Within the bounds of a healthy relationship, there are still some couples who are troubled by the HIV status of one partner. While it is important for both partners to be vigilant and prevent the spread of HIV to their spouse, there are many ways to reduce the risk of infection. Couples with different HIV statuses should arm themselves with knowledge to ensure that HIV negative partners remain uninfected, HIV positive partners are treated, and children are brought up by healthy and loving parents.

Where some churches oppose the use of a condom during sex, the question that comes is: How do discordant couples live together mutually without one infecting the other? The 1662 Anglican form of marriage service provides for a vow “...to love and to cherish.” The apostle Paul, in describing love, says that “love is caring - it always protects.” (*1 Corinthians 13:7*) He further urges husbands to “love their wives as Christ loved the church.” (*Ephesians 5:25*) A caring spouse will do all what it takes to prevent their partner from HIV infection. For couples, there are an increasing number of ways to reduce the risk of spreading the HIV infection, while still remaining able to have children. Couples with different HIV statuses should explore these options and know that protecting their partner is a key part of creating a stable family.

The condom has been the most common protection tool against HIV infection. It has been a lifeline to many who have been in relationships with an HIV-positive partner. It has also been the main tool for partners who do not know their status. Young people who fall short of self-control have used condoms to protect themselves from infection, as well as unplanned pregnancies. However, the condom is contraceptive in nature, as it seeks to prevent direct bodily contact between sexual partners, and thus prevent pregnancy. This becomes a challenge for those who want to have children. They are forced to limit their chances of conception as they limit chances of infection.

There is more than one type of armor against HIV. There are more and more ways to ensure the dignity of married couples as they choose when to have or not have children within their marriage bed, such as PrEP, a non-contraceptive pill or gel taken by an HIV-negative person to reduce their risk of infection. This is very appropriate in an African setting, where sex is not discussed openly but simply done, and if any discussions are held, it is between wife and husband and no other parties. Each person has the capacity to make the right choices and



changes required in life, if they have the relevant information, encouragement, and appropriate family and community support.

Just as couples have a duty to each other to create and preserve healthy marriages, we as a community have a duty to support our brothers and sisters in their marriages and new relationships. We should welcome, encourage and support those living with HIV, or impacted by it, as well as support those who are not infected in their efforts to reduce the risk of infection. Just as there should be no shame or stigma surrounding those living with HIV, there should be no shame or stigma for those couples taking all measures to arm themselves, and maintain their health for each other and their families.



### Theme 4: Protecting Our Families

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- We are responsible for nourishing life.
- PrEP is a way to help preserve family wellness.
- PrEP can protect your children or future family by ensuring that you are healthy and able to support them.
- PrEP is non-contraceptive.
- PrEP can protect your adult children who are starting families.

#### Selected Scriptural References:

- "If anyone does not provide for his relatives especially for his immediate family, he has denied the faith and is worse than an unbeliever." (1 Timothy 5:8)
- "A wife of noble character..." (Proverbs 31:10-31)
- "Husbands in the same way be considerate as you live with your wives and treat them with respect as the weaker partner and as heirs with you of the gracious gift of life, so that nothing will hinder your prayers." (1 Peter 3:7)
- "There is neither Jew nor Greek, slave nor free, male nor female for you are all one in Christ." (Galatians 3:28)
- "He predestined us to be adopted as his sons through Jesus Christ..." (Ephesians 1:5)

#### Selected Textual References:

- "Where abstinence and faithfulness cannot be applied, the condom can be used although it cannot be the ultimate answer." (World Vision)

#### Suggested Holidays or Events:

- Christmas: Most families worship together on this holiday.
- New Year: The new year is a new beginning for the family.
- Universal Day of the Child (November 20<sup>th</sup>): This is a day to respond to the needs of poor children and families.



### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Baptism: This is an opportunity to talk of the church as a family.
- Holy Communion: We can encourage family communion.



## **Example of a Sermon on Theme 4: Protecting the Family**

The family is the foundation of the church as well as the nation. A healthy family is a prerequisite to a healthy church and nation. When the family fabric is compromised, our communities are compromised. HIV has challenged families in many ways and, at times, it has been the source of broken relationships. When one member of a family tests HIV-positive, it is a diagnosis that impacts the whole family. Due to ignorance, they may choose to isolate or ignore the infected member. In cases of marriage, the uninfected member may opt for separation or divorce. Children who test HIV-positive have found themselves neglected or abused. This is not the way God would want us to react. Families that support each other are one of the most effective ways of helping those living with HIV. The church as a family has a role in supporting families, both in times of joy and in times of sickness. Since many patients have experienced rejection from their family and friends, their hearts are open to hearing about the eternal hope Jesus offers. Many have placed their faith in the Lord Jesus as their personal Savior. This has given great meaning and purpose to their lives. We, as a community and a congregation, also have a duty to protect and preserve families.

The Bible lays a great concern in the responsibility of nourishing the family: “But if any man does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever.” (1 Timothy 5:8) So a man who makes no effort to provide for his family cannot rightly call himself a Christian. And the wife often contributes greatly – even equally – to the family’s provision and care, sometimes with labor, sometimes with wages.

A healthy understanding among couples is a prerequisite to a healthy family. It takes commitment and surrender to God’s order on the part of both partners to come to a place of true understanding. Understanding is the basis for “...seeing one’s wife as a vessel to honor, respect and care.” (1 Peter 3:7) It is a basis for a husband to treat his wife with understanding, tenderness, and patience. A happy and healthy marriage is one of honesty and respect, and forms the best foundation for creating a family.

In order to create healthy marriages, both spouses should be tested, and honest about their HIV status. Couples should remain faithful, but if exposed to HIV, should do all they can do to reduce the risk to themselves of becoming infected, or to their partner, if he or she is



uninfected. Parents have a special responsibility to their children. This means that if you are a parent, you must keep healthy so that you are able to care for your children, and help your partner stay healthy. Healthy and hardworking parents are the backbone of our church's family, and are needed to raise strong and productive children. Without healthy parents, we are unable to raise healthy children and this hurts our whole community family. When one partner is infected with HIV, the family must reduce the HIV negative partner's risk of becoming infected. There are many ways to do this, and couples should create a safe space to discuss their duty to each other and to their children.

It is our responsibility to ensure that children are born free of HIV. The life of the unborn child is wholly under the mercies of God and the mother. In addition to reducing the risk of unborn children contracting HIV, we must care for those who are impacted by infected parents, and other family members. Many among us have been widowed or orphaned by HIV and they deserve our love, compassion and support. As a community, we must treat all as family and help those who have been impacted by this disease.

It is the responsibility of Christians to preserve every member of the family. There is no cure for HIV yet, and many myths surrounding HIV have done harm to those most vulnerable in our families. We must all come together to reduce the risk for all members of our families vulnerable to infection. This means being open to any and all methods of prevention, such as PrEP, which can greatly reduce the risk of a child being born HIV-positive.

Thirty years with HIV and AIDS has seen a generation of many infected young people. Some were infected at birth, while others may have been infected later. Some have matured to marital age and are having serious relations that may lead to marriage. This has led us to a place where we are truly living with HIV, and need to support those among us impacted by the disease, and help them to live full and healthy lives. Thanks to new methods of prevention and treatment, HIV is no longer an absolute barrier to long life or healthy families. Yet we all have a special responsibility to treat the disease and to help our partners reduce their risk of infection, in order to make this a reality for everyone in our community.



### Theme 5: Support the Health and Wellness of Women

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- Women have inherent dignity.
- We have a responsibility to protect women in the community.
- HIV is an urgent problem for women.
- Women can protect themselves with PrEP.
- We must respect and support women who choose to protect themselves from harm by using PrEP.

#### Selected Scriptural References:

- “When Jesus saw her, He called her forward and said to her, ‘Woman, you are set free from your infirmity’ then he put His hand on her and immediately she straightened up and praised God.” (*Luke 13:12,13*)
- “... ‘Simon, do you see this woman? ...Therefore I tell you, her many sins have been forgiven – for she loved much’. But he who has been forgiven little loves little... Jesus said to the woman, ‘your faith has saved you: go in peace.’” (*Luke 7:37-50*)
- “...‘I have no husband’ she replied. Jesus said to her, ‘you are right when you say you have no husband. The fact is that you have had five husbands and the man you now have is not your husband. What you have just said is true.’” (*John 4:17,18*)
- “Then he went up and touched the coffin and those who were carrying it stood still. He said, ‘young man I say to you, get up!’ The dead man sat up and began to talk, and Jesus gave him back to his mother.” (*Luke 7:14*)

#### Selected Textual References:

- “The sickness of a man is an individual sickness, but the sickness of a woman affects the whole family.” (Professor Esther Mombo St. Paul’s University)



### **Suggested Holidays or Events:**

- Mothering Day: It is a good day to celebrate the gains of women towards liberty.
- Mashujaa(Heroes) Day: This is an opportunity to honour women heroines.
- Labour Day: We can present women as coworkers with men.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Infant baptism: In this sacrament, we can reflect on birth and the role played by women.
- Marriage: This is a time to advocate for the right treatment of women in union.
- Enrollment in women fellowships: This is an opportunity to remind women of their God-given responsibilities.



## **Example of a Sermon on Theme 5: Support the Health and Wellness of Women**

Women have suffered most in the last thirty years from the HIV epidemic. Women are particularly vulnerable – more so than men or children. This is due to biology, but also to cultural practices such as female genital cutting, early marriages, wife inheritance, marital rape and use of unhygienic health practices. Beyond their vulnerability to infection, women have also borne the burden of care for those infected with HIV. “The sickness of a man is individual sickness but that of a woman affects the whole family” says Professor Esther Mombo of St. Paul’s University Limuru. Although silently, our African culture recognizes the central place of a woman. We must show the women in our community that they are valued, both through our words, and through our actions. We must treat them as equal decision-makers in intimate relationships, support them in their efforts to reduce the risk of infection and support them in caring for those infected and affected by HIV and AIDS.

We all have a shared responsibility to protect, support and empower the women in our community. Protecting each other is both a part of our individual relationships and part of our community’s shared values. As individuals in relationships, there are three components to protecting ourselves and each other. We must arm ourselves with knowledge, remain faithful to our partners, and be honest with our loved ones about our status. Those at risk of infection need to be tested in order to know their status and inform themselves how to seek treatment and be honest with loved ones about how to reduce the risk of infection.

As a community we have a shared responsibility to uphold values that both respect and protect women. We should condemn marital rape and all other non-consensual sex, and uphold women’s rights to be equal decision makers in intimate relationships. We should work to end harmful traditional practices that place women at risk for HIV infection, especially female genital cutting and some traditional marriage practices in which a woman has little-to-no say in her choice of spouse. We cannot protect the women in our community without respecting their voices and allowing them to be equal partners in relationships.



As a church we need to uphold the dignity of women and to advocate for the same to all people. Jesus could go as far as breaking the Jewish Sabbath law in order to reinstate the dignity of a woman (*Luke 13:12,13*). He also spent time to uplift the Samaritan woman who had suffered ridicule and loneliness and brought her back to societal acceptability (*John 4*). In the same way He reinstated the dignity of Mary Magdalene (*Luke 7:37-50*).

In addition to protecting women and helping them to reduce their risk of infection, we also need to respect and support women who are already infected, or who care for those affected by HIV. Women are the backbone of our family and community fabric. HIV has had a unique negative impact on women, killing many and weakening others to the point of non-productivity. Many others have suffered the societal ridicule and stigma of being HIV positive through no fault of their own. Simply being identified as HIV-positive may result in discrimination, gender-based violence, unemployment, abandonment or the loss of other human rights and freedoms. The church as the conscience of the people and with its non-discriminative moral order has a duty to lead in the protection of women. We have the structures to educate and to advocate for change.

The continued loss of our women due to HIV infection is a great blow to the church and society at large. Many of us are in agreement that the roles taken by women at home and in other social settings are enormous and unique. The death of women from AIDS deprives families and communities of their love, care, resourcefulness and enterprise. As long as the status quo remains heavily skewed towards men, more and more women and girls will continue to get infected and be impacted by HIV and AIDS. We thus need to act urgently to ensure that no more women die out of ignorance or from unprotected sexual unions. The sooner are able to mitigate women's vulnerability to HIV infection, the closer we will be to the achievement of total prevention. The urgency of saving women from the problem of HIV infection calls for concerted efforts from all players in order to succeed. We must support women and girls who use every method of HIV prevention available to them, including respecting their wishes when it comes to sexual relations, using condoms when requested, and providing a community space where seeking HIV prevention and treatment, such as PrEP, is not stigmatized.

Empowerment of women is paramount in HIV prevention. The empowerment may call for the



review of our treatment of women's role in our community. It may also call for us to examine the quality of education for women and girls. Most importantly, however, we must recognize that the incredible threat of HIV calls for us all to arm ourselves with all methods possible to

reduce the risk of infection. As a community, we need to support couples, and especially women, in the methods they choose in order to reduce the risk of infection. These include behavior changes, condom usage and medications like PrEP. Supporting women includes encouraging our sisters, wives and daughters to inform themselves about the dangers of HIV, how the disease is spread and all the methods they can use to reduce their risk of infection. We must encourage and support them in making informed decisions to better secure their health, and the health of our families and communities.



## Catholic Guide

A guide for Catholic religious leaders.

### Theme 1: The Urgent Need to Stop the Spread of HIV

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- HIV is a significant problem within our community.
- HIV affects people of our faith.
- We need to think differently about how we approach the issue of HIV, and we need new approaches to stop its spread.
- The best response to HIV is not stigma, but action.
- PrEP is one new method for taking action.

#### Selected Scriptural References:

- "If one part suffers, every part suffers with it..." (*1 Corinthians 12:26*)
- "Neither this man nor his parents sinned, said Jesus, but this happened so that the work of God might be displayed in his life. " (*John 9:3*)
- "As fish are caught in a cruel net, or birds are taken in a snare, so men are trapped by evil times that fall unexpectedly upon them." (*Ecclesiastes 9:12*)
- "Do not curse the deaf or put a stumbling block in front of the blind..." (*Leviticus 19:14*)
- "...the priest is to put the infected person in isolation for seven days." (*Leviticus 13:4*)
- "Put on the full armor of God so that you can take your stand against the devil's scheme." (*Ephesians 6:11*)
- "Be merciful, just as your Father is merciful." (*Luke 6:36*)



### **Selected Textual References:**

- “The Church sees in men and women, in every person, the living image of God himself. This image finds and must always find a new, an ever deeper and fuller unfolding of itself in the mystery of Christ, the perfect image of God, the one who reveals God to man and man to himself.” (Compendium of the Social Doctrine of the Church, Number 105)
- “The Church reaches out to people living with HIV and AIDS of all faiths or none in an integral holistic and evangelical way. It appreciates their situation, values the potential of each sufferer, welcomes them and accompanies them however broken, guilty or excluded they may feel” (This We Teach and Do: Catholic Church and AIDS in Kenya, 2006)

### **Suggested Holidays or Events:**

- Christmas: This celebration of newborn life reminds us of the need to preserve life.
- Easter: This is a celebration of the dignity of human life, which is subject to the resurrection.

### **Suggested Sacraments:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Sacrament of Marriage: Through this sacrament, marital partners are entitled to procreate. When these spouses observe fidelity in marriage, they can prevent the spread of HIV.
- Sacrament of Anointing of the Sick: This sacrament highlights concern and care for the sick, including people suffering from AIDS.
- Infant Baptism: This sacrament admits new young members into the Church and rebirth in Christ, reminding us of the need to preserve life.



### **Example of a Sermon on Theme 1: The Urgent Need to Stop the Spread of HIV**

Three decades since HIV and AIDS were discovered, millions of people have lost their lives. Millions more are living with the virus, while still more have been widowed or orphaned. The epidemic remains a major challenge and a critical problem in our time, for our communities. We all share a responsibility for the prevention, treatment, and care for those affected, and to help soften the impact of the disease on our families, communities and our nation. HIV is not just a disease of single youth: high infection rates are now affecting people who are in committed relationships, especially married couples. This makes HIV and AIDS even more dangerous. In the past, those suffering from HIV quickly developed AIDS, and usually survived only a few years afterwards. Today, we are fortunate to have antiretroviral medication, but that means HIV sufferers must deal with a chronic infection, something that they must live with for many years. This calls for concerted efforts to prevent new HIV infections.

There is still no vaccine or cure for HIV/AIDS. People are still becoming infected with the virus at a very alarming rate, 1 new infection every 15 seconds. In fact, 1 in 200 of all adults globally is already infected - and in many nations, the church is a major provider of compassionate care for those with HIV/AIDS. Our churches, however, have not been spared the HIV scourge. Many of our members are either living with or personally affected by HIV/AIDS. In other words, one could say the body of Christ has HIV and AIDS. The body of Christ is sick. The body of Christ has no proper home. And “when one part of the body suffers, the whole body suffers.” (1 *Corinthians 12:26*) With HIV, there is no “them” and “us”. We are all affected when members of our community are suffering from HIV/AIDS.

Sometimes the church denies the existence of HIV and AIDS among its members and leaders. This poses some questions:

- How can the people of God act as a body in their response to the threat of HIV and AIDS?
- How can we act as the hands and the feet of Christ towards those suffering from HIV/AIDS?



While many members of our congregation and our community are healthy and have not been directly impacted by HIV/AIDS, when one part of our community suffers, we all suffer. Each of us has special talents and are valued sisters and brothers, and when sick, the community is deprived. When HIV affects one of us, it affects all of us.

Public discussions among Catholic Christians about HIV lack clear guidance on how to reduce the risk of becoming infected. Most public comments by Christians on HIV lack a decisive commitment to preventing infection. Stigma, shame, denial, discrimination, inaction and mis-action continue to thrive in the churches, making it difficult to address the menace that is HIV/AIDS.

The time has come for us to accept reality: as the body of Christ on Earth, we are charged with the responsibility of ensuring the health of everyone in our community. Otherwise, we all suffer.

### **We need to think differently about how we approach the issue of HIV, and we need new approaches to stop its spread**

So often, as Christians reacting to AIDS, we do nothing or find ourselves rushing to open our Bibles, to declare to ourselves and to others that something is wrong. Yet in our sudden response we can lose sight of God's mercy, love and forgiveness - and the reality that many have been infected through the actions of others, rather than through their own behaviour. It is possible to be technically correct in interpreting God's standards for human behaviour, yet terribly wrong and un-Christian in our own attitudes towards others' suffering.

Contemporary wisdom regarding HIV prevention and care rallies around notions such as 'value-free' and 'non-judgmental' approaches as well as supporting the groups which are most at risk of HIV infection. In contrast to this, Christian interests very often revolve around things such as the discernment and avoidance of sin, and the mobilization of Christian groups. Preventing an HIV epidemic, or even individual infections, involves negotiating unfamiliar and difficult terrain, often making us face uncomfortable questions and situations. However, "A house on fire calls for use of every available means for quenching the fire". With HIV/AIDS, the first step is to save the life of the person suffering--and then to moralize--so that we can prevent infection and save



more lives. The absence of public HIV prevention initiatives from many Catholic and other Christian organizations raises a number of questions.

1. Is there no foundation in Catholicism for preventing the spread of HIV?
2. Is there no forum for examining the topic in detail?
3. Is there no interest in the topic until our own families and communities are affected?

One can argue there is a Biblical foundation for preventing the spread of HIV. As we read in Ecclesiastes, “Like fish taken in a cruel net, and like birds caught in a snare, so mortals are snared at a time of calamity, when it suddenly falls upon them” (*Ecclesiastes 9:12*). Our people are ensnared and we need to take action. Christian responses to HIV/AIDS must be guided by the example of Jesus.

### **The best response to HIV is not stigma, but action**

For most of her time during the HIV and AIDS era, the church has been judgmental. While unprotected sex can be a common method of spreading HIV and AIDS, it is not the only way, and not all members of the community living with HIV and AIDS are sinful. Jesus explained that although sin could lead to sickness, health is in the hands of God. The disciples asked Jesus about a man who was blind from birth: “...who sinned, this man or his parents that he was born blind?” Jesus’ reply was that none had sinned but that it happened “so that God’s works might be displayed.” (*John.9:1-4*) Understanding this verse may change the attitude of Christians towards HIV. It is not how righteous or unrighteous you are that determines who gets infected with HIV. What matters is whether you have been exposed.

In addition to those living with HIV and AIDS, there exists among us a broader community of those of us impacted by this disease. We have lost loved ones, we help care for those widowed and orphaned by the disease, and we live in fear. Our community needs to come together to accept that HIV and AIDS are harming our community, and that we must do all we can to reduce the risk of new infections, to help keep our community healthy and strong.



True Christianity is compassionate. Christ commanded us to be compassionate when he said, “Be merciful, just as your Father is merciful.” (*Luke 6:36*) Compassion triggers action to feed the hungry, quench the thirsty, shelter the homeless, clothe the naked, visit the sick and the imprisoned. According to the Old Testament as well, “the ill and the vulnerable are to be treated with kindness and compassion.” (*Leviticus 19:14*)

Meanwhile, it is the responsibility of all who know that they are HIV-positive to prevent the spread of this virus – by not sharing needles, avoiding contact with infected blood, by abstaining from sexual intercourse, or consistently practicing safe sex – depending on the particular circumstances – as well as medication that helps reduce the risk of contracting the virus.

### **We all share a responsibility**

If the Christian preparation for the coming of Christ is the same as the preparation for the annual seasons, then I am afraid many may never enter the kingdom of God. Some areas are well known to have floods during the rainy season, but many people stay there until the floods come. Some lose their property and even life. In drought-stricken areas, many will not sell their animals until they start dying, and these people end up selling at throwaway prices. The church should empower its flock with knowledge of preparedness in all spheres so that people can make informed decisions. HIV is complicated, and calls for complex approaches in reducing risk. When Paul writes in *Ephesians* about taking the whole armor; he calls for readiness and indicates that every piece of armor is important and unique (*Ephesians 6:11*). More and more pieces of armor in the fight for HIV prevention mean more effective prevention of the spread of HIV. In addition to abstinence, fidelity, and medication such as PrEP, each of us, our armor is a shared responsibility to care for those affected by this disease and stop its spread.



### Theme 2: Our Responsibility to Prevent Harm

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- We need to protect life by preventing the spread of HIV.
- There are many ways to do so.
- PrEP is part of this holistic approach.
- PrEP involves people who are HIV-negative taking pills or using a gel to protect themselves.
- PrEP is not a license to act irresponsibly.

#### Selected Scriptural References

- "Love the Lord your God with all your heart and with all your soul...Love your neighbor as yourself..." (*Matthew 22:37-40*)
- "...be as shrewd as snakes and as innocent as doves." (*Matthew 10:16*)
- "How can Satan drive out Satan?" (*Mark 3:23*)
- "It is not the healthy who need a doctor but the sick. I have not come to call the righteous but sinners to repentance." (*Luke 5:31,32*)
- "...the day on which this took place was on a Sabbath, and so the Jews said to the man, who had been healed "it is the Sabbath, the law forbids you to carry your mat..." (*John 5:9,10*)
- "...is it lawful to heal on a Sabbath?" (*Matthew 12:10*)

#### Selected Textual References:

- "In the New Testament Christ is our life because he comes from the living father to make us share in the Trinitarian life of loving and knowing." (*New Catholic Encyclopedia S.V. Concept of Life*)
- "Marriage which between Catholics means a marriage solemnized in a Catholic Church before the proper witnesses, is the only union between two people in which the sexual faculty can be worthily expressed." (*A Catholic Catechism*)



### **Suggested Holidays or Events:**

- Christmas: Celebration of New life hence need to preserve life.
- Easter: Celebration of the Dignity of Human Life which is subject to the resurrection.

### **Suggested Sacraments:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Sacrament of Marriage: Marital partners entitled to procreate, observing fidelity in marriage thus preventing the spread of HIV.
- Sacrament of Anointing of the Sick: Highlighting concern and care for the sick including HIV sufferers.
- Infant Baptism: Admission of new young members into the Church and rebirth in Christ hence need to preserve life.



### Example of a Sermon on Theme 2: Our Responsibility to Prevent Harm

HIV is a global concern that confronts the church. It is within the choice of the church whether we deny it or not. Our religion is a powerful force for good, with ethical and moral norms guiding us in our thoughts and actions. In the past, however, we have sometimes seen those who are infected with HIV/AIDS as betrayers of our values, or morally inferior to others in our community, or weak in character. It has also made the church abdicate its role of holistic healing and limited itself to only spiritual healing. A caring church approach to our brothers and sisters living with HIV needs to be accepting and caring. It must be one driven by love and compassion, and not one bound by traditional beliefs and dogma. “God commands us to love our neighbours.” (*Matthew 22:37-40*) If the church has been called to extend God’s kingdom on earth, it is to go along the path that Jesus trod. Jesus showed love simply by being with the people who were suffering from physical pain, social discrimination, injustice and moral judgment. “He was even ready to go an extra mile in challenging the traditions of men in order to save man, by healing on the Sabbath, among other things.” (*Matthew 12:10-13; Mark 3:17-28; Luke 5:31-39; John 5:9*) If ever there was a need for the church to show the compassion of Jesus, the time cannot be better than now when people are faced with a life-threatening infirmity. It is our shared responsibility to care for those impacted by this horrible disease, and to do all we can to stop its spread.

#### **We need to protect life by preventing the spread of HIV**

Whilst we are mindful of the ethical issues that HIV presents to the church, we are faced with a more urgent reality that drives us to consider the highest ethical value, which is the preservation of life. HIV and AIDS are here in our community, and we need to support all of our brothers and sisters in protecting themselves and reducing the risk of becoming infected. We must acknowledge and address the awful effects of non-consensual sex, and respect and care for the women of our community, helping them to reduce their risk of infection. This comes both from supporting women in their efforts to protect themselves from infection and in creating a community that does not accept harmful behaviours that place them at risk.

There are many approaches to HIV risk reduction that are safe and valid. Approaches to risk reduction and prevention of HIV transmission are not, however, a license to act irresponsibly,



but rather should be seen as part of a holistic approach to HIV prevention supported by our whole church and community.

Outside observers largely agree that early on in the HIV epidemic, our church and other organizations of faith were ‘part of the problem’ rather than ‘part of the solution.’ We were faulted for our delayed responses, failure to acknowledge the implications of rising HIV infection rates, and for our moralistic, judgmental and socially conservative stances towards HIV, which contributed to silence and secrecy, not compassion and healing.

The association of HIV infection with ostensibly immoral behaviour and the failure to openly discuss the root causes of HIV transmission have contributed to stigmatisation and discrimination of people living with HIV within the church. As a caring church we are called to use our common sense and judgment to discern how the lives of our neighbours who are vulnerable to and affected by HIV can best be protected and enhanced. There is a need to adopt an approach to HIV prevention that would promote Christian values, while also emphasizing the importance of safeguarding human life through safer sexual behaviour.

It is our responsibility to change this. As a community of faith, we are the best placed to care for those in our community affected by HIV/AIDS, and best placed to teach our children and learn ourselves how best to reduce our own risk of infection.

When it comes to matters of saving lives, love should prevail over all other laid down structures and beliefs. God in His dealing with human beings and in His understanding of our weaknesses has always given another chance to even the greatest sinner. A Christian who values life will accommodate any lifesaving approach in a non-judgmental attitude. Various HIV prevention methods can be viewed as refuge for people who may otherwise have died, though they have met with great resistance from us Christians.



Faith becomes active in justice-seeking love. The presence of HIV in our body, our family and our community calls the church back to what it means to love and pursue justice.

If we are the body of Christ in the world, we must do as Jesus did – live out God’s love toward our sisters and brothers, speak out and advocate for just practices, and create supportive and caring communities of acceptance, safety, refuge and healing. Christians, in emulating Jesus, should promote values of compassion, tolerance and care for the needy and the suffering within communities.

### **There are many ways to do so**

While as a community, we believe in reserving intimate relationships for married couples, we understand that even in these relationships, there is the potential for HIV infection.

It is from such understanding that most schools and local clinics, including those run by various churches, are conducting HIV prevention education and risk reduction strategies. Also, HIV prevention methods are being discussed among youth groups with the full knowledge of the church hierarchy. Here in our community we believe that the best way to prevent the spread of HIV is to address its impact on our community, arm ourselves with knowledge on how HIV infections occur, and to use available risk reduction tools. We also believe that creating a safe space for those living with the disease is the compassionate, Christian path.

### **Talking about Safer Practices**

Here is an example from Kenya: Jane Ng’ang’a, the National Coordinator of International Network of Religious Leaders Living with or Affected by HIV, Kenya Chapter, said, “HIV has made every individual who values life look at things differently”. Echoing her statement, Bishop Mungai of Gospel Evangelistic Churches of Kenya said, “We use what is applicable in a situation, and not what we want”. We can learn from experiences that when emphasis is put on applicable and effective means of prevention, regardless of whether or not the behavior involved is something we would practice ourselves, HIV rates go down.



Church leaders attending the 2006 International HIV Conference observed that well-meaning but misguided faith-based HIV work can sometimes do more harm than good. The churches are good at responding to the effects of HIV, but not addressing the cause. According to Rev J.P. Mokegethi of the International Network of Religious Leaders Living with or Affected by HIV, there is need for the churches to engage far more honestly with the realities of HIV and AIDS. “As faith-based organisations we have been involved in HIV prevention, but we have been doing more harm than good. We have offered care—made promises to look after orphans and help with funeral fees. However, we must stop helping people to die and start helping them to live.”

Abstinence as the only form of prevention is not viable when discussing HIV prevention. Although not publicly approved, many churches, both Catholic and Protestant, in a bid to reduce harm, are permitting HIV prevention programs to quietly operate within their congregations.

### **Types of Harm**

While many of us can see the impact HIV has on those affected, we all have a responsibility to ourselves and to our families to address HIV in our own lives. We all have a responsibility to get tested, and if infected, to take the best care of ourselves to prevent our spouses from becoming widows, our children from becoming orphans. We also have a responsibility to discuss our status with our spouses, or future spouses. We must be honest, faithful and supportive of any methods our spouses can take to reduce his or her risk of becoming infected. We have a duty to do no harm to ourselves, or to our families.

We also, as a community, have a duty to do no spiritual harm to those around us impacted by HIV. We hurt both others and ourselves when we do not extend compassion and love to those both affected and impacted by HIV/AIDS. We deprive our community of its members and create discord in our hearts. There are many among us impacted by this disease and we must support them with acceptance and compassion. All are welcome amongst us.



### Conclusion

“The Lord our God identifies with the suffering and marginalized, and heals the sick.” (1 *Corinthians 14:26; Matthew 25:31–46*) The church should, therefore, become a community of compassion and healing, a safe place for all people living with HIV to live openly and productively with their status. We should advocate for all available methods of prevention, and help those who need them get access.

“The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV. To respond to this challenge, the churches must be transformed in the face of the HIV crisis, in order that they may become a force for transformation — bringing healing, hope, and accompaniment to all affected by HIV.” (*World Council of Churches at the Global Consultation on the Ecumenical Response to HIV/AIDS in Africa*, Nairobi, Kenya, November 2001(UNICEF))



### Theme 3: Build and Preserve Healthy Marriages

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- It is your responsibility to protect your spouse or future spouse.
- We should love one another without doing harm.
- PrEP is a tool that can protect couples within their marriage.
- PrEP is non-contraceptive.

#### Selected Scriptural References:

- "God blessed them and said to them, 'Be fruitful and increase in number, fill the earth and subdue it.'" (*Genesis 1:28*)
- "It is not good for the man to be alone. I will make a helper suitable for him" (*Genesis 2:18*).
- "For this reason a man shall leave his father and mother and be united to his wife and they will become one flesh." (*Genesis 2:24*)
- "Do not deprive each other except by mutual consent and for a time so that you can devote yourself to prayer." (*1 Corinthians 7:5*)
- "[Love] always protects, always trusts, always hopes, always perseveres." (*1 Corinthians 13:7*)
- "Husbands, love your wives, just as Christ loved the church...In this same way husbands ought to love their wives as their own bodies." (*Ephesians 5:25-28*)
- "...the two will become one flesh." (*Genesis 2:24, cf. 1 Corinthians 6:16*)

#### Selected Textual References:

- "They give themselves to each other mutually in every aspect of their person, physical and spiritual." (*Compendium of the Social Doctrine of the Church*)
- "Thus the man and woman who are no longer two but one, help and serve each other by their marriage partnership, they become conscious of their unity and experience it more deeply from day to day." (*Church in the Modern World*)
- "Christ has already consecrated you in baptism and now he enriches and strengthens you by a special sacrament so that you may assume the duties of marriage in mutual and lasting fidelity" (*The Rites of the Catholic Church*).



### **Suggested Holidays or Events:**

- Christmas: Celebration of New life hence need to preserve life.
- Easter: Celebration of the Dignity of Human Life which is subject to the resurrection.

### **Suggested Sacraments:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Sacrament of Marriage: Marital partners entitled to procreate, observing fidelity in marriage thus preventing the spread of HIV.
- Sacrament of Anointing of the Sick: Highlighting concern and care for the sick including HIV sufferers.
- Infant Baptism: Admission of new young members into the Church and rebirth in Christ hence need to preserve life.



### **Example of a Sermon on Theme 3: Build and Preserve Healthy Marriages**

Marriage is a gift from God. In the garden of Eden God created man and woman to be complementary “It is not good for man to be alone. I will make a helper suitable for him.” (*Genesis 2:18*) He charged them with the responsibility to procreate within their kind as well as to take care of the rest of the creation. (*Genesis 1:28*) Through the joining of two through marriage, the mystery of man and woman becoming one flesh is physically expressed. (*Genesis 2:24, 1 Corinthians 6:16*)

HIV has challenged the institution of marriage, especially as the rate of HIV infection increases in married couples. Paul urges Christians to be wise and to make the most of every opportunity to arm themselves in the face of temptation. In a culture where men often may wish to test the fertility of women before they enter into serious marriage relationship, extra-marital sex among aspiring couples often occurs. To some extent, even those young people who profess allegiance to Christianity have ended up in “trial marriages” – and only afterwards do they come to church for the official ceremony. Such practices may increase HIV infections among the couples.

We each have a duty to our prospective spouses. We must keep them from harm and create a loving and healthy relationship. This relationship begins with honesty and trust. We must be informed, getting tested in order to learn our HIV status, and arm ourselves with knowledge on how to treat the infection and how to reduce the risk of spreading it. We must be faithful to our partners and we must be honest with them, giving them the information and the tools they need to help reduce their risk of infection. All relationships and all sexual acts should be consensual. A healthy marriage is not one of discord, but one where a woman has an equal say in the timing of intimacy. Creating a healthy marriage is the first step in creating a healthy family, which is one of God’s wishes for us all.



Within the bounds of a healthy relationship, there are still some couples who are troubled by the HIV status of one partner. While it is important for both partners to be vigilant and prevent the spread of HIV to their spouse, there are many ways to reduce the risk of infection. Couples with different HIV statuses should arm themselves with knowledge to ensure that HIV negative partners remain uninfected, HIV positive partners are treated, and children are brought up by healthy and loving parents.

The question we must ask is then: “How then do discordant couples live together mutually without one infecting the other?” The 1662 Anglican form of marriage service provides for a vow “...to love and to cherish.” Paul, in describing love says that “love is caring - it always protects.” (*1 Corinthians 13:7*) He further urges husbands “to love their wives as Christ loved the church.” (*Ephesians 5:25*) A caring spouse will do all what it takes to prevent their partner from HIV infection. For couples, there are an increasing number of ways to reduce the risk of spreading the HIV infection, while still remaining able to have children. Couples with different HIV statuses should explore these options and know that protecting their partner is a key part of creating a stable family.

There are more and more ways to ensure the dignity of married couples as they choose when to have or not have children within their marriage bed, such as medical interventions being developed (such as PrEP). This is very appropriate in an African setting, where sex is often not discussed openly, and if any discussions are held, it is between wife and husband and no other parties. Each person has the capacity to make the right choices and change required in life, if they have the relevant information, encouragement, and appropriate family and community support.

Just as couples have a duty to each other to create and preserve healthy marriages, we, as a community, have a duty to support our brothers and sisters in their marriages and new relationships. We should welcome, encourage and support those living with HIV, or impacted by it, as well as support those who are not infected in their efforts to reduce the risk of infection. Just as there should be no shame or stigma surrounding those living with HIV, there should be no shame or stigma for those couples taking measures to arm themselves, and maintain their health for each other and their families.



### Theme 4: Protect Our Families

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

1. We are responsible for nourishing life.
2. PrEP is a way to help preserve family wellness.
3. PrEP can protect your children or future family by ensuring that you are healthy and able to support them.
4. PrEP is non-contraceptive.
5. PrEP can protect your adult children who are starting families.

#### Selected Scriptural References:

- "If anyone does not provide for his relatives especially for his immediate family, he has denied the faith and is worse than an unbeliever." (1 Timothy 5:8)
- "A wife of noble character..." (Proverbs 31:10-31)
- "Husbands in the same way be considerate as you live with your wives and treat them with respect as the weaker partner and as heirs with you of the gracious gift of life, so that nothing will hinder your prayers." (1 Peter 3:7)
- "There is neither Jew nor Greek, slave nor free, male nor female for you are all one in Christ." (Galatians 3:28)
- "He predestined us to be adopted as his sons through Jesus Christ..." (Ephesians 1:5)

#### Selected Textual References:

- "The family founded on marriage is truly the sanctuary of life." (Compendium of the Social Doctrine of the Church)
- "Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted." (Vat II, The Church in the Modern World Number 50)
- "The family is an institution of nature in the sense that some form of community between parents and children is required by human nature and consequently arises wherever people exist." (New Catholic Encyclopedia, S.V. Family)



### **Suggested Holidays or Events:**

- Christmas: Celebration of New life hence a need to preserve life.
- Easter: Celebration of the Dignity of Human Life which is subject to the resurrection.

### **Religious Sacraments:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Sacrament of Marriage: Marital partners entitled to procreate, observing fidelity in marriage thus preventing the spread of HIV.
- Sacrament of Anointing of the Sick: Highlighting concern and care for the sick including HIV sufferers.
- Infant Baptism: Admission of new young members into the Church and rebirth in Christ hence need to preserve life.



## **Example of a Sermon on Theme 4: Protect Our Families**

The family is the foundation of the church as well as the nation. A healthy family is a prerequisite to a healthy church and nation. When the family fabric is compromised, our communities are compromised. HIV has challenged families in many ways, and at times, it has been the source of broken relationships. When one member of a family tests HIV-positive, it is a diagnosis that impacts the whole family. Due to ignorance, they may choose to isolate or ignore the infected member. In cases of marriage, the uninfected member may opt for separation or divorce. Children who test HIV-positive have found themselves neglected or abused. This is not the way God would want us to react. Families that support each other are the most effective tool in helping those living with HIV. The church, as a family, has a role in supporting families, both in times of joy and in times of sickness. Since many patients have experienced rejection from their family and friends, their hearts are open to hearing about the eternal hope Jesus offers. Many have placed their faith in the Lord Jesus as their personal Savior. This has given great meaning and purpose to their lives. We, as a community and a congregation, also have a duty to protect and preserve families.

The Bible lays a great concern in the responsibility of nourishing the family. “But if any man does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever.” (*1 Timothy 5:8*) So, a man who makes no effort to provide for his family cannot rightly call himself a Christian. And the wife often contributes greatly – even equally – to the family’s provision and care, sometimes with labor, sometimes with wages.

A healthy understanding among couples is a prerequisite to a healthy family. It takes commitment and surrender to God’s order on the part of both partners to come to a place of true understanding. Understanding is the basis for seeing one’s “wife as a vessel to honor, respect and care for because she is weaker.” (*1 Peter 3:7*) That definitely does not mean she “is less valuable,” (*Ephesians 1:5*), or that she does not have equal “access to grace.” (*Galatians 3:28*) Rather, it is a basis for a husband to treat his wife with understanding, tenderness, and patience. A happy and healthy marriage is one of honesty and respect, and forms the best foundation for creating a family.



In order to create healthy marriages, both spouses should be tested, and honest about their HIV status. Couples should remain faithful, but if exposed to HIV, should do all they can do to reduce the risk to themselves of becoming infected, or to their partner, if he or she is uninfected. Parents have a special responsibility to their children. This means that if you are a parent, you must keep healthy so that you are able to care for your children, and help your partner stay healthy. Healthy and hardworking parents are the backbone of our church's family, and are needed to raise strong and productive children. Without healthy parents, we are unable to raise healthy children and this hurts our whole community family. When one partner is infected with HIV, the family must reduce the HIV negative partner's risk of becoming infected. There are many ways to do this, and couples should create a safe space to discuss their duty to each other and to their children.

It is our responsibility to ensure that children are born free of HIV. The life of the unborn child is wholly under the mercies of God and the mother. In addition to reducing the risk of unborn children contracting HIV, we must care for those who are impacted by infected parents, and other family members. Many among us have been widowed or orphaned by HIV and they deserve our love, compassion and support. As a community, we must treat all as family and help those who have been impacted by this disease.

It is the responsibility of the Christians to preserve every member of the family. There is no cure for HIV yet, and many myths surrounding HIV have done harm to those most vulnerable in our families. We must all come together to reduce the risk for all members of our families vulnerable to infection. This means being open to any and all methods of prevention, such as PrEP, which can greatly reduce the risk of a child being born HIV-positive.

Thirty years with HIV and AIDS has seen a generation of many infected young people. Some were infected at birth, while others may have been infected later. Some have matured to marital age and are having serious relations that may lead to marriage. This has led us to a place where we are truly living with HIV, and need to support those among us impacted by the disease, and help them to live full and healthy lives. Thanks to new methods of prevention and treatment, HIV is no longer an absolute barrier to long life or healthy families. However, we all have a special responsibility to treat the disease and to help our partners reduce their risk of infection in order to make this a reality for everyone in our community.



### Theme 5: Support the Health and Wellness of Women

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

1. Women have inherent dignity.
2. We have a responsibility to protect women in the community.
3. HIV is an urgent problem for women.
4. Women can protect themselves with PrEP.
5. We must respect and support women who choose to protect themselves from harm by using PrEP.

#### Selected Scriptural References:

- “When Jesus saw her, He called her forward and said to her, “Woman, you are set free from your infirmity” then he put His hand on her and immediately she straightened up and praised God.” (*Luke 13:12,13*)
- “... ‘Simon, do you see this woman? ...Therefore I tell you, her many sins have been forgiven- for she loved much’. But he who has been forgiven little loves little... Jesus said to the woman, ‘your faith has saved you: go in peace.’” (*Luke 7:37-50*)
- “...‘I have no husband’ she replied. Jesus said to her, ‘you are right when you say you have no husband. The fact is that you have had five husbands and the man you now have is not your husband. What you have just said is true.’” (*John 4:17,18*)
- “Then he went up and touched the coffin and those who were carrying it stood still. He said, ‘young man I say to you, get up!’ The dead man sat up and began to talk, and Jesus gave him back to his mother.” (*Luke 7:14*)

#### Selected Textual References:

- “Woman is in possession of full human nature and perfectly equal with man in moral value and status before the creator.” (*New Catholic Encyclopaedia S. V. Family*)
- “God, the Lord of life, has entrusted his mankind the noble mission of safeguarding life.” (*Vat II, The Church in the Modern World Number 51*)



### **Suggested Holidays or Events:**

- Christmas: Celebration of New life hence need to preserve life.
- Easter: Celebration of the Dignity of Human Life which is subject to the resurrection.

### **Suggested Sacraments:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Sacrament of Marriage: Marital partners entitled to procreate, observing fidelity in marriage thus preventing the spread of HIV.
- Sacrament of Anointing of the Sick: Highlighting concern and care for the sick including HIV sufferers.
- Infant Baptism: Admission of new young members into the Church and rebirth in Christ hence need to preserve life.



### **Example of a Sermon on Theme 5: Support the Health and Wellness of Women**

Women have suffered most in the last thirty years from the HIV epidemic. Women are particularly vulnerable – more so than men or children. This is due to biology, but also to cultural practices such as female genital cutting, early marriages, wife inheritance, marital rape and use of unhygienic health practices. Beyond their vulnerability to infection, women have also borne the burden of care for those infected with HIV. “The sickness of a man is individual sickness but that of a woman affects the whole family” says Professor Esther Mombo of St. Paul’s University Limuru. Although silently, our African culture nevertheless recognizes the central place of a woman. If you visit a home and meet the husband when the wife is out, it is common to hear a statement like, “people are not in...” We must show the women in our community that they are valued, both through our words, and through our actions. We must treat them as equal decision-makers in intimate relationships, support them in their efforts to reduce the risk of infection, and support them in caring for those infected and affected by HIV and AIDS.

We all have a shared responsibility to protect, support and empower the women in our community. Protecting each other is both a part of our individual relationships and part of our community’s shared values. As individuals in relationships, there are three components to protecting ourselves and each other. We must arm ourselves with knowledge, remain faithful to our partners, and be honest with our loved ones about our status. Those at risk of infection need to be tested in order to know their status and inform themselves how to seek treatment and be honest with loved ones about how to reduce the risk of infection.

As a community we have a shared responsibility to uphold values that both respect and protect women. We should condemn marital rape and all other non-consensual sex, and uphold women’s rights to be equal decision makers in intimate relationships. We should work to end harmful traditional practices that place women at risk for HIV infection, especially female genital cutting and some traditional marriage practices in which a woman has little-to-no say in her choice of spouse. We cannot protect the women in our community without respecting their voices and allowing them to be equal partners in relationships.



As a church we need to uphold the dignity of women and to advocate for the same to all people. Jesus could go as far as breaking the Jewish Sabbath law in order to reinstate the dignity of a woman (*Luke 13:12,13*). He also spent time to uplift the Samaritan woman who had suffered ridicule and loneliness and brought her back to societal acceptability” (*John 4*). In the same way Jesus reinstated the dignity of Mary Magdalene (*Luke 7:37-50*).

In addition to protecting women and helping them to reduce their risk of infection, we also need to respect and support women who are already infected, or who care for those affected by HIV. Women are the backbone of our family and community fabric. HIV has had a unique negative impact on women, killing many and weakening others to the point of non-productivity. Many others have suffered the societal ridicule and stigma of being HIV positive through no fault of their own. Simply being identified as HIV positive may result in discrimination, gender-based violence, unemployment, abandonment or the loss of other human rights and freedoms. The church, as the conscience of the people and with its non-discriminative moral order, has a duty to lead in the protection of women. We have the structures to educate and to advocate for change.

The continued loss of our women due to HIV infection is a great blow to the church and society at large. Many of us are in agreement that the roles taken by women at home and in other social settings are enormous and unique. The death of women from AIDS deprives families and communities of their love, care, resourcefulness and enterprise. As long as the status quo remains heavily skewed towards men, more and more women and girls will continue to get infected and be impacted by HIV and AIDS. We thus need to act urgently to ensure that no more women die out of ignorance or from unprotected sexual unions. The sooner we are able to mitigate women vulnerability in HIV infection, the closer we will be to the achievement of total prevention. The urgency of saving women from the problem of HIV infection calls for concerted efforts from all players in order to succeed. We must support women and girls who use different methods of HIV risk reduction available to them, including respecting their wishes when it comes to sexual relations, and providing a community space where seeking HIV prevention and treatment, such as PrEP (a non-contraceptive pill or gel used by an HIV-negative partner to reduce their risk of an infection with an HIV-positive partner), is not stigmatized.



Empowerment of women is paramount in HIV prevention. The empowerment may call for the review of our treatment of women's role in our community. It may also call for us to examine the quality of education for women and girls. Most importantly, however, we must recognize that the incredible threat of HIV calls for us all to arm ourselves with all methods possible to reduce the risk of infection. As a community, we need to support couples, and especially women, in the methods they choose to reduce the risk of infection. These include behavior changes and use of medical interventions such as PrEP. Supporting women includes encouraging our sisters, wives and daughters to inform themselves about the dangers of HIV, how the disease is spread, and all the methods they can use to reduce their risk of infection. We must encourage and support them in making informed decisions to better secure their health, and the health of our families and communities.



## Muslim Guide

### A guide for Muslim religious leaders

#### Theme 1: The Urgent Need to Stop the Spread of HIV

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

1. Like members of other religious communities, HIV/AIDS is among the most significant problems facing the Ummah today.
2. As religious leaders we are alive to the fact that HIV/AIDS has affected people across the religious divide and members of the Ummah continue to suffer from the scourge.
3. We know that many approaches have been employed to stop, or at least control, the spread of HIV/AIDS. As long as HIV/AIDS continues to affect humanity, we have a moral obligation to find and use new approaches to stop the spread.
4. The best response to HIV/AIDS is not to stigmatize those who are affected or infected by HIV/AIDS, but to be concerned and take positive action.
5. PrEP (Pre-Exposure Prophylaxis) is one of the preventive methods that have been medically proved to be effective in checking the spread of HIV/AIDS.

#### Selected Scriptural References:

- “And surely we shall try you with something of fear and hunger and loss of lives and crops; but give glad tidings to the steadfast” (*Quran 2:155*).
- “Allah changes not the condition of a people until they change that which is in their hearts...” (*Quran 13:11*).
- “And if anyone saved a life, it would be as if he/she has saved the life of the whole people” (*Quran 5:32*).
- “Only those of his servants who possess knowledge fear Allah...” (*Quran 35:28*).



### **Selected Textual References:**

- The Prophet (saw) said “There is no disease that Allah has sent down except that he also has sent down its treatment” (*Sahih Bukhari Book of Medicine*).
- The Prophet (saw) said “Whosoever is not concerned about the affairs of fellow Muslims he is not among us” (*Sahih Bukhari- Book of Concern about Others*).

### **Suggested Holidays or Events:**

- Friday midday prayers: This is the largest weekly congregational prayer. The salah (prayer) is preceded by a sermon and could provide an opportunity to bring up these issues.
- Idd- ul-Fitr: A large number of people gather, usually in open ground, to mark the end of Ramadhan. This holy period can provide an opportunity for reflection and discussion.
- Idd-ul-Adhaa: Holiday to mark the end of Hajj (Pilgrimage); a number of side conversations could take place around these messages.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- During Janaaza (burial): Many people attend burials and the practice is that a Sheikh gives a short talk on death and the realities of life.
- Waliimah (wedding) ceremony: Many people gather to witness the ceremony and eat together. The practice is that a sermon is given as advice to those in attendance.
- Annual Ijtimai – Baitul Maal Nairobi: In this annual event held by the Islamic propagators (Jama ‘at Tabligh), thousands of Muslims gather for several days; the message likely reaches many people.



### **Example of a Sermon on Theme 1: The Urgent Need to Stop the Spread of HIV**

*(for possible use on Idd-UI-Fitr)*

All praises are due to Allah, Lord of the Universe, and peace and blessings of Allah be with His Messenger, his Progeny and his companions.

Fellow Muslims, we thank Almighty Allah (s.w.t) for enabling us to gather here once again for Idd celebrations.

We need to remind each other that life should not be taken for granted. Many would have loved to be here with us today but they could not make it.

Fellow Muslims, as we celebrate the end of the Holy month of Ramadhan, I wish to remind myself and you brethren that there are many problems facing humanity today. They range from human conflicts, famine, and drought to poverty and disease. Challenges and tribulations have always faced humanity at different times. Allah (s.w.t) says in the Holy Quran "And surely we shall try you with something of fear and hunger and loss of lives and crops; but give glad tidings to the steadfast" (*Quran 2:155*).

Talking of disease, at one time not long ago in the history of humanity, malaria, plague, tuberculosis, leprosy, and many others were big challenges for our community. With time, Allah (s.w.t) gave humanity the wisdom to overcome these ailments, and we have made great progress.

Today when we talk about disease, we all know that HIV/AIDS has for a long time continued to pose one of the most serious health challenges to humanity, and to our community here. HIV/AIDS has claimed, and continues to claim, many lives, including many in their youth and the prime of life. It has not spared anyone. All of us are either infected or affected. It is therefore a significant threat to economic, social, and political development as it claims the lives of the most productive members of society.



Over the years since HIV/AIDS became a reality, medics and other experts have not spared efforts in trying to come up with treatment for HIV/AIDS. We must recognize the remarkable progress made by medical science in the development of antiretroviral, or ARV, therapies for those already infected, but so far there has been no cure for HIV/AIDS. And I am sure some might be wondering about the correctness of the Hadith of the Holy Prophet (PBUH) when he said “There is no ailment without a cure” some may be asking “where is the cure for this epidemic? When shall the help from Allah come?” The answer per the Quran is: “Verily Allah’s Help is near” (*Quran 2:214*).

We trust that someday Allah will enable humanity to overcome HIV/AIDS like other ailments. As Muslims we believe and trust that Allah will protect us and eventually one day, a cure will be found, but we also have a role to play in this. Allah says, “Allah changes not the condition of a people until they change that which is in their hearts.....” (*Quran 13:11*).

In the face of this bitter reality and in recognition of the absence of a cure, we have the responsibility to provide a holistic response to HIV/AIDS, and embrace any treatments that may help the most vulnerable members of our community, such as respecting requests for abstinence, the use of condoms, and most recently, the use of different medical interventions. We need to acknowledge that this terrible disease exists in our community and that it affects us all. We must come together to raise awareness, increase knowledge, reduce stigma and discrimination, care for people infected and affected, and advocate for improved access to treatment. It is apparent that silence on the part of religious leadership will only help to propel the epidemic. And this means failing to discharge an obligatory duty. We all have a duty individually and collectively. Remember your action no matter how small might save a life. Remember the virtues of saving a life.

Allah (swt) says: “...And if anyone saved a life, it would be as if he/she has saved the life of the whole people” (*Quran 5:32*).



As Muslims we are directed to show compassion to those affected by HIV& AIDS. We should also abide by Islamic teachings to prevent the spread of HIV/AIDS and live in accordance Islamic teachings that guide us away from behaviours that increase our risk of infection. We should also use all the tools available to educate and arm ourselves in reducing the risk of infection to ourselves and our loved ones.

Specifically, Islam strictly prohibits premarital and extramarital sexual relations, and rejects all forms of sexual immodesty. For example, the Quran states: “Say to the believing men that they cast down their looks and guard their sexual organs; that is purer for them, surely Allah is aware of what they do. And say to the believing women that they cast down their looks and guard their sexual organs.” (*Quran 24:30-1*). And as the Quran also states: “Nor come nigh to adultery, for it is an indecent deed and an evil way” (*Quran 17:32*).

However, it is wrong to assume that all HIV/AIDS is associated with immorality. There is often a popular misconception amongst us that if a person has been infected with HIV/AIDS, that he or she has indulged in sexual misconduct outside of marriage. There are a number of non-sexual routes of HIV/AIDS transmission, such as blood transfusions or mother-to-child transmission that do not involve sexual interaction of any kind. If a married individual becomes infected with HIV/AIDS, it does not automatically follow that that individual has engaged in unlawful sexual relations.

What is critical to bear in mind in adopting an Islamic perspective in responding to HIV/AIDS, is that it is not important to know how one has become infected, but that it is important that Muslims respond in a way that reflects the compassion called upon by Islamic faith and the duty to care for others. It is for this reason that Islam supports medicine like ARVs that help mitigate the effects of AIDS, or new approaches like PrEP that help reduce the risk of new infection.

There is no conflict between medical science and the teachings of Islam, indeed the Quran itself is a source of science and scientists are expected to be the most God-fearing. Allah says: “Only those of his servants who possess knowledge fear Allah...” (*Quran 35:28*).



We should therefore embrace all medical discoveries and apply them within our religious teachings and without compromising the fundamental teachings.

As adherents to a religion that does not conflict with science, we as Muslims welcome new approaches to this horrible disease that help individuals reduce their risk of infection. We believe that scientific advances, paired with adherence to our community values and shared moral fabric, is the best way to help our community thrive and overcome this horrible disease. Remaining faithful to the teachings of Islam does not prevent us from taking advantage of all the tools we have to help ourselves and our community to reduce the risk of HIV and AIDS infection. May Allah (s.w.t) guide us all. Ameen.



### Theme 2: Our Responsibility to Prevent Harm

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- As a religious community, we have a responsibility to protect life by preventing the spread of diseases like HIV.
- There are many ways that we can use the teachings of Islam to stop the spread of HIV.
- Our religion advocates a holistic approach to all of life's challenges, and part of this holistic approach may be a medical intervention such as PrEP.
- PrEP is a preventive approach which allows HIV-negative people to protect themselves with a pill or gel.
- PrEP must not be used as a license to sin or go against the teachings of Islam.

#### Selected Scriptural References:

- "You are the best communities that have been raised up to mankind. You enjoin right conduct and forbid indecency and you believe in Allah" (*Quran 3:110*).
- "...and help one another into righteousness and pious duty and help not one another into sin and transgression, but keep your duty to Allah, Lo! Allah is severe in punishment" (*Quran 5: 2*).
- "...and do not throw [yourselves] with your [own] hands into destruction..." (*Quran 2:195*).
- The Prophet (saw) said, "Whosoever is not concerned about the affairs of fellow Muslims he is not among us" (*As-Suyuuti in Jaami' As Saghiir, Hadith No.8453*).

#### Selected Textual References:

- The Prophet (saw) said "whoever guides others to what is good, he will earn the virtues of his act for all those who do the good" (*Sahih Bukhari Book of Medicine*).
- Huthaifah reported that the Prophet said, "By Him in Whose Hand my life is, you either enjoin good and forbid evil, or Allah will certainly soon send His punishment to you. Then you will make supplication and it will not be accepted" (*At-Tirmithi*).
- "Preventing a harm is given precedence over bringing a benefit" (*Al-qawaaid al Usuliyah: Legal Dictums in Islam*).



### **Suggested Holidays or Events:**

- Friday midday prayers: This is the largest weekly congregational prayer. The salah (prayer) is preceded by a sermon and could provide an opportunity to bring up these issues.
- Idd- ul-Fitr: A large number of people gather, usually in open ground, to mark the end of Ramadhan. This holy period can provide an opportunity for reflection and discussion.
- Idd-ul-Adhaa: Holiday to mark the end of Hajj (Pilgrimage); a number of side conversations could take place around these messages.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Janaaza (burial): Many people attend burials and the practice is that a Sheikh gives a short talk on death and realities of life.
- Waliimah (wedding) ceremony: Many people gather to witness the ceremony and eat together. The practice is that a sermon is given as advice those in attendance.
- Annual Ijtimai – Baitul Maal Nairobi: In this annual event held by the Islamic propagators (Jama ‘at Tabligh), Thousands of Muslims gather for several days; the message will likely reach many people.
- Mosque Darsas either before or after Salat (Preferably after Salat-ul-Dhuhr): Many worshippers remain behind to listen to these darsa on a daily basis.



### Example of a Sermon on Theme 2: Our Responsibility to Prevent Harm

All praises are due to Allah, lord of the Universe, and peace and blessings of Allah be with His Messenger, his Progeny and his companions.

Fellow Muslims, we thank Almighty Allah (s.w.t) for the gift of life and good health. We thank him for the many bounties that he has bestowed on us. Most of all, we thank him for guiding us to be believers.

Brothers and sisters in Islam, it is another blessed day that Allah has enabled us to gather here for the weekly *Juma'a* prayers.

#### **Duty to protect life**

Fellow Muslims, I wish to remind myself and you brethren that just as Allah s.w.t has bestowed upon us with many bounties, he has also placed upon us responsibilities as his vicegerents on earth (*khalifah*). One of these responsibilities is to enjoin what is good (*ma'aruf*) and forbid what is sinful (*munkar*). Allah says in the Holy Quran. "You are the best communities that have been raised up to mankind. You enjoin right conduct (Ma'aruf) and forbid indecency (munkar) and you believe in Allah"(Quran 3:110).

The term *munkar* used in this and other verses in the Holy Quran refers to anything that is harmful to the well-being of humanity and indeed, the world at large. It refers to anything that is in conflict with the primary objectives of *Shariah* (Maqasid Shariah).

Avoiding sin is an obligation upon every believer each according to his/her ability and position in society. The Prophet (saw) said:" Whoever amongst you sees a harmful thing, he/she should remove it with his hands and if he/she cannot, he should remove it using his tongue, if he/she cannot, he/she should hate it, but this is a sign of weakness of faith" (*Sahih Muslim*).



There is no doubt that HIV is a *munkar* that has continued to affect the lives of many members of the Human society and our *Ummah* is no exception. Many lives have been and continue to be lost as a result of the pandemic.

From the previous Hadith, we can deduce that all of us, individually and collectively, have an obligation to check and stop the spread of the disease. From the above Hadith, the responsibility to fight *munkar* is not limited to one person or a category of people, but all of us. So every individual in the *Ummah* must play their part. Those in positions of authority should take action to stop its spread. Religious leaders should talk about it in the Mosques; parents and guardians should also guide their children and wards while each one of us must take action to curb the spread. Our women's and men's groups should educate and discuss with each other how we as a community can respond to this threat.

Fellow Muslims, the logical question that you may all be asking yourselves at this juncture is how we can all work towards stopping the spread of HIV, as yet there is no cure. Some may even be wondering why we should not leave it to medics. Or more still, leave it to Allah the Almighty.

As said earlier, each one of us has a role to play. If each one of us plays their role then we shall conquer the disease. While medical scientists are busy researching for a cure for the pandemic, and while we attend to the already affected and the infected, we should not forget to play our part in preventing the spread of HIV. By each one of us playing our role, we shall be helping each other in what is good as envisaged in the Holy Quran; "...and help one another into righteousness and pious duty and help not one another into sin and transgression, but keep your duty to Allah, Lo! Allah is severe in punishment" (*Quran 5:2*).

Talking of prevention, Allah (s.w.t) has given us knowledge to know that there many ways to prevent the spread of HIV. They range from the usual ways that have been preached ever since HIV became a reality. Abstention from sex except within the allowed limits, and for us Muslims,



this means no pre-marital or extra-marital sex. Pre-wedding testing for HIV, however, is becoming very common these days, and this does not at all conflict with the teachings of Islam. It does not conflict with trusting in Allah (*Tawakul*). The truth about *Tawakul* is not to leave everything to Allah, but rather to take all precaution within your human ability and then leave the rest to the Almighty. Remember the story of the advice of the Holy Prophet to the Arab Bedouin who wanted to leave his camel for Allah to take care of it. The Prophet (saw) told him, “Tether it, then trust in Allah” (anonymous Sufi saying).

Other ways of preventing the spread of HIV include accepting that HIV is a reality. We must stop living in denial and deal with it. Denial leads to stigmatization. People are afraid to get tested in order to know their status, because they are afraid of the stigma associated with anything HIV-related. Those who know their status are empowered in that they can make decisions on how to live positively, and can help themselves through treatment and can discuss ways to help their loved ones reduce the risk of infection. If you happen to be positive, remember the teaching of the Prophet: “Do not harm and do not exchange harm” (*Hadith of al-Bukhari*).

This also calls for change of attitude in the way the community views a person who is positive. Society should not judge those affected – we do not know the particular circumstances of infection, nor are we placed to judge. As a community we must feel compassion for those living with HIV, and support them, as well as those among us affected by it.

While many of us can see the impact HIV has on those affected, we all have a responsibility to ourselves and to our families to address HIV in our own lives. We all have a responsibility to get tested, and if we are infected, to take the best care of ourselves so as to prevent our spouses from becoming widows and our children from becoming orphans. We also have a responsibility to discuss our status with our spouses, or future spouses. We must be honest, faithful and supportive of any methods our spouses can take to reduce his or her risk of becoming infected. We have a duty to do no harm to ourselves, or to our families.



We also, as a community, have a duty to do no spiritual harm to those around us impacted by HIV. We harm both others and ourselves when we do not extend compassion and love to those both affected and impacted. We deprive our community of its members and create discord in our hearts. There are many among us impacted by this disease and we must support them with acceptance and compassion. All are welcome amongst us.

Imams and other religious scholars, parents and mentors must continue talking about the importance of adhering to the teachings of Islam on sexual matters. However, HIV is not only spread through sexual intercourse. We can take preventive measures to prevent nonsexual infections as well, such as transmission from mother to child, and transmission through unscreened blood.

When washing dead bodies in readiness for burial, we should make sure that we use protective gloves as a precaution, notwithstanding the cause of death.

The list of things we can do and must do is long, and each member of the Ummah has some role to play. Remember, it is a religious obligation. None can be a spectator, as all are either infected or affected. The Prophet (saw) said: "whoever does not concern himself with matters affecting the believers is not among them" (*Jaami' As Saghiir; Hadith no. 8453*).

None of these ways can work in isolation. The best Islamic approach is one which is holistic where the different approaches complement each other.

### **An approach to reducing risk**

As said earlier, in the face of the HIV reality and in the absence of treatment, we have the responsibility to provide a holistic response to HIV/AIDS to prevent its spread. A holistic approach uses several ways which complement each other. As Muslims we believe that through the *Toufiq of Allah* (s.w.t), a treatment for the disease will be found sometime in the future.



Fellow Muslims, it is important to note that taking preventive measures, and measures to reduce the risk of infection, is in conformity with the teachings of Islam. The Quran sometimes refers to taking preventive measures as *Wiqayah* in different situations in our lives. Taking preventive measures against entering hell fire, (*Wiqayah min alnaar*), against sin (*Wiqayah min al Sharr*), etc. Prevention, therefore is one of the fixed laws of Allah swt in the universe which is also applicable in medicine. It is also in line with *Al-qaida*usuuliyaat (Fundamental Maxim), *Daf'u al mafsada muqadam al Jalbi al Maslaha*(preventing a harm takes precedence over bringing good). We can prevent disease before occurrence or treat it after occurrence. This does not mean claiming to have *ilm al Ghaib* (knowing the unseen), neither does it reverse *Qadar*. It only means using our limited human knowledge to anticipate certain disease situations for which certain preventive measures can be taken.

Only Allah knows for sure if the disease will occur or not. We only use this limited knowledge to alleviate or reverse risk factors and the rest we leave to Allah who is all-knowing. We drive carefully to avoid traffic accidents; we avoid cigarette smoking to prevent lung cancer; and we immunize our children to prevent them from viral and bacterial infections. Likewise, we must take all necessary precautions to avoid HIV infection, such as abstinence, respect for others' sexual boundaries, use of condoms, and supporting the use of PrEP, a non-contraceptive pill or gel used by HIV-negative partners to reduce their risk of infection from an HIV-positive partner.

Our belief as Muslims is that nothing made by man is perfect, only Allah's creation is perfect. Whatever method we use to reduce the risk of HIV transmission, whether it be condoms, PrEP, or other methods, it will be the product of human efforts, hence it is not perfect, not 100% effective, but may be able to reduce the risk of HIV infection.

Fellow Muslims, even as we embrace different approaches to reduce risk, we should be alive to the fact that, from a religious perspective, this could be a double-edged sword that could be seen by some as an encouragement to pre-marital and extra-marital sex. In this regard, we strongly warn all believers against turning any medical or other healthy approach, a blessing from Allah s.w.t, into a curse by using it to commit sins and thus invoke the wrath of Allah (s.w.t). In other words, you don't play with guns just because you believe you might be wearing a bullet-proof jacket!!



In conclusion, I wish to remind all, including myself, that the cornerstone of Islamic HIV prevention is the Islamic conception of faith in Allah (s.w.t.). An Islamic prevention program should make use of the deep belief that Muslims have in the Absolute Power and mercy of Allah *Ta'ala*, the Almighty God who creates and controls everything in this universe, from the tiniest electron to the largest galaxy. He knows every detail or whim in men's hearts. The Holy Quran states "He knows your secrets and that which is even more hidden (in you) than your secrets" (*Quran 20:7*). We should therefore always be conscious of Allah's presence in all we do and avoid transgressing, whether we have prevention in PrEP or not. *Haram* remains *haram*, no matter what.

May Allah s.w.t , most merciful have mercy on us and put *Barka* (*blessing*) in this new discovery of PrEP, and may it be a blessing and not a curse on humanity. Ameen.



### Theme 3: Build and Preserve Healthy Marriages

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- Every believer has a responsibility to protect their spouse or future spouse.
- Islam requires that we love one another and cause no harm.
- PrEP is a tool that can protect couples within their marriage.
- PrEP is non-contraceptive.

#### Selected Scriptural References:

- "...and do not with your own hands be destroy yourselves" (*Quran 2:195*).
- "Abandon all ithm (harm), whether done openly or in secret" (*Quran 6:120*).
- "...and so remind since in reminding there is benefit for the believers" (*Quran 51: 55*).
- "The best Muslim is the one who is best to his family." Also, he says, "... and the most blessed joy in life is a good, righteous wife" (*Hadith of At-Tirmidhi*).

#### Selected Textual References:

- "There should be neither harming nor reciprocating harm" (*Hadith of Al-Daraqutni*).
- It was relayed on the authority of Abu Dhar al-Ghifari, radiyallahu 'anhu, that the Prophet,(saw) said, of what he related from his Lord, magnified and exalted be He, Who said: "O My servants, I have made oppression unlawful for Me and unlawful for you, so do not commit oppression against one another..." (*Hadith Al-Qudsi*).

#### Suggested Holidays or Events:

- Friday midday prayers: This is the largest weekly congregational prayer. The salah (prayer) is preceded by a sermon and could provide an opportunity to bring up these issues.
- Idd- ul-Fitr: A large number of people gather, usually in open ground, to mark the end of Ramadhan. This holy period can provide an opportunity for reflection and discussion.
- Idd-ul-Adhaa: Holiday to mark the end of Hajj (Pilgrimage); a number of side conversations could take place around these messages.



### Suggested Ceremonies:

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Janaaza (burial): Many people attend burials and the practice is that a Sheikh gives a short talk on death and realities of life.
- Waliimah (wedding) ceremony: Many people gather to witness the ceremony and eat together. The practice is that a sermon is given as advice to those in attendance.
- Annual Ijtimai – Baitul Maal Nairobi: In this annual event held by the Islamic propagators (Jama ‘at Tabligh), Thousands of Muslims gather for several days. The message will likely reach many people.
- Mosque Darsas either before or after Salat (Preferably after Salat-ul-Dhuhr): Many worshippers remain behind to listen to these darsa on a daily basis.



### Example of a Sermon on Theme 3: Build and Preserve Healthy Marriages

All praises are due to Allah, lord of the Universe, and peace and blessings of Allah be with His Messenger, his Progeny and his companions.

Fellow Muslims, we thank Almighty Allah (s.w.t.) for the gift of life and good health. We thank him for the many bounties that he has bestowed on us. Most of all, we thank him for guiding us to be believers

We thank Allah Almighty for enabling us to gather to celebrate holy unions when two young people who decide to commit their lives to each other. Fellow Muslims, Allah (s.w.t.) created us and created all that is in this world for us. Further, and out of his mercy to us, Allah (s.w.t.) sent to us a code of conduct in the form of the Holy Quran, to guide us in all that we do in this world as we prepare for the hereafter. Further he sent down his Messenger (*Pbuh*) and told us “Indeed you have in the person of the Messenger of Allah a good example to emulate” (*Quran 33:21*).

In both the Quran and the *Sunnah* (traditions) of His Messenger, we have instructions on how to conduct our lives.

Among the instructions are those that regard the institution of marriage. Marriage in Islam is not just a contractual relationship, but a religious institution, and a divine blessing. Allah says in the Holy Quran, “And of his signs is that He created for you from yourselves mates that you may find tranquility with them, and he placed between you affection and mercy” (*Quran 30:21*).

From this verse and several others, Allah (s.w.t.) has clearly told us that one of the expectations from a marriage is that there should be love and mercy for each other. For there to be peace and tranquility, there must of necessity be love and mercy between the spouses.



Marriage in Islam has aspects of *ibadah* (worship), since it is an act pleasing to Allah, because it is in accordance with his commandments that husband and wife love each other and help each other to make efforts to continue the human race, and raise their children to become true servants of Allah.

It also has a mu'amalah (transaction between human beings) aspect, marriage being a lawful response to the basic biological instinct to have sexual intercourse and to procreate children. The Shariah has prescribed detailed rules for translating this response into a living human institution reinforced by a whole framework of legally enforceable rights and duties, not only of the spouses, but also of their offspring.

These aspects are beautifully explained in a tradition of the Prophet. It is narrated by Anas that the Messenger of Allah (peace and blessings be upon him) said, "When a man marries, he has fulfilled half of his religion, so let him fear Allah regarding the remaining half" (*Hadith of At-Tirmidhi*, no. 3096, narrated by Anas ibn Malik).

Remember that in Islam, marriage is a sacred contract, a gift from Allah (s.w.t.), to help us lead happy lives and build our families. As I mentioned, the main goal of marriage in Islam is tranquility and compassion between the spouses. For the attainment of this supreme goal, Islam defined certain duties and rights for the husband and wife.

The Quran and the Sunnah prescribe kindness and equity, compassion and love, sympathy and consideration, patience and good will. The Prophet, peace and blessings be upon him, says, "The best Muslim is the one who is best to his family." Also, he says, "... and the most blessed joy in life is a good, righteous wife" (*Hadith of At-Tirmidhi*).

For this reason, we all have a responsibility to treat our spouses well and protect them from anything that will bring them harm.



As a husband, you owe a solemn duty to Allah (s.w.t.) to treat your wife with kindness, honor, and patience and to keep her honorably. If the marriage does not work, and as a last resort, free her from the marital bond honorably and cause her no harm or grief. Allah Almighty says: "...consort with them in kindness, for if you hate them it may happen that you hate a thing wherein Allah has placed much good" (*Quran 4:19*).

As a wife you also owe a similar duty to Allah (s.w.t.).

Remember that wives have rights even as they have duties, according to what is equitable. Allah Almighty says, "And they (women) have rights similar to those (of men) over them in kindness, and men are a degree above them. Allah is Mighty, Wise" (*Quran 2:28*).

It is clear that couples in a marriage owe each other the duty not to expose each other to harm whatsoever.

According to the Holy Prophet, "There shall be no infliction of harm on oneself or others".

The prohibition of causing harm is clearly stated in the Holy Quran: "Say: My Lord has forbidden all atrocities, whether overt or disguised, and harms (*ithm*)" (*Quran 7:33*). Another verse in the Holy Quran states: "Abandon all harm (*ithm*), whether committed openly or in secret" (*Quran 6: 120*).

This text prohibits causing harm even to other human beings. It follows logically that causing harm to a spouse is a more serious offence. Causing any form of harm, not only to a spouse, but to anyone is considered as *dhulm* (injustice), which is prohibited in Islam.



Harm to a spouse could either be physical or psychological. In today's world, one of the most grievous harms that that a person can cause his/her spouse is to infect her/him with HIV/AIDs or any other disease.

It is in conflict with the notion of love and mercy for each other. It is for this reason that we should advocate for pre-marital testing to ascertain the status of each of the parties to avoid causing each other harm, knowingly or unknowingly. Once married, spouses should avoid any behavior that would expose their partners to harm of getting infected. One should avoid extra-marital sexual relationships first and foremost because they are prohibited by Allah (s.w.t.) and secondly, because it is likely to cause harm not only to yourself, but also to your spouse.

In the event that one of the couple is positive but they still want to continue with the marriage, which is perfectly within the teachings of Islam, then it is incumbent upon them to protect the HIV-negative spouse. The first step in protection is education. Both spouses should know their status and seek information on how to get treated if infected, and how to reduce the risk of infection if still HIV-negative. To date, the only known protection against HIV infection within marriage is the use of the condom. Religious leaders have directed that within a marriage the condom can be used. However, more and more methods of prevention for HIV-negative spouses such as PrEP, which is non-contraceptive, are becoming available. We must support our spouses in whatever HIV prevention strategies they use, in order to preserve healthy marriages.

In conclusion, it is important as Muslims that before taking any action about anything, we should strive to arm ourselves with as much information about it, as is practically possible.

May Allah (s.w.t.) Most Merciful have mercy on us and may he give us the ability to fulfill our duties towards our spouses and indeed all humanity. May Allah protect us from causing harm to ourselves, to those we love, and to other people, May the union that we are celebrating today be a blessed union free from any harm. Ameen.



### Theme 4: Protect Our Families

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- We are responsible for nourishing life.
- PrEP is a way to help preserve family wellness.
- PrEP can protect your children or future family by ensuring that you are healthy and able to support them.
- PrEP is non-contraceptive.
- PrEP can protect your adult children who are starting families.

#### Selected Scriptural References:

- "...and whosoever saves a life is like he has saved the whole of humanity" (*Quran 5:32*).
- "The Messenger Muhammad said 'Surely! Every one of you is a guardian and is responsible for his charges: The Imam (ruler) of the people is a guardian and is responsible for his subjects; a man is the guardian of his family (household) and is responsible for his subjects; a woman is the guardian of her husband's home and of his children and is responsible for them'" (*Sahih Al-Muslim*).
- "The faithful, in their love for one another and in their having mercy for one another and in their kindness toward one another, are like one body; when a member of it ails, all (the parts of) the body call one another (to share the pain) through sleeplessness and fever" (*Sahih Al-Muslim*).
- "Because of that we ordained for the Children of Israel that if anyone killed a person not in retaliation of a murder, or (and ) to spread mischief in the land-it would be as if he killed all mankind, and if anyone saved a life, it would be as if he saved the life of all mankind"(*Quran 5:32*).



### Selected Textual References:

- The final messenger of God, Prophet Muhammad (*pbuh*) mounted the pulpit, then wept and said, "Ask Allah (s.w.t.) for forgiveness and health, for after being granted certainty, one is given nothing better than health" (*Hadith of At-Tirmidhi*).
- It was relayed on the authority of Abu Dhar al-Ghifari, *radiyallahu 'anhu*, that the Prophet said (*saw*), of what he related from his Lord, magnified and exalted be He, Who said: "O My servants, I have made oppression unlawful for Me and unlawful for you, so do not commit oppression against one another..." (*Hadith of Al-Qudsi*).
- "The strong believer is better and more loved by Allah than the weaker one" "The most beloved by Allah of things He is asked to grant is (*al-aafiyah*) good health (*Hadith of At-Tirmidhi*).

### Suggested Holidays or Events:

- Friday midday prayers: This is the largest weekly congregational prayer. The salah (prayer) is preceded by a sermon and could provide an opportunity to bring up these issues.
- Idd- ul-Fitr: A large number of people gather, usually in open ground, to mark the end of Ramadhan. This holy period can provide an opportunity for reflection and discussion.
- Idd-ul-Adhaa: Holiday to mark the end of Hajj (Pilgrimage); a number of side conversations could take place around these messages.

### Suggested Ceremonies:

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and "teachable moments" leading into these ceremonies that provide opportunities to raise some key issues.

- Janaaza (burial): Many people attend burials and the practice is that a Sheikh gives a short talk on death and realities of life.
- Waliimah (wedding) ceremony: Many people gather to witness the ceremony and eat together. The practice is that a sermon is given as advice those in attendance.
- Annual Ijtimai – Baitul Maal Nairobi: In this annual event held by the Islamic propagators (Jama 'at Tabligh), Thousands of Muslims gather for several days; the message will likely reach many people.
- Mosque Darsas either before or after Salat (Preferably after Salat-ul-Dhuhr): Many worshippers remain behind to listen to these darsa on a daily basis.



### Example of a Sermon on Theme 4: Protect Our Families

(Sermon given during a *Darsa* in the Mosque after Midday prayers)

In the name of Allah most gracious most merciful, I bear witness that there is no deity worthy of worship except Allah alone. I also bear witness that Mohammed is His servant and Messenger. He(the Prophet) conveyed the message, accomplished his mission, and left us on a clear path.

Beloved Muslim brothers and sisters, *Assalaam Aleikum Wa Rahmatullahi Wa Barakatuh*. We thank Allah (s.w.t.) for enabling us to gather here for *swalat ul dhuhr* (midday prayer) and ask Allah to accept our prayers and supplications.

Fellow Muslims; Allah (s.w.t.) has bestowed upon us many blessings. One of these blessings is the gift of life. Allow me to share with you in the next 15 minutes some lessons from the sacredness of the gift of life and the provisions in *Shariah* to protect and nourish life.

From the teachings of Islam we know that Allah (s.w.t.) gave us *Shariah* for the purpose of preserving the essentials of life. In this day and age, the world is full of persecution, killing of innocent people, violation of human rights, drug abuse, ridicule of the dignity of individuals, raiding the property of others and diseases unknown to us before that continue ravaging life. However, the reverse of this situation would be a prosperous and flourishing world as Islam aims to protect and preserve core values – known in Islamic jurisprudence as *Maqasid Tashri*):

- I. *Deen* (religion)
- II. *Aql* (intellect)
- III. *Nafs* (life)
- IV. *Maal* (property)
- V. *Irdh* (dignity)

For today, our focus is on the preservation of life. According to Islam, life is sacred. Note that is not only human life but also every creature's life. It is prohibited to take a life without having authentic reason for it whether it is a human, animal, or insect. As long as it is a life, it has a right to live, and it is not allowed to be killed. It is not only sacred and respected in the matter of killing, but neither is it allowed to harm nor is it allowed to disgrace it.



On human life, Allah has emphasized in the Quran many times the importance and the consequences that one would face if he or she takes the lives of others. This is evident from various verses forbidding killing. Severe punishment has been prescribed for destruction or harming life in anyway.

Allah (s.w.t.) says: “And do not kill anyone whose killing Allah has forbidden, except for a just cause. And whoever is killed wrongfully (*mahdluman*- intentionally with hostility and oppression and not by mistake), we have given his heir the authority to demand *Qisas*, (Law of Equality in Punishment), or to forgive, or to take *Diyah* (blood-money}. But let him not exceed limits in the matter of taking life (i.e., he should not kill except the killer). Verily, he is helped (by *Shariah*)” (*Quran 17:33*).

“And whoever kills a believer intentionally, his recompense is Hell to abide therein; and the Wrath and the Curse of Allah are upon him, and a great punishment is prepared for him” (*Quran 4:93*).

On the other hand, those who protect life shall be rewarded greatly. In fact, saving or preserving a life is viewed as preserving all of humanity: “...and whosoever saves a life is like he has saved the whole of humanity” (*Quran 5:32*).

All of us, individually and collectively, are responsible for the protection and preservation of life. In its teachings, Islam has put in place provisions on how we discharge this responsibility.

In the face of all these challenges to life and the well-being of human life, Islam has placed the responsibility to protect and nurture life on all of us individually and collectively.



Islam came to Earth to do away with all injustices that prevailed in the days of *al-gahiliyyah* and established justice, giving each person his or her rights, even nursing infants, and even the miscarried fetus who was to be respected and prayed for (i.e., given a proper funeral).

Fathers and mothers take care of the children and give them an Islamic upbringing; children are to listen and obey, and respect the rights of fathers and mothers, on a basis of love and respect. Remember the teaching of the Prophet (saw) that each one of us is a guardian and each one will be asked about his ward.

Care of the family in the face of the HIV pandemic includes protecting the members of the family from being infected or affected by the disease. Parents have a duty to give their children and others under their care, and provide *atarbiyyah* (upbringing) that will help them protect themselves as well as others against the HIV. Parents have a special responsibility to their children, which involves keeping themselves healthy so that they are able to care for their children, and help their partner stay healthy. Healthy and hardworking parents are the backbone of our *Ummah's* family, and needed to raise strong and productive children. Without healthy parents, we are unable to raise healthy children and in fact, harm our whole community family. When one partner is infected with HIV, the family has a special duty to reduce the risk of the HIV-negative partner from becoming infected. There are many ways to do this, and couples should create a safe space to discuss their duty to each other and to their children.

With proper *tarbiyyah*, children and other members of the family will protect themselves by among other things, avoiding risky behavior, insist on pre-marriage HIV testing, etc. It is important to note that the intention of pre-marriage testing is to prevent HIV infection, rather than punish those living with the virus, and to provide an "informed choice" for couples about to make what is assumed to be a life-long commitment. This does not conflict with Islam.



Even as we encourage counseling and testing for HIV status, all efforts to reduce the risk of infection are welcomed in Islam. This will ensure that as a parent you remain healthy *Insha'Allah*, and able to perform your duties and obligations towards your family. Remember, you can only carry out these responsibilities if you are healthy. For us to be able to fulfill our responsibilities to our family, we should not also forget our responsibilities towards our own bodies which have been given to us as a trust. We will be questioned if we do not keep the trust. We must know about health, health care and diseases.

It is important to keep strong and healthy to be able to perform our duties to Allah (s.w.t.) and to those under our care. In an authentic tradition, the Prophet saw said, "A strong believer is better and loved more by Allah S.w.t." PrEP will, *Insha'Allah*, help us keep healthy and strong enough to carry out our obligations to our family and to Islam.

We have seen many destitute children suffering because those who are supposed to take care of them are either weakened by disease or have died because of HIV-related opportunistic diseases. As parents, we have the responsibility to feed our children, clothe them and protect them from all harm until they grow up to adulthood. Protection means protection against physical as well as moral and intellectual harm. Parents are duty-bound to see that the child's personality develops in all fields. So if the parents have to resort to strictness for the purpose of disciplining the children and protecting them from intellectually, morally and religiously undesirable behavior, children should not resent their strictness.

The Holy Quran is primarily a book that concerns man's road to spiritual, mental and physical well being. Allah says, "Do you not see that Allah has made subservient to you everything in the heavens and the earth and has made his bounty flow to you in exceeding measure" (*Quran 31:20*).



Medicine is among the things that Allah (s.w.t.) has made subservient to us, to help us overcome the challenges of diseases and facilitate our mental and physical well-being. We all know that to date there is no treatment for HIV. However, Allah (s.w.t) has, through the hands of medical scientists, brought us ways to arm ourselves and to help humankind protect itself against HIV infection. PrEP is one of these methods, and can be used by both men and women, to ensure that they remain free of HIV infection.

May Allah (s.w.t.) give us what is good in this world and what is good in the hereafter and protect us from HIV. And for those who are already infected, may Allah have *rahma* on them and make it easy for them. Ameen.



### Theme 5: Support the Health and Wellness of Women

The following suggested key messages and selected scriptural and textual references can help you to address this theme in the context of your faith tradition. Following these suggestions is a draft of a full sermon created by a faith leader; feel free to use it as is or adapt it to your community's context.

#### Suggested Key Messages:

- Islam recognizes that women, like men, have inherent dignity which should not be violated.
- According to the teachings of Islam, we all have responsibility to protect women in the community.
- Women are often in a more vulnerable position than men; therefore HIV is an urgent problem for them.
- PrEP can be used by women to protect them against HIV infection.
- We should respect and support women who choose to protect themselves against HIV infections using PrEP within the limits allowed by Islam.

#### Selected Scriptural References:

- "And among His signs is this: that He created mates for you from yourselves that you may find rest and peace of mind in them, and He ordained between you love and mercy. Certainly, herein indeed are signs for people who reflect" (*Quran 30:21*).
- "Do not annoy women as to make their lives miserable" (*Quran 65:6*).

#### Selected Textual References:

- "Assuredly, women are the twin halves of men" (*Sahih reported by Abu-Dawud (RA)*).
- "The most perfect in faith amongst believers is he who is best in manners and kindest to his wife" (Hadith of Ibn. Abu Dawud).



### **Suggested Holidays or Events:**

- Friday midday prayers: This is the largest weekly congregational prayer. The salah (prayer) is preceded by a sermon and could provide an opportunity to bring up these issues.
- Idd- ul-Fitr: A large number of people gather, usually in open ground, to mark the end of Ramadhan. This holy period can provide an opportunity for reflection and discussion.
- Idd-ul-Adhaa: Holiday to mark the end of Hajj (Pilgrimage); a number of side conversations could take place around these messages.

### **Suggested Ceremonies:**

It may or may not be appropriate to discuss these difficult topics during the events themselves, but there may be conversations and “teachable moments” leading into these ceremonies that provide opportunities to raise some key issues.

- Janaaza (burial): Many people attend burials and the practice is that a Sheikh gives a short talk on death and realities of life.
- Waliimah (wedding) ceremony: Many people gather to witness the ceremony and eat together. The practice is that a sermon is given as advice those in attendance.
- Annual Ijtimai – Baitul Maal Nairobi: In this annual event held by the Islamic propagators (Jama ‘at Tabligh). Thousands of Muslims gather for several days; the message will likely reach many people.
- Mosque Darsas either before or after Salat (Preferably after Salat-ul-Dhuhr). Many worshippers remain behind to listen to these darsa on a daily basis.



### **Example of a Sermon on Theme 5: Support the Health and Wellness of Women**

(Sermon to be delivered before Friday prayers)

Brothers and sisters in Islam, *Assalaam Aleikum Wa Rahmatullahi Wa Barakatuh*. It is yet another blessed Friday that Allah (s.w.t.) out of His mercy, has enabled us to see. Alhamdulillah all praises be to Him.

Our sermon this Friday will be about the status of women in Islam and some issues affecting them. About women, Islam has been greatly misunderstood by both Muslims and non-Muslims alike. This is mainly due to limited knowledge about the true teachings of Islam on women. Practice contrary to Islam has also contributed to the misconception.

The Quran and sunnah regard women very highly. Both men and women are created equal by Allah (s.w.t.) and they are companions in life. Allah (s.w.t.) says, “O people we have created you into males and females and made you into nations and tribes, verily. The best amongst you in the eyes of Allah is the most pious of you” (*Quran 49:13*).

In this verse, Allah has made it very clear that man and women are equal before his eyes. Women are entitled to all the rights to which men are entitled.

Islam recognizes the role that both men and women play in society, and the role of a woman is no less than that of a man. In practice, which is influenced heavily by culture and gender prejudices, women have been made to look like they are unequal to men and are more often than not viewed as having no rights. Contrary to these misconceptions and bad practices, Islam recognizes all the inherent rights that women have by virtue of being human.

In Islamic law, a woman is an independent, unique individual in her own right. She has the same responsibilities towards herself, towards Allah (s.w.t.) and towards other human beings as the male, and will be rewarded or punished in the Hereafter without discrimination towards gender.

Islam considers a woman to be equal to a man as a human being and as his partner in this life.



Women have been created with a soul of the same nature as men. Allah (s.w.t.) says in the Quran: "O mankind! Be dutiful to your Lord, Who created you from a single person (Adam), and from him (Adam) He created his wife (Eve), and from them both He created many men and women and fear Allah through Whom you demand your mutual (rights), and (do not cut the relations of) the wombs (kinship). Surely, Allah is Ever and All-Watcher over you" (*Quran 4:1*).

Reading the History of the Arabs during *al-gaahiliyah*, we notice how women were mistreated to the extent that girl children were sometimes buried alive.

Islam came and changed all that and directed that women are equal to men and should be protected. Islam has directed that men should treat women kindly and protect them.

Prophet Muhammad (peace and blessings be upon him) said: "The most perfect in faith amongst believers is he who is best in manners and kindest to his wife" (*Hadith of Ibn. Abu-Dawud*).

Islam came to liberate women from human subjection; replacing fear with self-respect; weakness with strength, and conflict with tranquility. God says in the Quran: "...do not fear human beings, but be in awe of Me" (*Quran 5:44*).

God commands good conduct toward women from birth to death. Verbal, psychological, emotional, sexual, and physical violence are forbidden, as are false allegations against women's chastity and honor. Men are further reminded: "Do not annoy women as to make their lives miserable" (*Quran 65:6*).



Prophet Muhammad said: "Only an honorable man treats women with honor and integrity. And only a mean, deceitful and dishonest man humiliates and insults women" (*Hadith of Ibn 'Asaker*). Referring to physical abuse, he added: "Never hit your wives, they are your partners and sincere helpers." He exemplified this by never, ever, hitting a woman or child. The Prophet guaranteed protection of the life, honor, and property of women. Actually men have been given the responsibility to be guardians of women. Allah says: "Men are the protectors and maintainers of women, because Allah has given the one more (strength) than the other, and because they support them from their means. Therefore the righteous women are devoutly obedient, and guard in (the husband's) absence what Allah would have them guard" (*Quran 4:34*).

Even at times of war, men are expected to fight for the protection of children and women. Allah says: "And why should you not fight in the cause of God and on behalf of those, who being weak, are ill-treated and oppressed, men, women and children whose cry is, 'Our Lord! Rescue us from these oppressors, and raise for us, from You, one who will protect and help'" (*Quran 4:75*).

Contrary to misconceptions and practices by many communities, Islam directs that women should be treated with love and kindness.

"And among His signs is this: that He created mates for you from yourselves that you may find rest and peace of mind in them, and He ordained between you love and mercy. Certainly, herein indeed are signs for people who reflect" (*Quran 30:21*).

From all the foregoing teachings of Islam, our responsibility towards protecting women is clear. Islam is a realistic religion, a complete way of life that addresses all aspects of life, things that affect our daily lives. Considering the challenge of HIV that has continued to ravage human life, women have not been spared. Facts on HIV show that women are more vulnerable than men for many reasons. Among these reasons are women's physical nature and the gender roles into which society has placed women, the cultural expectations of women.



Women are often the victims of sexual offences like rape and forced marriages. All these affect the woman far more than the man. In most communities, a woman is not allowed to an equal say in intimate relationships. We are all aware of the talk about marital rape, and I know many Muslims are of the view that there is no room for discussing rape in marriage. But remember that although a wife is under obligations to satisfy her husband's sexual needs, and vice versa, there must be no harm done to either party. A man cannot force his wife into sex if there is reason to believe that it will cause her harm. Causing harm conflicts with kindness and love. In this regard, the Prophet warned husbands against what he called: "falling onto women like animals" (*Hadith of Anas ibn Malik*). This guidance has been interpreted to mean caution against forcing yourself on her forcefully. It is considered sinful to do that, and against the teachings of Islam.

We believe that this prescription of sexual relations in Islam does not permit rape whatsoever! Be understanding to your wives. We all have a role as community to play in educating our children to respect women and in showing no tolerance for violence to women.

Considering the important role that women play in society, their vulnerability in as far as HIV is concerned, and considering our responsibility to protect them, it is incumbent upon us all to facilitate protection against HIV infection. Remember by protecting women against infection, we are by extension protecting ourselves and children who are very likely to be infected during pregnancy, birth, or breastfeeding.

In the absence of any known cure for HIV/AIDS, the best we can do is to protect women against infection by encouraging them to:

- Abstain from pre-marital and extra-marital sex;
- Use a condom within marriage if there is fear of infection;
- Say "no" to unprotected sex if the husband is positive, or she has reason to fear infection;
- Seek other methods that may help her reduce her risk of infection, such as PrEP, a daily pill or gel that can reduce an HIV- negative partners risk with an HIV-positive partner, while still enabling her to bear children.
- In a work environment, use protective gloves if the nature of her work exposes her to infected human body fluids, e.g. if she is a medic/police officer, etc.

As usual, it is important to emphasize that all of these protective measures, particularly those pertaining transmission through sexual contact, must be strictly in accordance with the



teachings of Islam. Besides the above preventive measures, women should be encouraged to use any viable ways of reducing her risk of infection. We, as fathers, husbands and brothers should continue to support the women in our community in increased education on how to reduce their risk of infection and improve their access to treatment and health care.

Remember the story of the Arab Bedouin who asked whether to entrust the care of his camel to Allah's protection and the Prophet (PBUH) responded, "Tether it first and then trust in Allah to protect it". May Allah (s.w.t.) consider us to among his faithful servants, those who listen and follow what is righteous.

Ameen.



## Engage Women: To Keep Themselves and Their Families Healthy

This section will help women learn about HIV and how it is transmitted, how to support an HIV-free community, and how they can reduce their risk of becoming HIV positive and support their families to do the same.

The module, made up of four individual workshops, can be implemented in any “women’s only” setting – whether you have a longstanding women’s group within your faith community, or this is the first time that a group of women are coming together. The workshops can be facilitated by any capable person you trust who has a good grounding in these materials. S/he might be a faith leader, lay leader, women’s group leader, or other caring member of the community. Keep in mind that depending on the region you work, it might be best to choose a woman to act as facilitator, or if that is not possible, as a co-facilitator.

The four workshops include:

**Workshop 1: Building Our Knowledge to Build Our Health:** This workshop begins a conversation about the role of women in society and how these roles relate to health as well as vulnerability to illness and HIV. It also includes basic information and facts about HIV. These conversations will serve as the foundation for Workshops 2-4, which explore strategies for reducing risk of HIV and fostering healthy families and marriages.

**Workshop 2: Putting Women First – Reducing Risk and Promoting Health:** This workshop details how women are particularly vulnerable to HIV and equips them with essential knowledge about HIV risk reduction. It further empowers them to make choices about risk reduction that are tailored to their needs, including the use of PrEP.

**Get Creative!** Don’t feel like you need to stick to the sample workshop plans; change or adapt these in order to best suit your needs. Use the activities that work best for you and feel free to add your own elements as well. It’s important to try and include the ‘Key Facts’ and ‘Big Ideas’ in your workshops, but there’s no reason not to get creative!

**Workshop 3: Preserving Healthy Marriages:** This workshop explores how PrEP and other HIV risk reduction strategies can be used to maintain loving and healthy marriages.

**Workshop 4: Protecting Healthy Families:** This workshop explores how PrEP and other HIV risk reduction strategies can help women support and raise healthy families.

These modules can be introduced either as part of a workshop series, or as stand-alone workshops themselves. Each contains a sample workshop plan and a series of conversations or activities that you can use. Also, note that each session with the words, “Picture This” in the title utilizes the illustrations included in the **Activity Kit**.

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you’ll find guides for Protestant, Catholic, and Muslim faith leaders. It’s up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

## Creating Safe Space – Before You Begin

Suggested Time: 15 minutes

Before you begin your first workshop with a group, it is important to establish what is called “**safe space**.” Safe space doesn’t just happen – it’s up to you to take a proactive role in creating an atmosphere that will best support the growth and learning of each participant. Here’s a quick activity that will help establish safe space:

**KEY TERM: Safe Space** refers to a cooperative learning environment in which all participants feel comfortable and safe to fully participate. A safe space is one in which every person respects the ideas and thoughts of each other and are supportive of each other’s growth and learning.

1. Explain to participants that the workshop(s) they’ll be taking part in are not just about you giving them information, but rather about people supporting each other to discuss difficult issues and learn from one another. Say that in order to do this effectively, we need to have a space in which each person feels comfortable and safe.
2. Ask the group, ‘How can we support each other to create a safe space?’ or ‘What do you need in order to feel fully comfortable in this group?’ Write down the various answers that you hear on a large piece of paper or on a chalkboard so that everyone can see them.
3. Once you have received answers from as many women as would like to contribute, read everything that is written on the paper aloud, and ask the group if they think anything should be added. If not, ask the group if they are willing to commit to upholding what is written as group standards for the workshop.
4. Have participants signify their commitments by writing their names, initials, or drawing a marking or symbol on the sheet of paper with the safe space agreement.

It doesn't have to end there. In fact, it's advisable that you revisit the safe space agreement before every workshop, and/or if you elect to break up the workshops on different days. If your group ever meets again, you can remind people of their commitments at subsequent sessions. Additionally, if there is ever a difficult conversation or tension in the group, you can remind people of their safe space agreement and hold people to the intentions and rules they agreed to uphold.

## **Workshop 1: Building Our Knowledge to Build Our Health Big Ideas, Key Facts, and Sample Lesson Plan**

**Workshop Description:** This workshop begins a conversation about the role of women in society and how these roles relate to health as well as vulnerability to illness and HIV. It also includes basic information about HIV. These conversations will serve as the foundation for Workshops 2-4, which explore strategies for reducing risk of HIV and fostering healthy families and marriages.

### **Big Ideas:**

- Women's health issues are unique and all women should be empowered with the knowledge and ability to protect and guard their health.
- There are a wide variety of cultural, social, and economic factors that can put women at risk of becoming HIV-positive; there are also many steps that women can take to reduce their risk.
- PrEP is one of several tools that can be part of a holistic approach to HIV prevention.
- The best response to HIV is not stigma, but action.

### **Learning Objectives:**

At the end of this workshop, participants should understand:

- Facts about HIV and how it is transmitted. (See Women's Activity 3: HIV – Did You Know?, and Activity Kit *Key Facts About HIV Handout*).
- How women can protect themselves from HIV. (See Women's Activity 4: Women's Vulnerability to HIV and Activity Kit *Key Facts About HIV and Women*)

**Sample Lesson Plans (1.5 hours)**

- Women’s Activity 2: We are Women (25 minutes)
- Women’s Activity 3: HIV – Did you Know? (30 minutes)
- Women’s Activity 4: Women’s Vulnerability to HIV (20 minutes)

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: *Engage with Your Faith***, where you’ll find guides for Protestant, Catholic, and Muslim faith leaders. It’s up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

## **Women's Activity 2: We are Women**

Materials Needed: Large sheets of paper for each group; pencils or colored pencils

Suggested Time: 25 minutes

This activity aims to have participants reflect on the role of women in their village or society. We're not getting into the particular issues of health, HIV, or all of that stuff just yet. The purpose of this activity is merely to begin talking about the specific issues that face women in a given area and the expectations that are placed upon women. Later, participants will reflect back on this activity to examine specific factors that may make women vulnerable to becoming HIV positive.

- 1.** Divide participants into groups of 4-5 people. Give each group a large sheet of paper and ask them to draw a picture of a woman, and then, on the woman, ask them to write or draw expectations of women that relate to various parts of her body on the drawing. For instance, on her hands they might write that a woman is expected to prepare food and on her eyes she is expected to watch out for her children. There are no right or wrong answers, so encourage groups to be creative in what they write. (10 minutes)
- 2.** Have participants come back together as a large group and share what they have drawn, with each group taking 2-3 minutes to share their drawings. (10 minutes)
- 3.** Ask the group as a whole to reflect on the drawings. Are there similarities? Differences? Is there anything that they see that they disagree with? Something in particular that surprised them? (5 minutes)
- 4.** Close by telling participants that these themes of what women do and are expected to do are related to issues of women's health as well as the health of her whole family. Tell participants to remember their drawings and pictures because we will return to them later.

### Women’s Activity 3: HIV – Did You Know?

Suggested Time: 30 minutes

Materials Required: **Key Facts About HIV** Handout

This activity aims to provide basic information about HIV, including about how it is transmitted, what effect it has on individuals & communities, and address any questions that participants have about HIV.

1. Divide a piece of paper or a write-on board into two columns, one with a “?” on top of it and one with “Facts” written on it. Ask each participant to share one question that they have about HIV as well as one thing that they know about HIV. These are wide open – so everyone should feel free to offer something that they have heard. *(Variation for a literate audience is to allow for anonymous answers: Pass out two pieces of paper or notecards of two different colors to each participant. On one color of paper, have participants write one question that they have about HIV. On the other paper have them write one thing that they know about HIV. Collect the cards, read the questions out loud and put them up and read the answers out loud and put them on the board).*
2. If there are any facts that people have offered about HIV that you know to be incorrect, take this opportunity to gently correct these misconceptions and ensure that people know the correct information. Tell participants that the facts that they already know are important pieces of information about HIV and an excellent start to our exploration of the issue.

**Facilitator’s Introduction:** You might start with asking the women about their general health—and talk about the importance of taking care of oneself spiritually and physically, in order to assure the health of the family. You could then broach the subject of HIV by asking them if they think that HIV is a problem in the community. Regardless of their answer, tell them that you have some interesting information that might surprise them, and choose a few relevant facts below from the “Key Facts About HIV and Women” Handout

**KEY TERM:**

A **sero-discordant** or **discordant couple** is a couple where one person is HIV-positive and the other is HIV-negative.

3. Pass out the *Key Facts About HIV* handout. Look at each of the questions on the document, taking time to both read and discuss the answers with the group. If any of the questions on the document are questions that were also asked by the group, place a check mark next to those questions on the board to indicate it has been answered.
4. After going through all the questions on the handout, proceed to answer as many questions from the remaining participant-provided questions as you can. You can also encourage participants to answer each other's questions – saying, “Does anyone think they know the answer to this question?” Make sure that all information is accurate.
5. Conclude by telling participants that the information that they have learned today and already know is an important part of their HIV education. Subsequent sessions will build on this information to understand how we can protect ourselves and reduce our risk of becoming HIV positive.

### **Facilitator Notes: Facts and Myths About Transmission**

HIV can **ONLY** be transmitted from the bodily fluids of a person who is HIV-positive to the bodily fluids of a person who is HIV-negative. It is important to correct common misconceptions about HIV transmission that do not involve bodily fluids of **BOTH** the HIV-positive person and HIV-negative person.

HIV is **NOT** transmitted through:

- Casual contact (shaking hands, hugging, etc.) with HIV-positive people
- Contact with food, clothing, or toilet seats touched by HIV-positive people
- Playing sports with HIV-positive people
- Mosquitoes in areas where HIV is common

## Women's Activity 4: Women's Vulnerability to HIV

Materials Needed: Chalkboard or Large Flip-Chart Pad.

Handouts: *Key Facts about HIV and Women* and *Women's Vulnerability to HIV*

Suggested Time: 30 minutes

This activity explores the specific and unique factors that may place women at risk of becoming HIV positive.

1. If you have completed Women's Activity 2: We are Women, remind the group of the pictures that they created in that activity about the expectations of women and their roles in society. Encourage them to think about those roles and expectations during this conversation.
2. Pose the question, "What makes women vulnerable to HIV?" Solicit responses from the group and record them on a board. Sample questions to elicit responses:
  - Are there physical reasons why women's bodies might be more susceptible to infection? (See Activity Kit *Women's Vulnerability to HIV* Handout)
  - Are women always given a choice about when to have sex?
  - Are women sometimes expected to be submissive to men's desires?
  - Does the community tolerate and accept men's unfaithfulness? Is it considered improper for women to question a man's status or his sexual history?
  - Do women have the same economic power as men? If not, does this prevent women from being able to access information or services, including HIV prevention tools?
3. Hand out Activity Kit *Key Facts about HIV and Women* Handout and *Women's Vulnerability to HIV* Handout. Discuss with the group.

### Facilitator Notes: Value the Roles Women Play

Women play key and productive roles in homes, families and societies.

It is important to understand and appreciate all the ways in which a woman contributes to those around her, to respect and value her contributions, and to protect her health and well-being. An important part of protecting your health as a woman is knowing your HIV status.

4. Tell participants that these factors make addressing HIV risk reduction for women unique, and that in the next workshops we will learn about and brainstorm specific strategies that women can use to preserve their health and reduce their risk of getting HIV.

## **Workshop 2: Putting Women First – Reducing Risk and Promoting Health Big Ideas, Key Facts, and Sample Lesson Plan**

**Workshop Description:** This workshop aims to equip women with essential knowledge about HIV risk reduction, including the use of PrEP, and empower women to make choices about risk reduction that are tailored to their need.

### **Big Ideas:**

- Women’s health issues are unique and all women should be empowered with the knowledge and ability to protect and guard their health.
- The best response to HIV is not stigma, but rather action grounded in accurate and complete information.
- There are several strategies for women to reduce their risk of becoming HIV-positive, and all women have a right to use any of these strategies as they wish.
- There are several ways to prevent the sexual transmission of HIV between spouses. These options may include: Antiretroviral (ARV) treatment for the HIV-positive person, which can reduce the likelihood of further transmission; Voluntary medical male circumcision, which can reduce female-to-male transmission; Pre-exposure prophylaxis (PrEP), a new prevention strategy which is especially useful for sero-discordant married couples in which one spouse is HIV-positive and the other is HIV-negative.
- PrEP is one new tool for risk reduction.
- Suggest voluntary counseling and testing: Know your HIV status!

**Learning Objectives:**

At the end of this workshop, participants should understand:

- How women can protect themselves from HIV (See Women’s Activity 5: Keeping HIV Away)
- What PrEP is and how it can be used (See Women’s Activity 5: Keeping HIV Away, and Women’s Activity 6: Picture This: Women & PrEP)
- What risk reduction options might work best for them, or for women in a variety of different contexts (See Women’s Activity 7: Putting it All Together – Women’s Health in Women’s Control)

**Sample Lesson Plans (1.5 hours)**

- Remind Participants of Safe Space Agreement In Getting Started (5 minutes)
- Women’s Activity 5: Keeping HIV Away (45 minutes)
- Women’s Activity 6: Picture This – Women & PrEP (30 minutes)

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you’ll find guides for Protestant, Catholic, and Muslim faith leaders. It’s up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

**Know Your HIV Status!**

Married and unmarried women alike should consider going to their local clinic for HIV voluntary counseling and testing. As a religious leader, you have an important role in protecting those who are HIV-negative. When you counsel couples who do not know their HIV status, you can advise or even require that they go for testing before they are married. Voluntary counseling and testing (VCT), as the procedure is known, should not necessarily dissuade couples from

**Facilitator’s Notes**

Revisit or re-do the safe-space agreement as needed. As you begin this session, highlight the importance of HIV voluntary counseling and testing (VCT). Below you can find a little more information about VCT. When women know their HIV status, they are better able to take advantage of prevention options, a few of which are listed below.

marrying—or prohibit you from authorizing their marriage—when one potential spouse is HIV-positive and the other is not. Instead, VCT offers an opportunity for these sero-discordant couples to choose treatment for the HIV-positive spouse and to choose appropriate prevention options to protect the other spouse from becoming HIV-positive.

When potential or existing spouses learn that they are sero-discordant, you as a religious leader can offer support in several ways. Most importantly, you can encourage them to fully support one another through active discussion. You can help them to talk through any accusations that may arise. In addition, you can encourage them to take advantage of HIV-prevention options available from your local medical provider.

**There are several ways to prevent the sexual transmission of HIV between spouses. These options may include:**

- Antiretroviral (ARV) treatment for the HIV-positive person, which can reduce the likelihood of further transmission.
- Voluntary medical male circumcision, which can reduce female-to-male transmission.
- Pre-exposure prophylaxis (PrEP), a new prevention strategy which is especially useful for sero-discordant married couples in which one spouse is HIV-positive. We'll discuss this very good option in the next session.

Although none of these options is 100% effective, by using a combination of methods, couples can choose to marry with a reduced risk of HIV transmission between them and minimal effect on their future family.

## **Women’s Activity 5: Keeping HIV Away**

Suggested Time: 45 minutes

Materials Required: Activity Kit *HIV Risk Reduction Basics* Handout and *Introducing PrEP* Handout

This activity aims to provide women with specific tools and information about how they can reduce their risk of becoming HIV positive.

1. Begin by asking participants, “What strategies exist for preventing HIV?” Write the responses offered by participants on a large sheet of paper.
2. Review the list with participants, taking time to review each item on the list and ask if participants have any questions.
3. Begin by asking women, “Why do married couples need to know about HIV and risk reduction?” Solicit a few responses. Make sure that people understand that even married couples can become HIV positive.
4. Encourage participants to ask any questions they have about HIV prevention strategies that you have discussed. Answer these questions to the best of your ability. If you don’t know an answer, write down the question and tell participants you will return to it at another time.
5. Conclude by telling participants that over the next activities and workshops, we are going to discuss risk reduction strategies further and understand which strategies might best suit our particular needs.

## **Workshop 2: Putting Women First – Reducing Risk and Promoting Health**

### **Introducing PrEP: PrEP is part of the holistic approach for taking action**

#### **What is PrEP?**

Pre-exposure prophylaxis (PrEP) is a promising new approach to preventing HIV infection. PrEP involves the regular use of anti-retroviral (ARV)-based drugs by people who are HIV-negative in order to reduce their risk of HIV infection by sexual transmission. PrEP can reduce the risk of becoming HIV-positive by between 35% and 75%. PrEP is most effective when people strictly adhere to the prescribed drug regimen.

**PrEP for HIV-negative women involves taking pills or using a vaginal gel to protect themselves; HIV-negative men may take the pill version.**

Please use the materials in the **Activity Kit** to inform yourself or to share with others, in particular: The *Introducing PrEP* Handout and the *Advantages and Disadvantages of PrEP* handout.

**It is very IMPORTANT to take the PrEP medication in the way that is prescribed. If it is the gel version, then it MUST BE applied *BEFORE and AFTER EVERY* instance of sexual intercourse. If it is the pill version, it MUST be taken ONCE EVERY DAY.**

**Facilitator's Note:** Here you'll introduce PrEP and its benefits as a means of risk prevention for women and men. Use Introducing PrEP Handout diagram to demonstrate application of the vaginal gel. It should be noted that if a male Faith Leader is addressing a group of women congregants, it may be preferable to ask a female co-facilitator to assume this role, but it depends on the comfort level of the faith leader and his rapport with the group.

**Use of PrEP Pill:**

- Pill should be taken once a day:



HIV-negative women who take PrEP tablets every day have lower risk of HIV infection.

**Use of Vaginal Gel:**

- Gel should be inserted vaginally before and after sex.
- Gel should be used by women as an alternative to the PrEP pill, not in conjunction.



HIV-negative women who apply the PrEP vaginal gel before and after sex have lower risk of HIV infection.

**Learning Objectives**

By the end of the session participants will be able to:

1. Understand the definition, mode of action, and application of PrEP, as well as the people in the congregation who might benefit from using PrEP.
2. Understand how PrEP fits into the broader set of HIV-prevention approaches.
3. Recognize that an HIV-negative woman may use PrEP independently of her husband or male partner, especially if he refuses to accept her use of PrEP or other HIV-prevention options.
4. Recognize that although PrEP is a valuable new form of risk reduction, it is both a medical intervention and is simply part of a holistic approach to HIV risk reduction.

## **Women’s Activity 6: Picture This – Women & PrEP**

Suggested Time: 25 minutes

Materials Required: *Illustrations* from the Activity Kit

1. Introduce PrEP.
2. Lead a group discussion on PrEP and the application of PrEP using the illustrations from the Activity Kit.
3. Use group discussions to identify the preventive use of PrEP and other HIV-prevention approaches.
4. Tell participants that we are now going to build on this information by further exploring how and when women might use PrEP.
5. Review the pictures in the Activity Kit *Illustration*. Show each picture and ask participants what they see in the illustration. Ask them what they think that the key message of the image is. Using the guidelines on the back of the illustration, provide any additional key information that is not provided by participants themselves.
6. Conclude by telling participants that these images are only illustrations and are just some examples of the potential ways in which PrEP might be used; now it is up to each of us to determine what the best ways are for us to protect ourselves. In the next workshops and activities, we will do just that by exploring how PrEP can be used to protect not just ourselves, but our partners and families as well. In the next workshop, we will explore how the benefits of this also extend to our children and broader families in addition to our spouses.

## Workshop 3: Preserving Healthy Marriages Big Ideas, Key Facts, and Sample Lesson Plan

**Workshop Description:** This workshop explores how PrEP and other HIV risk reduction strategies can be used to maintain loving and healthy marriages. Its purpose is to promote understanding that prevention of HIV is part of congregants' responsibility to their family, themselves and God/Allah.

### Big Ideas:

- We should love one another without doing harm.
- PrEP is one tool that **sero-discordant couples** can use to reduce the risk of the HIV-negative partner from becoming HIV positive.
- PrEP is non-contraceptive.
- Couples should maintain an open and clear conversation about each of their needs and should support each other in efforts to stay healthy.
- It is your responsibility to protect yourself, your husband and/or your future husband.
- Women have the right to access and use a wide variety of HIV risk reduction strategies and should never be put at risk of becoming HIV positive against their will.

### KEY TERM:

**Sero-discordant Couples** are couples in which one person is HIV-negative and one person is HIV-positive. Sometimes, they are referred to as 'sero-discordant couples.'

Marriage is the lawful union or coming together of two people out of mutual love and agreement for the purpose of establishing a family. A healthy community respects and supports women who choose to protect themselves from harm by using PrEP. That said, as faith leaders we want to emphasize that PrEP is not a license to act irresponsibly.

**Learning Objectives:**

At the end of this workshop, participants should understand:

- The benefits that PrEP might have for married couples, especially discordant couples
- How the use of PrEP can help to support and sustain healthy marriages
- Awareness of your responsibility under God to do everything you possibly can to protect your family and yourself against HIV.
- Understand the uses of PrEP and what it is and is not.
- Know the best ways to support women in the congregation and community who choose to use PrEP.

**Sample Lesson Plan (1.5 hours):**

- Revisit Safe Space Agreement (5 minutes)
- Women’s Activity 7: What Does a Healthy Marriage Look Like? (20 minutes)
- Women’s Activity 8: What Should Yona Do? (20 minutes)
- Women’s Activity 9: Putting It All Together for a Healthy Marriage (25 minutes)

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you’ll find guides for Protestant, Catholic, and Muslim faith leaders. It’s up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

## **Workshop 3: Preserving Healthy Marriages**

### **Women's Activity 7: What Does a Healthy Marriage Look Like?**

Suggested Time: 20 minutes

Materials Needed: Large Sheets of paper, crayons or markers

This activity explores what are the key components of a healthy marriage. Subsequent activities build on this concept in order to understand how PrEP or other risk reduction strategies can support healthy marriages and also how open communication and mutual respect are required in order to allow each partner to meet their risk reduction needs.

- 1.** Break participants into groups of 4 and provide each group with a large sheet of paper and some drawing materials (e.g. pens, pencils, crayons, or markers). As the groups to draw a picture of a healthy marriage. Groups can be encouraged to interpret this however they want and also think about all the aspects of a healthy marriage – everything from communication strategies, how household chores are managed, how children are raised, or any other elements that they deem important.
- 2.** Once groups are done drawing, place the pictures on the walls around the room. Have participants walk around the room and observe the work of the other groups.
- 3.** Once everyone has had some time to review the work of each group, ask groups if they have any questions about what they saw on other people's drawings. Encourage people to share the ideas that went into their work.
- 4.** Conclude by telling participants that the aspects of healthy marriage they identified are an important foundation for what we will talk about in the next sessions. Without open communication and without a situation in which each partner is respected by the other, it is impossible to work together to reduce our risk of becoming HIV positive or access HIV prevention strategies.

## **Women's Activities 8 and 9: Scenarios for sero-discordant couples**

**In Women's Activity 8 (Scenario 1), Mrs. Yona has this principle to operate on: Duty to protect.**

Mrs. Yona is HIV positive, and she is in a difficult situation. If Mrs. Yona does not marry Mr. Juma, she is at risk of being an outcast as the culture dictates. If Mrs. Yona is silent and accepts the marriage, she will expose her new husband to HIV transmission risk, which later will affect her psychologically and emotionally regardless of whether he contracts HIV or not. She feels like running away from the society but has nowhere to go. She laments: "How do I love without causing harm? How do I fulfill culture without causing harm?"

PrEP is one way to help resolve the dilemma. Mrs. Yona can fulfill culture while limiting the likelihood of HIV transmission if she can persuade Mr. Juma to use PrEP. The likelihood of HIV transmission further decreases if Mr. Juma gets circumcised and if Mrs. Yona begins taking ARVs.

This short story tries to make our society think about and love our partners without harming them.

### **Facilitator Introduction to Activities 8 and 9:**

First, read through the background notes on this section, and the advantages/disadvantages of using PrEP. Then read Activity 8: Mrs. Yona's Story, and have a discussion afterwards. Finally, if you have time and would like to go further, choose one of the scenarios in Activity 9 to have your participants role-play for themselves.

## **Women’s Activity 8: Scenarios: What Should Mrs. Yona Do?**

Suggested Time: 20 minutes

Materials Required: Women’s Activity 8

This activity explores how PrEP or other HIV-prevention strategies might be used by women with their married partners. It uses the fictional character of ‘Mrs. Yona’ to allow participants to devise strategies for a woman to protect herself or her marriage by using PrEP and other HIV risk reduction strategies.

### **Scenario 1**

- 1.** Mrs. Yona, is a 36-year-old widow who has lost her husband to what was suspected to be HIV infections, though she is not sure. She is supposed to be inherited by her late husband’s brother, as her culture demands. The inheritor, Mr. Juma, has an obligation to fulfill as the eldest in the family in the place of his late brother. They opt to go for an HIV test and, on receiving the results, Mrs. Yona was positive and Mr. Juma was negative.
- 2.** Despite the results, Mr. Juma still insists on inheriting Mrs. Yona as their culture demands (Mr. Juma sees Mrs. Yona as physically healthy-looking and beautiful, so he has remained in denial: “my brother’s wife is not positive, and I must inherit her.”)
- 3.** Mrs. Yona is under pressure by culture and has already agreed to be inherited, but she says, “I am confused about my situation. On the one hand, I have a new sexual partner, but, on the other hand, I feel obligated to protect him from getting infected with the virus. I also feel I have a right to protect life.” She poses a question, “What do I do when he insists on a sexual relationship which puts him at risk?” She goes on to ask if she has a responsibility to protect him or assume that it is his own responsibility to take care of his own health because HIV information is everywhere. And if it’s her responsibility at all to do so, how is she going to go about addressing the problem? These are some of the questions she asks herself.

5. Ask the group if they have any recommendations for Mrs. Yona.
6. Conclude by sharing with participants that it is important to remember that women always have the right to take whatever means they need to in order to control their own health and well-being – whether this means not getting married, abstaining from sex, insisting on knowing their husband’s status, or any number of other things that may arise.

**Scenario 2:**

Mrs. Yona (nickname), 36 years old lives in Nyando district in Nyanza Province. She has been married for over 15 years and recently began to suspect that her husband may have been unfaithful to her and is concerned that he may have become HIV-positive as a result of his actions.

She is not sure what she should do, but one day decides to ask her husband’s best friend if he thinks that her concerns might be true. Her husband’s friend says that he doesn’t know and that it is none of her business to ask such a question.

Mrs. Yona feels like confronting her husband but is also scared that he will not want to talk about it or that he will be offended that she asked such a question.

**What should Mrs. Yona do?**

**During debrief, make sure to note the following items if they were not mentioned in the scenarios or in the subsequent conversation:**

**Activity 8 - Facilitator's Notes**

**Scenario 1**

Mrs. Yona is in a very difficult situation. She is very courageous to think both about her own health as well as Mr. Juma's health. It is important to maintain open communication about HIV status and work together with your spouse to find appropriate risk-reduction options.

It is important that people have a realistic understanding of their risk profiles. In this case, the husband does not believe that he is vulnerable to becoming HIV positive. Recognizing your vulnerability is both very challenging and very important.

Mrs. Yona should have the right to decide whether or not she wants to marry Mr. Juma.

Mrs. Yona always has the right to refuse to have sex or any type of sexual relations with Mr. Juma if they do become married.

Mrs. Yona should access care, and if needed, treatment, regardless of whether she marries.

Mr. Juma could use PrEP, along with a range of other risk-reduction strategies, if they do get married and decide to have sexual relations.

**Activity 8 - Facilitator's Notes**

**Scenario 2**

Mrs. Yona has the right to protect herself from HIV in any event. This means that she should be able to use any risk reduction strategy she wants and also not to have sex with her husband if she does not want.

Mrs. Yona also has the right to discuss her concerns with her husband.

She could confront him directly and tell him that her needs are important, and that she wants to know whether or not he has been unfaithful. She can tell him that his actions do not just affect their marriage but could also affect both of their health if he becomes HIV-positive.

## **Women’s Activity 9: Putting It All Together for a Healthy Marriage**

Suggested Time: 25 minutes

Materials Required: *Women’s Activity 9*

This activity aims to tie together what has been learned so far about PrEP and other risk reduction strategies within the context of marriage. The activity has women act out how they would respond to a wide variety of scenarios and, by doing so, develops women’s ability to apply acquired knowledge about PrEP and HIV to real-life situations.

- 1.** Tell participants that they will now have the opportunity to apply the knowledge that they have learned in scenarios that they will perform in groups of two. In these scenarios, the couple is sero-discordant, and one person will be given the role of being “the wife” who is HIV-positive and one will be the role of “the husband,” who is negative. Then they will switch and the play opposite roles, this time the wife is HIV-negative and the husband positive.

Tell participants that when they act as the wife, they will have the opportunity to first, convince the HIV-negative husband that taking PrEP daily will protect his health, then they will switch places and convince the husband that she must take PrEP to protect herself from HIV. This will be an opportunity to practice everything that they have learned thus far. You can also tell participants that even if they don’t ever face these situations, this practice can be useful for supporting their friends or families if they ever find themselves in a similar situation.

- 2.** Select half the group to be “Husband” and half to be “Wife”. Have participants take two minutes to think about how they will do their role, pair them up in “Husband” and “Wife” couples, and then allow them 5 minutes to have the conversation with each other.
- 3.** After all groups have completed the role play, ask those who played the husband if anybody’s “wife” did an especially good job of having a conversation about PrEP with them. Ask what made them so effective in the conversation and what were some important things that should be considered when having such conversations.

4. Conclude by reminding participants that this was one opportunity to practice everything that they have learned thus far, and that even if they don't find themselves in this situation in the future, they use this experience to support friends or family if they ever find themselves in a similar situation.

#### **Activity 9 - Facilitator's Notes**

During debrief, make sure to note the following items if they were not mentioned in the scenarios or in the subsequent conversation:

- It is important to maintain open communication about HIV status and work together with your spouse to find appropriate risk reduction options.
- PrEP is just one of several risk reduction strategies that are available, and PrEP should be considered alongside or in combination with a wide variety of other risk reduction options.
- Everyone has the right to protect themselves from HIV in whatever manner they feel is best.
- It is important that people have a realistic understanding of their risk profiles. In this case, the husband does not realize that he is vulnerable to becoming HIV positive. Recognizing your vulnerability is both very challenging and very important.
- Explaining PrEP can be very confusing, especially to people who do not know very much about HIV. We will continue to explore ways to talk about PrEP (including in Activity 4.14: It Doesn't Stop Here – Carrying the Message Forward).

## Workshop 4: Protecting Healthy Families Big Ideas, Key Facts, and Sample Lesson Plan

**Short Workshop Description:** This workshop explores how PrEP and other HIV risk reduction strategies can be used to protect the health and welfare of an entire family.

**Big Ideas:**

1. Our health and wellness doesn't just affect how we are feeling – it affects our ability to take care of our families and loved ones.
2. We each have a responsibility to do everything we can to protect ourselves as well as those around us.
3. By protecting ourselves and our spouses from HIV, we protect the wellness and integrity of our entire family

**Learning Objectives:**

At the end of this workshop, participants should understand:

1. How their health affects the health of their children, spouses, and family
2. How PrEP and other risk reduction strategies can help to protect the health of their entire family
3. How they can talk to their children or other family members about PrEP & HIV risk reduction and share what they have learned with others
4. That PrEP is non-contraceptive

**Sample Lesson Plan (2 hours):**

1. Revisit Safe Space Agreement (see Activity 4.1) (5 minutes)
2. Women's Activity 10: Protecting Healthy Families – Parenting (25 minutes)
3. Women's Activity 11: It Doesn't Stop Here – Share the Message! (25 minutes)

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you'll find guides for Protestant, Catholic, and Muslim faith leaders. It's up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

**Workshop 4: Protecting Healthy Families  
Women’s Activity 10: Protecting Healthy  
Families – Parenting**

Suggested Time: 25 minutes

Materials Required: *Parenting* handout from the Activity Kit

**HIV-Negative (or Positive) Mother talking to her HIV-Negative Teenage Son and Niece about PrEP. Set up the following scenario and role-playing, and follow with a group discussion:**

1. Ask for volunteers to play an HIV-negative or positive woman and an HIV-negative teen boy and girl. One of them sets up the scenario when the three are at the front of the room, all in chairs, with the woman facing the two teens. The woman, (local name), is HIV-negative but is very well-informed about HIV/AIDS as well as about prevention methods, including PrEP, because she herself takes PrEP to protect herself with her HIV-positive husband. She knows that young people remain at the center of the HIV/AIDS epidemic in terms of rates of infection, vulnerability, impact, and potential for change.
2. The boy (local name), is her son. The girl (local name) is a niece whose father and mother both died of AIDS. Luckily, the girl (about 14 years old) is HIV-negative despite being born to an HIV-positive mother. However, the trauma of losing her parents to AIDS has left her afraid to even a kiss a boy, as she is very misinformed about how HIV is spread. The boy already has an interest in girls and is likely engaging in sexual relations to some degree.

Facilitator’s Notes:

Revisit or re-do the safe-space agreement as needed. As you begin this session, highlight the importance of HIV voluntary counseling and testing (VCT). On this page you can find a little more information about VCT. When women know their HIV status, they are better able to take advantage of HIV risk reduction options, a few of which are listed here.

3. Give the “boy” and “girl” questions to ask. The boy’s question: “Why do we have to have this discussion, Mama, I don’t have HIV and I’m not going to get it from a girl.” The girl’s comment: “Don’t worry Aunty, I will not sleep with a boy until I marry, you can be sure of that.”
4. The woman wants to give both these children the facts—and make both understand that sexuality is not something shameful when it is engaged in between consenting adults within a marriage based on love. She stresses that abstinence is the best way to stay healthy and walk with God, until they are ready for the special time when they get married. Nevertheless, she wants them to know how to protect themselves when they make a decision to engage in sexual relations.
5. She tells them how HIV is contracted, and that young people, particularly young women, are most vulnerable. She tells the boy his responsibility in keeping himself and potential mate safe. She tells them that if they are preparing to engage in sex, it is important to be tested for HIV, and finally, they ought to use preventative measures, such as PrEP, to protect themselves and their future children from HIV.

## **Women’s Activity 11: It Doesn’t Stop Here – Share the Message!**

Suggested Time: 25 minutes

This activity concludes the “Engage Women” module by exploring how participants can, in addition to applying the lessons of this module in their own lives, also support the health and wellness of their families, friends, and communities by informing them about HIV and risk reduction.

1. Begin by congratulating participants for having learned so much thus far about HIV and risk reduction. Tell participants that our final workshop together will explore how we don’t just apply these lessons in our own lives, but also teach our friends, families, and communities about what we have learned. Tell participants it doesn’t stop here – we can be ambassadors for the cause of HIV prevention.
2. Ask participants to brainstorm various people in their community – either within the house of worship or outside of it – that might benefit from the knowledge that they have learned. Do not use specific names, but rather speak in categories (e.g. mother, sister, son, daughter, neighbor, friend, cousin, community member, church lay leaders, etc.) Write these names across the top of the board or a piece of paper in front of the room.
3. Have participants break into pairs. One partner will pick one of these categories of people that they want to tell about PrEP and risk reduction. Tell participants that they will have 4 minutes to tell that person about what they learned throughout these workshops. Encourage them to think about what specific information is most important to give to that particular person (for instance, would you say the same thing to your son as you would to a neighbor, or as you would to a friend?)

### **Note to Facilitator:**

Thank you for taking the time to inform and engage your community’s women about HIV Risk Prevention. As a well-respected leader in your community who is well-informed about HIV Risk Reduction and PrEP participation, your participation in this effort with other faith leaders will make a profound difference in decreasing the number of HIV infections in your community.

4. Tell partners to then pick a new group and switch roles, with the other person now playing the role of being the person talking about PrEP and risk reduction.
5. Bring the group back together. Facilitate a group conversation using the following questions as guides: 1) Was it hard to tell people about HIV risk reduction? 2) What were the most important things that you wanted to communicate to the other person? When discussing the 'most important things,' write these on the board for all to see.
6. Conclude by telling participants that you know it is difficult to talk about these issues with other people, but that after these workshops we have a special opportunity to help our communities and families maintain and protect their health and wellness.

**Wow! You've reached the end. Good work!**

There's lots of different ways that you can provide closure for your group...sing a spiritual song, close with a simple prayer for the health and well-being of the group—it's up to you. Thank them for their participation and wish them good health.



## **Engage Men: To Protect Their Families and Support Society**

### **PrEParing Men to Keep Themselves and Their Families Healthy**

The Engage Men module will help men learn about HIV and how it is transmitted, how to support an HIV-free community, and how they can reduce their risk of becoming HIV positive and enable their families to do the same.

This module, made up of three individual workshops, can be implemented in an existing “men’s only” group within your faith community, or by creating a new one specifically for this purpose. It would help to name the group something such as the “Men’s

Health and Wellness” group or “Men’s Health Workshop” so that it will not be stigmatized or prevent those from participating if they perceive it to be something exclusively for those who are HIV-positive. The workshops can be facilitated by any capable person you trust who has a good grounding in these materials. They might be a faith leader, lay leader, a men’s group leader, or other caring member of the community. Keep in mind that to provide the most open and trusting environment possible, it might be best to choose a man to act as facilitator. The three workshops include:

**Get Creative!** Don’t feel like you need to stick to the sample workshop plans: change or adapt these in order to best suit your needs. Use the activities that work best for you, and feel free to add your own elements as well. It’s important to try and include the “Key Facts” and “Big Ideas” in your workshops, but there’s no reason not to get creative!

- **Workshop 1: Lead by Example – Health and Well-being in Our Community**

This workshop begins with basic information and facts about HIV and PrEP. Next, *What does this mean for me?* takes the conversation to the role of men in the community as leaders and how they can be advocates for HIV education and risk reduction. These conversations will serve as the foundation for Workshops 2-3, which explore specific actions for reducing risk of HIV and fostering healthy families and marriages.

- **Workshop 2: Take Action**

Armed with the facts about HIV and with the knowledge that it is their duty to keep their family healthy, Workshop 2 introduces PrEP and other strategies men can use to protect themselves, their wives, and their families from HIV.

- **Workshop 3: Build Healthy Marriages**

This workshop explores how PrEP and other HIV risk reduction strategies can be used to maintain loving and healthy marriages.

Feeling a little apprehensive? Read over **Module 1: Get Started**, or **Module 4: Engage with Your Faith** to get inspired!

These modules can be introduced either as part of a workshop series, or as stand-alone workshops themselves. Each contains a sample workshop plan and a series of conversations or activities that you can use. Also, note that each session with the words

“Picture This” in the title utilizes the illustrations from the flipchart included in the **Activity Kit**.

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you’ll find guides for Protestant, Catholic, and Muslim faith leaders. It’s up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

## **Get Started...**

### **Activity: Introducing Each Other**

Suggested Time: 15 minutes

Before you begin your first workshop with a group, it is important to establish a rapport with them, for each person in the group to feel they have a role. It's up to you to take a proactive role in creating an atmosphere that will best support the growth and learning of each participant. Here's a quick activity that will help them begin to interact:

1. Begin by pairing each group participant up with a member of the group they don't know, and ask them to talk to each other for 5 minutes, taking turns asking questions such as name, occupation, and family size.
2. Ask each pair to specifically talk about what they most like to do to stay healthy. Feel free to add more fun questions if you like. Ask them to take notes so that they won't forget details.
3. Explain to the group that after a few minutes of interactive conversation, each member of the pair will introduce the other briefly to the group.
4. Remind the group that they are all there as equals, and that it's important to respect others' opinions and privacy. They should be informed that nobody is obligated to share personal information, but should they choose to share this information, it should not be shared outside the group. You might also have all members raise their hand in agreement.

### **Facilitator's Introduction**

Before you begin the workshop sessions with a new group, help them get acquainted with each other with a short introduction exercise.

## **Workshop 1: Lead by Example – Health and Well-being in our Community Big Ideas, Key Facts, and Sample Lesson Plan**

**Workshop Description:** This workshop begins with basic information and facts about HIV, and PrEP. Next, *What does this mean for me?* takes the conversation to the role of men in the community as leaders and how they can be advocates for HIV education and risk reduction. These conversations will serve as the foundation for Workshops 2-3, which explore specific actions for reducing risk of HIV and fostering healthy families and marriages.

### **Big Ideas:**

- As leaders in the community, men have a responsibility to protect themselves and their community from HIV.
- The best response to HIV is not stigma, but action.
- There are also many steps that men can take to reduce their risk of HIV.
- PrEP is one of several risk reduction approaches that can be part of a holistic approach to HIV reduction.

### **Learning Objectives:**

At the end of this workshop, participants should understand:

- Facts about HIV and how it is transmitted. (See Handout – HIV *Get the Facts*)
- What does this mean for me? (See Activity 5.4: The Responsible Man)

### **Sample Lesson Plans (1.5 hours)**

- Men's Activity 1: HIV – Get the Facts (30 minutes)
- Men's Activity 2: The Responsible Man (40 minutes)

### **In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you'll find guides for Protestant, Catholic, and Muslim faith leaders. It's up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

### Men's Activity 1: HIV – Get the Facts

Suggested Time: 30 minutes

Materials Required: **Key Facts About HIV** Handout

This activity aims to provide basic information about HIV, including about how it is transmitted, what effect it has on individuals and communities, and address any questions that participants have about HIV.

1. Divide a piece of paper or a write-on board into two columns, one with a '?' on top of it and one with 'Facts' written on it. Ask each participant to share one question that they have about HIV as well as one thing that they know about HIV. These are wide open – so everyone should feel free to offer something that they have heard.

*(Variation for a literate audience is to allow for anonymous answers: Pass out two pieces of paper or notecards of two different colors to each participant. On one color of paper, have participants write one question that they have about HIV. On the other paper have them write one thing that they know about HIV. Collect the cards, read the questions out loud and put them up and then read the answers out loud and put them on the board).*

2. If there are any facts that people have offered about HIV that you know are incorrect, take this opportunity to gently correct these misconceptions and ensure that people know the correct information. Tell participants that the facts that they already know are important pieces of information about HIV and an excellent start to our exploration of the issue.
3. Pass out the *Key Facts About HIV* handout. Walk through each of the questions on the document, taking time to both read and discuss the answers with the group. If any of the questions on the document are questions that were also asked by the group, place

**Facilitator's Introduction:** You might start off with asking the men about their general health, and talk about the importance of taking care of oneself spiritually and physically, to assure the health of the family. You could then broach the subject of HIV by asking them if they think that HIV is a problem in the community. Regardless of their answers, tell them that you have some interesting information that might surprise them, and choose a few relevant facts below from the "Key Facts About HIV" Handout

4. check mark next to those questions on the board to indicate it has been answered.
5. After going through all the questions on the handout, proceed to answer as many questions from the remaining participant-provided questions as you can. You can also encourage participants to answer each other's questions – saying, “Does anyone think they know the answer to this question?” Make sure that all information is accurate.
6. Conclude by telling participants that the information that they have learned today and already know is an important part of their HIV education. Subsequent sessions will build on this information to understand how we can protect ourselves and reduce our risk of becoming HIV positive.

**Facilitator Notes: Facts and Myths About Transmission**

HIV can ONLY be transmitted from the bodily fluids of a person who is HIV-positive to the bodily fluids of a person who is HIV-negative. It is important to correct common misconceptions about HIV transmission that do not involve bodily fluids of BOTH the HIV-positive person and HIV-negative person.

HIV is NOT transmitted through:

- Casual contact (shaking hands, hugging, etc.) with HIV-positive people
- Contact with food, clothing, or toilet seats touched by HIV-positive people
- Playing sports with HIV-positive people
- Mosquitoes in areas where HIV is common

## **Additional Facts: What is HIV?**

### **What is HIV?**

HIV stands for Human Immunodeficiency Virus – a viral infection that weakens someone’s immune system, making them more susceptible to other diseases. There is no cure for HIV, although treatments are available.

### **What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome and refers to an HIV infection that is advanced such that a person’s immune system has been seriously weakened. Without treatment, AIDS can lead to death.

### **How is HIV transmitted?**

HIV can be transmitted through bodily fluids: (1) blood; (2) semen; (3) vaginal secretion; and (4) breast milk. Although most HIV infections occur because of sexual transmission, not all do. In addition to sexual transmission, HIV can be transmitted by sharing needles during intravenous drug use, from mother-to-child during childbirth, or through breastfeeding.

### **Is HIV common?**

Roughly 34 million people across the world are HIV positive. In some areas, as many as 30% of people may be HIV-positive, whereas in other parts of the world HIV is relatively rare.

### **Can HIV be transmitted by kissing or sharing food?**

HIV cannot be transmitted through casual contact, such as shaking hands or hugging. It can also NOT be transmitted by sharing food or playing sports with HIV positive people. HIV can only be transmitted through kissing if blood is exchanged, which could happen if someone has sores on their mouth or, in rare instances, through deep open-mouthed kissing.

### **Is there a cure for HIV or AIDS?**

There is no cure for HIV or AIDS. However, a variety of treatments are available that currently allow people who are HIV positive to live long, healthy, and productive lives. These treatments are called antiretrovirals (ARVs).

**Can HIV be prevented?**

Yes. There are many ways to reduce your risk of becoming HIV positive. See ‘The HIV Risk Reduction Toolbox’ for more information.

**If someone I know is HIV-positive, how should I react?**

There is no ‘right’ or ‘wrong’ way to react. People who are HIV-positive should be treated the same way as anyone else. An individual’s illness is a private matter for them and they may want to discuss it with or might not – both options are fine.

## **Workshop 1: Lead by Example – Health and Well-being in our Community**

### **Men’s Activity 2: The Responsible Man**

Materials Needed: Flip chart; large pieces of paper for groups; markers

Suggested Time: 40 minutes

This activity is intended to engage the group in identifying the qualities of responsible male partners/community members and to lay the groundwork for ongoing discussions on the topic of responsibility.

1. Divide participants into groups of 4-5 people. Give each group a large sheet of paper and ask them to take 10 minutes to create a list of the characteristics, qualities, or attributes of responsible male partners/community members they admire. Instruct them to write on the paper and be prepared to share their ideas with the larger group. There are no right or wrong answers, so encourage groups to be creative in what they write. (10 minutes)
2. Have participants come back together as a large group and share what they have written down, with each group taking 2-3 minutes to share their ideas. (10 minutes)
3. Ask the whole group to reflect on the discussion. Are there any trends or common themes? Any surprises? Which of the characteristics of these responsible male partners/community members do they think are most relevant to preventing the spread of HIV in the community? (10 minutes)
4. Ask the group for ideas about where they—as responsible men and community members—could make a difference in preventing the spread of HIV. (10 minutes)
5. Close by telling participants that these qualities of responsible men are related to issues of individual and community-wide health. Tell participants to remember these qualities as they will recur throughout the day.

Feel free to use one of the informational handouts in the **Activity Kit** to support the discussion.

## **Workshop 2: Taking Action**

### **Big Ideas, Key Facts, and Sample Lesson Plan**

**Workshop Description:** Armed with the facts about HIV and with the knowledge that it is their duty to keep their family healthy, Workshop 2 introduces PrEP and other strategies men can use to protect themselves, their wives, and their families from HIV.

#### **Big Ideas:**

##### **Protect Myself**

- Men's health issues are unique and all men should be empowered with the knowledge and ability to protect and guard their health.
- The best response to HIV is not stigma, but rather action grounded in accurate and complete information.
- There are several strategies that exist for men to reduce their risk of becoming HIV positive.

##### **Protect My Wife**

- There are several ways to reduce the risk of sexual transmission of HIV between spouses. These options may include: Antiretroviral (ARV) treatment for the HIV-positive person, which can reduce the likelihood of further transmission; voluntary medical male circumcision, which can reduce female-to-male transmission; pre-exposure prophylaxis (PrEP), a new risk reduction strategy which is especially useful for sero-discordant married couples (couples in which one spouse is HIV-positive).
- PrEP is one new tool for risk reduction: no single approach is fully effective.
- Be aware of and utilize voluntary testing and counseling if needed: know yours and your spouse's HIV status!

##### **Protect My Family**

- What is a healthy family?
- What is my role as a parent to educate my children about HIV?

**Learning Objectives:**

At the end of this workshop, participants should understand:

- How men can protect themselves from HIV (See Activity 5.3: Keeping HIV Away)
- What PrEP is and how it can be used (See Activity 5.4: Picture This – Protecting Ourselves and Our Partner)
- How I can keep my family healthy (See Activities: 5.5: Putting it All Together- Protecting Families and 5.6: On Parenting)

**Sample Lesson Plans (2hours):**

Protect Myself

- Men’s Activity 3 - Keeping HIV Away (45 Minutes)

Protect My Wife

- Men’s Activity 4 - Picture This – Protecting Ourselves, Our Partner, and Our Families
- (45 Minutes)

**Protect My Family**

- Men’s Activity 5 - On Parenting (25 Minutes)

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage with Your Faith**, where you’ll find guides for Protestant, Catholic, and Muslim faith leaders. It’s up to you what you decide to use, or feel free to select your own texts to better relate the ideas to a spiritual context.

### **Men's Activity 3 - Protect Myself: Keeping HIV Away (45 Minutes)**

Suggested Time: 45 minutes

Materials Required: *HIV Risk Reduction Toolbox* Handout and *Introducing PrEP* Handout

This activity aims to provide men with specific tools and information about how they can reduce their risk of becoming HIV positive.

1. Begin by asking participants, "What strategies exist for preventing HIV?" Write the responses offered by participants on a large sheet of paper.
2. Review the list with participants, taking time to review each item on the list and ask if participants have any questions.
3. Begin by asking men, "Why do married couples need to know about HIV and risk reduction?" Solicit a few responses. Make sure that people understand that even married couples can become HIV positive.
4. Encourage participants to ask any questions they have about HIV risk reduction strategies that you have discussed. Answer these questions to the best of your ability.  
If you don't know an answer, write down the question and tell participants you will return to it at another time.
5. Conclude by telling participants that over the next activities and workshops, we are going to discuss risk reduction strategies further and understand which strategies might best suit our particular needs.

## Men's Activity 4 - Picture This – Protecting Ourselves, Our Partner and Our Families (45 Minutes)

Suggested Time: 45 minutes

Materials Required: *Illustrations* from the **Activity Kit**

This activity uses the *Illustrations* as the trigger for a conversation about how men or other members of their family can use PrEP as part of a holistic approach to HIV risk reduction. These images focus on how the health of a family is interconnected and also how families can support one another in risk-reduction efforts.

1. Begin by asking participants, “Why is it important to think about our families if we are talking about HIV risk reduction? Isn’t HIV something that just affects us?” If necessary, here are a few possible questions for the group are provided:
  - When we are sick, can we take care of our families?
  - Can children or adolescents become HIV positive?
  - Can we educate our children about HIV? Can educating them about risk reduction strategies help keep them safe?
2. Review the *Illustrations* – these are sketches that focus on PrEP use among people who have families and how PrEP might be able to benefit families. Show each picture and ask participants what they see in the images. Ask them what they think the key message of each illustration is. Using the tagline on the back of the flipchart, provide any additional key information that is not provided by participants themselves.
3. Review the pictures in the Activity Kit *Illustration*. Show each picture and ask participants what they see in the illustration. Ask them what they think that the key message of the image is. Using the guidelines on the back of the illustration, provide any additional key information that is not provided by participants themselves.
4. Conclude by telling participants that these images show a few ways that HIV risk reduction approaches and PrEP can be used by families and can benefit entire families. Tell participants that it is important that families support one another in efforts to reduce risk. When each member of a family is healthy, they are better able to support one another in a wide variety of other ways.

### **Men's Activity 5: On Parenting**

Suggested Time: 25 Minutes

Materials Required: None (Role-Play activity)

**Set the Stage:** Set up the following scenario and role-playing, and follow with a group discussion: an HIV-negative father talking to his HIV-negative teenage son and niece about PrEP.

1. Ask for volunteers to play an HIV-negative man and an HIV-negative teen boy and girl. He or she sets up the scenario when the three are at the front of the room, all in chairs, with the man facing the two kids. The male character, (local name), is HIV-negative but very well-informed about HIV/AIDS as well as about risk reduction methods, including PrEP, because he himself takes PrEP to protect himself with his HIV-positive wife. He knows that young people remain at the center of the HIV/AIDS epidemic in terms of rates of infection, vulnerability, impact, and potential for change.
2. The boy (local name), is his son, and around 15 or 16. The girl (local name) is a niece whose father and mother both died of AIDS. Luckily, the girl (about 14 years old) is HIV-negative despite being born to an HIV-positive mother. However, the trauma of losing her parents to AIDS has left her afraid, and she is very misinformed about how HIV is spread. The boy already has an interest in girls, and might be engaging in sexual relations to some degree.
3. Give the “boy” and “girl” questions to ask. The boy’s question: “Why do we have to have this discussion Papa, I don’t have HIV and I’m not going to get it from a girl.” The girl’s comment: “Don’t worry Uncle, I will not sleep with a boy until I marry, you can be sure of that.”
4. The man wants to give both these teens the facts—and make both understand that sexuality is nothing shameful, when it is engaged in between consenting adults

**Facilitator Introduction:** It is likely that this role-play will bring up a lot of related issues that may be controversial, even amongst congregants. Questions may include when and how to bring up sex and HIV prevention with children, as well as the amount of information to give out at what age. The Faith Leader can guide the men on how to approach the topic with their children, and how giving them accurate information empowers them to make future decisions.

within a marriage based on love. He stresses that abstinence is the best way to stay healthy and walk with God/Allah, until they are ready for the special time when they get married. Nevertheless, he wants them to know how to protect themselves when they make a decision to engage in sexual relations.

5. He tells them the ways of contracting HIV, and that young people, particularly young women, are most vulnerable. He tells the boy his role in keeping himself and the girl he might be involved with in the future safe. He tells them that if they are preparing to engage in sex, it is important to be tested for HIV. Finally, if necessary (one of the couple is HIV positive) they must use risk reduction measures, such as PrEP, to protect themselves and their future children from HIV.

**Group Discussion:** After a few participants have done the role-play, ask them about what was most difficult about the discussion. Did they anticipate a real-life conversation would go the same? Why or why not?

**Facilitator's Notes:** Again, revisit the verbal confidentiality agreement the group agreed to before the first module, especially if you have elected to complete this workshop on another day. If so, give a summary of what was learned in the previous workshops, and offer to answer questions participants might have up to this point.

### Workshop 3: Building Healthy Marriages Big Ideas, Key Facts, and Sample Lesson Plan

Workshop Description: This workshop explores how PrEP and other HIV risk reduction strategies can be used to maintain loving and healthy marriages. Its purpose is to promote understanding that prevention of HIV is part of congregants' responsibility to their family, themselves and God/Allah.

**KEY TERM:**

A **Sero-discordant or discordant couple** is a couple where one person is HIV-positive and the other is HIV-negative.

**Big Ideas:**

- We should love one another without doing harm.
- PrEP is one tool that **discordant couples** can use to reduce the risk of the HIV-negative partner from becoming HIV-positive.
- PrEP is non-contraceptive.
- Couples should maintain an open and clear conversation about each of their needs and should support each other in efforts to stay healthy.
- It is your responsibility to protect yourself, your wife, and/or your future wife.
- Your wife or partner has the right to access and use a wide variety of HIV risk reduction strategies and should never be put at risk of becoming HIV-positive against her will.

Marriage is the lawful union or coming together of two people out of mutual love and agreement for the purpose of establishing a family. A healthy community respects and supports men and women who choose to protect themselves from harm by using PrEP. That said, as faith leaders we want to emphasize that PrEP is not a license to act irresponsibly.

**Learning Objectives:**

At the end of this workshop, participants should understand:

- The benefits that PrEP might have for married couples, especially discordant couples.
- How the use of PrEP can help to support and sustain healthy marriages.
- Awareness of your responsibility under God/Allah to do everything you possibly can to protect your family and yourself against HIV.
- Understand the uses of PrEP and what it is and is not.
- Know the best ways to support men and women in the congregation and community who choose to use PrEP.

**Sample Lesson Plan (1 hour):**

- Men's Activity 7: What Kind of Husband Are You? (30 Minutes)
- Men's Activity 8: PrEP for a Healthier Marriage (30 Minutes)

**In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: *Engage with Your Faith***, where you'll find guides for Protestant, Catholic, and Muslim faith leaders. It's up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context.

## Men's Activity 6: What Kind of Husband Are You?

Suggested Time: 30 Minutes

Materials Required: Large Paper, Pen

### Facilitator Introduction:

Social expectations about men's roles, responsibilities, and rights compared to those of women have been shown to promote HIV risk and related behaviors like gender-based violence. It is vital to engage men to recognize and address underlying gender dynamics to prevent HIV/AIDS and violence against women and girls. In fact, most couples affected by HIV/AIDS in sub-Saharan Africa live in discordant relationships – where one partner is HIV-positive and the other is HIV-negative. If the man is HIV-negative, that is not a protection against infection, as women are just as likely as men to be the HIV-positive partner in a discordant couple.\*

For these reasons, we want to encourage men to talk about what they feel is expected of them, what is perceived as “normal,” and what is ideal in a faith-based, loving relationship.

1. Introduce three characters on the board: Husband #1, Husband #2, and Husband #3 (you can give them local names and feel free to adjust their professions or circumstances to better suit your community and environment).
  - Husband #1 is the father of three children, works at a manufacturing firm in a big city, and travels a lot. His income is good, but because he will not “allow” his wife to work, and he wants to have a fancy car and keep his kids in private school, making ends meet is difficult. His wife would be happy to put her engineering degree to work, especially since the kids are a little older and spend most of the day at school. Husband #1 makes a habit of having a little “fun” on his business trips by spending time with other women (in reality, being unfaithful). He claims that because his wife doesn't know, so she won't be hurt by his behavior.
    - 
    -

- Husband #2 is a farmer who spends long days out in his field. His two children are cared for by his wife's mother most of the day, as his wife works the farm with him. He doesn't want his wife to work, but he knows it's necessary to keep the farm running, as well as to assure that their girl and boy stay in school. He is also a community leader and active in his faith community. He encouraged his wife to enroll in a literacy class, as she never had a chance to learn to read and write growing up. He also encourages her to periodically take trips to see her sister, who lives in the city, because he knows she needs a break now and then to take some time for herself.
    -
  - Husband #3 works near another big city. He is married with one child. He and his wife are hoping to have more soon, but so far they have not been successful. Although he had a somewhat wild life as a bachelor, husband #3 has changed his ways since his marriage four years ago. He likes to think of himself as a modern man, and frequently cooks dinner if his wife works late at the office. Many of his colleagues at the office who are married have women "on the side" and encourage him to do the same, but husband #3 is committed to his marriage and to his faith.
2. After introducing each all the husband profiles above, tell the group that all are HIV-positive, but only husband #3 is aware of it.
  3. Use the following questions/statements as conversation starters – although there are no absolute answers, the general "big ideas" that may arise follow each question.
    - Which husband (#2 or #3) is most likely to infect his HIV negative wife? *Big Ideas: It doesn't matter how faithful, God-fearing, or considerate a man is, if he is not practicing preventative measures against HIV. Further, all men should be tested for HIV prior to marriage and thereafter, if they have been put at risk post-marriage.*

- Husband #3 believes he is doing right by his wife and by God because although he's HIV-positive, he is “lucky” that his first child is HIV-negative and besides, he wants to have another child, so condoms are not an option. He knows a little bit about PrEP, but believes it will inhibit conception. *Big Ideas: Husband #3 may be modern but he's also misinformed. “Luck” is not something that you want to count on when talking about your wife's and future child's health. Furthermore, PrEP is not a contraceptive.*
- Here's a surprise—Husband #1's wife is HIV positive, but she hasn't told her husband because she fears he will blame her, despite her fidelity. She got a test three months ago because she found out about her husband's philandering. What are the issues here? *Big Ideas:*
  - i. Voluntary HIV Testing: *Had they both been tested early on in the marriage, perhaps the wife could have chosen to use PrEP or another HIV risk reduction method.*
  - ii. Risky, disrespectful behavior: *Her husband was philandering and thinking: “What she doesn't know won't hurt her.” But by not knowing his HIV status and continuing to engage in risky behavior, the husband, in reality, hurt himself and his entire family irrevocably.*
- 4. Wrap up the discussion with ideas from the group about what makes the “ideal husband.” What does he do? How does he treat his wife? What is more important, how much money he makes, or is it something else? Discuss how some of the vital ingredients for an ideal partnership between man and wife should include: communication, respect and doing no harm.

\* Source: *The Lancet* 05 October 2010

## **Men's Activity 7: PrEParing for a Healthier Marriage**

Suggested Time: 30 Minutes

Materials Required: Strips of paper, pen, 2 bowls or hat (Role-Play Activity)

**Set the Stage:** Your group will be improvising sketches/scenarios between HIV-positive and HIV-negative men and women in this role-play activity. Write the names and HIV status of an equal number of fictional HIV-positive men, HIV-negative men, HIV-positive women, and HIV-negative women on strips of paper (depending on group size). Put the male and female strips in separate bowls and ask the men to pick their "character" out of the hat. This way you can keep the reality of who might be HIV-positive or negative out of the discussion. (If a participant happens to announce his status voluntarily, or that of a family member, the faith leader would thank them for being courageous and trusting and make the group aware that they should respect his privacy). Some men will need to play women, which might add some levity and fun to the situation.

Before each sketch, the facilitator will say, for example, "I need an HIV-negative man and a HIV-positive woman" and the two men are called up to create the scenario in front of the group. After each sketch you'll guide a discussion about it using the questions as guides. Let a few pairs recreate each sketch to see if you get different questions or issues that come up in the discussion.

**Note to Facilitator:** Thank you for taking the time to inform and engage your community's men about HIV Risk Reduction. As a well-respected leader in your community who is well-informed about HIV Risk Reduction and PrEP, your participation in this effort with other faith leaders will make a profound difference in decreasing the number of HIV infections in your community.

**Sketch 1: *Healthy Communication = Healthier Family* (HIV-Negative Man and HIV-Positive Woman)**

Man: You are an HIV-negative man married to an HIV-positive woman, and she is unaware of PrEP or other HIV risk reduction methods, other than the condom. Because she knows of your reluctance to use condoms, she has decided to avoid sex as much as possible. You need to tell her about the other ways of HIV risk reduction, including PrEP and circumcision, to reassure her.

Woman: You are an HIV-positive woman married to an HIV-negative man. You do not want to endanger your husband, nor deprive yourselves of healthy sexual relations, but you don't know any other way to keep him safe.

Post -Sketch Discussion:

How did the husband do in explaining the facts to his wife about HIV Risk Reduction? What were the wife's barriers to understanding? Lack of knowledge? Did she feel stigmatized or guilty about her HIV status? What is the role of the husband in addressing those feelings?

After a few pairs recreate the scenario, offer suggestions to improve communication and choose elements of scripture to frame the lesson in a spiritual context.

**Sketch 2: *Do No Harm* (HIV-Positive Man and HIV-Negative Woman)**

Man: You recently learned that you are HIV-positive and are still in shock and a bit in denial about all the implications. You don't know much about HIV risk reduction, only that condoms are one option, but you were looking to start a family with your wife. You feel extremely guilty about your status, as you believe that it you may have been positive before you were married, and unknowingly endangered your wife. When your wife tells you about PrEP you are skeptical, and need convincing.

Woman: You were upset to learn your husband's HIV status, but you realize that you also should have insisted on an HIV test for both of you prior to marriage. As soon as you found out however, you got tested, found that you're still negative, and you've done lots of reading about all the ways to reduce your risk of infection, including PrEP. Convince your husband that all is not lost, that there are many ways to reduce your risk of infection, and still have a healthy family.

Post-Sketch Discussion:

How did the wife do in explaining the facts to his wife about HIV Risk Reduction? What were the husband's barriers to understanding? (Did he think that his wife would be more likely to stray, or that she could take the PrEP pill once a month, that it was a contraceptive?) What does this scenario tell us about the concept of "Do no harm?" What does that mean for a sero-discordant couple exactly?

**Wow! You've reached the end. Good work!**

There's lots of different ways that you can provide closure for your group: sing a spiritual song, close with a simple prayer for the health and well-being of the group—it's up to you. Thank them for their participation and wish them good health.



## Engage Young Couples: To Reduce Risk & Protect Those We Love

A pre-marital counseling guide for young couples, to be used in private conversations with couples.

### PrEParing Couples for Healthy Marriages: Your Role

HIV is infecting our community, no doubt about it. You have an opportunity to help stop the spread of this disease by talking with couples who are preparing for marriage. These potential spouses may not realize that HIV could affect them. It is even possible that either the man or the woman already has HIV, whether they know it or not. You can counsel them about HIV and the ways to reduce the risk of any further HIV infection for each other and their future children.

This brief guide provides valuable information that you can use to promote HIV prevention as part of pre-marital counseling sessions, with emphasis on a faith-inspired approach to marriage. Here, you can learn about a new HIV-prevention strategy, called pre-exposure prophylaxis (PrEP), which potential spouses can use if one of them is HIV-positive and the other is HIV-negative.

**Scriptural support:** For specific scriptural and theological support of key messages, review **Module 4: Engage With Your Faith**.

This guide is divided into three sections:

1. HIV Risks for Couples
2. Risk reduction: A Holistic Package of Options Available to Couples
3. PrEP: A New HIV-Risk-reduction Option for Couples

By informing yourself about HIV prevention, you can help protect couples who are preparing to begin new life together.

### Get Started...

During pre-marital counseling, you will have the opportunity to encourage couples to take precautions against HIV. To counsel them effectively about HIV, you can prepare yourself in several ways. This set of actions can be illustrated by the acronym, **LEAD** (**L**earn, **E**nsure, **A**dopt, **D**o), for ease of remembering:

- Learn about HIV and the options for preventing HIV transmission. You can use the material in this toolkit, which has been written by and for religious leaders of your faith.
- Ensure that you understand the Scriptural foundation for addressing HIV and prevention options. Again, you can use the faith-specific materials in this toolkit.
- Adopt an optimistic attitude towards the prevention of HIV. If you believe that your congregation can stop the spread of HIV, the couples whom you counsel will have greater reason for hope as well.
- Do your homework and know where couples can access PrEP. To find out, ask your local HIV voluntary counseling and testing (VCT) facility or hospital where AIDS patients are treated. Also recommend local referral centers such as:

**Set the stage:** Provide a welcoming environment for the couple, in a private, quiet room. Let them know that confidentiality will be assured: that there is no risk in sharing information, and that they are not required to share information they are not comfortable sharing. What about you, are you comfortable getting started? If not, review **Module 3: Begin the Conversation**.

- Medical centers, especially those handling HIV and related cases  
(write in) \_\_\_\_\_
  
- Voluntary Counseling and Testing (VCT) centers  
(write in) \_\_\_\_\_
  
- Religious institutions and community elders  
(write in) \_\_\_\_\_
  
- Youth resource centers, and youth groups  
(write in) \_\_\_\_\_
  
- NGOs specializing in HIV and related issues, including counseling  
(write in) \_\_\_\_\_

Now you are equipped to discuss HIV prevention with couples preparing for marriage!

## 1. HIV Risks for Couples

### Did you know?

Facts about HIV among couples

- 1) Sub-Saharan Africa has a high rate of HIV infection, most of which is attributable to heterosexual transmission.<sup>1</sup>
- 2) In Africa and Asia, affected women typically learn they are HIV-positive as a result of testing during antenatal care.<sup>2</sup>
- 3) HIV sero-discordant couples, where one partner is HIV-positive and the other is HIV-negative, are increasingly being recognized as a priority for HIV prevention.<sup>3</sup>
- 4) In Africa, a large proportion of HIV infections occur within stable sexual relationships, either due to one partner's prior infection, or because of infidelity. Therefore, there is an urgent need to identify approaches to prevent HIV transmission within couple relationships.<sup>4</sup>
- 5) A recent study conducted with couples in Rwanda and Zambia found that 55.1% to 92.7% of new heterosexually-acquired HIV infections among adults in urban Zambia and Rwanda occurred within serodiscordant marital or cohabiting relationships.<sup>5</sup>

#### KEY TERM:

A **sero-discordant or discordant couple** is a couple where one person is HIV-positive and the other is HIV-negative.

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<sup>1</sup>New heterosexually transmitted HIV infections in married or cohabiting couples in urban Zambia and Rwanda: an analysis of survey and clinical data, *The Lancet*, Volume 371, Issue 9631, Pages 2183 - 2191, 28 June 2008)

<sup>2</sup> HIV status in serodiscordant couples, *The Lancet Infectious Diseases*, Volume 11, Issue 9, Pages 658 - 659, September 2011

<sup>3</sup> Joint United Nations Programme on HIV/AIDS [UNAIDS], 2008

<sup>4</sup> Couple-centred testing and counselling for HIV serodiscordant heterosexual couples in sub-Saharan Africa, *Reproductive Health Matters* Volume 16, Issue 32, Pages 151-161, November 2008

<sup>5</sup> HIV status in serodiscordant couples, *The Lancet Infectious Diseases*, Volume 11, Issue 9, Pages 658 - 659, September 2011

- 6) Recent studies have estimated that in several sub-Saharan African countries, approximately two-thirds of infected couples are sero-discordant couples.<sup>6</sup> Thus, there is a pressing need to act quickly in order to protect the uninfected spouse in these relationships.

***What does this mean for us?***

Understanding HIV Risks

Marriages are built on love and trust between husband and wife. As potential spouses develop trust in each other, it is important that they are honest about the issues that can affect their marriage. Health problems, especially HIV infection, are certainly one of those issues.

HIV infection is a sensitive issue for potential spouses. If one person is HIV-positive, the HIV-negative woman or man might think that the other person has had sex before marriage. This may be the case; however, HIV infection can occur in a variety of ways, including the following non-sexual modes of transmission:

- Infants can contract HIV from their mothers during pregnancy, birth, or breastfeeding.
- Boys can become infected with HIV during their initiation ceremonies, if traditional circumcisers use the same knives to circumcise multiple boys. Girls have also been known to become infected with HIV through female genital cutting.

**Facilitator’s Introduction:** You might start with asking the couple about their general health—and talk about the importance of taking care of oneself and each other both spiritually and physically, to assure the health of the marriage. You could then broach the subject of HIV by asking them if they think that HIV is a problem in the community. Regardless of their answer, you might tell them that you have some interesting information that might surprise them, and choose a few relevant facts below from “Did you Know?” Continue with “What does this mean for us?” and “Why get tested?”

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<sup>6</sup>de Walque, 2007

- People can become HIV-positive through blood transfusions if the blood is not properly screened.

Sometimes, people who were infected with HIV in one of these ways do not find out until after they marry. At that point, there is a high risk that they have already transmitted HIV to their spouse.

For these reasons, it is important for all couples to know that HIV could affect their marriage, though it is treatable and preventable even within the marital context.

### ***Why get Tested?***

#### The Importance of HIV Testing

As a religious leader, you have an important role in protecting those who are HIV-negative. When you counsel couples who do not know their HIV status, you can advise (or even require) that they go for testing before they are married—what is known as *voluntary counseling and testing* (VCT).

Learning that one potential spouse is HIV-positive and the other is HIV-negative should not necessarily dissuade couples from marrying—or prohibit you from authorizing their marriage.

Instead, VCT offers an opportunity for these “sero-discordant”

couples to choose treatment for the HIV-positive spouse and to choose appropriate prevention options to protect the other spouse from becoming HIV-positive.



#### **Other ways to offer help to couples:**

- Refer couples to marriage and HIV counseling centers.
- Arrange a spiritual guide or sponsor for the couple.
- Explain that there are many discordant couples who live very blessed lives, but they need to understand the facts about their condition and follow the instructions given.
- Suggest that they make decisions based on facts and equip themselves with accurate information.
- Recommend a support group that offers advice and fellowship.

When potential spouses learn that they are sero-discordant, you as a religious leader can offer support in several ways. Most importantly, you can encourage them to fully support one another through active discussion. You can help them to talk through any fears or accusations that may arise. In addition, you can encourage them to take advantage of HIV- options available from their local medical provider.

## **2. Risk Reduction: A Holistic Package of Options Available to Couples**

There are several ways to reduce the risk of sexual transmission of HIV between spouses, even in circumstances where they are seeking to have children. These options include:

- Antiretroviral (ARV) treatment for the HIV-positive person, which can reduce the likelihood of further transmission.
- Voluntary medical male circumcision, which can reduce female-to-male transmission.
- Pre-exposure prophylaxis (PrEP), a new prevention strategy especially useful for sero-discordant married couples in which one spouse is HIV-positive and the other is HIV-negative. The HIV-negative person could consider taking PrEP.

Although none of these options is 100% effective, by using a combination of methods, couples can choose to marry with a reduced risk of HIV transmission between them, and lessen the impact on their future family.

**Facilitator's Introduction:** First ask the couple to suggest ways that they know of to prevent HIV or reduce the risk of HIV transmission. You'll want to be sure to correct them if they tell you something that is incorrect. Then, you'll want to review all the possible methods of HIV transmission listed below with the couple.

**Facilitator's Introduction:** Finally, you'll want to introduce PrEP as a viable option for HIV risk reduction. If they've shared that one of the partners is, in fact, HIV-positive, this is your opportunity to answer any questions or address any concerns they may have. Have PrEP samples available if possible and/or information on how to obtain PrEP in your community.

### **3. PrEP: A New HIV Risk-Reduction Option for Couples**

Among the HIV risk-reduction options available to couples, this guide focuses on pre-exposure prophylaxis (PrEP). PrEP has recently emerged as a new way to reduce the risk of sexual transmission of HIV, and it may be especially helpful for sero-discordant married couples in which one spouse is HIV-positive and the other is HIV-negative. PrEP involves the use of anti-retroviral drugs (ARVs) by people who are HIV-negative in order to reduce their risk of HIV infection.

HIV-negative men or women may administer PrEP by taking a daily oral tablet. Alternatively, HIV-negative women could instead choose to use PrEP by applying a vaginal gel before and after sex. Although PrEP is not 100% effective in preventing HIV transmission, strict adherence to the prescribed drug regimen (dosage, schedule, etc.) greatly increases its effectiveness.

**PrEP helps sero-discordant married couples stay healthy, and it does not prevent pregnancy.**

Unlike condoms, PrEP is not contraceptive. Therefore, couples who use PrEP may plan to have children with less fear that the HIV-negative spouse will be infected with HIV.

Below are several lists of steps that you can recommend to these couples to help reduce their risk of HIV transmission or infection, depending on their HIV status. As a religious leader, you are in a position to supply them with the necessary information in order to perform these activities, e.g. where they can find HIV testing.

#### **If one or both people do not know their HIV status**

- Seek HIV testing.
- Return for further pre-marital counseling based on the results of the test.

#### **If one person is HIV-positive and the other is HIV-negative:**

- Respect and support each other. The HIV-negative person should understand the emotional, social and spiritual needs of the HIV- positive person. Empathy and compassion are needed.

- Talk with each other about the risk of HIV transmission, the ways to protect the HIV-negative person, and the ways to treat the HIV-positive person.
- Consider the range of available risk-reduction options, including treatment for the HIV-positive person and male circumcision if the man is HIV-negative.
- Consider using PrEP to protect the HIV-negative person.

**If a couple plans to use PrEP:**

- Ask your religious leader for a local doctor or medical clinic where you can access PrEP.
- Strictly adhere to the prescribed PrEP regimen to maximize the effectiveness of the drugs.
- Continue to use other HIV risk-reduction strategies. PrEP is not a substitute.
- Regularly seek HIV testing to ensure that the HIV-negative spouse remains negative.
- Ask your local doctor or medical clinic for HIV medication if the HIV-negative spouse becomes HIV-positive.

**By promoting these steps, you can help protect the lives of couples who are preparing for marriage.**



## **Engage Youth:**

### **Responsibility and Empowerment Start Now**

#### **Facilitator’s Introduction:**

The Engage Youth module is specifically designed to help young people learn about HIV during their transition from childhood to adulthood. This module aims to provide information about how HIV is transmitted, how young people can reduce their risk of becoming HIV-positive, and how they can support HIV-free families and communities.

Additionally, this module aims to do this in a way that is age-appropriate, engaging, and fun. You can implement these activities in any setting – whether you have a longstanding youth group within your community, or this is the first time that a youth group is going to meet in your house of worship. Also, it’s important to make sure that the right person leads these activities. This could be a religious leader, a youth group leader, or just someone who cares about the health of their community. What’s most important is that the leader feels comfortable working with young people and can work with them in a way that is engaging and fun for them.

The module contains three “events.” Unlike in the other modules within this toolkit, we don’t call these “workshops.” That’s because we want to make sure they are interactive, engaging, and the kinds of experiences that a young person would seek out. We think that by having ‘events’ that youth want to attend, we can most effectively reach this important population and help them to be HIV-free. However, like all the modules, you should feel free to rearrange these events, borrow from them, or use them in whatever way works best for you and the youth in your community. Here are the three main events:

**Event 1: Ready, Set, Get Informed:** This sports- and activity-based event aims to introduce a few key themes about health and wellness, focusing in on education and knowledge of HIV and AIDS, to help both understand and reduce the risk of HIV transmission. Communities and families play a key role in helping to prevent HIV. Through races and team sports, the event provides a fast-paced series of competitions and games that will engage youth while introducing fundamental health and wellness themes at a basic level.

**Event 2: Stop HIV Before it Stops Us:** This drama and role playing event aims to integrate the basic knowledge provided in Event 1 with a finer understanding of how these issues uniquely affect young people. It also begins to make the transition to having more serious conversations among participants about HIV and how it might affect their lives.

**Event 3: Look Forward: Responsibility Starts Now:** This event aims to connect the key lessons provided in the previous events and have young people make enduring commitments to protecting themselves, their families, and their communities from HIV. This event provides a more intimate setting for thoughtful conversations with youth.

These events can be introduced either as part of a series or as stand-alone events. Each contains a sample plan and a series of suggested activities. However, you don't just need to stick to the sample event plans; change or adapt these in order to best suit your needs and those of your youth. Use the activities that work best for you and feel free to add your own elements as well. It's important to try and include the "Key Facts" and "Big Ideas" in your workshops, but there's no reason to not be creative with how you implement these.

### **In Context: Messages in Christian and Muslim Scripture**

For further inspiration on scriptures and readings that place these ideas in your faith tradition, feel free to consult **Module 4: Engage With Your Faith**, where you'll find guides for Protestant, Catholic, and Muslim faith leaders. It's up to you what you decide use, or feel free to select your own texts to better relate the ideas to a spiritual context that is relevant to youth.

### **Activity1: Creating a Safe Space – Before You Begin** **Suggested Time:** 15 minutes

Before you begin your first workshop with a group, it is important to establish **safe space**. Safe space doesn't just happen – it's up to you to take a proactive role in creating an atmosphere that will best support the growth and learning of each participant. This is particularly important when you are working with youth, as they need to know that their voices are respected and that they can have difficult conversations that they may not be able to have in other settings. Here's a quick activity that will help establish safe space:

**KEY TERM: Safe Space** refers to a cooperative learning environment in which all participants feel comfortable and safe enough to fully participate. A safe space is one in which every person respects the ideas and thoughts of each other and are supportive of each other's growth and learning.

Explain to participants that even though a lot of what you will be doing will be fun, you also want to make sure that you are able to have serious conversations about difficult topics. As part of this, we need to make sure that each person is able to learn from one another as well as listen to one another. Say that in order to do this effectively, we need to have a space in which each person feels comfortable and safe.

Ask the group, "How can we support each other to create a safe space?" or "What do you need in order to feel fully comfortable in this group?" Write the various answers that you hear on a large piece of paper so that everyone can see them.

Once you have received several answers, read everything that is written on the paper out loud and ask the group if anything is missing. If not, ask the group if they are willing to commit to upholding what is written as group standards for the workshop.

Have participants signify their commitments by writing their names, initials, or drawing a mark or symbol on the sheet of paper with the safe space agreement.

It doesn't have to end there! You can always come back to your safe space agreement. If your group ever meets again, you can remind people of their commitments at subsequent sessions. Additionally, if there is a difficult conversation or tension within the group, you can remind people of their safe space agreement and hold people to the intentions and norms that they set.

## **Event 1: Ready, Set, Get Informed**

### **Big Ideas, Key Facts, and Sample Lesson Plan**

**Short Event Description:** This “event” aims to engage youth through sports and activities and provide them with basic information about health and wellness, HIV and HIV risk reduction.

#### **Big Ideas:**

- Protecting your health is important for a full life, and there are things you can do to reduce the risk of infections such as HIV – for yourself, your family and your community
- HIV is a disease that can affect any person
- HIV is preventable and there are lots of different ways to prevent HIV
- We are not alone – we can work together and work with our families and communities to prevent HIV and also make sure that all of us can live happy, healthy lives

#### **Learning Objectives:**

At the end of this workshop, participants should understand:

- How HIV is transmitted
- HIV can affect many people
- Someone who has HIV can live a long, full, and healthy life

#### **Sample Event Plan (2 hours):**

- Youth Activity 2: Ready, Set, Get Informed (35 minutes)
- Youth Activity 3: Dive, Duck, and Dodge – Reducing the Risk of HIV (35 minutes)
- Youth Activity 4: Team Up to Protect Our Communities (35 minutes)
- Youth Activity 5: The Medal Podium – Bringing It Home (15 minutes)

## **Youth Activity 2: Ready, Set, Get Informed – Introducing HIV**

**Suggested Time:** 35 minutes

**Materials Required:** Puzzle pieces in envelopes

This activity is structured around a relay race competition and aims to combine outdoor recreation with education about HIV. The race is structured so that teams compete against one another, all the while collecting puzzle pieces that the team must assemble at the end. The puzzle pieces will form images from the Illustrations in the Activity Kit.

1. Participants should be divided into teams of four and will compete against one another in a relay race. All members of the group will stand at the starting line and will decide on an order by which they will complete the relay. When the race starts, the first person will run from the starting line to a designated point (such as a tree that is roughly 50 meters away). At the designated destination point, there will be a set of four envelopes for each team. These envelopes will be numbered one through four and the first person should collect envelope number one. They will then run back to the starting point, slap hands with the second runner, who will then run and collect envelope number two, return, and slap hands with the third runner. The team that has each of its members run, collect an envelope, and return in the shortest period of time wins the relay race.
2. Once the race is completed, the teams should remove the puzzle pieces that are contained within each envelope. The groups will then have to assemble the puzzle pieces to form pictures (these pictures are taken from the Illustrations in the Activity Kit).
3. Still in their small groups, the participants should discuss what they see on the resulting picture; then each group will have a turn to share out loud with the other groups.
4. Using the facilitator's notes provided in the flipchart, make sure to provide any additional key information that is relevant to the images.
5. Conclude by telling participants that this is just the beginning of their exploration of the issues of HIV and AIDS, and though they might have lots of questions, they will have more time to explore this in greater depth.

### **Youth Activity 3: Dive, Duck, and Dodge – Introducing Risk Reduction**

**Suggested Time:** 35 minutes

**Materials Required:** A sports field, divided into two halves; 4-6 soft balls (socks or other soft objects that can be thrown are also suitable).

This activity aims to introduce the concept of HIV risk reduction through the game of dodgeball. Dodgeball is played by two teams that must throw a soft ball at one another from opposite sides of a field. This activity does not provide specifics about HIV risk-reduction strategies (this is provided in later sessions), but instead introduces the concept of HIV risk reduction.

1. Divide the group into two teams and explain to them that they will play a game of dodgeball. Dodgeball is a game in which two teams must stand on opposite sides of the field and throw a ball across the field at the other team in order to get people ‘out.’ People get out when they are hit by a ball. If someone is hit, they must stand off the field until the round is over. If you catch a ball, the person who threw it is out. A round is over when every person on one of the teams gets out. The game can be repeated several times over the course of the time allotted.
2. In between each round, bring the entire group together in the middle of the field. Ask them to brainstorm strategies that have worked well for them in dodgeball. Focus specifically on how they avoided getting hit with a ball. Tell them that just like they try and prevent getting hit with the ball, there are lots of ways to reduce the risk of HIV, and just like you can dive, dip, duck, or run away in the game of dodgeball, there are many different strategies that can be used to try to avoid HIV transmission or infection.
3. When the game is finished, tell participants that reducing the risk of HIV is similar – but not identical – to the game of dodgeball. Tell participants that they must always be careful and take responsibility for keeping themselves safe and over the next sessions, they will learn more strategies for HIV avoidance. [Note: The metaphor can be extended if you would like. You can say that the more frequently people engage in risky behaviors, such as running up to the line in dodgeball, the more that they have to be careful to protect themselves because they will be more vulnerable].

## **Youth Activity 4: Team Up to Protect Our Communities**

**Suggested Time:** 35 minutes

**Materials Required:** A football pitch, football

This activity uses football – a team sport – as a way to introduce two primary concepts regarding HIV: (1) HIV can affect entire families and communities and (2) people do not have to fight HIV by themselves; there are resources that exist to help them and they can work together with their families and communities to live safe and healthy lives.

1. Divide the group into two teams and explain to them that we will be playing a game of football. Tell the group that they should divide into specific roles and decide who will play offense, midfield, defense, and goalie.
2. Play a game of football! You can serve as a referee and encourage teams to cooperate, work together, and include every person.
3. At the end of the game, bring the group together to briefly discuss the game. Ask the group, “What was the most effective way to score goals and do well in that game?” Try and draw out themes of teamwork and collaboration.
4. Conclude by telling the group that reducing the risk of HIV and supporting the HIV response is, actually, similar to playing football on a team. There are lots of different roles to play in the effort to build healthy communities: You can protect yourself from HIV, you can teach and inform other people about HIV, you can support your families to make sure they are protected, and you can help care for people who are HIV-positive or fight HIV-related stigma.

## **Youth Activity 5: The Medal Podium**

**Suggested Time:** 15 minutes

**Materials Required:** Championship Medals – The Fight Against HIV

This is an opportunity to conclude the day by awarding “Champion” medals to all the participants and summarize the key themes from the day.

1. Ask participants to reflect on the day. Remind them that they participated in three activities: (1) a relay race; (2) dodgeball; and (3) football. Go through each event and ask them to consider the key lessons of those events as they relate to HIV. To guide you, here are each of the events and some of the key themes:
  - Relay Race: Basic information about HIV, what HIV is, and the importance of being informed about HIV.
  - Dodgeball: There are many strategies to prevent HIV, and the more risk one takes, the more one needs to protect one’s self.
  - Football: We are not alone in our efforts to prevent HIV or care for people affected by HIV; we can better protect ourselves by working with our families and communities than we can ever do by ourselves.
2. Hand out “HIV Risk Reduction Champion” medals to all participants (see **Activity Kit**). Tell them that they can keep these in their homes as a reminder of what they have learned about HIV. Also tell participants that the purpose of today was to have fun and meet one another and begin to learn some of the key messages about HIV-risk reduction. However, there is still a lot to learn and everyone will have the opportunity to learn more next time you get together.

### Event 2: Stop HIV Before It Stops Us Big Ideas, Key Facts, and Sample Lesson Plan

Any activity with “Picture This” in its title uses the *Illustrations* in the **Activity Kit**.

**Short Event Description:** This drama and role playing event aims to integrate the basic knowledge provided in Event 1 with a finer understanding of how these issues uniquely affect young people. It also begins to make the transition from games and broad themes about HIV to more serious conversations among participants about HIV and specific knowledge about HIV risk reduction.

#### Big Ideas:

- Young people are vulnerable to becoming HIV-positive and each person needs to take responsibility for his or her own health
- PrEP is one of several available ways that people can protect themselves from becoming HIV-positive
- Learning about HIV can be an ongoing process. We don't have to have all the answers today – the important thing is to keep learning and asking questions

#### Learning Objectives:

At the end of this workshop, participants should understand:

- How HIV is transmitted
- PrEP is one strategy that can help people reduce their risk of becoming HIV-positive
- How to protect one's self against HIV from sexual transmission

#### Sample Lesson Plan (2.5 hours):

- Youth Activity 1: Creating Safe Space (15 minutes)
- Youth Activity 6: HIV in the News – Looking at What Is Out There (25 minutes)
- Youth Activity 7: HIV On Stage – Stories About HIV (45 minutes)
- Break (5 minutes)
- Youth Activity 8: Going Backstage – How Can We Stop HIV? (45 minutes)
- Youth Activity 9: Picture This – Young People & PrEP (20 minutes)

## **Youth Activity 6: Looking at What's Out There – HIV in the News**

**Suggested Time:** 20 minutes

**Materials Required:** A collection of local or national newspapers and magazines that contain references to HIV.

This activity aims to have young people begin exploring the ways in which HIV is present in their communities and the issues that are involved.

1. Begin by telling participants that even if they don't know much about HIV, they are going to have the opportunity to explore how it affects them and the communities around them.
2. Have participants sit in circles in groups of 3-5 people.
3. Give each of the groups a stack of newspapers and magazines. These can be from anytime over the last 2-3 years. They should, somewhere within them, contain several references to HIV. These references can be anything – whether it is about a public health project, a photograph of an AIDS clinic, a government initiative, or an opinion piece that mentions HIV.
4. Have the groups collect as many pictures or articles about HIV as they can find. They can cut them out of the newspapers or magazines (or, if you'd like to reuse the newspapers, just have them note where they are).
5. Bring the group together and have people share articles or pictures that they have found. With each article, ask the group what they learned about HIV from the article and what questions do they have about HIV based on the article. You can keep a list of these on a flipchart or board.
6. As questions arise, try your best to answer these. If you don't know the answer to any question, tell participants that you aren't sure about the answer and because you want to make sure that they have the correct information, you are going to find out and tell

them what you learned at a later time.

7. Close by telling the group that HIV is something that affects lots of people, and this is why it is something that often appears around us. Also tell them that many people talk about HIV, but it's important to choose your sources carefully. Sometimes, people say things about HIV that are incorrect; however, if they get their information from trustworthy sources (such as their local clinic, HIV prevention program, or faith leader), they will be able to make informed, healthy choices that help them remain HIV-negative.

## **Youth Activity 7: Getting On Stage – Telling the Story of HIV**

**Suggested Time:** 45 minutes

**Materials Required:** Youth Activity 7 Scenario Cards (from Activity Kit)

This activity aims to review the information that has already been learned and allow participants to practice how they can talk about HIV and demonstrate what they have already learned about HIV.

- 1) Begin by dividing participants into four groups (of 4-5 participants each; you can have fewer groups if there are fewer participants).
- 2) Tell participants that they are going to work in their groups to “tell the story of HIV” and create plays that will help explain to each other various aspects of HIV. Each group will be given a different cue card that contains a scenario that they should act out (see activity cards in **Activity Kit**).
  1. Group 1 – Peter (or appropriate local name) is 14
  2. Group 2 – Mary (or appropriate local name) is 16
  3. Group 3 – Francis (or appropriate local name) is 17
  4. Group 4 – Miriam (or appropriate local name) is 8
- 3) Give the groups 10 minutes to prepare a short play (less than 5 minutes long) based on their scenario. Encourage the groups to be creative and have fun with their plays. You can tell them to “imagine that their play is a big production that is going to be seen by millions of people who have paid a lot of money for their tickets.”
- 4) Once they have prepared, have the groups each share their plays. After each play, ask the group for feedback, specifically asking the question: “Is there anything that the people in this play could have done better?”
- 5) Use the facilitator’s notes below to make sure that the key lessons from each scenario are shared with the group during debrief.

### Group 1 - Facilitator's Notes

During debrief, make sure that the following items are noted:

- People can become HIV-positive through different routes, including mother-to-child transmission.
- People can live long and healthy lives even if they are HIV-positive.
- HIV stigma is based on fear and misinformation. It's important that we know the truth about HIV and that we combat stigma and misinformation with accurate information.
- Every person can be an educator about HIV and share what they know.

### Group 2 - Facilitator's Notes

During debrief, make sure that the following items are noted:

- It is important to know that there are resources available to find out more information about HIV.
- Young people should feel comfortable about going to older people within the community to find out more about HIV. There are many people within a community who are available to answer their questions. These include: Their faith leader (e.g. priest, imam, pastor), youth group leaders, teachers, parents, or any other person whom they trust.
- If they find out that someone is HIV-positive, there is no "right way" to respond. Just remember that they are the same person that they were before they found out they were positive, and that someone's HIV status is just one small part of who they are.

### Group 3 - Facilitator's Notes

During debrief, make sure that the following items are noted:

- Every person has a responsibility to protect themselves from HIV and also to protect the people who are near to them. If your partner is HIV-positive, your primary responsibility is to protect yourself.
- It is important that in any relationship there is open communication about a wide variety of issues – including HIV and someone's HIV status.
- As in Group 2's presentation, this scenario shows us that it can be important to ask for help or guidance from others within the community and there are many people who are available to help us.

### Group 4 - Facilitator's Notes

During debrief, make sure that the following items are noted:

- It is important that people are always given accurate information about HIV.
- Something appropriate to tell an 8 year old about HIV is that it is a sickness, just like many other sicknesses, and that people who are HIV-positive are just like everyone else, and there is no reason to not be friends.
- If they have more questions about HIV, there are lots of people within the community who they can ask.

## **Youth Activity 8: Going Backstage – How Can We Stop HIV?**

**Suggested Time:** 45 minutes

**Materials Required:** Illustrations and markers, HIV risk-reduction handout

This activity builds on the previous role-playing activity (See Youth Activity 7) and provides participants with more specific information about ways of preventing HIV. The goal is not for participants to know everything about all methods of risk reduction, but that they develop a basic familiarity with key concepts and methods for HIV risk reduction and know that there are resources out there that they can turn to in order to get additional information.

Tell participants that the previous activity allowed participants to explore how they can communicate key information about HIV. The next activity is going to allow them to ‘go backstage’ and learn more information about HIV so that they can protect themselves and also help their friends and family stay safe and healthy.

Remind participants of their ‘safe space’ agreement because now they are going to have a more serious conversation about topics that can be difficult to discuss. Tell participants that in order to protect themselves from HIV, it’s important to have accurate information about HIV and how it spreads from one person to another.

Ask participants, “What are the ways in which HIV is spread from one person to another?” Develop a list of these on a flipchart. Make sure that the following items are mentioned by participants:

1. Unprotected Sexual Transmission
2. Drug Use & Sharing Needles
3. Mother-to-Child Transmission
4. Blood Transfusion

Tell participants that even though HIV can be spread through each of these routes, there is good news: the risk of HIV can be reduced if people take the necessary precautions. Ask participants what are ways that each of these types of transmission can be prevented and develop a list. Here are some suggestions for what could be said:

1. **Unprotected Sexual Transmission:** Abstain from sex, be faithful to one partner, use condoms, use PrEP, use female condoms
2. **Drug Use & Sharing Needles:** Don't use drugs
3. **Mother-to-Child Transmission:** Use Preventing Mother-to-Child Transmission (PMTCT) services, make sure pregnant women go to the doctor
4. **Blood Transfusion:** Go to a safe hospital (Note: Infection through blood transfusion is very rare because most blood is screened for HIV)

It is important to take time to address questions as they arise from participants. Some participants may not have received much sexual education or may not know much about HIV. That is why it's important to go slowly and explain to participants, "HIV is something that is not often talked about, but it is something that affects all of us. That's why we are going "backstage" to learn more information."

Tell participants that reducing the risk of sexual transmitted HIV is incredibly important and also very difficult because talking about sex and sexuality can be hard. Right now, they don't need to know everything about all methods of preventing HIV, but they should know that it is possible to reduce the risk of HIV transmission and infection, and that whenever they make the decision to be sexually active, they need to take responsibility for keeping themselves safe.

Conclude by having participants brainstorm a list of people that they can turn to if they have more questions or want to seek guidance and support. Here is a possible list:

1. Doctors
2. Religious leaders
3. Youth group leader
4. Parents
5. Community elders

6. Teachers
7. Nurses
8. Aunts and uncles
9. Grandparents

Tell participants that every person may not be fully informed about HIV, so they should choose someone whom they trust and who is likely to have access to information. Make sure to specifically note any community members who you know will be able to provide effective guidance and counsel to participants.

## **Youth Activity 9: Picture This – Young People & PrEP**

**Suggested Time:** 20 minutes

**Materials Required:** *Illustrations*

This activity uses the *Activity Kit Illustrations* as the trigger for a conversation about how PrEP can be used as one tool for people to protect themselves against HIV.

Begin by telling participants basic information about PrEP. You can say that ARVs are medicines used by people who have HIV to stay healthy. Recently, we have discovered that people who don't have HIV can also use ARVs to make them less likely to become HIV-positive if they are exposed to HIV. Now we are going to have the opportunity to learn about how ARVs might help support healthy families and communities.

Review pictures from the *Illustration* in the Activity Kit. Show each picture and ask participants what they see in the photos. Ask them what they think that the key message of the image is. Use the tagline on the back of the illustration to guide the discussion. If any additional key information is needed, refer to the other materials in the Activity Kit.

Conclude by telling participants that these images are only illustrations and are just some of the potential ways in which to reduce the risk of HIV and to use PrEP; it is up to each of us to determine what the best ways are for us to protect ourselves. Remind participants of the resource list that they developed in Youth Activity 8 and say that they can always turn to those people for help if they have further questions.

### **Event 3: Look Forward – Responsibility Starts Now Big Ideas, Key Facts, and Sample Lesson Plan**

**Short Event Description:** This workshop aims to focus on how HIV relates to the lives of participants as young people right now. The workshop includes a specific exploration of what healthy adolescence and youth looks like (Youth Activity 10: Growing Up Healthy) and then asks participants to make an enduring commitment to living a healthy life (Youth Activity 11: Tying It Together – It Doesn't Stop Here).

**Big Ideas:**

- Every person has the ability to protect themselves and their families against HIV
- Youth is about making a transition from childhood to adulthood – this means slowly taking on greater responsibility, but also taking time to learn and explore
- More about HIV is discovered everyday

**Learning Objectives:**

At the end of this workshop, participants should understand:

- Why HIV is something that they should be concerned about
- There are resources available to learn more about HIV
- What they can do to make sure that they grow up healthy

**Sample Lesson Plan (1.5 hours):**

- Revisit Safe Space Agreement (see Youth Activity 1) (5 minutes)
- Youth Activity 10: Growing Up Healthy (45 minutes)
- Youth Activity 11: Tying It Together – It Doesn't Stop Here (40 minutes)

## **Youth Activity 10: Growing Up Healthy**

**Suggested Time:** 45 minutes

**Materials Required:** White board or flip chart, markers

This activity explores adolescence and the particular things that adolescents should be thinking about in terms of HIV risk reduction and health during this point in their lives.

1. Begin by writing the word “health” on a sheet of paper or board in front of the group. Ask participants what they think of when they hear the word “health.” Solicit 2-3 contributions and then tell the group that you want to encourage them to think about three aspects of health: 1) physical health; 2) emotional and mental health; and 3) spiritual health. Tell participants that we will return to these themes throughout the day.
2. Divide participants into groups of 4-5. Provide each group with a large sheet of paper and several markers. Ask them to draw a picture of a healthy adolescent. They can draw pictures of a person, with objects around them, and write words on the picture. Encourage the group to be creative about how they portray health, and encourage them to include all three dimensions of health: Physical, emotional /mental, and spiritual.
3. Once groups have completed their drawings, have each group briefly share some elements of what they drew as aspects of healthy adolescence. Encourage groups to share aspects that were not shared by previous groups.

4. Then, ask the group, “How does HIV affect people your age?” Solicit several responses and facilitate a conversation about how HIV might affect people their age. Several key points are included in red below. You can steer the conversation towards these points with guiding questions, such as, “What is the difference between adolescence and childhood?” Or “What kinds of issues are going to arise for you in the next years that you have not had to deal with before?”

Adolescence is often a time when people begin to explore their sexuality and some people might have their first sexual encounters. It’s especially important to know the risks of HIV that are associated with sexual activity.

As people grow older, they will become role models for other people and they should know how to set a good example and also provide accurate information about HIV.

Adolescence is a time when people transition to becoming adults. Part of adulthood is being responsible and taking on greater responsibility for one’s self and one’s actions. This includes taking responsibility for one’s health.

5. Conclude by closing the conversation and telling participants that they don’t need to know everything about HIV right now, but that adolescence is about beginning to take on more responsibilities and that they need to know how to stay healthy and be responsible.

### Youth Activity 11: Tying It Together: It Doesn't Stop Here

**Suggested Time:** 40 minutes

**Materials Required:** Personal Reflection  
Worksheets from activity kit; string

This activity concludes the youth module by having participants formalize their commitments to living healthy lives and supporting their families and communities to do the same.

**Note to Facilitator:** Thank you for taking the time to inform and engage your community's youth around HIV Risk Reduction. As a well-respected leader in your community who is well-informed about HIV Risk Reduction and PrEP, your participation in this effort with other faith leaders will make a profound difference in decreasing the number of HIV infections in your community.

1. Tell participants that over the course of the youth events, they have learned a lot of new information about HIV, HIV risk reduction, and living healthy lives. Now, they will have the opportunity to reflect on what they have learned and think about how they will carry it forward into their lives.
2. Have participants work quietly by themselves to fill out the 'Personal Reflection Worksheet.' (If participants are not literate, you can use the key questions on the personal reflection worksheet as a guide for a group conversation).
3. Once they have completed the worksheets, have participants sit in a circle. Tell participants that they are now going to share what their commitment to living a healthy life or protecting their community is (from the worksheet). When they share their commitment, they should hold the ball of string. Once they have finished sharing, they should hold on to the string but then unroll the ball or spool of string further and pass it to someone across the circle. By doing this, they will create a 'web' of string in the middle of the circle connecting all members of the group.
4. Once all group members have shared, conclude by telling the group that they have learned a lot about HIV and health over the course of your time together and even though the program is ending, this is just the beginning of their commitments.

Additionally, they have done an excellent job of supporting each other and learning from each other and they can remain connected to the community that was created – as symbolized by the web of string between them. Additionally, now they can take a piece of this group back with them as a symbol of their commitment by cutting off a piece of the string of web and creating a bracelet from it by tying it around their wrists.

**Wow! You've reached the end. Good work!**

There are lots of different ways that you can provide closure for your group: sing a spiritual song, close with a simple prayer for the health and well-being of the group—it's up to you. Thank them for their participation and wish them good health.



## Activity Kit

This ‘activity kit’ is designed to give you all the tools that you need to facilitate the modules and workshops contained within “PrEParing Your Community: A Toolkit for HIV Education & Risk Reduction”. It has everything from handouts with important HIV information to scenario cards that can be used in drama and role-plays.

Please note that this Activity Kit includes informational documents that can be copied and shared with individuals, groups and families – so please pull them out, copy them and share them with participants and others who are interested.

The purpose of the kit is to support you as you help care for your community, so feel free to use these tools in any way that you see fit. Ultimately, it’s how you use these elements that will make the biggest difference.

Have fun!



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## Illustrations

[For possible inclusion in customized country toolkits: addition of a pocket booklet for faith leaders with conversation starters & scriptural references]



## Key Facts About HIV/AIDS Handout

### **What is HIV?**

HIV stands for Human Immunodeficiency Virus – a viral infection that weakens someone’s immune system, making them more susceptible to other diseases. There is no cure for HIV, although treatments are available.

### **What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome and refers to an HIV infection that is advanced such that a person’s immune system has been seriously weakened. Without treatment, AIDS can lead to death.

### **How is HIV transmitted?**

HIV can be transmitted through bodily fluids: 1) blood; 2) semen; 3) vaginal secretion; and 4) breast milk. Although most HIV infections occur because of sexual transmission, not all do. In addition to sexual transmission, HIV can be transmitted by sharing needles during intravenous drug use, from mother-to-child during childbirth, or through breastfeeding.

### **Is HIV common?**

Roughly 34 million people across the world are HIV positive. In some areas, as many as 30% of people may be HIV positive whereas in other parts of the world HIV is relatively rare.

### **Can HIV be transmitted by kissing or sharing food?**

HIV can not be transmitted through casual contact, such as shaking hands or hugging. It can also NOT be transmitted by sharing food or playing sports with HIV positive people. HIV can only be transmitted through kissing if blood is exchanged, which could happen if someone has sores on their mouth or, in rare instances, through deep open-mouthed kissing.

### **Is there a cure for HIV or AIDS?**

There is no cure for HIV or AIDS. However, a variety of treatments are available that currently allow people who are HIV positive to live long, healthy, and productive lives. These treatments are called antiretrovirals (ARVs).



### **Can HIV be prevented?**

Yes. There are many ways to reduce your risk of becoming HIV positive. See ‘The HIV Risk Reduction Toolbox’ for more information.

### **If someone I know is HIV positive, how should I react?**

There is no ‘right’ or ‘wrong’ way to react. People who are HIV positive should be treated the same way as anyone else. An individual’s illness is a private matter for them and they may want to discuss it with or might not – both options are fine.



## HIV AIDS Statistics

### Source: Global Fact Sheet UNAIDS 2012

- **YOUTH:** Globally, young people aged between 15-24 years account for 40% of all new adult (15+) HIV infections. 75% were in sub-Saharan Africa.
- **CHILDREN:** About 3.4 million children younger than 15 years were living with HIV in 2011. 91% were in sub-Saharan Africa.
- **WOMEN:** HIV is the leading cause of death of women of reproductive age.
- There are roughly 34.2 million people living with HIV and roughly 22 million of these people live in sub-Saharan Africa.
- Roughly 2.2 million new HIV infections occur each year.
- Roughly 300,000 new HIV infections occur among children each year.
- Approximately 63% of all young people (15-24) living with HIV are women.
- Roughly 1.7 million people died in 2011 from AIDS-related causes.

What can we do to reduce these numbers?

How can we make a difference in preventing the spread of HIV?



## Facts and Myths about HIV Transmission

**Myth:** HIV can be transmitted by hugging or kissing.

**Fact: HIV cannot be transmitted by hugging.** HIV can only be transmitted by kissing if blood is exchanged between partners, which might occur if someone has open sores in their mouth. In rare instances, deep, open-mouthed kissing might result in HIV transmission as well because blood might be exchanged.

**Myth:** HIV can be transmitted by mosquitos in areas where HIV is common.

**Fact: HIV cannot be transmitted by mosquitos.**

**Myth:** People should be very careful around people with HIV.

**Fact: You don't have to worry about getting HIV from someone unless you exchange body fluids with them.** If you are engaged in sexual activity, it is always a good idea to know your status and the status of your partner or use protection, such as condoms.

**Myth:** People who are HIV-positive are probably promiscuous or became HIV-positive because they engaged in a high-risk activity.

**Fact: There are different ways of becoming infected with HIV, including from mother-to-child or from your spouse.** Just because someone is HIV-positive doesn't mean that they are promiscuous.

**Myth:** If someone gets HIV it means that they will die.

**Fact: There are medications available for people who are HIV-positive.** With these medications, HIV-positive people can live long and healthy lives.

**Myth:** HIV is a disease that mostly affects gay people or prostitutes.

**Fact: HIV can affect any man, woman, or child.**



**Myth:** I would know if someone I knew or loved had HIV.

**Fact: A person with HIV may not show any symptoms for up to 10 years.** Since HIV affects each person differently, many people with HIV can look and feel healthy for years. The only sure way to know is to get tested.

**Myth:** I shouldn't get tested for HIV because if I am positive, there's nothing that I can do.

**Fact: If you are positive, there are medications and treatments available that can help you stay healthy.** Also, by knowing your status you can better protect the people you love.

**Myth:** People with HIV can't have children.

**Fact: People with HIV can have and raise healthy children.** A woman who is HIV-positive is also much more likely to raise an HIV-negative child if she seeks medical care during pregnancy and accesses prevention of mother-to-child transmission (PMTCT) services, which includes the use of ARVs and also avoiding breastfeeding.



## HIV Risk Reduction Basics

There are many HIV **risk reduction** strategies. Many of these methods can be used together in order to reduce one's risk of becoming HIV positive. Individuals can pursue the combination of strategies that best addresses their particular needs and risk profile. The following list briefly describes traditional options for preventing sexual transmission of HIV, as well as newer methods such as pre-exposure prophylaxis (PrEP).

### Choices and Options

**Abstinence:** Abstinence is the only 100% effective way of preventing sexual transmission of HIV. By abstaining from sex, people cannot be infected with HIV through sexual transmission.

**Fidelity:** Faithfulness to a spouse or partner significantly reduces one's chances of becoming HIV positive. Fidelity must apply to both partners in a relationship – it is not enough for just one partner to be faithful if the other partner is not. By maintaining mutual fidelity and knowing one's status, people can control their exposure to HIV and reduce their risk of becoming HIV positive.

**Counseling and Testing:** It is much more difficult to prevent HIV transmission when we do not know our HIV status or that of a sexual partner. Knowing your status and the status of any sexual partner allows you to make smart choices about how you can reduce your risk or the risk of your partners.

### KEY TERM:

We use the term **RISK REDUCTION** because, unfortunately, many of the 'HIV Prevention' options that exist are not 100% effective – instead they are ways of reducing risk. We don't want to give people the impression that by using a given prevention option they are completely safe and will never get HIV. However, the good news is that if these strategies are used consistently and correctly, they can greatly lower one's chances of becoming HIV positive.



**Male & Female Condoms:** Male and female condoms both work as barriers during sex that prevent ejaculated semen from entering the body of one's partner. If used correctly and during every sex act, condoms can be almost 99% effective in preventing HIV. Condoms also prevent a woman from becoming pregnant, and are thus a form of contraceptive.

**Voluntary Medical Male Circumcision (VMMC):** Male circumcision lowers the chance that a man will become HIV-positive during sexual intercourse with a woman by 50-60%. However, it does not lower the chances of a woman becoming HIV-positive if she has sex with an HIV-positive man. VMMC should be performed in a clean, sterile setting and attended to by a medical professional.

**Treatment of Other Sexually Transmitted Infections (STIs):** Sexually transmitted infections (STIs) can create sores through which HIV may pass more easily during sexual intercourse. Treatment of STIs therefore reduces risk of exposure to HIV.

**Treatment as Prevention:** Treatment as prevention refers to the notion that people who are HIV-positive and are taking antiretroviral treatment (ARTs) are less likely to infect an HIV-negative partner than an HIV-positive person who is not on treatment.

**Post-Exposure Prophylaxis (PEP):** PEP is the use of ARVs by an HIV-negative person immediately or within 72 hours after possible exposure to HIV. If someone suspects that they may have been exposed to HIV through sexual activity or other means, they should immediately consult a local doctor or community health worker about beginning PEP, which is a specialized course of antiretroviral (ARV) drugs.

**Pre-Exposure Prophylaxis (PrEP):** PrEP is the use of antiretroviral (ARVs) drugs by people who are HIV-negative in order to reduce their risk of becoming HIV-positive. PrEP may be taken by men or women as an oral tablet or by women as a vaginal gel. PrEP is still undergoing clinical testing and regulatory approval and is not yet available.



## Protect Your Health: Know Your HIV Status

- Married and unmarried men and women alike should consider going to their local clinic for HIV counseling and testing.
- Voluntary counseling and testing (VCT) offers an opportunity for serodiscordant couples to choose treatment for the HIV-positive spouse and to choose appropriate risk-reduction options to protect the other spouse from becoming HIV-positive.

### **KEY TERM:**

#### **Serodiscordant:**

A serodiscordant or discordant couple means one partner is HIV-positive and the other is HIV-negative.

**There are several ways to reduce the risk of sexual transmission of HIV between spouses. These options may include:**

- Antiretroviral (ARV) treatment for the HIV-positive person, which can reduce the likelihood of further transmission.
- Voluntary medical male circumcision, which can reduce female-to-male transmission.
- Pre-exposure prophylaxis (PrEP), a new risk reduction strategy which is especially useful for serodiscordant married couples. PrEP is non-contraceptive, so you may be able to use and still get pregnant and have children. However, you should always consult a doctor or nurse if you are thinking about having children.

Although none of these options is 100% effective, by using a combination of methods, couples can choose to marry with a reduced risk of HIV transmission between them and minimal effect on their future family.



## Introducing PrEP Handout

### What is PrEP? A New Way to Reduce Risk

Pre-exposure prophylaxis (PrEP) is a new medical approach to HIV risk reduction.

#### PrEP stands for...

##### Pre-Exposure

Pre-Exposure means that PrEP is used by an HIV-negative person BEFORE he or she is exposed to HIV

##### Prophylaxis

Prophylaxis is another word for PREVENTION, meaning that PrEP helps to prevent HIV

#### There are 2 Kinds of PrEP...

##### Pills

Pills – also known as oral tablets – can be taken by both men and women.

Oral tablets must be taken as prescribed in order to be effective. Typically, this means that these tablets must be taken every day.

##### Gels

A vaginal gel – sometimes referred to as a microbicide – is available for women.

Gels must be used as prescribed in order to be effective. Typically, this means using them both before and after sex.

#### Both kinds of PrEP...

The active ingredient in both types of PrEP is an antiretroviral medication (ARV) – the same thing that is being used to treat people who are HIV-positive.

PrEP must be taken according to how it is prescribed in order to be effective.

PrEP is not 100% effective and should be used in concert with other risk-reduction strategies.

PrEP can protect your children or future family by ensuring that you are healthy and able to support them.

PrEP is a way to preserve health and wellness.



### The Good News about PrEP...

PrEP is a new, recently discovered way to reduce one's risk of becoming HIV-positive.

It builds on existing strategies to prevent the transmission of HIV, such as prevention of mother-to-child transmission (PMTCT), which also uses ARVs to prevent HIV transmission.

PrEP is non-contraceptive, so HIV-negative women can use PrEP and still get pregnant.

PrEP is the first HIV risk-reduction strategy that can be fully controlled by women and used autonomously by women

PrEP may reduce someone's chances of becoming HIV-positive by as much as 60%.

PrEP can be used by both HIV-negative men and HIV-negative women.

### A Few Drawbacks of PrEP...

PrEP is not 100% effective. Clinical trials have demonstrated that PrEP can reduce someone's chance of becoming HIV-positive by 40-60%.

People who adhere to PrEP in the manner it is prescribed are much better protected and their risk of HIV infection is greatly reduced. Therefore, it is extremely important to adhere to PrEP use in the manner prescribed by a doctor or clinician.

A person who is using PrEP must receive regular HIV tests to ensure that he or she remains HIV negative. If she does become HIV positive while on PrEP, it is important to know that quickly so as to not develop drug resistance.

People who use PrEP may experience some mild side effects, like headaches or nausea.

### Key Take Away Messages

- PrEP can help couples reduce their risk of HIV transmission.
- PrEP is a way to help preserve healthy marriages.
- PrEP can protect your spouse or children by ensuring that you are healthy and able to support them.
- PrEP is non-contraceptive.
- PrEP can protect your adult children who are starting families.
- You can help protect other families by telling women about PrEP.



## Model of a healthy community

### **A community can adopt and promote the following healthy behaviors:**

- Advise couples whose HIV status is unknown to seek testing for both people.
- Provide encouragement to people, especially women, who use PrEP.
- Support individuals and couples using PrEP to adhere to the drug regimen.

### **An individual at potential risk of HIV infections can consider these options:**

- Seek HIV testing if you do not know your HIV status.
- Ask your local doctor or medical clinic about PrEP if a loved one has HIV.
- Consider using PrEP if you are in a serodiscordant relationship.
- Consider using PrEP if you are HIV-negative and engage in sex with someone whose HIV status is unknown.
- Consider using PrEP if you are HIV negative and have trouble negotiating other HIV-prevention options with your sexual partner(s).

### **A community that respects and supports women who choose to protect themselves from harm by using PrEP can:**

- Develop and generate a sense of security for women.
- Promote privacy and confidentiality.
- Increase accessibility to HIV risk reduction services, including PrEP.
- Empower women with the knowledge of PrEP and other risk reduction options.
- Establish support system within our families, religious institutions and communities for women who use PrEP.
- Share information about PrEP within your community (e.g. within women's groups, youth groups, and chief's councils, so as to promote accessibility of PrEP).
- Educate community opinion leaders and health workers within the community about PrEP for the purpose of collaboration and consultations.
- Adopt community-level behavioral innovations to reduce risky behaviors so that PrEP does not become a license to sin.
- Support PrEP use at the family level: encourage family members to express acceptance for PrEP; help women to adhere to the time when the pill (or gel) should be taken (or applied); help women



to track the number of pills (or gel tubes) remaining; and help women to collect the PrEP medication and attend follow-up visits to the doctor.

- Encourage information-sharing: identify messages that are stigmatizing; find accurate and adequate information about who should use PrEP and why PrEP should be used, so that PrEP is not seen as promoting promiscuity.



## Key Facts About HIV and Women

Sources: UNAIDS Fact Sheet 2012; UN AIDS Day Report, 2011; Kaiser Family Foundation; U.S. Centers for Disease Control and Prevention.

- Approximately 60% of people with HIV do not know they are infected.
- Worldwide, more than half of all people living with HIV are women.
- In Sub-Saharan Africa, women constitute 59 percent of all people living with HIV.
- For women in their reproductive years (15–49), HIV/AIDS is the leading cause of death.
- Women are at least twice as likely to acquire HIV from men during sexual intercourse than vice versa.
- Among young people aged 15-24, HIV prevalence for young women is twice that of young men.
- A study in South Africa recently suggested that nearly one in seven cases of young women acquiring HIV could have been prevented if the women had not been subjected to intimate partner violence.
- In 2011, 57% of pregnant women living with HIV in low- and middle-income countries received effective prevention of mother-to-child transmission (PMTCT) services.



## Women's Vulnerability to HIV

### *What Makes Women Vulnerable to HIV?*

#### **Female Anatomy**

- Transmission of HIV from a man to a woman during sexual intercourse is two to eight times more likely than from a woman to a man.
- Physiologically, women are more susceptible to HIV than men because of greater mucous membrane exposure during sex, a larger amount of fluid exchange from male to female, and higher viral content in male sexual fluids.
- Young women may be especially vulnerable because of the developmental changes occurring in their reproductive anatomy during adolescence.
- A woman's susceptibility to HIV infection is further increased if she or her partner has a sexually transmitted infection, if she has experienced genital trauma, or if her partner is HIV positive and has a high viral load (the concentration of a virus, such as HIV, in the blood).
- Several HIV-related conditions occur solely or more frequently in women than in men. Most significant are gynecological complications of HIV, including invasive cervical cancer, pelvic inflammatory disease, and, more frequently, recurrent and persistent vaginal yeast infections.

#### **Social and Cultural Factors**

- In many societies, women are often not given full autonomy and control of their bodies, and may be subject to intimate partner violence or sexual assault and rape. These types of forced sexual encounters can transmit HIV and do not give women the opportunity to protect themselves.
- In some societies, it may be common for men to have more than one sexual partner. These 'concurrent partnerships' make it more likely that HIV spreads through a population and can affect many women who may have had a sexual encounter with a man.
- There are currently very few prevention options that women can control autonomously, without the involvement and participation of a male partner. This makes women reliant on the participation of men in HIV risk reduction strategies.
- Some women are not allowed to receive educations and go to school, which means that they may not know about HIV or how to reduce their risk of HIV. This can in turn make them more vulnerable to becoming HIV positive.



## Women's Activity 8: What Should Mrs. Yona Do?

### **Scenario 1:**

Mrs. Yona (nickname), 36 years old lives in Nyanza Province, Kenya. She is a widow who has lost her husband to HIV. As a Luo, she is supposed to be inherited by her husband's brother. They decide to go for an HIV test and, on receiving the results, Mrs. Yona was positive and Mr. Juma was negative.

Despite the results, Mr. Juma still insists on inheriting Mrs. Yona as the culture demands. He says that because Mrs. Yona appears beautiful and healthy, there is no problem.

Mrs. Yona, however, doesn't know what to do. She is scared about her HIV positive test result and also does not want to put Mr. Juma at risk.

**What should Mrs. Yona do?**



## Women's Activity 8: What Should Mrs. Yona Do?

### **Scenario 2:**

Mrs. Yona (nickname), 36 years old lives in Nyando district in Nyanza Province. She has been married for over 15 years and recently began to suspect that her husband may have been unfaithful to her and is concerned that he may have become HIV positive as a result of his actions.

She is not sure what she should do, but one day decides to ask her husband's best friend if he thinks that her concerns might be true. Her husband's friend says that he doesn't know and that it is none of her business to ask such a question.

Yona feels like confronting her husband but is also scared that he will not want to talk about it or that he will be offended that she asked such a question.

**What should Mrs. Yona do?**



## Women's Activity 9: Put It All Together for a Healthy Marriage

### **Scenario 1 – Wife**

Your husband recently tested positive for HIV. He does not yet require treatment because his disease is not yet that advanced. You know about PrEP and would like to start using it in order to protect yourself and reduce your risk of becoming HIV positive. Your husband has never heard about PrEP.

You approach him because you would like him to support you in using PrEP.

### **Scenario 1 – Husband**

You recently tested positive for HIV. You didn't know much about HIV before receiving your test, but now you know that you are HIV-positive but that you don't yet require treatment because your disease is not particularly advanced.

Your wife comes to you and says that there is something she would like to talk about using PrEP. You have never heard about PrEP before and are generally skeptical of medicines and drugs that come from the clinic.



## Women's Activity 9: Put It All Together for a Healthy Marriage

### Scenario 2 – Wife

You are HIV-positive and both you and your husband have known about this for a long time. You recently learn about PrEP, and because you care about the welfare of your husband, you think it is something that he maybe should use. However, he is skeptical of medicines and drugs and also does not feel like he is at risk of becoming HIV-positive.

You approach your husband to suggest to him that he think about using PrEP.

### Scenario 2 – Husband

Your wife is HIV-positive and you have known this for some time and have spoken openly with her about her status. However, you have never considered yourself at risk of becoming HIV-positive and you have never heard of PrEP.

Your wife approaches you and tells you she has something she would like to talk about.



## Parenting

- Parenting is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to adulthood.
- Although providing shelter, food, and physical safety for a child is incredibly important, that's not all that parenting involves. Parenting also involves taking an active role in your child's life by helping them learn important life skills and develop into emotionally mature adults.
- It's important that fathers are involved in all aspects of parenting in order to improve lifelong outcomes for women and children. Fathers' involvement is one of the greatest--yet most underutilized--sources of support available to children in our world today. In addition, fathers should lend support to their pregnant wives to access antenatal services and enroll in prevention of mother-to-child transmission programs if the mother is HIV-positive.
- Talking with kids about HIV/AIDS might mean talking about sex and drugs. Parents should become knowledgeable and comfortable discussing sex and other difficult issues early in a child's life, even before their children reach ten years of age. Parents who are well informed about how to prevent HIV and who talk with kids regularly about healthy behaviors, feelings and sexuality can make a huge difference in reducing their children's risk of HIV.

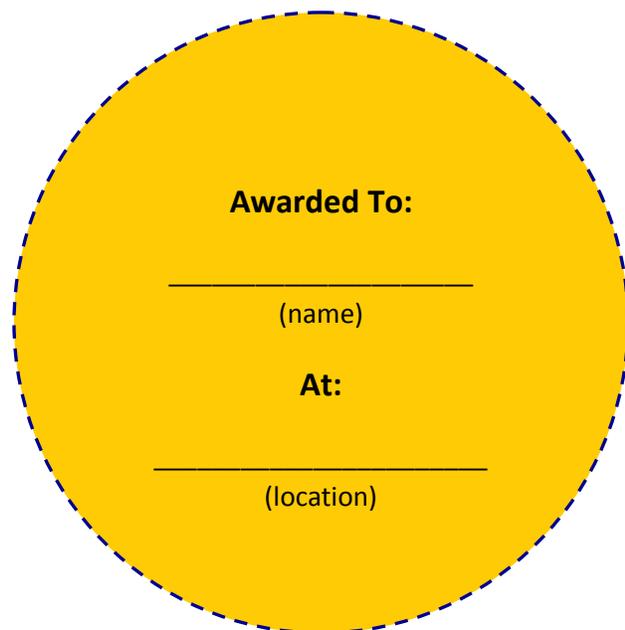


## Youth Activity 5 The Medal Podium

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## **Youth Activity 7**

### **Get On Stage – Tell the Story of HIV**

#### **Group 4:**

Miriam is 8 years old and overhears other people at school talking about HIV. She can't understand what it is, so she goes to her older brother, Steven, to ask about HIV.

Steven has to explain to Miriam in an appropriate way that HIV is a type of sickness that some people can get and, although it sounds a bit scary, Miriam doesn't have any reason to be scared of people who are HIV-positive, and when she gets older she'll have to learn more about how to keep herself safe.



## Youth Activity 11: Tie It All Together, It Doesn't Stop

### Personal Reflection Worksheet

Three new things that I learned about HIV are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Two ways that I can keep myself healthy are:

1. \_\_\_\_\_
2. \_\_\_\_\_

Two ways that I can protect my family or those around me are:

1. \_\_\_\_\_
2. \_\_\_\_\_

I commit to doing the following thing to help stay healthy and support a healthy community:

\_\_\_\_\_