

CHURCH BASED SUPPORT GROUPS FOR SOCIAL SERVICE AND SUPPORT

TRAINING MANUAL ON HIV/AIDS



ADVENTIST - AIDS INTERNATIONAL MINISTRY (AAIM)





The Adventist AIDS International Ministry is an initiative developed under the auspices of the General Conference of the Seventh-day Adventist Church.

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JESUS said:

“...I have come that you may have life, and that you may have it to the full...” NIV - John 10:10

Dear Friend

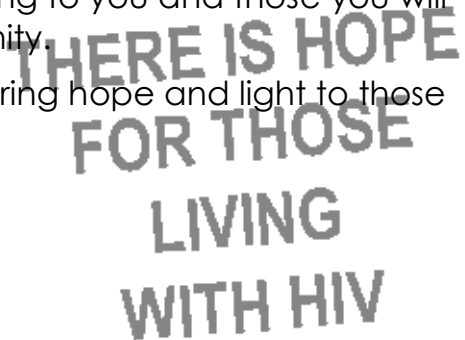
If you are presently holding a copy of this Manual in your hands, it means that you have made a commitment to be part of a network of people that have organised themselves as “Support Centres” in their local communities.

It also means that you as a church member have decided to practice a “Ministry of Hope, Love and Compassion” to as many as there be that are affected by the HIV epidemic in your community.

Most important of all, it means that you have made a commitment to spreading the Gospel of Jesus Christ - which is a Gospel of love.

It is our prayer that this learning programme and these accompanying materials will serve you well and be a blessing to you and those you will train to reach out to others in your community.

May God bless you, as you endeavour to bring hope and light to those who have been touched by this epidemic.



THERE IS HOPE
FOR THOSE
LIVING
WITH HIV

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SEVENTH-DAY ADVENTIST CHURCH

For many years, a stealthy disease has insinuated itself into the world populations. Its explosive harvest of death, misery, and poverty has reached devastating proportions. Populations of the most needy and impoverished have been disproportionately targeted by the disease. Poverty not only provides fertile soil for the transmission of the HIV, but also contributes to the inadequate response to it.

While the world often offers only token acknowledgement and limited financial resources, the church is held to a higher standard.

Jesus committed Himself to relieve suffering, address complacency and bigotry, and He had no part with the Pharisees in their stigmatization of others.

The church has dedicated itself to follow Jesus, to preach His gospel, to teach His love, and to provide healing comfort to those who suffer.

The continent of Africa, host to problems of poverty and disease even before the era of HIV/AIDS, is now reeling beneath the impact of this latest epidemic. The division, union, and conference leadership have pledged support in the battle for hope. To assist them, the world church has established an office for HIV/AIDS ministry. This guidance is a source of valuable information, and promotes the central theme of "every church a community health center."

This theme, shared by the Health Ministries Department of the world church, has special application in Africa. I hope that we shall soon see every Adventist congregation clearly displaying its welcome to any and all, including those who are affected and infected by HIV/AIDS.

May God bless all who use these guidelines to assist those caught in the web of this epidemic.

Yours in His service,

Jan Paulsen
President
General Conference of Seventh-day Adventists

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INTRODUCTION

This is a Training of Trainers programme that you are attending (TOT), and will be conducted in daily sessions (morning and afternoon) till completion. You will, as a participant assist in developing a Local Action Plan (LAP) to establish and operate the local "Church Based Support Group" in your community.

Purpose

1. To stimulate church members' involvement in the response to the HIV Epidemic and encourage open discussions in the church environment about human sexuality as a gift from God within the bounds of marriage
2. To increase knowledge, interest, and create awareness of STIs and HIV/AIDS related issues to an effective level within and outside the church
3. To make each of our churches "A Support Centre for the Community" and actively involve all the SDA Adult and Youth Members including in-reach/out-reach and assistance to the communities
4. To provide adequate training to the selected programme leaders to enable them to roll-out what they have learned to their congregations in order to establish the 'Church Based Support Groups'
5. To continue to encourage the organization and operations of these Support Groups in the churches
6. This programme is to be used as a stepping stone to good social responsibility, social service and support from our church and its members as individuals, as well in the broader community.

Specific Goals

- To ensure that there is a greater understanding of HIV and AIDS issues for all our church members, and for their communities
- To improve the quality of life for the people infected and affected
- To help develop skills for income generating activities to empower the people infected and affected to achieve financial self-sustainability in order to assure dignity and longer term survival
- Spiritual growth – to encourage a personal experience with Jesus-Christ, as the source of healing and salvation

Outcome

- Each Adventist church organized as a "Support Centre for the Community" through the "Church Based Support Groups" programme
- The church members practicing a "Ministry of Hope, Love and Compassion" to the HIV-infected persons and the affected ones, within and outside the church
- To bring the Gospel of Jesus Christ, of hope, to the many people touched by this epidemic

What is AAIM?

AAIM is an acronym for “**Adventist – AIDS International Ministry**” and has its Tri-Divisional Africa Office based in Johannesburg, South Africa.

AAIM is a special ministry under the auspices of the General Conference of the Seventh-day Adventist Church that assists to mobilize the Adventist network of churches and institutions in the response to the HIV epidemic by first developing a solid working relationship with church leadership, and the Departmental Directors in the Divisions, Unions, Conferences’. And secondly, empowering the church membership.

Methodologies

Awareness and Education Programmes

- Training of Trainers Seminars — TOT
- Preaching on related subjects
- Lectures
- Production of printed material for distribution at Camp Meetings to educate and create awareness
- Women Empowerment Workshops for the young and young-adult women who are vulnerable groups
- Youth HIV/AIDS Ministries
- Grandmothers’ HIV/AIDS Ministries

Counselling and Counselling Skills

- Counselling on HIV/AIDS
- Voluntary Counselling and Testing & PMTCT

Care Programmes

- Church Based Support Groups
- Treatment Preparedness & Adherence
- Assistance – Home Based Care
- Orphans Care

Impact Mitigation and Support

Poverty alleviation through income generating activities



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**



SECTION 1: BACKGROUND TO HIV/AIDS

SECTION 1: BACKGROUND TO HIV/AIDS

A: *Origin of HIV*

Research studies done by the following institutions: "Service de neurovirologie, CEA, France; CIRMF, Gabon; Institut Pasteur, France; Centre Pasteur du Cameroun and Oxford University, Zoology Dept.UK" demonstrated and confirmed a primate-human cross-species transmission and the circulation of related SIV (Simian Immune-deficiency Virus)/HIV (Human Immune-deficiency Virus) strains in humans and chimpanzees.

B: *Phases of the Epidemic*

PHASE	CHARACTERISTICS	YEAR	EPIDEMIC	RESPONSE
1	Period of silence	'73 – 81'	Each continent	No response
2	Discovery & 1 st reaction	'81 – 85'	Identification of virus & transmission	Rejection & minimum prevention
3	World mobilisation	'85 – 90'	Implementation of global strategies	National and international levels
4	Level of interest	'90 – 97'	Intensification of pandemic	Level of engagement
5	HAART - Highly Active Anti-Retroviral Therapy	'97 – '	Better control but not easy access by all to treatment	Increase interest in treatment and more people treated





C: HIV in the World, Africa and this Country

In this Section, the facilitators will discuss with the participants the latest statistics according to the UNAIDS Global Report for the age range of 15 – 49 years of age.

HIV-AIDS is present in all African countries - Continental & Indian Ocean.

Global HIV statistics

Number of people living with HIV

AIDS deaths per year

People newly infected with HIV per year (incidence)

Total

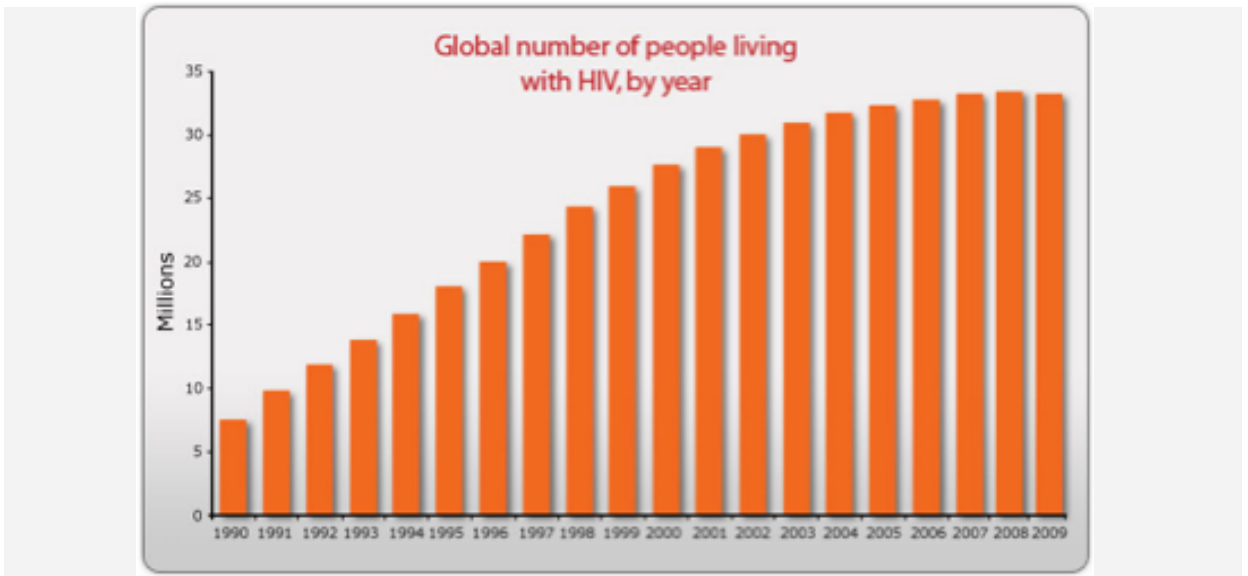
National HIV statistics

Estimated number of people living with HIV in this country

The current national HIV prevalence is -

%

Progression of the disease in the world



- Incidence is a measurement of all individuals who contract the disease during a specified time interval.
- Prevalence is a measurement of all individuals affected by the disease at a given point in time, regardless of the date of contraction (typically expressed as a percentage). Prevalence information is useful because it is a measure of the commonality of disease.



D: What does HIV/AIDS do to Africa?

Africa is without doubt, the region most affected by the virus. Inhabited by just over 12% of the world's population, Africa is estimated to have more than 60% of the AIDS-infected population

1. HIV/AIDS is the leading cause of death in Sub-Saharan Africa and a major threat to the region's development...
2. The vast majority of those living with the virus are in the prime of their lives as workers and parents

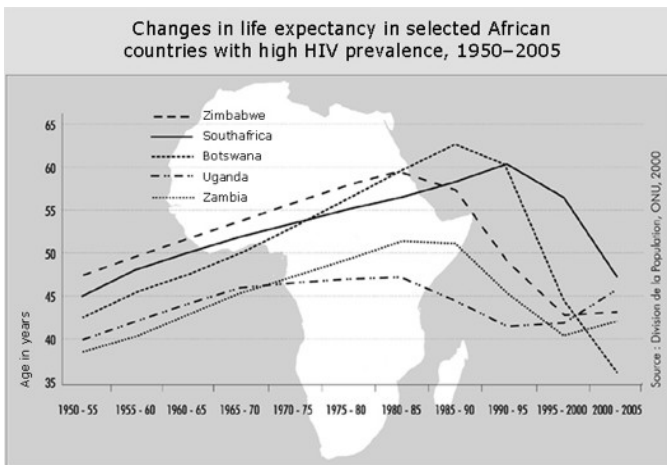
Life Expectancy

Definition: Life expectancy is the number of years a person expects to live from birth.

3. Life expectancy continues to drop, family incomes are being decimated, and
4. Agricultural and Industrial efficiency is declining because of the epidemic

"AIDS is killing ten times as many people than wars; it is sabotaging economic development, destroying the social fabric of society, and creating a generation of orphans.... AIDS is reversing decades of health gains and economic and social progress..."

SOURCE:
Mauritius Address by Honourable Ashock Jugnauth, Minister of Health,
at the 26th Special Session United Nations General Assembly on HIV-AIDS, New York, June 2001



- In the 35 African nations with the highest prevalence, average life expectancy is 48.3 years. This is 6.5 years less than it would be without the disease.
- For the eleven countries in Africa with prevalence rates above 13%, life expectancy is 47.7 years. This is 11.0 years less than would be expected without HIV/AIDS.

As a church it is important for us to stand together to be part of a solution in easing the burden and suffering of those infected and affected by HIV and AIDS –the people who are part of our communities within the church and in the broader community as a whole.

The needs are great - now is the time to take up the challenge and let our light shine for Jesus!



E: HIV/AIDS Statistics

Women

- In most African countries more women than men are infected with HIV
- More than 50% of the people living with HIV are women
- There are social and biological reasons that explain this difference (see Section 3)

Case Study

In South Africa: every 17-26 minutes a woman is raped. The ages vary from 3 to 24 year old girls, and peaks at girls aged 8 to 11 years Source : www.rape.co.za - Accessed: May 2012 - AllAfrica.com - April 25, 2012

Nearly 1 in 3 women aged 25 to 29, test HIV-positive compared to 1 in 4 men 30-34 years of age (2008)

Source :USAID-South-Africa-HIV/AIDS

Profile/From/www.usaid.gov/global_health/aids/Countries/africa/southafrica_profile.pdf-May 2012

Children (Statistics from December 2011-UNAIDS (2010) 'UNAIDS report on "The global AIDS Epidemic' – 2010")

- Around 2.3 million children in sub-Saharan Africa were living with HIV at the end of 2007
- They represent more than 85% of all children living with HIV in the world
- Approximately 14.8 million children in sub-Saharan Africa are estimated to be orphaned by AIDS
- These children are cared for by relatives, especially grandmothers who are becoming increasingly overwhelmed by the burden

The capacity of the extended family to cope with this burden is stretched very thin and is, in places, collapsing. As a church, we should increase our efforts to assist the orphans, and consider this situation a priority. The church based support groups and the commitment of the entire congregation can make a substantial difference in the lives of these children.

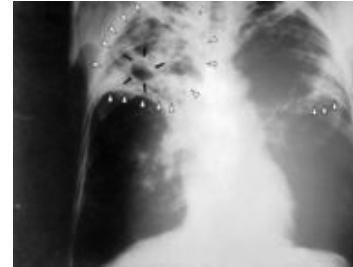


While Jesus walked upon this earth, he looked with compassion upon those who were suffering and did all he could to ease their burden and draw them to him. What a loving God we serve!

F: The Role of Tuberculosis and Malaria in the AIDS Mortality Rate

Tuberculosis

Tuberculosis (TB) is a common and often deadly infectious disease. It usually attacks the lungs, but can also affect the other systems of the body, in particular bones, joints, and even the skin. The typical symptoms of tuberculosis are a chronic cough with blood tinged sputum, fever, night sweats and weight loss.



While many in the Western countries consider TB a disease of the past, death rates in Africa continue to be high. Recently, it was found that 10 % of the TB infections developed XDR-TB, a strain resistant to first-line drugs.

- Tuberculosis is an airborne infectious disease that is preventable and curable
- People ill with TB bacteria in their lungs can infect others when they cough
- TB kills nearly 2 million people a year
- An estimated 9 million develop the disease each year
- There are 450,000 new cases of Multi-Drug Resistant (MDR-TB) every year
- Extensively drug-resistant TB (XDR-TB) is also on the increase
- Almost all patients with XDR in the Kwazulu-Natal survey died
- The most commonly used TB test, sputum microscopy, was developed in 1882 and only detects TB in half of cases
- TB is the number one killer for people with HIV/AIDS

Our Churches can play an important role in prevention, counselling, referrals, and adherence to treatments, helping to save many lives!

CO-INFECTION OF HIV-TB

Co-infection is on the increase in Southern Africa. TB is an airborne disease that is preventable and curable. Failure to properly follow treatment can lead to the Multi-Drug Resistant Tuberculosis (MDR-TB) is the most dangerous form of TB. XDR-TB is very difficult to treat. To avoid these complicated forms of TB it is very important to get treatment as soon as possible and strictly follow it.

- *All people infected with HIV should be tested for TB*
- *All people infected with TB should test for HIV*

Refer to Graphic No. 9 in Journey of Hope Series # 1



Malaria

Malaria continues to be a major impediment to health in Africa south of the Sahara.

- It is the principal cause of at least one-fifth of all deaths in young children in Africa
- Is the single biggest killer of children under five and a serious threat to pregnant women and their newborn infants.
- About 90% of all malaria deaths in the world today occur in Africa south of the Sahara
- Malaria kills more than 1 million people each year, mostly young children in sub-Saharan Africa
- HIV-1 infection increases the risk and severity of malaria
Source: (CDC-www.cdc.gov/ncidod/EID/vol11no09/05-0337.htm).

Malaria and HIV are among the two most important global health problems of our time. Together, they cause more than 4 million deaths a year.

Africa has uncontrolled epidemics of two very different infections: HIV and malaria. Many people are infected with both maladies. Researchers studying the illnesses say that dual infection is fuelling the spread of both diseases.

Malaria and HIV/AIDS are both diseases of poverty and causes of poverty, and they share determinants of vulnerability. Given the wide geographical overlap in occurrence and the resulting co-infection, the interaction between the two diseases clearly has major public health implications.

In HIV-infected individuals, a malaria diagnosis based on fever alone, can result in a febrile illness due to a wide range of ordinary, virulent and opportunistic infections being misdiagnosed and treated as malaria. This may lead to inappropriate care of HIV-infected adults with severe febrile illnesses due to causes other than malaria.

Acute malaria episodes cause a temporary increase in viral replication of HIV and hence plasma viral load. However, there is no evidence that malaria has a substantial effect on clinical progression of HIV, HIV transmission or response to antiretroviral treatment in areas where malaria and HIV overlap.

The effects of interactions between malaria and HIV are particularly deleterious to maternal and infant health. HIV infection impairs the ability of pregnant women to control *P. falciparum* infection. They are more likely to develop clinical and placental malaria, more often have detectable malaria parasitaemia and have higher malaria parasite densities.

Compared to women with either malaria or HIV infection, co-infected pregnant women are at increased risk of anaemia, preterm birth and intrauterine growth retardation.

The presence of HIV results in a poorer response to both prophylaxis and treatment of malaria during pregnancy.

We need to include the basic facts on malaria in each of our HIV/ AIDS programmes.



SELF TEST - ANSWER THESE FEW QUESTIONS

What is the estimated number of people living with HIV in sub-Saharan Africa?

What is the estimated number of people living with HIV in our country?

What effect or impact is the HIV epidemic having on my country and people?

Which groups of people in my community are more affected by HIV and AIDS?

What is the impact of HIV and AIDS on life expectancy in Africa?

What is the relationship between HIV, Tuberculosis and Malaria?

ONLINE RESOURCES:

UNAIDS – The Joint United Nations Program on HIV/AIDS - www.unaids.org

International AIDS Society (IAS) - www.iasociety.org

CDC – CENTERS FOR DISEASE CONTROL AND PREVENTION - www.cdc.gov/hiv/resources/factsheets

KAISER Network – HIV/AIDS Daily Reports - www.kaisernetwork.org/daily_reports

International Council of AIDS Organizations - www.icaso.org



SECTION 2: ANATOMY OF THE IMMUNE SYSTEM & INFECTIONS

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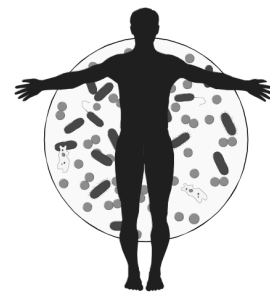
A: *The Immune System*

1. Immune System is the body's defence against disease
2. Your body comes equipped with an immune system (system of defence) to help you fight off infections.
3. You aren't aware of it, but your body is constantly on the alert to protect you from illness.

"Being immune" to something, means being able to resist it, or fight it...

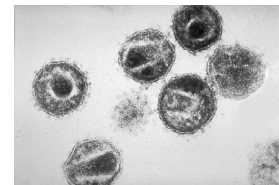
B: *Micro-Organisms*

1. A micro-organism or microbe is an organism that is microscopic (too small to be seen by the naked human eye) – MICRO means tiny.
2. Micro-organisms are incredibly diverse and include bacteria, fungi, and others. They do not include viruses, which are generally classified as non-living.



C: *Viruses*

1. A VIRUS - is an infectious agent that is unable to grow or reproduce outside a host cell. Each viral particle, or virion, consists of genetic material, DNA or RNA, within a protective protein coat called a capsid.
2. VIRUSES can cause sickness like colds, the flu, polio and AIDS.
3. A virus is a strange thing. Outside the body, it doesn't do much. But if viruses get inside the body and attach themselves to your cells, they increase in number and this process can make you sick.
4. When micro-organisms and viruses get into the body, the IMMUNE SYSTEM goes into action. Special white cells in your blood rush to defend you against those invading agents.



The Immune System is our system of defence against infections and diseases. It is made of millions of white blood cells that fight-off infection. HIV destroys the white blood cells also known as CD4 - T Lymphocytes. We are not aware of it, but our body is constantly on the alert to protect us from getting sick.

**D: White Blood Cells & Antibodies**

1. Your immune system depends on different kinds of WHITE BLOOD CELLS
2. One kind of FIGHTING CELL called LYMPHOCYTES, continually looks for invading agents.
3. When they find one, they make substances called ANTIBODIES which help destroy them. Antibodies attach themselves to the micro-organisms or to the viruses, and start the fight. Macrophages are called in to take over and eliminate these infectious agents.
4. MACROPHAGES are special cells that recognize the harmful micro-organisms because of the antibodies coating them, engulfing them and digesting them.
5. Sometimes THE IMMUNE SYSTEM CAN BREAK DOWN. In the case of AIDS which means "acquired immune deficiency syndrome", the immune system of the infected people becomes deficient, or weak, and stops fighting off disease.

E: T Helper Cell (CD4+ T cell)

1. Belongs to a sub-group of lymphocytes (a type of white blood cell or leukocyte) that plays an important role in establishing and maximizing the capabilities of the immune system
2. HIV makes people sick by attacking the elements of the immune system, particularly the lymphocyte called CD4 - T Cell. For some reason which doctors don't understand yet, lymphocytes cannot fight HIV (the virus that leads to AIDS)
3. Instead, the virus attacks the lymphocytes, takes over the cells and begins reproducing.
4. Over time, HIV contributes to deplete the pool of CD4 CELLS that are essential in the proliferation of cells necessary for cell-mediated immunity and in the production of antibodies.
5. Towards the end of an HIV infection the number of functional CD4+ T cells falls, which leads to the symptomatic stage of infection known as the acquired immune deficiency syndrome (AIDS).
6. Vaccines were invented to fight certain virus. To date, there is no vaccine to fight the virus that leads to AIDS.

(RESOURCE: Modified from the document "AIDS Unit — NAD Office of Education 1990")

Our Churches can play an important role in prevention, counselling, referrals, and adherence to treatments, helping to save many lives!



SELF TEST - ANSWER THESE FEW QUESTIONS

What does "being immune" mean?

What is a virus?

Do viruses function inside or outside of the human body?

Which particular lymphocyte does the HIV virus attack?

Which system of the body does the HIV virus attack?

ONLINE RESOURCES:

BASIC HEALTH NUTRITION TIPS - www.aids.gov/treatment/nutrition



SECTION 3: HIV INFECTION & PREVENTION



SECTION 3: HIV INFECTION & PREVENTION

A: What are STIs and their Role in HIV Infection?

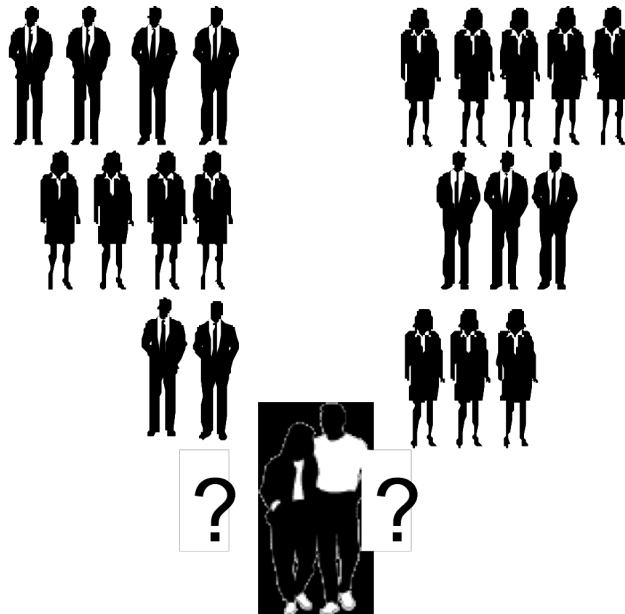
STIs (sexually transmitted infections) are infections passed from one person to another during sex. Any type of sex can cause STIs. Many of the STIs do not present symptoms. Early diagnosis and treatment of STIs in both partners can prevent future serious consequences.

The following is a role play game that you can use when introducing the topic: Spreading STIs...and spreading HIV...

STIs - Sexually Transmitted Infections



This is a young couple from our church who are in love with each other and are seriously considering the possibility of getting married. He/she is a new member and he/she is the son/daughter of a member of the church.



She one day asked him whether he had had girl friends in the past, and he told her that he had had three, but was not sure about their past relationships.

He asked her the same question when they were discussing marriage. And her answer was more or less the same, as it appears in the picture above.

(you can reverse the roles)

What neither of them know is that one person in the fourth level was HIV positive. One year after the couple got married, she was pregnant, and was astonished to find that she was HIV positive. That is why it is important that couples who intend to get married, be counseled and tested for HIV before the marriage.

Know your HIV status. Talk openly about HIV - AIDS in your church.

Most people are not aware that they have STIs, these often facilitate the infection of HIV



The most common STIs are:

- Chlamydia
- Genital Herpes
- Gonorrhea
- Hepatitis B
- HIV
- Human Papillomavirus
- Syphilis
- Trichomonas

The majority of STIs/HIV infections are behavioural infections

Remember! A large number of people infected with HIV do not know they are infected. Some people know, but for different reasons (cultural, emotional, etc.) hide their status and continue having sexual relations with non-infected people (*Some think: I want to have children before I die, or I do not want to die alone...*)



**B: What is HIV?**

What does HIV stand for? **H**uman **I**mmune-deficiency **V**irus

How is HIV transmitted?

HIV is transmitted through blood, semen, vaginal fluids, and breast milk. (Excluded are sweat, tears, saliva, stools, and urine).

"HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV"

Source: CDC, Atlanta, USA – Fact Sheet on HIV Transmission – 8/Mar/2007

The HIV is transmitted through three major sources:

1. Sexual intimacy with an infected person
2. Introduction of contaminated blood into the body
3. Mother to child transmission (peri-natal infection and breast-feeding)

This means that HIV can be transmitted by:

1. Having unprotected sexual intercourse with someone infected with HIV (vaginal, anal, and oral sex). Tiny lesions, tears, and scrapes often occur in the skin and mucosa of the penis, vagina, anus, and rectum during sexual intercourse, and these are the main routes through which the virus is transmitted.
2. HIV contaminated syringes and needles
3. HIV contaminated instruments or tools that pierce or cut the skin (tattoos, circumcision, skin marking, ear piercing, and other like procedures)
4. Blood transfusion with HIV infected blood, if the blood has not been adequately tested for HIV.
5. HIV can be transmitted from an infected mother to her baby through pregnancy, birth, or breastfeeding.
6. HIV infected blood or body fluids that get into cuts or an open wound of another person

You cannot get HIV through casual contact! You don't get HIV by:

Shaking hands, hugging, dry kissing, sharing a bed, sharing food, from a drinking glass, from sneezing or coughing, from sharing latrines or toilets, from touching a door knob, or from insect bites (including mosquitoes)

The World Health Organisation states that 2.5% of HIV infections are caused by unsafe medical injection practices and all the others (that is 97.5%) by unprotected sex.

Source: <http://www.who.int/mediacentre/news/statements/2003/statement5/en/>

THE HIV VIRUS

A virus is a tiny structure that you cannot see without the aid of a microscope.

Like all other viruses, HIV must use living cells to replicate itself.

When a person is infected with HIV it attacks and weakens the immune system.

An HIV infection, if not treated, will reach the stage of AIDS.



C: What is AIDS?

What does AIDS stand for?

Acquired Immune-Deficiency Syndrome

Aids is not a disease, it is a syndrome: In medicine, the term **syndrome** refers to the association of signs, symptoms and diseases. Acquired Immune Deficiency Syndrome (AIDS), is so named because most syndrome immune deficiencies are either genetically pre-coded or secondary to either metabolic disorders or haematological diseases.

A person has AIDS when his or her immune system gets so weak that it can no longer fight-off common infections. Without treatment, a person will reach the stage of AIDS 3 to 10 years after infection, depending on how strong his or her constitution is.

The most common initial symptoms of AIDS are:

- Night sweats
- Weight loss (caused by diarrhea)
- Mouth sores (caused by thrush)
- Fever
- Itching
- Cough

Treatment:

New anti-retroviral drugs (ARVs) can slow down and even reverse the progression of HIV infection, delaying the onset of AIDS by twenty years or more. Patients who start HIV treatment generally have to continue taking medications for the rest of their lives. ARV patients need regular testing of viral load and CD4 cell count. The price of generic ARV therapy in African countries is approximately \$120 -140 USD/person/year.

(More information on HIV and ARVs treatment is given in the Annexure section of this Training Manual.)

**Adherence to treatment is very important...!!!
And a healthy lifestyle is a key factor for quantity and quality of life...**

Symptoms of HIV Infection and AIDS

A person may become infected with HIV and have no symptoms, or may believe that the symptoms are caused by another disease. A blood test is the only effective way to determine if a person has HIV.

- Unexplained fatigue
- Dry cough
- Unexplained weight loss, lack of appetite
- Recurring fever or night sweats
- A thick, whitish coating of yeast on the tongue or mouth
- Repeated vaginal yeast infections
- Swollen lymph glands in the neck, armpits and/or groin
- Persistent diarrhoea (lasting more than one week)
- Unusual spots on the skin (bruises and rashes)
- Depression, memory loss, and neurological problems

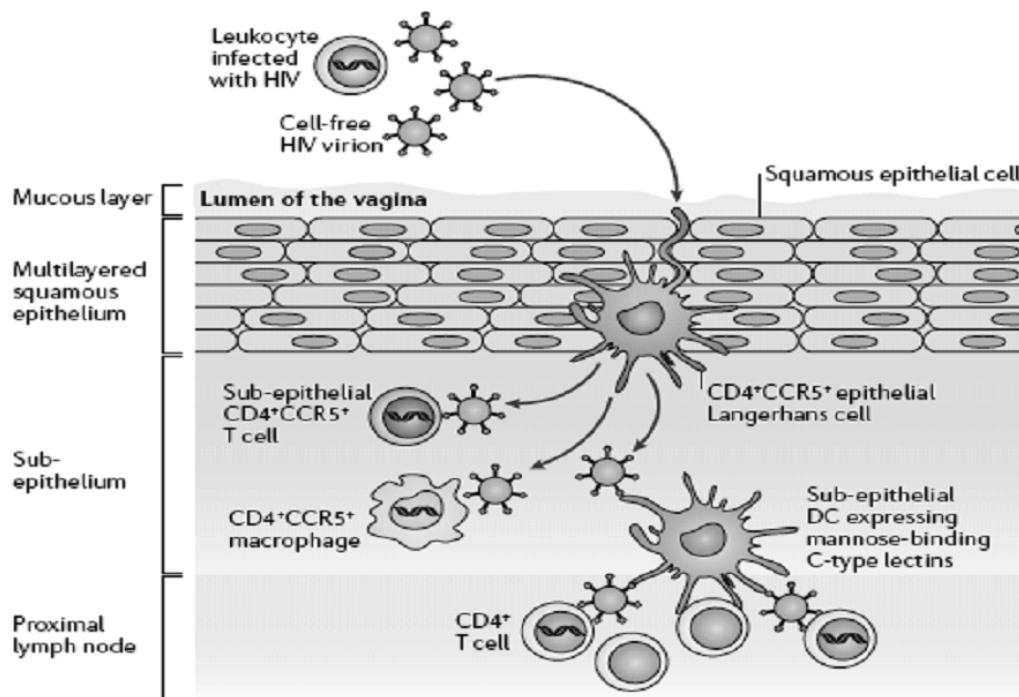
In many cases, people infected with HIV experience NO SYMPTOMS, but they can still transmit the virus to others.



D: Why Women Are More Vulnerable to HIV? (Part 1- Biological Reasons)

Biological Issues: Anatomy and Physiology

1. The anatomy and physiology of adolescent girls explains why they are more vulnerable to STIs including HIV:
2. The cervix of the uterus in adolescent girls is not fully developed until the age of 18-20 years
3. The vaginal mucosa is more fragile, therefore the risk of wounds during intercourse is higher
4. The cells of the external layer are still immature and much more vulnerable to infections, particularly STIs
5. The exposure to an infected source results in twice the number of infections in women as for men. Receptive penile-vaginal intercourse's infection rate of * 10/10,000, is double than that of the Insertive penile-vaginal intercourse* 5/10,000. * assuming no condom is used.



E: Why Women Are More Vulnerable to HIV? (Part 2 - Social Reasons)

Social Issues: Multiple Pregnancies, Abuse, Violence, Myths, Rape

Women are more vulnerable to HIV due to biological issues as mentioned in Part 1. Social issues play a major role in the increased vulnerability of women to HIV. Women are disadvantaged in many communities around the world. Discrimination between men and women is prevalent. In many countries, women face a greater risk of disease and poor health.

Problems that affect women most:

Poor Nutrition

In some places, starting in childhood, a girl is often given less food to eat than a boy. When this happens she is at risk that her body will not develop properly.

Frequent Pregnancies

In many parts of the world, women become mothers very, very young, and they have a child every year. As a result their bodies do not have enough time to regain the necessary strength between births. This is one of the reasons family planning is so important. (A minimum of 2 years between births is recommended.)

Frequent pregnancies do not give the woman the opportunity to really take care of herself, because of the responsibilities of looking after so many children.

Lack of Full Control over Her Body

In many cultures the woman does not have full control over her own body and is unable to refuse the sexual demands of her partner even when she suspects him of having other sexual partners, or knowing he has an STI. Often women are afraid to ask their partner to use a condom (*many men refuse to use condoms*).

Overwork

Women work many long hours outside and inside their homes, overwork wears their bodies out making them more likely to get sick. Most communities value men's work more than women's work.

Delay in Medical Treatment

When they are sick, women are less likely to receive early treatment.

Abuse and Violence

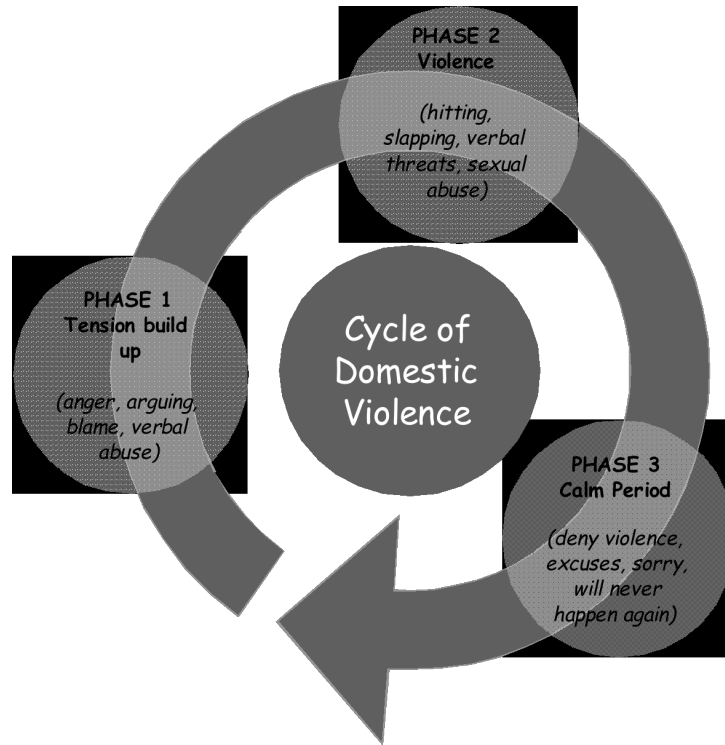
They are present every day and are leading causes of depression. Severe depression affects more women than men.

Mother experiences a feeling of being overwhelmed with all the responsibility... with so many mouths to feed...



**KNOW
YOUR
STATUS**

The Cycle of Domestic Violence



One form of abuse often turns into another...

Phases of the Cycle of Violence

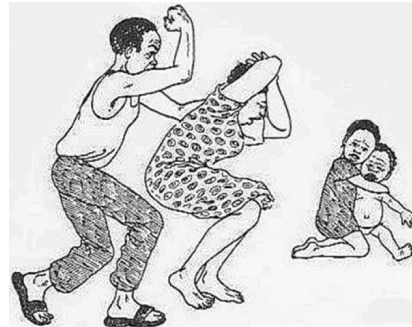
PHASE 1	PHASE 2	PHASE 3
Tension builds up	Verbal threats and abuse	Calm period
Anger and arguing	Violence (by slapping, hitting, punching, kicking)	Deny violence, excuses, says sorry
Blaming and verbal abuse	Sexual abuse	Promises will not happen again

As the cycle of violence goes on, the calm period gets shorter and shorter and the woman's will is broken... The man's control becomes complete and it is no longer necessary for him to make promises that things will get better...

Harmful Effects of Violence Against Women

In women, men's violence can cause:

1. Lack of motivation
2. Lack of a sense of self-worth (low self-esteem)
3. Mental health problems
4. Anxiety
5. Eating problems
6. Sleeping problems
7. Serious pain and injuries: black eyes, bruises, headaches, etc
8. Sexual health problems -
9. STIs & HIV-AIDS, as a result of sexual abuse.
10. Unwanted pregnancies and miscarriages



Why do Women Stay with Men that Hurt Them?

1. Hope for a change
2. Religious beliefs
3. Cultural beliefs
4. Shame
5. No protection
6. No money
7. No place to go
8. Fear
9. Threats
10. Guilt about leaving the children without a father



Stop violence and abuse against women in your community!!!



What to Do When Women are Victims of Domestic Violence:

1. Look for help
2. Family counselling
3. Pastoral counselling
4. Know your HIV status...
5. Share your feelings and seek help

NOTE: There is also violence from women against men.



HOW DOES VIOLENCE AFFECT YOUR CHILDREN?

In children, men's violence can cause:

1. Angry or aggressive behaviour
2. Become very quiet
3. Nightmares
4. Insufficient food may be provided for the child to eat
5. Slow growth
6. Illnesses

Long term affects:

1. Life long emotional scars
2. Distrust
3. Inappropriate role model for choice of partner in later life
4. Associates behaviour as being normal
5. Lack of self-esteem

When children see their mothers being abused, a serious psychological impact occurs with them.



Violence not only hurts women, it also affects their children and the whole community!

In the community, men's violence can cause the cycle of violence to continue into new generations.



Rape

Definition of Rape: Any sex that is not consensual is called assault, and if penetration occurs it is considered rape.

1. Over 80% of rape victims know their attackers...!!!
2. Rape is generally committed by men of all ages but the largest group of offenders is between the ages of 17 and 30.
3. If raped... What should you do...?
 - DO NOT bathe, shower or douche
 - SAVE ANY DRINK and ask for it to be tested
 - TALK WITH SOMEONE (a friend)
 - CALL the rape crisis centre or the rape survivors closest organization
 - SEE A DOCTOR – Be prepared to be examined for:
 - Injury
 - Pregnancy
 - Sexually transmitted diseases
 - Semen collection (proof and identification, DNA testing)
 - KEEP ANY CLOTHING, stained underwear, torn blouses, etc. and request it to be tested.
 - ASK FOR
 - Contraception “the morning after pill”
 - HIV “preventive” coverage (PEP-post exposure prophylaxis)
 - Testing for STIs – Sexually Transmitted Infections & Treatment if necessary
 - ARRANGE TO SEE A COUNSELOR
4. If your friend or family member has been raped... What should you do...?
 - Listen, listen, listen
 - Encourage, encourage, encourage
 - Support, support, support
5. DO NOT...!!!
 - Refuse to believe it
 - Be ashamed of the family member
 - Blame the victim
 - Make stupid “I told you” type comments



THERE IS HOPE
FOR THOSE
LIVING
WITH HIV



Prevention Tips for Women

DO NOT:

- drink anything that could be tampered with
- go to secluded places, empty lots, or dark alleys
- get into situations where you cannot easily leave
- "hitch hike"

DO:

- be assertive, e.g., "STOP ! I don't want this!"
- take control
- trust your instincts, e.g. if he seems strange, he probably is
- have your own transportation and know how to get home
- let someone know where you are and with whom
- avoid mixed messages, flippant talk, seductive behaviour
- recognize danger signs
- take the possibility of date rape seriously
- make your home secure, balcony doors, windows
- travel well-known routes and with trusted friends

*"Come to me, all of you who are weary and loaded down with burdens,
and I will give you rest."*

Matthew 11:28

"For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor anything above, nor anything below, nor anything else in all creation can separate us from the love of God that is ours in the Messiah Jesus, our Lord."

Romans 8:38

Not even HIV/AIDS or RAPE!!!



1. If Someone You Know Has Been Raped

- Report rape as soon as possible after it has happened, so you can receive testing, treatment, and counselling. (See post-exposure prophylaxis – PEP in the Annexure Section page 142.)
- Seek counselling for the victim - on abortion, dealing with pregnancy, psychological impact and impact in other areas of her life, self-esteem image and the possibility of HIV infection.

Making a difference...

You can make a difference by learning about women's problems, and making changes in your own life and your family's.

You can also work to improve the future of your children.

Help to dispel myths in your community as they play a role in rape.

Ask yourself: How can I change my community's thinking... for a better future?

Discussion Point

How to raise our children for a better world?

1. We can teach our sons to be kind and compassionate, so they will grow up to be kind and compassionate husbands, fathers, and brothers.
2. We can teach our daughters to value themselves. So they will expect the same from others.
3. We can teach our daughters to be more independent, by finishing school or learning a skill.
4. We can teach our sons to share and take pride in household work, so their sisters, wives and daughters do not suffer the burden of overwork.
5. We can teach our sons to respect all women and to be responsible.

IF SOMEONE IS RAPED...

What should be done to minimise the risk of HIV infection?

The person that has been raped should be taken as soon as possible - within 72 hours - to a medical centre in order to receive post-exposure prophylaxis treatment (PEP), which will minimise the risks of HIV infection.

The sooner PEP is received, the better!



"Pure and undefiled religion before God and the Father is this: to visit orphans and widows in their trouble, and to keep oneself unspotted from this world." James 1:27



F: Can We Prevent HIV Infection?

HIV INFECTION	PREVENTION
Through sexual contact	Abstinence, faithfulness in a monogamous marriage or relationship with a non-infected partner, use of condoms if the previous not practiced
Through intravenous drug use	Don't do drugs. Always use new/clean new needles for injections
Through blood transfusions	If possible, make sure the blood has been screened for the common diseases including HIV
Through accidental inoculation	Strictly practice universal precautions while practicing medical, dental or nursing procedures. Always use gloves while handling body fluids, or at accidents scenes
Through peri-natal transmission	Make use of the effective and inexpensive existing treatment (pre and after delivery) Prevention of mother to child transmission of HIV (PMTCT) reduces the risk of newborn HIV positive to 3-5%
Through breast-feeding	If possible, use breast milk substitutes and bottle feed if you are HIV positive. Don't let anyone else breast-feed your baby.

Refer to Graphic No. 17 in Journey of Hope Series # 1

There are proven methods for prevention of every means of HIV transmission...

Lifestyles must be reviewed, good choices made, risky behaviour stopped, and good medical practices maintained!

***"I can do everything through Jesus Christ who gives me strength"
Philippians 4:8***



SELF TEST - ANSWER THESE FEW QUESTIONS

How do you get STI's?

How do you get HIV?

What is AIDS?

What are the symptoms of AIDS?

Why do women get HIV more easily?

What effect has violence toward women, have on their children?

Give the definition of rape?

How can you raise your children to change your community?

How can you prevent HIV?

ONLINE RESOURCES:

MEDICAL JOURNAL ON HIV/AIDS - www.aidsonline.com

MEDICAL JOURNAL on Sexually Transmitted Diseases - www.stdjournal.com

KAISER Network – HIV/AIDS Daily Reports - www.kaisernet.org/daily_reports



SECTION 4: HIV TESTING & COUNSELLING PROCESS

SECTION 4: HIV TESTING AND COUNSELLING PROCESS

A: *General Counselling*

There are two types of counselling related with HIV and AIDS.

1. Counselling associated with HIV testing
 - *Pre-Test* Counselling
 - *Post-Test* Counselling

Pre and Post Test Counselling takes specialized knowledge and should be done by a trained counsellor who meets the government requirements.

2. Counselling not related with testing, but to be used with people infected and/or affected by HIV (**general counselling, to be used by support groups members**). These counselling techniques apply to other needs as well.

We are going to focus on the general counselling techniques, which could be useful to assist people infected and/or affected by HIV and AIDS.

COUNSELLING is mainly *a conversation* which permits those who suffer to release their soul expressing their pain, anger, guilt, despair, and hope.



THE COUNSELLOR listens, listens,
listens....

Talk less and listen more, helps people to find their own solutions!

This helps:

- Guide the dialogue;
- Confront people with reality;
- With life and death;
- With pardon and reconciliation;
- With the matter of quality of life; and
- with HOPE.



Purpose of Counselling

The purpose of the counselling conversations is to assist people living with HIV/AIDS to make their adjustment and decisions concerning:

- their environment;
- their relationships;
- their present; and
- and their future

Start a Conversation

There are many ways to start a conversation.

It depends on:

- The cultural background of both:
 - a) the counsellor, and
 - b) the person seeking counselling
- The relationship between them
- The physical setting
- The time available



How to Begin

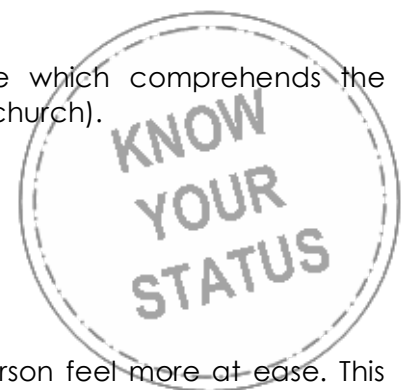
1. Introduce yourself - if necessary, in a culturally appropriate manner (by shaking hands, bowing, etc.)
2. Establish a set of rules

The Counsellor is responsible for creating a structure which comprehends the physical setting (a place where to meet – could be the church).

Basic rules

- a) Confidentiality *
- b) Time available
- c) The purpose of the conversation

Socialising for a while, if appropriate, may help the person feel more at ease. This may also depend on where the counselling takes place.



*** "A talebearer reveals secrets,
But he who is of a faithful spirit conceals a matter."
Proverbs 11:13**

How to identify a Problem

Trying to identify a problem can sometimes be more difficult than it seems.

1. First of all, the counsellor must find whether or not there really is a problem for the person seeking counselling.
2. What the counsellor may consider a very difficult situation and an obvious problem, may not be one at all for the other person.
3. It is very important to identify specific challenges e.g. fear, discrimination, etc.
4. If the person seeking counselling thinks there is a problem, let the person define it in his/her own terms.
5. Once that is established, you may move on to find out if the person seeking counselling thinks the problem defined is a problem for him/her or for somebody else.
 - Is there only one problem, or more than one?

Example: *For a man who is HIV+ (positive), the problem is for him and also for his wife, plus the recognition of his unfaithfulness to her.*

6. It is important to ask if the person seeking counselling sees other problems. It can help alleviate unfounded fears.
7. If the person defines more than one problem, help him/her put them in order of importance or priority. Advise to handle one problem at a time.
8. Once the problem has been defined and possible solutions discussed, the person can recover to some extent, and in a sense gain some control over his/her life





Looking for Alternatives

When the situation has been properly and clearly defined it is easier to find alternatives. **This is the point when counselling can start making a real difference!**

How

1. By raising pertinent questions, the counsellor may help the person discover new ways of managing the problem that he or she had not thought of before.
2. The counsellor must keep a balance between being helpful and being intrusive or imposing.
3. Solutions must be in harmony with the person who is seeking counsel's abilities and resources.

What should happen if the counsellor does not see any alternative?

If this is the case, the counsellor can help referring to the persons past experiences. For example, the following questions:

- a) Have you been in a similar situation before?
- b) What did you do then?
- c) Is there anything in the past experience that can help you now?
- d) How?

When dealing with a counselee's fears, a possible track to follow may be to enquire about future consequences of a possible decision. For example, the following questions:

- a) What do you imagine would happen if...?
- b) How do you think you would react/feel if...:?
- c) How could you handle it if...?

Many of these situations could also be simulated in role-play fashion, and say:

"Pretend I am your wife and say to me what you would have to say to her."

"I will try to put myself in her place and we can discuss this together afterwards"



THERE IS HOPE
FOR THOSE
LIVING
WITH HIV



Important Points for Counselling

1. The counsellor should be very well informed about HIV transmission.
2. The counsellor should be able to talk comfortably about sexuality.
3. The counsellor should be very well informed about agencies in the community that the person can be referred to.
4. The counsellor should be familiar with resources about HIV/AIDS, such as pamphlets, books, literature, etc.

REMEMBER!!!!

The counsellor's role is not to solve all the problems

The counsellor's role is limited to:

- Listening empathetically.
- Helping the counselee to describe and define his/her problems.
- Exploring possible solutions and alternatives.
- Not imposing his/her own ideas, beliefs, and advice.
- Not telling them what to do.
- Serving as a resource for the implementation of decisions taken by the person seeking counselling.

REMEMBER!!!

Counsellors should realize that they do not have all the answers.

REMEMBER!!!

Every person is responsible for his/her own actions.

REMEMBER!!!

Counsellors need not burden themselves with the responsibilities of the decisions and actions of the person they are counselling.



B: Voluntary HIV Counselling and Testing Centres

Adventist Centres for Care and Support (ACCS)

It is very important that EVERYBODY is tested for HIV!!!

It is recommended that couples who are planning to get married go through HIV Testing and Counselling. The results should be kept confidential for the couple.

AAIM encourages the organisation of Adventist Centres for Care and Support (ACCS) which offer a larger variety of services than a VCT centre.

Its name ACCS is less stigmatising although it includes services for counselling and testing.

The ACCS is the ideal place for the meetings of the support group and also serves as a resource centre and HIV/AIDS literature distribution point to the community.

This structure can be attached to the local church or medical/education institution.

One of the successful ACCS is attached to the Adventist Nairobi Central Church (Kenya).

HIV Testing

- There are now several tests to find out if a person is infected with HIV –the virus causing AIDS
- These tests check the body's reaction to the virus. Nowadays the simple rapid tests give reliable results.
- It normally takes 2-6 months after the virus has entered the blood stream, for the body to develop a measurable reaction (to form enough antibodies) This is called the WINDOW PERIOD
- A negative test is no guarantee that the person is not infected. If she/he has been exposed to infection during the last 2-6 months, a negative test has no value.

Voluntary or Mandatory HIV Testing?

Today, the decision to go for HIV testing is voluntary. In several countries there is an intention to make it mandatory for pregnant women and as a pre-requisite to get married. Two examples of this are:

"The Malawi Parliament is seeking a law for mandatory HIV testing for expectant women" – Nyasa Times, 25 February, 2008

"The Indian state Maharashtra government has proposed the testing for the human immunodeficiency virus (HIV) be made compulsory before marriage in the state. If the decision is made into law, Maharashtra would be the first state in India to have such a scheme." Health Newstrack, India — Feb 3, 2008



Pre and Post Test Counselling – Why they are so important?

- *Pre-Test Counselling*

Before the test is done, the person should be informed about HIV and AIDS and about the consequences of a positive or a negative test.

- *Post-Test Counselling*

A person should be always informed if she/he is positive or negative. To test a person and keep the result secret from her/him is unfair and has no purpose, as the person will not then change her/his sexual behaviour. It is a waste of the test and other resources.

The results...

- *If the result is POSITIVE (Confirmation Tests)*

If she/he is positive, advice should be given on necessary changes in life-style and help should be made available to help the person to cope with the situation.

- *If the result is NEGATIVE*

If the result is negative, a counselling session should follow nevertheless, in order to provide advice on how to avoid future risky situations.

Consider being tested for co-infection of HIV-TB!

The Issue of Confidentiality

It is important to keep the results of an HIV-test confidential, that is, only the person who undergoes the test and the one who performs it, will learn its result. The decision to disclose the result to somebody else should be left entirely to the person who undergoes the test.

This is important because the information can be misused to harm the HIV-positive person and her/his family (unfair dismissal from work, victimization, rejection by the community).

Refer to Graphic No. 9 in the Journey of Hope Series #1

CO-INFECTION OF HIV-TB

Co-infection is on the increase in Southern Africa. TB is an airborne disease that is preventable and curable. Failure to properly follow treatment can lead to the Multi-Drug Resistant Tuberculosis (MDR-TB) which is the most dangerous form of TB. XDR-TB is very difficult to treat. To avoid these complicated forms of TB it is very important to get treatment as soon as possible and strictly follow it.

- *All people infected with HIV should be tested for TB*
- *All people infected with TB should be tested for HIV*



The Use of Condoms

SDA Official Statement (See the complete statement in the Annexure Section of this manual)

From the Adventist "Statement on Meeting the Challenges of Sexually Transmitted Diseases" - (161-98G) Revised 4-29-98:

"At times, family members, and pastors, teachers, counsellors, physicians, and others in helping professions may find themselves working with individuals who, despite strong counsel, refuse to turn from sexual decadence and live by God's high standard of morality.

In such cases, those entrusted with ministry may, as a last resort, counsel specific individuals to use contraceptive and prophylactic methods such as condoms in an attempt to prevent pregnancy and reduce the risk of spreading life-decimating STIs (including HIV-AIDS). Utmost care should be taken when making such an intervention to make it clear to the individual(s) and members of the community involved, that this extreme measure should in no way be misconstrued as a scriptural sanction for sexual intimacy outside marriage.

Such action on the part of professionals should be considered temporary and utilized only in individual cases. Though such interventions may provide a little time for grace to do its work in human hearts, they do not provide a viable long-term solution. The Church must remain committed to making the most of every opportunity to reinforce the wisdom of God's design for human sexuality and to calling men and women to the highest standard of moral conduct."



**THERE IS HOPE
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C: Treatment Preparedness and/or Adherence/Compliance

The WHO 3x5 initiative

"On World AIDS Day 2003, the World Health Organization (WHO) and UNAIDS released a detailed and concrete plan to reach the 3 by 5 target of providing antiretroviral treatment to three million people living with AIDS in developing countries and those in transition by the end of 2005. This is a vital step towards the ultimate goal of providing universal access to AIDS treatment to all those who need it."

"The WHO's goal in medicines is to help save lives and improve health by ensuring the quality, efficacy, safety and rational use of medicines, including traditional medicines."
WHO-2007

In fact, this plan was very successful and already helped many people.

Treatment Preparedness represents one of the **most important** contributions that **support groups can provide** to people living with HIV and AIDS and in particular, for those who are planning to take Anti-Retro Viral drugs (ARVs) or are currently under treatment. The decision to start treatment must be made by the physician and the patient together.

The **patient needs to fully understand the steps** of his/her treatment **and the risks** of stopping the treatment or changing the schedule of it. Too many patients have begun therapy without a complete understanding of the importance of adherence and the implications of resistance.

As a church, we have **a great opportunity to contribute** with this initiative by providing **counselling** on these matters. This counselling should be provided **by** the **support group members, and church members** to relatives, neighbours, friends, etc.

ADHERENCE TO THE TREATMENT

NEVER stop an anti-retro viral treatment on your own, even if you feel better

ALWAYS consult with your medical service provider

Adherence means to take the medication as instructed -

Every day **of** Every week **of** Every month **of** Every year

NOTE:

For information see the WHO web-site: <http://www.who.int/3by5/about/initiative/en/index.html>



SELF TEST - ANSWER THESE FEW QUESTIONS	
What sort of counselling is the Church-based Support Groups to use?	
What is counselling?	
What is the role of the counsellor?	
What is the purpose of counselling?	
What does the counselling help the person do?	
What are the 4 important points for counselling?	

ONLINE RESOURCES:

CDC – CENTERS FOR DISEASE CONTROL AND PREVENTION - www.cdc/hiv/topics/testing





SECTION 5: THE CHALLENGE



SECTION 5: “THE CHALLENGE” - HIV/AIDS WITHIN THE CHURCH

A: The Multiple Epidemic & the Challenges within the Church

The HIV epidemic, is an EPIDEMIC, that has multiple factors that impact on people and communities

It is not only HIV and AIDS, but also STIGMA, POVERTY, ILITERACY, CULTURE, IGNORANCE, TRADITIONS AND MYTHS, PREJUDICE, SHAME, DESPAIR, FEAR, and other factors.

While considering assistance to people infected and/or affected by this epidemic, we need to minister to the whole individual, taking into consideration the “five dimensions of health,” which include:

1. PHYSICAL Health
2. SOCIAL Health
3. EMOTIONAL Health
4. MENTAL Health
5. SPIRITUAL Health

These five (5) dimensions are inter-related. What affects one dimension can positively or negatively influence the other areas.

Why is the epidemic still increasing...?

- Lack of good role models, negative influence
- Commercial interests above people's needs
- Wrong messages to the population...
- Limited communication parents-children
- Lack of commitment of stakeholders
- HIV-AIDS, is a behavioural disease... (90%+...) and depends very much on the choices we make.



**THERE IS HOPE
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NOTES



B: Challenges within the Church

Does HIV infection exist within the Adventist Church?

YES!

According to surveys conducted in 2003, approximately 10% of Adventist church members in ¹ECD and 20% of Adventist church members in ²SID are HIV-infected (ADRA Survey – Published in the post-meetings documents on the HIV/AIDS International Workshops held in Harare —March 2003, and Nairobi —November 2003)

Challenges to Overcome

CHURCH IN DENIAL	SILENCE	STIGMA
REJECTION	ISOLATION	SEGREGATION

Other Challenges - Misbeliefs

- Lack of Information or misinformation
- Traditional and cultural beliefs and practices
- Misbeliefs regarding foot washing and baptism regarding HIV+ church members
- We need to provide good information and counselling

What We Need to Do as Church Members

1. We need to become a loving, compassionate and caring church
2. We need to support our youth and students with caring and loving relationships
3. Helping to build up values and principles in a Christian character!!!
4. More church member's involvement!!!
5. Supporting and loving each other!!!
6. Develop a culture of social responsibility within the broader church community, encouraging the participation of the individual.
7. **USE FEWER WORDS AND MORE ACTION!!!**

A State of Spiritual Weakness

"Accumulated light has shone upon God's people but many have neglected to follow the light and for this reason they are in a state of great spiritual weakness. It is not for lack of knowledge that God's people are now perishing..."

E.G. White Testimonies vol. 2 p. 123.

¹ ECD stands for East Central Africa Division

² SID stands for Southern Africa-Indian Ocean Division



C: What we as a Church can do to Respond to the HIV Epidemic

1. Have a Change of Attitude

For an effective ministry, we need to get rid of...

- Wrong attitudes (condemning and judging)
- Attitudes of superiority
- Attitudes of self-righteousness
- Fear and ignorance

DON'T FEAR...

You don't get HIV from...shaking hands...or hugging...foot-washing...baptism or holy communion....

A Change of Attitude = A Spiritual Problem

Unless we decide to attack the root of this problem we will not see much progress!

"We need to get rid of all these soul cramping attitudes"(Pastor Charles Bradford)

We Must Change Our Attitude

- Toward the infected and the affected, within and outside the church.

- Toward each other

2. Promote the Adventist Health Message and Prevention

The Seventh-day Adventist church has a wonderful health message and lifestyle to recommend to the communities. It has saved countless lives for more than a century...!!!

For many years, through its Churches, Institutions, Agencies (ADRA), and lay member initiatives, the church has been actively helping communities to improve health and fight HIV/AIDS, providing assistance to the infected, and the affected — including orphans...!!!

HOWEVER

We still need more action and understanding within the Church!!!

NOTES

Social responsibility means acting with concern and sensitivity, aware of the impact of your actions on others, particularly the disadvantaged.



3. Empower Women

WHY...?

Because of social and economic imbalances that need to be changed.

SOCIO-ECONOMIC IMBALANCES	HOW TO RESOLVE THEM
Socially defined roles, women less economically empowered	Offer equal opportunities to both men and women
Men having more power than women	Get rid of false cultural values that go against God's love
Women being more affected by poverty by being left to support children alone	Provide education and skills for women to become financially independent
Cultural values allowing men to be promiscuous	Teach self-respect and educate women to say "NO"
Women having less control over their own bodies, because sex is male dominated	Counsel the husbands from the Bible on respect for their wives, and their role as a husband
Women more vulnerable because of body structure	Teach women to be more aware of the risks
Physical and emotional violence against women	Provide counselling and support to break cycle
Women having to handle child-bearing alone	Counsel on family planning and issue of poverty

NOTE: Within, the regions and cultures in Africa men feel neglected and in conflict with the dynamics of society. In the past, they used to be the warriors and hunters; the providers for the needs of their families. Today they feel they have lost their roles. **Therefore,** they also need attention and opportunities.

***By only empowering women,
we could trigger more violence against them.
Let us be mindful to assist the men as well.***

4. Empowering the Community

Organizing programs that teach reading and writing or job skills, will help young girls and women who have no money, to be able to have an income, so they will not need to fall into prostitution. This can be done by:

- Educating parents to be role models at home.
- Conducting more family and marriage relationship building seminars for all age groups.
- Improving communication between genders by creating a dialogue.
- Empowering women economically, socially and culturally
- Counselling on Family Planning
- Create equal opportunity in employment and education.
- Provide education on voluntary counselling and testing for youth, couples and members.
- Include women in policy and decision making bodies.
- Encourage people to make or write wills in favour of their spouses and children.
- Encourage preventative measures and methods.
- Recommend the use of condoms when necessary.
- Educate children of both genders to say "NO" to sexual activities and behaviour.
- Promote confidentiality in HIV/AIDS status between genders.
- Advocate and promote the supplying of ARVs
- Assist with some income generating projects.
- Live according to true Christian principles.



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**



5. Caring for the Sick

It is very important to provide practical, real help to the people touched by this epidemic in the form of education and counselling. And in particular, in dealing with the opportunistic infections, poor diet, lack of exercise, poor hygiene, low morale and depression.

Good practical solutions would be:

- Home Based Care
- Orphans Care
- Assistance through education and skills development

Many of the people with AIDS do not die because of the infection, but because of lack of care, food, and clean water.

LESS WORDS AND MORE ACTION!!!

6. Promoting Income Generating Activities

By providing direct care and the necessary skills and tools to produce income and food, we are participating in the healing process.

We can promote training, skills development and other activities like:

- Sewing classes for HIV positive women
- Haircutting
- Agriculture (Food Gardens)
- Chicken farming
- Goats (milk and cheese)
- Cows (milk)
- Arts and crafts
- Tie-dyeing of fabric for sale
- Carpentry (furniture and others)
- Bakeries
- Candles
- Welding
- Barbecued Corn
- Beehives (honey production)
- Plant nursery (trees, flowers)
- Dried fruit production

Faith and Deeds

"What good is it, my brothers, if a man claims to have faith but has no deeds? Can such faith save him? Suppose a brother or sister is without clothes and daily food. If one of you says to him, "Go, I wish you well; keep warm and well fed," but does nothing about his physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead." NIV James 2:14-17



7. Youth & HIV/AIDS

It is important to address the issue of the youth within the church and the community as a whole, so let us begin by asking a few questions.

What are the most dangerous “risky behaviours” among the youth that are directly related to HIV Infection?

1. Early sexual activity
2. Casual sex outside a monogamous marriage
3. Use of alcohol
4. Use of drugs
5. Other behaviours with the potential to affect the youth -
 - Polygamous marriages (traditional amongst certain cultural groups)

Where do the youth spend most of their time?

1. School
2. Home
3. Church
4. Friends
5. Other places for socialising

Where then, should the greatest influence over youth minds, be found?

1. The home
2. The church
3. The school

Recent research found that when teens feel connected to their families and when parents are involved in the children’s lives teens are protected from many risky behaviours. *Source: “What to tell your kids about AIDS” by Gary Hopkins*

How then can we influence the youth?

1. By establishing good communication
2. Gain their confidence

Our teens need to feel connected to their families, to their teachers, and to their churches, then they will be protected and won’t become involved in risky behaviour.

If it is not found at home, school, or at church... it will be found in the world... With its consequences as well...

FOOD FOR THOUGHT

1. *Do you know by name each and every young member of your church?*
2. *Have you established a supportive relationship with them?*
3. *Do you know what their needs are?*
4. *Did you try to help?*





What can we do as a church?

Help to BUILD strong CHRISTIAN CHARACTERS!

How?

By giving the youth a ROLE MODEL

Who?

The role model should be JESUS

When we establish good communications with our youth and gain their confidence, they will be open to listen to our recommendations on avoiding risky and dangerous behaviour that could lead to HIV-AIDS.

To avoid HIV/AIDS we need to model our characters after **Jesus Christ** who is **our solid foundation**.

This means, that unless we decide to attack the root of this problem, we will not see much progress!

What?

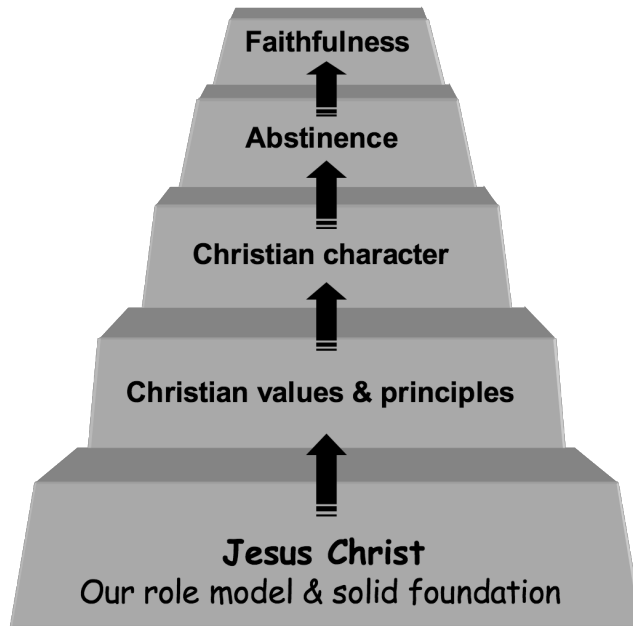
To solve the AIDS epidemic is to choose **abstinence** before marriage and **faithfulness** within marriage.

- Abstinence and faithfulness are behavioural choices
- Healthy behavioural choices are outcomes of one's values and character
- The best way to influence character is through a relationship with Jesus Christ



A church can make a big difference in the lives of the youth...

*by building-up
RELATIONSHIPS...
and building-up CHARACTER!!!*



“Character building is the most important work ever entrusted to human beings; and never before was its diligent study so important, as now. Never was any previous generation called to meet issues so momentous; never before were young men and young women confronted by perils so great, as confront them today.”

E. G. White – Education Chapter 25: Education and Character

REMEMBER THAT:
an IDEA repeated many times becomes an ACTION
an ACTION repeated many times becomes a BEHAVIOUR
a BEHAVIOUR sustained over time becomes

the CHARACTER of the PERSON

Let us direct the minds of the youth to the Word of God!



D: Human Sexuality as a Gift from God

As Seventh-day Adventist Christians, we recognize that human sexuality is a gift from God to all persons, and we believe that the behavioural expression of human sexuality is to take place within the context of marriage between a man and a woman and, individuals should abstain from sex outside of the bond of marriage.

Human sexuality education is extremely necessary in our Christian homes, schools, and churches if we want our children to make informed decisions and avoid risky behaviour which may lead to sexually transmitted infections including HIV and AIDS.

“Education about the divine gift of human sexuality is central to understanding God, ourselves, as male and female made in His image, and the connectedness with God and with each other for which human beings were created. Understanding God’s design for human sexuality is foundational to becoming all that we can be in our human sphere, as God works to restore the Edenic plan among believers. This understanding is also vital if we are to make meaning of the metaphors of Scripture which frame word pictures of God in relational terms – God as close sibling, nurturing parent, loving marriage partner and enduring friend.”

“A Christian approach to sexuality education must make a winsome case for God’s creation design for sexuality, and at the same time address realities of everyday life in families and communities. God’s redemptive plan brings the two together as, in Christ, the power of sin to disrupt relationships and to pervert God’s good gift of sexuality is broken, and the path is opened toward restoration of all that was “very good” at the beginning.”

Paragraphs from the book “Human Sexuality — Sharing the Wonder of God’s Good Gift with Your Children” by Karen and Ron Flowers

This book is distributed by the General Conference Ministerial Department –Introduction –2nd. Edition

FOOD FOR THOUGHT

If we show respect for our bodies, we honour God.

Our bodies are to be the temple of the Holy Spirit.

The Holy Spirit can not dwell in us if we continue to defile our bodies through, bad habits, including risky sexual behaviour.



E: Family Planning – Responsible Parenting

Marriage is an institution established by God Himself since the time of creation. Christians believe that children are a gift from God. Family planning and responsible parenting are very important in order to have a successful family life and to be able to care for the needs of each of its members, particularly the children.

Family planning starts before children are born and is based on the acceptance of responsibility as future parents about the number of children that the couple would like to have, taking in consideration the availability of means to provide for their basic needs of shelter, food and clothing, together with love, education and support during the years of their development until they become capable to sustain themselves.

Biological reasons indicate the convenience for the woman to keep a reasonable time of not less than two years between pregnancies. The natural process of pregnancy requires elements from the mother's body to form the future baby. Many times, during that process, reserves of these elements are depleted and it requires time, together with a healthy lifestyle to achieve a full recovery of the mother. Subsequent breastfeeding requires additional efforts from the mother who needs to be healthy and strong in order to care for the newborn and her family.

Our children are a precious treasure that we receive from God. We are His stewards and we have the responsibility to care for our families, and to make the best use of the resources He provides to all of us.

All efforts should be made in our churches to encourage responsible parenting.

REMEMBER: Lack of family planning is closely related to poverty, and poverty is closely related to diseases, including HIV and AIDS.

F: Recommendations on HIV/AIDS of the Seventh-day Adventist Church

These recommendations are with regard to STIs in general, and particularly HIV-AIDS:

1. EDUCATION + Voluntary Counselling & Testing
2. ABSTINENCE for singles
3. FAITHFULNESS if married – one partner only intimate relationship
4. PREVENTION - universal precautions for infections, including condoms when necessary, and when 2+3 are not practiced, prevention of mother to child infection, and other measures of prevention.
5. CONDOMS - for infected couples (to avoid infection or re-infection)
6. INTERVENTIONS - Treatments, Home Based Care, Orphans Care, other.




G: The 12 Ways You and Your Church Can Respond to HIV/AIDS

It is imperative that we do something to relieve the suffering – regardless of race, religion, creed, social status or sexual orientation.

1. **Get involved** – wear a red ribbon to show acceptance and support towards people living with HIV.
2. You cannot solve the problem of HIV/AIDS in the whole world, but you can **help someone**.
3. **Make an effort** to end HIV/AIDS ignorance and prejudice.
4. **Nurture and support** HIV/AIDS affected families.
5. **Create** a loving, caring and supporting environment for the youth.
6. **Practice** a non-judgmental, accepting and respectful attitude towards the youth.
7. **Organize** “Church-Based HIV/AIDS Support Groups” in your congregation, offering programs for skills development and income generating activities. Establish “Church Based Training Centres.” Start a Youth Support Group and a Grandmothers’ Club.
8. **Speak earnestly** and honestly to the children and the youth about human sexuality – if you don’t, someone else will.
9. **Become an advocate** for HIV/AIDS and participate in AIDS marches and World AIDS Days to show your support.
10. **Invite a person** with HIV/AIDS to share their story at your church or school.
11. **Pray weekly** in support of those infected and affected by the HIV epidemic. Organize prayer groups for HIV/AIDS.
12. **Invite AAIM** to hold HIV/AIDS programs in your Union/Conference/Church

BREAK THE SILENCE IN YOUR CHURCH - GET INVOLVED!

***“Each Church a Support Centre for the Community:
Centres of Hope and Healing.”***



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**



SELF TEST - ANSWER THESE FEW QUESTIONS

Why is the HIV epidemic still increasing?

What are the 5 dimensions of health?

What are the challenges facing the church?

What can we do as a church to respond to the HIV epidemic?

What is responsible parenting?

ONLINE RESOURCES:

AAIM - Adventist AIDS International Ministry - www.aidsministry.com



SECTION 6: THE MINISTRY



SECTION 6: “THE MINISTRY” - A SPIRITUAL BASIS FOR AAIM

This section covers the spiritual, as well as the *social basis* for the AIDS ministry.

A: Call to Compassion with Regard to HIV-AIDS

When we talk about HIV-AIDS, we need to understand the practical dimension of a word, and that word is: COMPASSION

What is Compassion?

Meaning of the word “Compassion”: *The human quality of understanding the suffering of others and wanting to do something about it...*

Compassion in the Bible = JESUS

Diseases of the soul...

“Many are suffering from maladies of the soul far more than from diseases of the body, and they will find no relief until they come to Christ, the wellspring of life”.

E. G. White. — Gospel Workers – The Missionary

Diseases - find Relief - in JESUS

“Our Father in Heaven is not willing that any of these little ones should be lost...”

Matthew 18:14

Faith and Deeds

“What good is it my brothers, if a man claims to have faith but has no deeds?

...Suppose a brother or a sister is without clothes and daily food. If one of you says ... go, I wish you well; keep warm and well fed but does nothing about his (her) needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead...”

NIV-James 2:14-17

...when He saw the multitudes, He was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd.” Matthew 9:36





B: Feelings and Needs of People Living with HIV/AIDS

People infected with HIV, and most particularly the ones with AIDS share the same feelings and needs.

Feelings

These are common feelings among PLWHA:

1. Fear
2. Discrimination
3. Isolation
4. Rejection
5. Guiltiness
6. Shame
7. Low self-esteem
8. A sense of violation of privacy when confidentiality is not respected
9. A sense of violation of human rights because of rights denial

Needs

According to the five dimensions of health, the needs are listed as physical, emotional, mental, social and spiritual needs. These are some examples of those needs:

1. *Physical needs*
 - Food & Clean water
 - Shelter
 - Clothes
 - Personal care and/or home base care
 - ARV Treatment and follow-up
 - Care of other diseases & opportunistic infections
 - Knowledge about HIV-AIDS and a healthy lifestyle
 - Improvement of the immune system



2. *Emotional needs*

- Guidance
- Care and love - Affection
- Self esteem –
- Security
- Self confidence to overcome the situation
- Someone that cares - someone to listen
- Satisfy the sense of purpose and fulfilment in life
- Desire to be loved and counted as a human being
- Someone that shares love and compassion!
- A sense of belonging and self expression
- A sense of participation and achievement
- Desire to do something to help others in the same situation

3. *Mental needs*

- Education and mentorship
- Information and Education on HIV/AIDS related issues
- Intellectual development
- Literature - Need of treatment literacy

4. *Social needs*

- Sense of belonging - Acceptance
- Support
- To be recognized, to be counted
- Making friends – building community ties

Especially for children and adolescents (includes orphans):

- *Identity*
- *Acknowledgement from peers through interaction*
- *Play with other children*

5. *Spiritual needs*

- Security, comfort, and hope through the belief in God
- To establish a close relationship with Jesus-Christ



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**



C: Jesus' Method

The Unconditional Love and Compassion of Jesus-Christ ...!!!

Jesus said: "Come, follow me..., and I will make you fishers of men"

Matthew 4:19

"Christ's method alone will give true success in reaching the people. The Savior mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them 'Follow me.'"
E.G. White, *The Ministry of Healing*, p. 143

The 6 C's

Pastor Julio V. Mendez, Jr., South Philippine Union Conference (SPUC) Youth Director summarized this quotation in six C's as Christ's method alone that will bring success.

1. **CONTACT** - He mingled with men
2. **CONCERN** - As One who desired their good
3. **COMPASSION** - He showed His sympathy for them
4. **CARE** - He ministered to their needs
5. **CONFIDENCE** - He won their confidence
6. **CONVERSION** - He bade them "Follow Me."

Let's involve as many lay church members as possible in this ministry of love and compassion.

If we want to save the youth from AIDS, we also need to involve young people in all our in-reach and outreach activities

Pastor Mendez mentioned that "So far, the best tried program for the young people has been the community service projects. My suggestion is, let us re-program all our activities geared toward doing community services as demonstrated successfully in Thailand, so we see best results in youth outreach." (From youth.gc.adventist.org/gbnews/2004-issues/February)

Jesus met the people in their need!

***Field by field, church by church,
person by person!***

On a one-to-one basis!

Are we ready?





D: Adventists in the Community

In the month of October 2003, the General Conference of the Seventh-day Adventist Church organized the "First International Seminar on Adventists in the Community"

Seventh-day Adventists need to be far more involved in the community—that's the message coming from the Conference on the subject, held at the General Conference (GC) headquarters in Silver Spring, Maryland, October 14-16.

The following are segments from the introductory presentations by the church leaders:

"We're known for a very active program that serves the community—education, health, ADRA," said GC president Jan Paulsen in his opening address to participants. "But it has to be more than this." Individually, "we need to remind ourselves that we have to make a positive contribution to society."

"While we are a spiritual community, we cannot afford to become preoccupied with the world to come, and lose interest in the world where we are currently placed," Paulsen added. "On the cross Jesus confirmed the value He places on humanity. We must make sure our mission is large enough to embrace Christ's care for suffering humanity. We are humanity; we are part of the world. This is where we live, this is where we work. God has placed us here for a purpose. We are expected by God to be instruments in His hands to reach into the community."

This brand-new venture affirmed the vital importance of community involvement by Adventists. Eugene Hsu, GC general vice president and chairman of the conference planning committee, said:

"The recent world survey showed that among all church activities, community involvement is the lowest rated - less than 30 percent of members being involved... We need a paradigm shift — service is service, and the focus should be on the people. After all, the church is part of the community, and we should help people feel that our presence in the community makes a difference to their welfare."





E: Social Support in HIV/AIDS Therapy

The Role of Church Based Support Groups

We want to emphasize the importance of **social support** as a very effective component in the process of recovery and improvement for an individual suffering from HIV and AIDS.

It has been demonstrated that there is a strong correlation between recovery from severe diseases and social support.

Mind and body are part of one information system. Mind and body are connected and they communicate. The limbic-hypothalamic system is the major anatomical connecting link between mind and body.

Will-Power

More than one hundred and thirty seven years ago, Mrs. Ellen G. White wrote in the periodical *The Health Reformer* of January 1, 1871:

“Men in whom ... will-power is great, resist disease, and combat it when attacked. To array a man’s mind against his sickness, is the supreme art of medicine. Inspire in man courage and purpose, and the mind-power will cast out disease.”

Later, in 1905 Ellen G. White published the book *The Ministry of Healing*, and wrote about *“the influence of the mind upon the body, and of the body upon the mind, and the laws by which they are governed.”*

HIV/AIDS is not only a progressively weakening disease, but it is also a dehumanizing one. People with AIDS often lose their jobs, families, and friends.

The individual who is HIV positive, usually experiences stigmatisation, rejection, isolation, segregation, employment denial or termination, and a very high level of stress.

While stress is known to worsen many medical conditions such as heart disease and diabetes, recent research has also shown that stressful life events can hasten the progression to AIDS in HIV-positive patients.

A support group is a key component in the network of social support providers for an individual with HIV and/or suffering from an advanced AIDS syndrome.

The Church Based Support Groups (CBSGs) are organized by lay members including people living with HIV and AIDS (PLWHA). It is preferred that the members of the support groups have some knowledge and/or experience in health issues. People with teaching experience and a leading type of personality, are welcomed.



The CBSGs help church members better understand the HIV infection and its consequences and dynamics of this epidemic.

Empowering the church membership with adequate knowledge and skills on prevention and impact mitigation, prepares the congregation for interventions at the community level.

This program aims at identifying members from the church and surrounding communities with HIV and AIDS, and at helping them overcome their feelings and needs through constructive lifestyle patterns and behaviour.

The church based support groups' members become "Lifestyle Care Givers" and "Social Support Providers".

Through the support groups, skills are provided to laypersons, enabling them to become effective agents in assisting people (one-to-one), to change or cope with their situation and effect change.

Besides the church based support groups, other components of the network for social support are:

1. Relatives;
2. Friends;
3. Workmates or classmates; and
4. Church members.

Now, we will consider the recommendations and practices that the support group members will use to help the people with HIV and AIDS. This is the lifestyle found in the Adventist Health Message that has been in use for more than a century.

This is good for the poor and for the rich, for men and women, for youth and adults.

Most of the people infected with HIV in underdeveloped countries do not have access to ARV treatments. Lifestyle is one of the most powerful resources we have to help people who are sick, not only with HIV but with many other diseases.

Support Groups are not only organized to assist people with HIV and AIDS, but, to help people in many other circumstances when their lives are challenged by unexpected epidemics or chronic illnesses (from cancer, accidents, other) or great losses (death of a loved-one, loss of a job, natural disasters, wars, other), and many other situations where support is needed. Support groups help the socio-economic development of the members of its own congregation and community.

What we are going to talk about in the next section is vital for attaining good health and at the same time, is easy to use and inexpensive, and because of these two reasons, is applicable in developing countries as well as everywhere, and proven to be very effective.



F: Lifestyle and the use of Natural Remedies

To Improve Health – NEWSTART

“Pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power—these are the true remedies.

Every person should have some knowledge of nature's remedies and how to apply them. It is essential both to understand the principles involved in the treatment of the sick and to have a practical training that will enable one rightly to use this knowledge.” E. G. White: Ministry of Healing, 127.2

“Although I might feel indisposed, I should not expect to recover while lying in bed. I should **bring will-power** to my aid, and should leave my bed, and engage in **active, physical exercise**. I should strictly observe regular habits of **rising early**. I should **eat sparingly**, thus relieving my system of unnecessary burden, and **should encourage cheerfulness**, and give myself the benefits of **proper exercise in the open air**. I should **bathe frequently**, and **drink freely of pure, soft water**. **If this course should be followed perseveringly, resisting the inclination to do otherwise, it would work wonders in the recovery of health.**” E. G. White: Health Reform, January 1, 1871 par. 3

“**Physical exercise is a precious blessing for both mental and physical ailments...** The circulation of the blood would be equalized, and the entire system invigorated to overcome bad conditions. E. G. White: Health Reform, January 1, 1871 par. 4

“**The use of natural remedies requires an amount of care and effort** that many are not willing to give. Nature's process of healing and restoration is gradual, and to the impatient it seems slow.”

“Those who persevere in obedience to the **laws of nature** (her laws) will reap the reward in health of body and health of mind.” E. G. White: Ministry of Healing 127.3

The eight letters of the word NEWSTART represent the eight natural remedies...

N	Nutrition	The closer to God 's original diet, the better (Genesis 1:29)
E	Exercise	Just walking 30 ' at least 3 to 5 times a week - it decreases the incidence of disease
W	Water	Drink lots of fresh pure clean water - at least 8 glasses a day
S	Sunlight	In moderation, before 9:00 am and after 3:00 pm is beneficial fo r your health
T	Temperance	Avoid what is harmful to your health - like alcohol, tobacco and drugs
A	Air (fresh air)	Breathe deeply fresh and clean air - at least 5 times early every morning
R	Rest	Sleep 7 to 8 hours each night - go to sleep early
T	Trust	Trust in God who is the source of hope and all healing

These are fundamental for a healthy lifestyle -this word conveys a message of hope through a “New Start, a New Beginning...”

NB: NEWSTART is a trademarked acronym developed by the Weimar Lifestyle Centre in Northern California.



A Healthy Living Promotional Tool

The General Conference Health Department has created a new acronym for healthy lifestyle which includes the eight natural remedies mentioned in the NEWSTART acronym plus four new elements and has called it CELEBRATIONS.

Choices, integrity, optimism and social support are very important to enjoy good health and **positive living**.

C	Choices	Correct choices shape your destiny and bring positive effects to you, the family and the community
E	Exercise	Boosts your energy, creates a natural high, leaves you glowing and enhances your immunity
L	Liquids	Drink lots of fresh pure clean water, it keeps your body regulated and functioning
E	Environment	Ensure a sound healthy environment, be socially responsible and care for our planet
B	Belief	The basis of your spiritual life, motivates care for others and is a gift that sustains
R	Rest	Provides for peak efficiency in mental health and gives a physiological boost
A	Air	Breathe deeply to activate your vitality, receive the gift of pure air
T	Temperance	Your safeguard to purity and health -destroying behaviours
I	Integrity	Incorruptible honesty enables you to develop good relations
O	Optimism	Builds your faith, hope and trust and preserves your sanity
N	Nutrition	To nourish your body, means to nourish your mind always
S	Social Support & Service	Happiness is found in serving others - to give is a gift

Social support and service are key elements of the AAIM Action Plan

LIVING POSITIVELY WITH HIV/AIDS - 7 TIPS FOR A HEALTHY LIFESTYLE

- Eat a balanced diet. Good nutrition boosts your immune system.
- Avoid smoking and alcohol.
- Keep fit, get lots of exercise and fresh air.
- Get sufficient rest.
- Get involved in helping others. It gives you a sense of purpose and focus.
- Find people you can share your challenges with.
- Trust in God.

Refer to Graphic No. 11 in the Journey of Hope Series #1



SELF TEST - ANSWER THESE FEW QUESTIONS

What is compassion?

What are 5 of the things people with HIV and AIDS feel?

What are the 6 basic needs of people affected by HIV and AIDS?

What is Jesus' method?

What does NEWSTART stand for?

Which are the four new elements included in the acronym CELEBRATIONS?

ONLINE RESOURCES:

AAIM - www.aidsministry.com

BASIC HEALTH NUTRITION TIPS - www.aids.gov/treatment/nutrition :



SECTION 7: THE ACTION PLAN

SECTION 7: “THE ACTION PLAN” – REACHING OUT

A: Each Adventist Church a Support Centre for the Community

Just think of the impact of each Adventist Church being a Support Centre for their community. This means more souls will be won for Christ's kingdom!

Church Based Support Groups

Definitions of a Support Group:

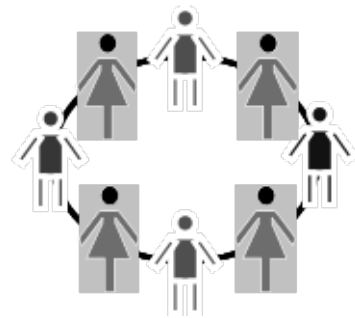
- Is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problems and help others in the community (inside and outside the church)

HIV/AIDS Support Groups and Ministry

- **Care teams:** by their non-judgmental, compassionate presence they represent a loving God to persons who often feel they are somehow being “punished by God”. Through their caring attitudes they encourage empowerment, acceptance and hope. Care Team members form relationships and do things friends do.

Organization of Support Groups

Whether you're battling HIV or AIDS, or if you're the family member or friend of someone who is hurting, many of the issues and questions are the same. Like - *Why is this happening to me?...How can I possibly endure?...Where is God in all of this?...How can I cope with this situation?*



Why do we need Support Groups

- To provide a safe place where people can come when they need answers, validation, and most importantly, hope.
- People need love, encouragement, and hope.

“Go..., heal the sick, raise the spiritually dead, and cleanse the lepers and those who have HIV/AIDS, drive out the demons of fear, ignorance, and wrong attitudes. Freely you have received, freely give...” (Adapted from Matthew 10:8 - italics added)

“Come to Me, all you who are weary and burdened, and I will give you rest...” (Matthew 11:28)

***We pray that these support groups will be lighthouses
of hope and healing!!!***



B: Steps for Preparation of Support Groups Work (Part 1)

Step 1

At the church level **select a group of committed lay-members and organize sessions of prayer and study** with them. Reading together the Bible and the Spirit of Prophecy books will help build up a good team.

Step 2

Present to the church the **current situation of HIV/AIDS in Africa**, the country, and the community. Refer to your experience during the AIMM program.

Step 3

Help create understanding of the serious impact of this epidemic on society and on the church and church membership; without forgetting how it affects the youth.

Emphasize Jesus' method and approach to the sick, as a model for action.

Study Jesus' miracles of healing; how He approached the sick and ministered to them.

Step 4

Allow interaction from church members.

A good level of understanding of the problem is required to motivate participation. A *supporting, caring, loving and compassionate environment is necessary for "People living with HIV and AIDS" (PLWHA) to disclose their status and join the groups.*

The group should be made of 6 to 12 people (the advice is not more than 12 individuals per group). If necessary, more groups can be organized. **Meetings at the church should be held at least once a week.** A request for a place to meet and a place to store goods should be presented at the local church board.

The church becomes "A Support Centre for the Community" through the support group and its activities. **The church opens its doors** to the community on a regular basis for advice and support.

Remember to organise several sessions of prayer before starting organisation of activities!!!





C: Steps for Preparation of Support Groups Work (Part 2)

Step 1: Assessment of Capacity

List the human resources available in the group -

- Those who have understanding of the HIV/AIDS problem
- Those who have counselling experience
- Those who have visiting experience
- Those who have Bible Studies experience
- Other

List material resources -

- Place for meetings (preferably in the church)
- Transportation
- Depot for materials (food, clothes, blankets, covers, Bibles, printed material, etc)
- Other

"And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people. But when He saw the multitudes, He was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd."

Matthew 9:36

Step 2: Appointment of Groups of Action to Establish Strategies for the Church and the Community

Selection and strategy -

- Select the groups of people according to how they chose to participate in the group's activities and according to their gifts (with different experiences or choices to minister- see point 1)
- Establish date, time and strategy for interventions (for example the time when the group will go to the hospital or homes for visiting. Duration, number of people going, material to carry, etc.)

Please consult Section 5 in this manual under the part called "The 12 Ways You and Your Church Can Respond to HIV/AIDS"

NOTE: *The groups in the same district should have a quarterly meeting to evaluate the results of the work done and plan strategies for improvement of the ministry.*



Step 3: Assessment of the Church and Community Needs

Make an assessment of the church and community needs such as -

- Name of the community to be reached?
- Location?
- Extension/limits?
- Characteristics?
- Type of population (age, gender, other)?
- Individuals with HIV/AIDS?

Step 4: Mapping & Zoning

Preparation of a simple map of -

- The community. Indicate the medical institutions, schools, VCTs, public offices, and other points of interest and sources of help.

Subdivide the map into zones for an easier outreach by groups.

Step 5: Identifying Referral Institutions

- List the institutions of interest located in the community (Hospitals, VCTs, Counselling, etc.)

Step 6: Going Into Action & Follow-Up

- Document actions, statistics, pictures, stories.
- **Each of the trainees should provide training for at least 10 other people** among church members, relatives, friends, community members, at the work-place, or at the schools, and other concerned groups. Use the laminated information sheet provided by AAIM. **This should be reported in the follow-up report every month and every quarter.**

Step 7: Public Relations, Promotion, Media Publications, Church Visibility, Funding Requests, Etc.

ADDITIONAL COMMENTS

Use the Adventist Network of Institutions (Churches, Educational, Medical, Media, Agencies such as ADRA, etc., as well as establish networks with other Organizations and/or Denominations dedicated to fighting the HIV pandemic.

Focus on the most vulnerable groups.

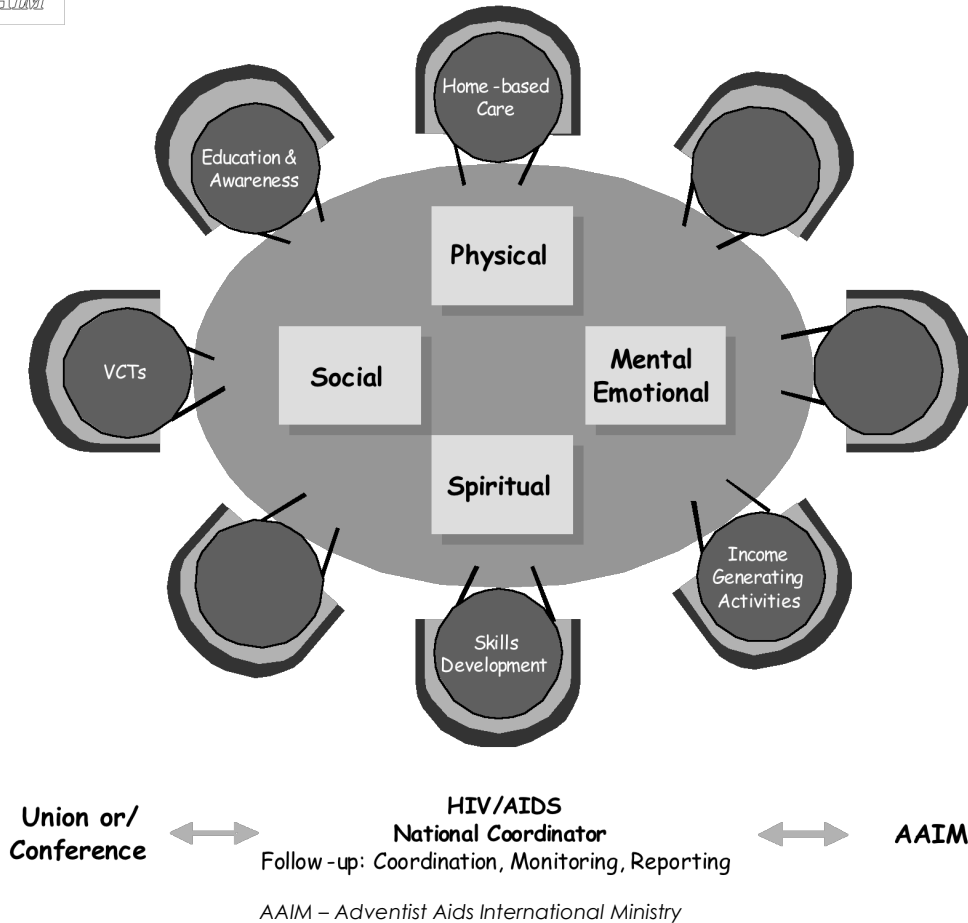
Strictly follow government guidelines on HIV and AIDS.



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Organisation of Church Based HIV/AIDS Support Group



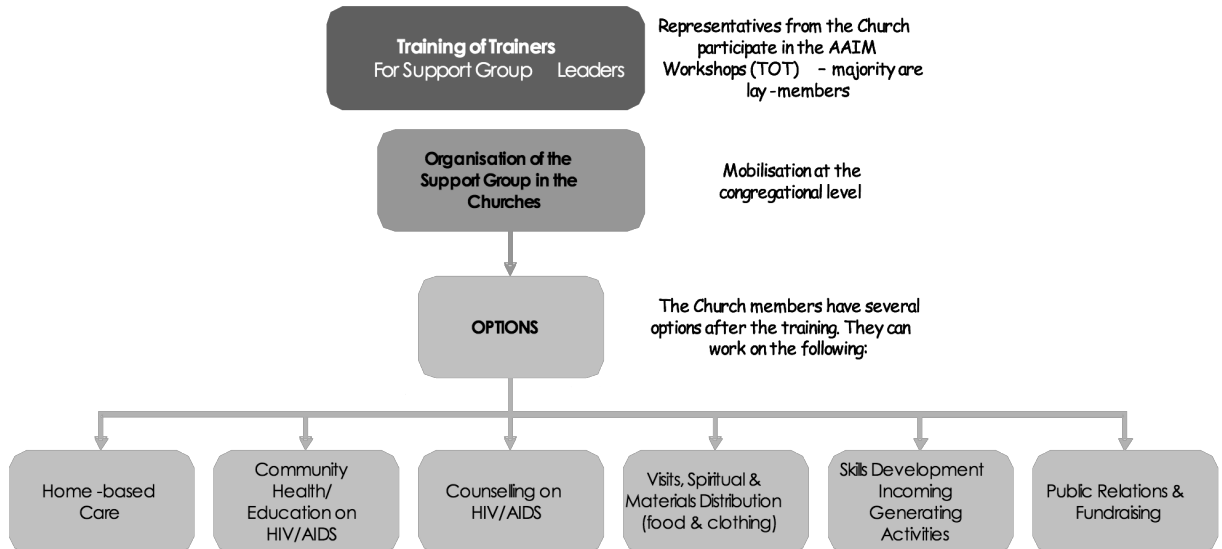
The different challenges are presented to the group. Health is considered in all its dimensions (social, physical, mental (*which also covers the emotional aspect) and spiritual). The group looks for strategies that will bring hope and healing to the individuals infected and affected by chronic diseases, as well as people facing great challenges and stress in life.

Some of the group members will opt for activities like home based care, or orphans care. Others will help with life skills development or income generating activities, and the rest will contribute with education and awareness, literacy and other projects.

The role of the HIV/AIDS Coordinator is to ensure the continuity, follow-up, monitoring and evaluation of the programs. The HIV/AIDS Coordinator liaises closely with both AAIM and the local Church organization (Union/Conference/ Field/Local Church).



Implementation Phases of AAIM's Action Plan



D: Summary of Support Groups Follow-up

It is very important to **keep good records** of the actions and achievements of the support group. **Regular follow-up meetings** should be held on a weekly basis with the members of the group as well as the beneficiaries, in order to obtain feed-back and assure the continuity of the programme. **Report your activities to your HIV/AIDS Coordinator.**

District evaluation meetings should be scheduled **quarterly** and a copy of the **report sent to AAIM**. AAIM will provide a small stipend for refreshments and miscellaneous expenses for the quarterly meetings.

The following are just examples of items to be considered:

1. Persons/patients contacted and the type of care and/or support given
2. Activities carried out, contacts and meetings with members of the community
3. Any meetings and/or training sessions at the church - Sensitization of church membership
4. Advocacy activities at local level
5. Promotion, Media, interviews, church visibility actions
6. A form has been prepared and is included in this handout for photocopy/or manual copy (see page 131)

Remember Jesus' method and actions regarding "the 6 Cs".



E: Special Programme - Youth HIV Prevention

Who?

1. **MENTORS:** The Church Youth Director and a group of YOUNG-ADULTS that have good relationships with the youth in the church that is willing to make a difference in their lives through mentorship. Connectedness and relationships are vital to keep the youth away from risky behaviour.
2. **YOUTH:** males and females, 13 to 29 years old

What?

1. *Planning and implementation of HIV prevention programs:* The Youth will organize themselves into support groups, with in-reach and out-reach activities.
2. Through this program the Youth will receive education on:
 - HUMAN SEXUALITY
 - STI'S (Particularly HIV/AIDS)
 - PEER COUNSELING
3. Through this program the Youth will experience:
 - A SENSE OF AFFILIATION – Belonging – Given responsibilities
 - A SENSE OF ACHIEVEMENT – Accomplishment
 - A SENSE OF INFLUENCE - Respect

(Real Story of John)
4. Through this program the Youth will develop:
 - A SPIRIT OF SERVICE
 - ALTRUISM
 - COMPASSION
 - SELF ESTEEM
5. Through this program the Youth will learn how to cope with:
 - PEER PRESSURE
 - RISKY BEHAVIOR

KEY QUESTIONS

Do you know by name each young member of the church?

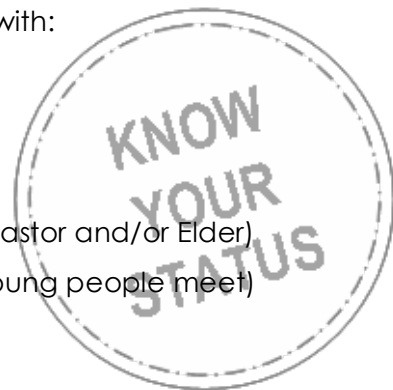
Have you established a supportive relationship with them?

Do you know what their needs are?

Have you tried to help them?

Where?

1. **PLACE TO MEET:** Any church room.(Authorization from Pastor and/or Elder)
2. **AT COMMUNITY LEVEL:** Schools, Clubs. (Places where young people meet)





When?

1. Immediately after the training seminars.
2. Youth Support Groups Meetings at least twice a week.

How?

1. ACTION PLAN:
 - Youth Support Groups
2. 3-STEP ACTION PLAN:
 - Plan
 - Do
 - Evaluate/Reflect
3. GUIDELINE OF ACTIVITIES
4. MATERIALS:
 - For spiritual support (devotionals, song books, others)
 - For education: (fact sheets, flip charts, others)

Spiritual Growth

By learning that:

1. JESUS IS MY BEST FRIEND
 - I trust Jesus
 - He is always there for me
2. JESUS IS MY ROLE MODEL
 - I want to be like Jesus
(Real Story of Jack Blanco)
 - Values and Principles
 - Respect
 - Modesty
 - Tact - Discretion
 - Confidentiality
 - Chastity
 - Honesty - Integrity



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**

3. JESUS IS MY GUIDE

- Choices
- The Bible is my inspiration: To Know, To Accept and To Live By "The Word of God"
- The value that is in each of us as God's children – Our Father in Heaven

4. JESUS IS MY STRENGTH – Philippians 4:13

- *Through Relationships* – Bonding – Connectedness - Family, Church & School
- *Through The Support of Each Other* – Team work

Shared Fun Activities – sports, music, social games and entertainment (skits, puppets, drama, games, youth fairs and fundraising activities)

Income Generating Activities

- *Through Peer Education*

5. I WANT TO FOLLOW IN JESUS FOOTSTEPS

- Through service - Benefits of involvement and service
- Through support groups
- Through community service
- Through getting involved in In-reach and Outreach Programs



*The wise King Solomon, said,
"Train up a child in the way he should
go, and when he is old he will not
depart from it" (Proverbs 22:6).*

This is a biblical fact.

*Parenthood is one of the most
overwhelming responsibilities one can
face. It has to do with the job of
shaping the future of a soul, not only
for time, but for eternity.*

***Pointing to Jesus and helping our children build a Christian character must
start when they are young.***



F: Special Programme - Grandmothers' Club

Who?

1. **THE LEADER:** If possible, a former Women's Ministries director or someone with the ability to lead.
2. **CHURCH GRANDMOTHERS:** Community Grandmothers are welcomed.

What?

1. **MAIN GOAL:** Empower grandmothers to cope with the HIV epidemic in the home and community environment
2. **SUBGOALS:** Empower grandmothers through:
3. **EDUCATION:** (HIV Prevention)
4. **SKILLS DEVELOPMENT:** (AIDS Care – Home Based Care), and
5. **FINANCIAL SELF-SUSTAINABILITY:**
 - Income Generating Activities.
 - Micro-Loans
 - Job finding (with church support)
 - Provide social, emotional and spiritual support through support groups.
 - Provide a service to the communities' grandmothers.

Where?

1. **PLACE TO MEET:** Any church room.(Authorization from Pastor and/or Elder)
2. **GEOGRAPHICAL LOCATION:** Area of 5 Km around the Seventh Day Adventist Churches that participate in the program.

When?

1. Immediately after the training seminars.
2. Grandmothers' Clubs Support Groups Meetings at least once a week

How?

1. **THE ACTION PLAN:** Grandmothers' Support Groups
 - The Grandmothers will organize themselves into support groups
2. **THE GUIDELINE OF ACTIVITIES:**
 - Education & Training, Home Based Care (basic home nursing training), Income generating Activities, Follow-up, Monitoring, Evaluation and Reporting, Media and Fundraising.



The Stockroom

1. MATERIALS FOR:

- spiritual support (devotionals, hymnals);
- support sessions; and
- education - *fact sheets, flip charts with information about HIV/AIDS.*

2. TYPES OF MATERIALS:

- Ways of transmission
- Home based care
- Nutrition
- How to handle opportunistic infections
- Treatment preparedness and adherence
- Simple home remedies
- How to improve the family income
- How to take care of the orphans
- How to take care of themselves
- How to manage a stock room,
- How to reach more grandmothers at community level
- Home food gardening
- Other



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**



G: Conclusion

To help in the response to the HIV Epidemic:

1. Each SDA Church - needs to become a Support Centre for the Community through assistance by:

- Counselling and Social Support
- Home visiting and home based care
- Food Parcels
- Hospital visiting
- Orphans support
- Other activities of support



2. Desired OUTCOME:

- To raise interest and awareness among the leadership
- To appoint an HIV/AIDS Co-ordinator in each Division/Union/Conference
- To provide training to Pastors/Elders/Department Directors
- To constitute an HIV-AIDS Joint Commission at the Adventist Division level
- This Commission will be organized by all the departments, particularly by Health, Youth, Women, Education, Family Life, and Communication Departments. It is recommended that the Chairman will be the Conference/Mission President and the Secretary the AHM Director
- To name Church Based Support Group Leaders in each Church
- To provide training for the Church Based Support Group Leaders
- To implement the "Adventist All Africa Comprehensive Action Plan on HIV/AIDS" through all the fields. "Field by field, Church by church, member by member..."
- It is suggested a provision of funds in the church budgets
- Consideration of a special offering for HIV/AIDS
- To make each of the Adventist churches a "SUPPORT CENTER FOR THE COMMUNITY on issues related with STIs & HIV/AIDS, as well as other needs
- To involve all the lay church members in in-reach/outreach and evangelism
- To practice the "Ministry of Love and Compassion with the PLWHA"

This initiative could make a good proposal and a project to be submitted for financial assistance, if necessary, to donor organizations inside or outside the country.



SELF TEST - ANSWER THESE FEW QUESTIONS

What are the 4 steps to prepare Support Groups?

How many people should make up the Support Groups?

What are the 7 steps to prepare Community Support Groups?

What are 5 of the desired outcomes of these support groups?

ONLINE RESOURCES:

AAIM - www.adsministry.com

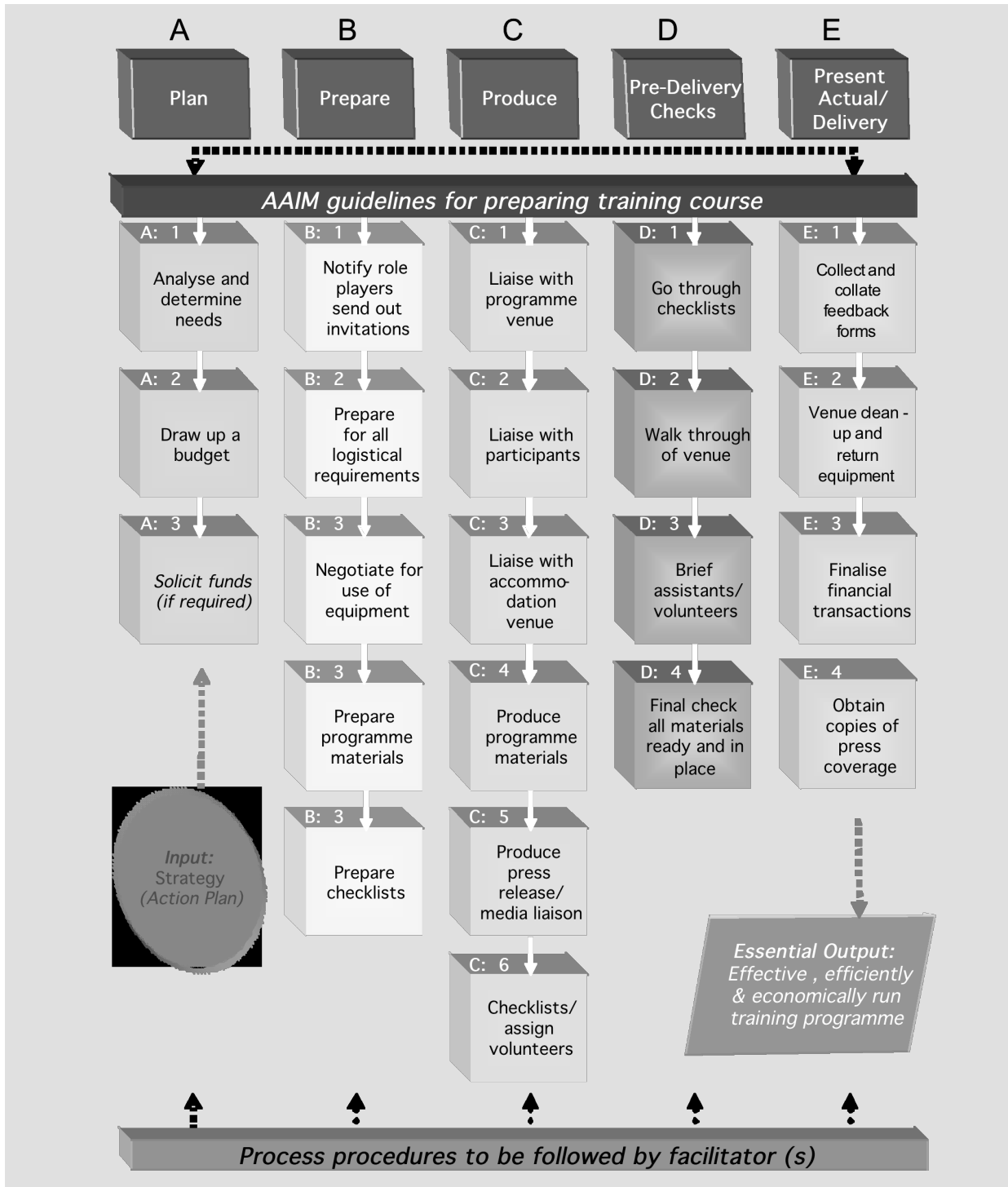
KAISER Network – HIV/AIDS Daily Reports - www.kaisernetwork.org/daily_reports



SECTION 8: PREPARING FOR THE TRAINING PROGRAMME

SECTION 8: PREPARING TO CONDUCT AAIM PROGRAMMES

Process Map





A: Plan Activities

1. Analyse and determine needs against current available resources

(Use Action Plan (strategy) developed during the AAIM Trainers programme)

When?

Determine the date you would like to hold the meetings – make sure that it does not clash with other important local community and church activities otherwise it will lose its impact.

Where?

Consider the location or venue carefully (church or church hall) and whether it is suitably located. Determine whether -

- it is practical and comfortable in layout and large enough to accommodate the number of planned participants
- there is adequate lighting, ventilation, heating or air-conditioning?
- there is a cost to hiring the church or church hall, or whether permission will be granted in the form of the venue being sponsored as a gesture in support of the programme? If a cost, is a deposit required?

Who?

As there will be various types of participants, you need to determine -

- who your guest speakers will be and their availability – *(Is there a cost involved?)*
- who the intended audience is - *(the grandmothers, youth, the broader community?)*
- who in community, from the media or local authority officials you would like to invite?

What?

There are always materials and equipment required. Determine what they are, such as -

- audio visual equipment, flipcharts, notepads, pencils, nametags, handouts, etc

How?

Enlist the help of volunteers from the local congregation and make sure you have the right number.

2. Draw up a budget

You need to determine what the costs are expected to be in relation to all of the above and whether there are funds currently available. Conduct a costing exercise and set a contingency amount in case of any unexpected expenses.

3. Solicit funds (only if required)

If there are no funds, or not sufficient – determine which organisation(s) can be solicited.



B: Prepare

Once the planning phase is complete with necessary budget drawn up with funds available (or solicited), your preparation can begin.

1. Notify all your prospective role-players and send out invitations (communicate your plans)

- Obtain cooperation of local authorities
- Negotiate external VCT counsellors with Rapid Test Kits
- Negotiate for media coverage and photographer

2. Prepare for all logistical requirements

- Negotiate with venue and make booking (*does this include refreshments and lunch?*)
- Negotiate with external caterer (*if this is necessary*)
- Pay deposits (*if necessary*)
- Determine number of guests and participants by RSVPs and follow-ups
- Determine whether you are required to facilitate the accommodation and transportation needs for guest speakers or trainers
- Determine amount and type of printed materials required

3. Negotiate for use of equipment, i.e. audiovisual, flipcharts, etc

- If the venue has its own equipment, determine whether it will be available for use and whether there will be someone to assist with the operation of the equipment.
- Pay breakage deposit (*if necessary*)

4. Prepare programme materials

- Order the nametags, pens, pencils, notepads, flipcharts and any other materials that may be needed
- Ensure that all handouts and pamphlets that will be used and promoted during the programme are reproduced either in English or has being translated and ready for production.
- Ensure information packs are ready for the guests that will be attending

5. Prepare checklist

- Draw up checklists that can be marked off as you progress in the production phases of the process.

NB: Review the **Recommendations** and **Sample Checklists** at the end of this Section.



C: Produce

At this phase of the process, everything that has been prepared should go in to produce results that will secure the success of your programme.

1. Liaise with programme venue

- Visit the venue and ensure that the persons managing the venue fully understand the requirements for the programme, i.e. the number of rooms required and the reception area for the guests and participants, etc.
- Confirm the number of guests and participants that are expected and seating arrangements for local authority, special guest persons and press representatives
- Go through the requirements on the setup of the hall, whether it be chairs, or chairs with desks, ensure use of space is maximised
- If the venue is providing the refreshments and lunches, go through the menu with them and the time the refreshments are expected to be ready each day

External catering - if ladies from the hosting organisation are preparing the refreshments and lunches, go through the menu with them, and ensure that they understand what the timeframes are in which they are required

- Provide the venue with the start and end times for each day to ensure that the venue is opened on time and that there is someone to lockup

2. Liaise with participants who require assistance with travel and accommodation

- Confirm with all guests that they will be attending the programme
- Find-out if there are any special requirements for their presentations or training sessions they will deliver
- Confirm the time schedule and accommodation details with the participants
- Provide the guests with an itinerary and for their arrival and departure if you have assisted with the travel and accommodation

3. Liaise with accommodation venue

- Confirm the number of rooms that are needed
- Confirm the names of the guests that you have agreed to assist by providing accommodation
- Confirm their arrival and departure times
- Pay deposit (if required)
- Arrange for pick up and delivery to and from the airport (check whether the accommodation venue provides this service)
- Arrange for pick up from accommodation venue for delivery to the programme venue each day
- Ensure that the accommodation venue understands the needs of the guests

4. Produce programme materials

- Produce audiovisual materials and other visual aids and ensure they are ready for dispatch to the programme venue – ensure that they will be clearly seen
- Produce nametags once all the participant names have been confirmed and finalised
- Produce the trainee handouts and other pamphlets from the master copies received from AAIM
- Ensure that all the pens/pencils, markers, notepads, flipcharts, masking tape are packed in a box and ready to take to the venue
- Ensure that attendance certificates are ready
- Produce pre-and post-test sheets if required
- Ensure that transport has been arranged for materials to and from venue with time schedule – know who will pick up and drop off

5. Produce press release and liaise with media

- Produce a press kit – *copy of programme, information on who the guest speakers or trainers are, a press release outlining the purpose and expected outcomes of the programme, copies of handouts and pamphlets that will be provided at the programme*

6. Produce checklists and assign volunteers

- Draw up comprehensive checklists for each aspect of the programme that can be ticked off by the assistants to ensure everything is in place and in order





D: Pre-Delivery Checks & Delivery

1. Go through checklists

- At this stage it is important to go through the various checklists with the assistants or volunteers and this must be done 2 days before the programme

2. Walk through of venue

- Using a checklist do a walk-through of the programme venue with the person managing the venue and provide them with the final amended complete programme the day before the programme begins
- Test all electrical equipment to ensure that everything is in working order and ready for use
- Ensure that seating arrangements are correct
- Ensure reception area is ready
- Ensure all handouts and information packs are ready to be distributed on the arrival of the guests and participants
- Ensure all supplies and instruments needed for demonstrations are available
- Ensure nametags are arranged and in place on a small table
- Brief assistants/volunteers on precisely what their duties are, where they will be stationed, who they will be assisting
- Ensure feedback forms are ready for distribution to and collection from the participants

3. Brief Assistants/Volunteers

- Brief assistants and volunteers on their functions 2 days before programme starts and the morning of the programme in case any changes have been made or volunteers need to be re-assigned

4. Final check all materials are ready and in place

- Do one more check that all programme materials are ready and in place for handing out



E: Post Delivery Activities (Follow-Ups)

1. Collect and collate feedback forms

- During the final stage of the programme, fix date for the next follow-up programme – for 3 months after the initial programme to determine success and outcomes
- Ensure that all feedback forms for the programme evaluation have been collected and placed into a file for review. (See *Forms at end of this Section.*)

2. Venue clean-up and return equipment

- Assist with the venue cleanup and do final walk through to ensure that no materials have been left behind
- Ensure that equipment is still in good working order before returning it, hand back and have it signed off that it was returned in the condition it was received

3. Finalise financial transactions

- Ensure that all payments have been made and that the financial transactions have been completed
- Balance the books

4. Obtain copies of press coverage

- Obtain a copy of published press coverage for your records
- If a photographer has been used, obtain the printed photos, negatives and if possible photos in digital format ready for use in newsletter, ministry magazines and on a website



Recommendations

Participants & Venue

1. Plan for 35 – 50 people to attend. However, if there is an expected number of 150 persons to attend, special arrangements should be made.
2. There must be at least two representatives from each church – *a man and women and they should be lay persons who are active in the church and are good leaders*. It is important to keep a good gender balance. A pastor or an elected elder from each church may attend. It is important for them to participate, so that they may understand the current HIV/AIDS issues in their region, as well as know the GC Action Plan on HIV/AIDS and be able to facilitate its implementation in their fields.
3. It is also recommended that where possible, lay persons with a nursing, counselling, social work, home based care and other HIV/AIDS activity related backgrounds should be considered first.
4. The hosting organisation or church should provide the venue and sound system for the platform.

VCT Counselling & Testing

5. If possible, plans should be made to make available to the participants, free HIV counselling and testing.

Meals

6. Meals should be arranged – and an estimate of the expenses should be provided, and the cooking team briefed as to the menu.
7. It is recommended that the meals be prepared and cooked (if possible) on site. Perhaps members of the local congregation can assist in preparation.
8. Refreshments and meals should be simple, nutritious and inexpensive, (e.g., rice and beans with sauce, green leafy salads, a piece of bread, a seasonal fruit and bottled water.)
9. If there are additional people that are invited by the hosting organisation, additional funds should be allocated.
10. If a more sophisticated menu is requested it must be paid for by the local church organisation (conference or union).
11. Wherever possible, disposable plates, forks and glasses should be used.
12. Refreshments for mid-morning and mid-afternoon breaks should be simple.
13. Bottled water must be provided to each participant.

Programme

14. The programme could be a 28 -36 hour programme.
15. A Certificate of Attendance for each participant.
16. It can be conducted over a 3½ - 4½ day format.



17. It is recommended that the official opening be planned for the morning of the second day (Tuesday). Church officers, local authorities and HIV/AIDS health authorities should be invited, as well as the media.
18. The registration of trainers and participants should begin on the afternoon of the previous day.
19. The nametags and handouts should be provided as the participants arrive.
20. The mornings and early afternoons are usually reserved for the presentation of the topics included in the manual and during the afternoon the participations are separated into groups, to develop the Action Plan included in Section 8 of this manual.
21. Each group will present their Action Plan on the morning of the last day of the training programme.
22. The closing ceremony will take place after the presentation of the Action Plan, by the all the groups concerned. All organisers will have the opportunity to express their views on the programme.
23. Thereafter, the organisers and church officers will hand out the certificates to each of the participants.



Understanding

1. This programme is open to Adventists and non-Adventists.
2. It is expected that the hosting organisation will help with the transportation and lodging of the participants.
3. After the programme, the trainees will go back to their churches and will sensitize the other members in their churches and mobilise them to raise awareness, provide education and get involved in the practical assistance and ministry to the needy.
4. After this has been done, they will get involved in the broader community they represent.
5. At the final stage of the programme, the participants will prepare an Action Plan to be implemented in their churches/territories – to go into action and mobilise the congregation and help their communities.
6. This part of the programme will be achieved through group or team co-operation guided by the facilitators and through the material provided.

Additional recommendations

It is highly recommended that a number of people living with HIV be invited to give their testimonies to the participants. If possible two a day – their transportation to the venue should be organised by the hosting organisation.

It is also recommended that the Official Statement of the Church at the back of the training material be read and discussed at the programme as they will be helpful in guiding the future activities of the participants.

Sometimes additional activities are included in the programme to better develop the skills of our participants -

- Caregivers at the Community level
- Community health educators on HIV/AIDS
- Counsellors on HIV/AIDS at the community level
- Youth Peer Counsellors

This training model is bearing wonderful fruits in many countries of Sub-Saharan Africa where it has been implemented.

Action Plan for Income Generating Activities

During the first four days of the programme the general Action Plan will be drawn up, however, AAIM likes to explore and encourage the possibility of implementing income generating activities for people living with HIV and AIDS through the newly organised Church Based HIV/AIDS Support Groups. This is a very successful part of our programme.



Other Activities

Visiting people living with HIV – facilitators with a small group of participants need to plan some time to visit people in their homes living HIV and AIDS. It can be people from the local congregation or non-Adventists who live in the villages.

Interacting with local authorities – it is important to let the local authorities know about the planned activities that the local church organisation is organising to fight HIV and AIDS. An opportunity must be created for such a visit, and most particularly with the local health authorities.

Media coverage – it is encouraged that the local media (newspaper, radio or TV) be informed of and invited to cover the opening ceremony. This usually happens on the morning of the second day. Media coverage will very much help the local church and the future soliciting of funds from donors and donor organisations. It reaffirms our church involvement in the fight against HIV and AIDS and helps the church visibility and perception in the community as a whole.

Educational institutions – after the programme is finished, it is important to approach the Adventist Educational Institutions including Universities if there is one in the local area. AAIM has a Curriculum on Human Sexuality Education for all of the three levels of education, and a Syllabus on HIV/AIDS for College and University level.

Voluntary Counselling and Testing (VCT) for participants – if possible, plans should be made for HIV counselling and testing

This exercise should take place after the facilitators have gained the confidence of the participants and never on the 1st or 2nd day and should be announced in advance.

Special Emphasis

It is so vitally important to place special emphasis on prayer on consecration in this work. We therefore encourage that small prayer groups be organised for each morning of the programme and on other occasions in the local church congregation and communities. The support groups need to have regular prayer sessions together.

The spiritual emphasis is crucial for the success of the programme and the advancement of the church work in your country, to help as many people in need and for the glory of our wonderful Lord Jesus Christ.

**Checklists**

PLANNING PHASE	
Analysing the needs against current available resources	
Has the local church been educated and informed of the planned training or education programme?	
Have you received commitment from the local congregations and church organisations?	
Have you determined how many volunteers will be needed to assist in the running of the Church Based Support Group programme?	
How many volunteers have been recruited?	
Has the date for the programme been decided on?	
Have you ensured that it does not coincide or clash with other important community programmes?	
Have you decided on the number of participants and who your target audience will be?	
Have you determined whether additional trainers, counsellors, or guest speakers will be needed? (<i>chosen for commitment, experience and professional longevity</i>)	
Have initial discussions been held with them, to obtain their commitment to participation?	
Do you have a venue and is it adequate for the purpose of the programme you will present, including whether there is an adequate power supply to run equipment?	
Have you determined accommodation requirements for guest speakers and trainers?	
Have you considered the catering requirements and done initial costing for the number of people expected to attend?	
Have you determined the type of equipment that will be needed, whether the venue has equipment for use, or whether the conference or union will provide the usage? (Laptops, projector, screen, sound system, etc) And the cost, if any?	
Have you determined the type of handouts that are required for the programme?	



Have you determined what materials will be needed? (Nametags, pens, pencils, flipcharts, etc)	
Budgeting	
Have you drawn up procedures to govern the various processes?	
Have you appointed a programme secretary to do all the follow-ups and collate the information?	
Have you drawn up a budget?	
Have you included a contingency amount, in case of unexpected costs?	
Has the budget been carefully planned, approved and allocated?	
Fundraising <i>(if insufficient funds available)</i>	
Is additional funding required?	
Have you determined which organisations or donors can be approached to provide additional funding?	
Have you determined who the contact people are?	
Have you drawn up letters of solicitation and sent them out?	
Have you followed up with phone calls to set up appointments with the identified representative decisions makers of these organisations or donors?	
Have you secured the additional funding?	
If you have answered YES to all these questions and ticked them off on this list, you are now ready to go on to the next phase	



PREPARATION PHASE	
Notify role players (communicate plans) and send out invitations	
Have you made initial contact with the local authority officials and other community leaders and informed them of your plans and programme objectives?	
Have you drawn a letter of invitation and sent it out to all guests and participants with relevant contact details and programme objectives?	
Have you made contact and arranged for external VCT Counsellors?	
Have you notified the media and sent them a brief on the intended programme and sent them an invitation to attend?	
Have you hired a photographer, or have a volunteer on hand to take a group photo and photos of the various phases or the programme?	
Logistics – Venue	
Have you been to assess the venue and the resources available there?	
Does the venue have a large enough reception area for registration, meeting and greeting the guests and participants? <i>(Or do you need to put up a small tent outside the venue for this purpose?)</i>	
Is it large enough to accommodate the invited number of guests and participants?	
Are there additional rooms to provide for small group meetings?	
Is there sufficient light, ventilation, air-conditioning or heating or do you need to bring in additional fans or heaters, etc?	
Are there sufficient tables and chairs provided by the venue for all participants, or do you need to hire more?	
Are there sufficient electrical points and outlets, or do you need to bring in additional extension leads and plugs?	
Is the venue able to provide audiovisual equipment (projector, sound equipment, etc) or must you bring your own equipment?	
Have you spoken to the conference or union office to obtain permission for usage of equipment, if the venue does not have? Do you need to hire equipment?	
Does it have adequate bathroom facilities?	



Is there a telephone service available?	
Does the venue have their own set up team, and will they also dismantle the room? Or do you need to organise this?	
Have you discussed the setting up time with the venue manager, and arranged for someone to be there to unlock to allow you access for set up?	
Do you have a secretarial service available to assist guest speakers or trainers on a daily basis?	
Do you have a contact telephone number for the participants' families, to be able to reach family members in case of an emergency?	
Do you have standby medical services in case of an emergency?	
Does the venue have cleaners or do you need to ask volunteers to assist?	
Is there a venue cancellation policy and can you be refunded?	
Have you paid the deposit, if one is required?	
Accommodation	
Have you conducted a follow up with your prospective trainers and guest speakers, etc to determine the final number attending?	
Have you sent them all the necessary information with regard to arrival and departure times, place of accommodation, travel arrangements?	
Have you liaised with the accommodation venues to verify the number of guests? And any special requirements?	
Have you organised the travel arrangements?	
Are travel advances required?	
Do participants need to be picked-up from the airport, bus or train stations?	
Do you have volunteers to do this?	
Have you allocated a small portion of the budget for this, to reimburse volunteers using their own transport to fetch and deliver participants?	



Guest speakers and trainers	
Have you provided a guideline for the opening and closing ceremonies, with a subject line for the guest speakers to focus on in their opening or closing addresses?	
Have you enquired whether they have any special requirements in order to do their presentations?	
Have you provided them with information on the type of participants expected, e.g. level of education, experience or current job responsibilities?	
Have you sent out a brief to them on their role and responsibility, and clarified their role in the programme?	
Have you provided them with information on compensation, their accommodation and travel arrangements, contact details and name of liaison person they can contact?	
Materials	
Have you ordered pens, pencils, notepads, whiteboard markers, flip charts, masking tape, blank nametags, etc? (<i>Identified necessary materials</i>)	
Have you ordered certificates of attendance or will you be producing your own?	
Have you prepared your training evaluation forms?	
Have you prepared your information packs to include information of the area and training site to quickly orientate the guests, participants, trainers and speakers?	
Have you prepared or reproduced sufficient training materials with a few to spare?	
Do you have all your other materials such as HIV/AIDS and STIs informational pamphlets, etc, available and ready for distribution?	
Are your presentation slides ready and in the correct sequence?	
Have you arranged for these materials to be transported to the venue?	



Equipment	
Have you arranged for a screen for the audiovisual equipment?	
Have you arranged for a projector?	
Have you arranged for someone to operate the equipment?	
Have you arranged for someone to operate the sound system?	
Will the participants be able to see the audiovisual presentations?	
Is the video monitor large enough? <i>(if required)</i>	
Have you arranged for back up laptops and audiovisual equipment in case of malfunction?	
Is all the equipment available, in proper working order and ready for use?	
If all these questions have been addressed, you are ready for the final checklists ready for the Production Phase.	



PRODUCTION PHASE
Venue
Go through latest information with person managing the venue to update them with regard to setup and arrival times?
Discuss the catering requirements and facilities with person managing the venue to ensure necessary equipment is in place?
Go through an initial checklist with the venue manager with regard to setup requirements? <i>(E.g. table for nametags and information and programme packs, area for refreshments, and where lunch will be served, whether tablecloths will be available, etc.)</i>
Discuss the seating and table requirements so that there is a general understanding – draw up and provide a floor plan to the venue manager.
Catering
Order all the necessary crockery, cutlery, serviettes, etc. <i>(preferably disposable)</i>
Brief the caterers on refreshment and lunch requirements for each day and schedule the times they are required.
Order the correct amount of bottled water and store it ready for use.
Accommodation
Have all the travel arrangements been finalised, with expected arrival and departure times for the guests, trainers, etc?
Transportation
Confirm the transport arrangements from the airport to the place of accommodation. And from the accommodation site to and from the programme venue. Draw up a transportation schedule.
Trainers and speakers
Ensure that the special requests of the trainers and speakers are ready.
Liaise with guest speakers and trainers and clarify what they will do and how it fits into the overall programme plan.
Send out the final itineraries.



Equipment
Check that all required equipment is available and ready for use.
Make sure that standby equipment is available.
Materials
Finalise the list of participants with correct titles and name spelling.
Prepare the nametags.
Prepare the information packs and programme handouts and put them together with notepads, pens, pencils, etc for handout as participants register.
Prepare the manual visual aids (<i>if required</i>).
Produce the Certificates of Attendance.
Double check that your presentation materials are suitable and ready for use. (<i>audiovisual or other</i>)
Ensure that feedback forms have been included in the packs.
Ensure there are sufficient markers, flipcharts, masking tape, staplers and staples are available.
Check that instruments that will be used for demonstrations are ready and available.
Produce final checklist for pre-delivery checks.
Assign checklists to the various volunteers with their specific assigned functions.
Brief the volunteers and their roles and responsibilities and the time they are expected to arrive to assist with set up and other functions.



PRE-DELIVERY CHECK PHASE
Venue
Have you done a final walk through of the venue with the manager to finalise set up arrangements?
Have the volunteers arrived and in a position to assist?
Has the seating and tables been placed in the correct layout pattern?
Is the power supply on with all the necessary extension leads, etc?
Has the refreshment and lunch area been setup up?
Have the water bottles been put on the tables?
Materials
Have all the materials arrived, and are there sufficient for all participants?
Has the reception area been set up?
Have the nametags and programme/information packs been put in place?
Are all the visual aids in place?
Equipment
Has all the equipment arrived?
Has it been tested and found to be in good working order?
Has the standby equipment arrived?
Has the person(s) who is to operate the equipment arrived?
Has the equipment been set up properly?
Catering
Have the caterers arrived?
Is the meal preparation underway?



Transportation

Provide the volunteer drivers or transportation companies with the transportation schedules.

Go through the schedules with them

Final Walk Through

Do a final walk through of the venue with all the volunteers before the participant registrations begin and clarify what their roles are and what is required to make the programme run smoothly.

Do a final briefing of the trainers and speakers when they arrive and give them their name tags and their programmes.

Check whether photographer has arrived and brief the photographer on your requirements.

Ensure that the equipment is switched on and ready for use.

Double check that all the materials are set up and ready for distribution.

Double check with the caterers that everything is on track.



POST-DELIVERY PHASE
Venue
Ensure that the volunteers have collected the programme feedback forms?
If necessary, organise the volunteers in place to assist with the clean up?
Do a walk through to ensure that all left over materials are collected and packed to take back to office.
Make sure all the equipment is still in good working order and arrange for it to be fetched or delivered back <i>(if necessary)</i> .
Discuss with the photographer, the delivery of pictures, and other requirements before he leaves the venue.
Before leaving venue ensure that it is clean and that everything is back in its place.
Financial transactions
Finalise all necessary outstanding payments, to the caterers, equipment hire, venue, transportation volunteers or officials, etc.
Balance the books.
Media liaison
Liaise with media to obtain copies of publications, or copies of DVD's, etc.
Produce write-ups with photographs for publication in newsletter, ministry magazines, any other publications or website. (if there is one)
Follow up programme
Give a report back in writing to your local congregation or organisation on the programme.
Draw up plan for 3 month follow-up as per date set at programme and start the process again.





Forms to be Used by Facilitators to Conduct AAIM Programmes

On the following pages you will find the forms that should be used when conducting AAIM programmes.





Adventist AIDS International Ministry

Adventist Declaration of Commitment on HIV/AIDS

Country	Province/Town
<p>Considering that the HIV Epidemic represents a tragedy in the personal lives of many people in this country, that this situation is touching many members and families in our congregations and that our country is suffering very much from the consequences of this epidemic.</p> <p>We, the Adventist Pastors, Administrators, Elders, and Church Members of this Field, hereby declare our full commitment to respond to the HIV Epidemic, and propose:</p> <ol style="list-style-type: none"> 1. To talk openly in our churches about issues related with human sexuality as part of God's plan. 2. To talk openly in our churches about STIs & HIV-AIDS; to talk to the community about STIs & HIV-AIDS; 3. To make of each church a "Support Center for the Community" through "Church Based Support Groups for People Living with HIV" 4. To encourage HIV testing and counselling 5. To recommend HIV testing for the couples to be married 6. To broadly proclaim the following recommendations on STIs & HIV Infections: <ul style="list-style-type: none"> • EDUCATION + Voluntary Counselling & Testing • ABSTINENCE • FAITHFULNESS • PREVENTION: universal precautions for infections, use of condoms when 2+3 are not practised and mother-child infection, and other measures of prevention. • PALLIATIVE CARE/ASSISTANCE: Home Base Care, Treatments, Care of Orphans, Skills development, Income generating activities, Bereavement, other types of care. 7. To recommend that our members keep themselves well informed on STIs & HIV & AIDS issues 8. To recommend the HIV-infected to do all within their power to prevent others to get infected 9. To pray for those who are HIV-infected and affected 10. To show love and compassion in our thoughts, words, and actions to those who are HIV-infected and affected 11. To speak out against stigma and discrimination of people living with and affected by HIV 12. To encourage volunteer work to help those infected and affected by HIV 13. To encourage the practice of a Ministry of HOPE, LOVE and COMPASSION to the people living with HIV, throughout the Adventist Church in this country. 14. FEWER WORDS AND MORE ACTION! 	
SIGNED THIS DAY	YEAR
<i>Signed By All Participants Of The "AAIM - TOT Seminar"</i>	







Adventist AIDS International Ministry

Daily Attendance Register

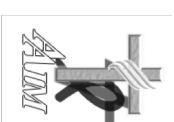
AAIM Training Seminar

AAIM TOT Programme Signatories			
Country		Province/Town	
Church		Date	
Name			Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			





General Conference of the Seventh -day Adventist Church
Adventist – AIDS International Ministry (AAIM)
 Tri-Divisional Africa Office, Johannesburg, South Africa



Certificate of Attendance

We hereby certify that
 [Insert name of Participant here]
 has attended the

AAIM Training of Trainers Seminar on HIV/AIDS

to become a Leader of a Church Based Support Group and a Facilitator of the
 AAIM Programme: Each Church a Support Center for the Community
 with an emphasis on HIV/AIDS Prevention, Counseling, Care and Impact Mitigation.

This Seminar was organized in collaboration with the [insert name] of [insert country] Union (or Conference)
 and [insert name of Department].

at [Insert City/Town], [Insert Country]
 on [Insert Date, Month, Year]

 Facilitators Signature

 Facilitators Signature

 Officers Signature

 Officers Signature







Adventist AIDS International Ministry

Support Group Activities - Follow-up Report

Please send report by regular mail to: AAIM: - Attn: Dr. Oscar Giordano - P.O. Box 1823, Cramerview, 2060, South Africa or Or E-Mail: ogiordano@aidsministry.com

Country					Province/Town					
Name of Support Group Leader										
Name of Church						Total number of members				
Region where Church is located										
Number of Support Groups					Date Activities Began					
Number of members in the Support Group(s)						Number of HIV+				
Monthly follow-up meeting done?	Yes		No		Reports sent?	Yes		No		
Quarterly follow-up meeting done?	Yes		No		Reports sent?	Yes		No		
Support Group Activities										
Contacts - Concern - Compassion										
Number of:	House visits		Hospital visits		PLWHA's identified					
Contacts with Area or Village						Contacts with Chief or Authority				
Care - Compassion										
Number of:	PLWHA's assisted					Food parcels distributed				
Clothes parcels distributed				Orphans reached and supported by CBSG's						
People reached by print material distribution						Church Programs on HIV/AIDS				
Community Programs on HIV/AIDS						Church persons sensitized				
Number of people trained for expansion of support groups										
Conversions										
Number of	Witnessing for Jesus				Bibles studies				Baptisms	
Resources/Support Obtained (Please List)										
Other Activities (Please List)										
Name				Signature				Date		

Testimonies, stories and pictures will be greatly appreciated.





ANNEXURES



ANNEXURES

1. Principles Of Home Based Care (HBC)

Jesus said: "As I have loved you, so you must love one another. By this all men will know that you are my disciples, if you love one another..." (John 13:34)

The second greatest commandment: "Love your neighbour as yourself..." (Matthew 22:39)

NOTE: Except for the paragraphs which are not quoted, the following section has been adapted from:

- CDC – Center for Disease Control – Atlanta – USA
- U.S. Department of Health & Human Services
- American Red Cross

Introduction

"One of the best places for people with AIDS to be cared for is at home, surrounded by the people who love them. Many people living with AIDS can lead an active life for long periods of time. Most of the time, people with AIDS do not need to be in a hospital. Being at home is often cheaper, more comfortable, more familiar, and gives them more control of their life. In fact, people with AIDS-related illnesses often get better faster and with less discomfort at home with the help of their friends and loved ones.

Many times what is needed is not medical care, but help with the chores of life.

Also remember that AIDS causes stress on both the person who is sick and on you as you care for them. Caring for someone with AIDS is a serious responsibility. You will have to work with the person with AIDS to decide what needs to be done, how much you can do, and when additional help is needed. But, by rising to the challenges of caring for someone with HIV infection and AIDS, you can share emotionally satisfying experiences, even joy, with those you love. You can also find new strengths within yourself. But you need to take care of yourself as well as the person with AIDS."



Steps for HBC:

1. When you start visiting the person you know is infected or affected, give the necessary time for him or her to disclose, or for the affected to express their needs. It may take days, weeks and even months before the person feels comfortable to share his or her situation. Remember Jesus' method.
2. Review your handout and notes, and make sure that you are ready to share with the person living with HIV or AIDS, as well as other people living in the same house, the principles of HIV infection and AIDS syndrome. Increase your knowledge and skills for HBC. Make sure that you know how to practice universal precautions to avoid infections when you handle a person with HIV.
3. Talk with the person you will be caring for, and LISTEN.
4. Know the referral sites in the community, like hospitals, counselling and testing centres, dispensaries, pharmacies, doctors, and nurses. "Get clear information about medicines and other care you'll give."
5. Remember that you are part of a church based support group. Bring the spiritual component to the healing process.

What You Need to Know About HIV/AIDS

1. What is HIV and AIDS
2. How HIV is spread
3. How HIV is NOT spread
4. How to take care of a person living with HIV and AIDS (refer to the brochure "Caring for Someone with AIDS at Home – A Guide" or similar material. Remember there is training available to obtain the knowledge and skills for HBC)

Giving Care

"People living with AIDS should take care of themselves as much as they can for as long as they can.

They need to feel and be as independent as possible."

Give them advice about NEWSTART. Introduce them to a "Healthy Lifestyle"

Help them to put into practice each of the 8 natural remedies. Help them exercise and gain strength. Record their progress. Encourage a positive attitude and trust in God.

You need to make yourself ready to take care of:

1. Bedsores (make sure you protect yourself from infections using adequate gloves and materials)
2. Exercises
3. Breathing
4. Comfort of the person
5. Provide Emotional and Spiritual Support



6. Guard the person with AIDS and yourself from infections. Remember that opportunistic infections are common in a person with AIDS.
7. Make sure that you are clean while assisting the person.
 - Wash your hands
 - Cover your sores
 - Keep sick people away
 - Watch out for chickenpox
 - Get your vaccinations
 - Be careful with pets and gardening (people with AIDS should not touch pet litter boxes and pets faeces and should avoid germs from the soil while doing gardening)
8. You also need to make yourself ready to take care of:
 - Food
 - Personal Items
 - Laundry
 - Cleaning House

REMEMBER; PROTECT YOURSELF!!!

Use gloves

Be careful while handling Needles and Syringes

Be careful while handling bodily wastes



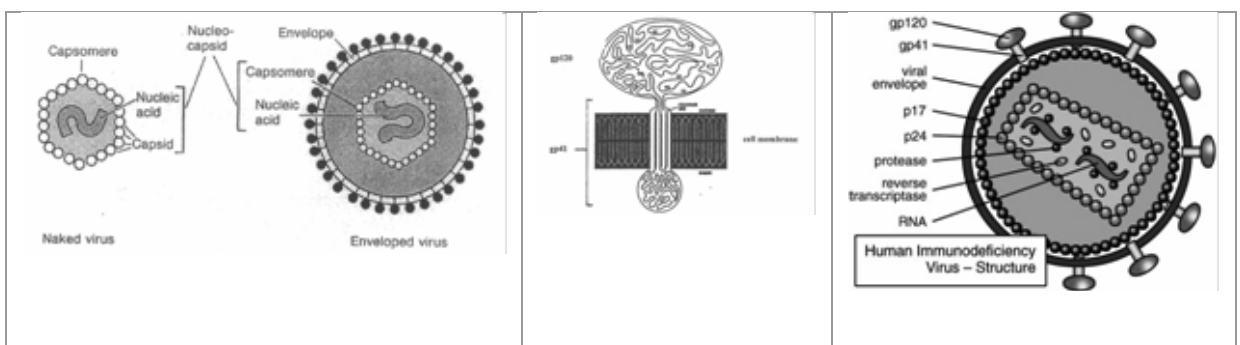
2. The Virus, Characteristics, Infection & Anti Retro-Viral Treatment

A summary of the scientific understanding of HIV.

DEFINITION: Human Immune-deficiency Virus

Characteristics of a Virus

1. Intracellular parasites
2. Very small (measured in nanometers)
3. With a genome (either DNA or RNA)
4. With receptor specificity



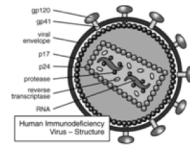
Basic Structure of the Virus

1. CAPSID AND GENOME: All viruses possess a protein capsid (core) surrounding the genome. Genome + capsid => nucleocapsid
2. VIRUS ENVELOPE: Some viruses also possess a lipoprotein envelope. They are enveloped viruses.
 - 2.1 — **Virus Envelope:** The envelope is acquired during virus maturation by a budding process through the host cell membrane.
 - 2.2 – **Virus antigenic spikes:** Virus-encoded glycoproteins [carbohydrates and proteins] are exposed on the surface of the envelope — the antigenic spikes. Note especially the gp 120 spike, it has a long protein made-up of both constant and variable loops. Within one of the variable loops, V3, there is a high degree of mutation. **Mutation** describes the changes in the DNA or RNA of a cell.
3. NAMING OF VIRUSES – (Taxonomy): Viruses are classified by Genome — DNA or RNA
 - 3.1 with DNA – i.e. Herpesviridae
 - 3.2 with RNA – i.e. Retroviridae => HIV is a retrovirus



More about the Structure of the Virus

Schematic 1 virion — Virion is another term for virus particle. Note in the schematic diagram of the HIV diagram of the HIV1 virion (© AVERT)



1. The envelope proteins gp120 and gp41 (gp = glycoprotein) are embedded in the envelope.
2. The virus, in its departure from the host cell, first embeds gp120/gp41 into the host cell membrane before it buds from the cell. Therefore, the outer layer of the envelope is a product of our own cell membranes!
3. The two single strands of RNA are found within the nucleocapsid or core). Which is called p24 (p = protein). (The suffix "ase" always designates an enzyme).
4. Genes of HIV: Genes are made of DNA and RNA. They control all cellular reproduction and function. They control cellular heredity. HIV has three major genes for synthesis or production: gag (core proteins), pol (the enzymes protease and reverse transcriptase) and env (envelope proteins)

Characteristics of Retrovirus Infection

1. Chronic infection (HIV = >10 year incubation)
2. Latency — remains in a dormant or inactive form within the host cells.
3. Replicate using an RNA-dependent DNA-polymerase — this important enzyme characterizes Retroviruses
4. HIV Infection has been shown to: 1) Be latent: appears to be inactive, 2) Has controlled growth, and 3) Cause Lysis of host cell, leading to the death of the host cell
5. The virus carries three important enzymes: integrase, protease and reverse transcriptase. Remember these enzymes. Note: The suffix "ase" denotes an enzyme

Entry of the Virus into Host Cell

Entry into Host Cell is mediated by a specific interaction between

- viral envelope glycoprotein (gp120)
- AND a cell surface receptor
- The cell surface receptor on a target cell is called CD4 [CD = Cluster of Differentiation]

Therefore, CD4 is a cell surface complex found on a population of lymphocytes called T helper lymphocytes — thus the designation T4 is sometimes used.

HIV attacks the most important cell in our defence system, the T4 Lymphocyte.

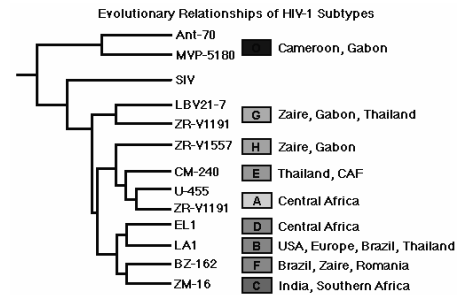
Each HIV infected cell produces 4,000 HIV virions! The multiplication of the virus is enormous.



Subtypes of HIV

There are variations in the HIV structure

1. As an RNA virus, HIV is very prone to mutate (change its genetic information)
2. It is estimated that one third of all HIV are mutants
3. The net result is the present “strains” of HIV
 - The explosive epidemics in India and Southern Africa are often attributable to subtype C
 - Another Lentivirus that causes AIDS in humans is HIV-2, a distant “cousin” of HIV-1 that is relatively common in West Africa and India.
 - During their travels infected individuals bring their subtypes into new areas
 - HIV is devious—changing its properties, characteristics and geography!



Two Epidemics

	ONE	TWO
Location:	USA/Western Europe	Developing World
Cause:	HIV-1 B	HIV-1 E, C, D, A, others
Status:	Slowly increasing	Increasing rapidly
Route of Transmission	Blood and rectal sex	Vaginal sex
Preferred cell	Monocyte and Lymphocytes	Langerhans cells (found in the wall of vagina and foreskin of penis)

Note the following: While the HIV of each epidemic has its preferred cell and route of transmission, mutations can change this, meaning that the virus can now transmit efficiently by a different route and attach preferentially to a different cell



Life Span of HIV and infected cells:

In vivo – (Inside the body):

- The time from release of a virion until it infects another cell and causes the release of a new generation of viral particles is 2.6 days (average HIV-1 generation time)
- Plasma virions are estimated to have a mean half-life of only 6 hours.
- Productively infected cells were estimated to have, on average, a life-span of 2.2 days (half-life $t_{1/2}$ = 1.6 days)

- The estimated average total HIV-1 production is estimated as follows: 10.3×10^9 virions per day.

Source: *HIV-1 Dynamics in Vivo: Virion Clearance Rate, Infected Cell Life-Span, and Viral Generation Time*; Alan S. Perelson, Avidan U. Neumann, Martin Markowitz, John M. Leonard, David D. Ho; *Science* 15 March 1996: Vol. 271. no. 5255, pp. 1582

- In addition, a paper from Marc Hellerstein and colleagues at the University of California in Berkeley reported that it is the chronic activation of the host immune system in response to HIV infection that primarily contributes to T cell loss.
Source: *Journal of Clinical Investigation*, September 15, 2003

For how long can the virus survive outside the body? Scientists and medical authorities agree that HIV does not survive well outside the body, making the possibility of environmental transmission remote. To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, ***CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours.*** Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, ***drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed - essentially zero.*** Incorrect interpretations of conclusions drawn from laboratory studies have in some instances caused unnecessary alarm. HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host.

Source: CDC - Centers for Disease Control and Prevention, Atlanta, USA - Oct. 2006
(www.cdc.gov/hiv/resources/qa/qa35.htm)



Treatment of HIV/AIDS

(Remember the word inhibitors)

1. Anti-HIV drugs are designed to inhibit specific functions unique to HIV
2. These include various enzymes and other virus-directed events in the replication cycle
3. Reverse transcriptase inhibitors (RTI) are the mainstay of Anti-Retroviral Therapy (ART). HIV protease inhibitors (PI) make important contributions to antiretroviral therapy
4. The newest ART is a “fusion inhibitor.” It is the most expensive drug to date.
5. Other events may be targets for inhibition.
6. Current therapy calls for the use of at least three drugs simultaneously. This slows down the development of resistant HIV
7. HAART: , Highly Active Anti-Retroviral Therapy (pronounced as “heart”). This usually includes
 - Two nucleoside reverse transcriptase inhibitors (NRTI)
 - One protease inhibitor (PI) OR one Non-nucleoside reverse transcriptase inhibitor
8. The Anti-retro Viral Treatment may have side effects.
9. The patient needs frequent medical check-ups and laboratory controls.

(SOURCE: Adapted from “International Aspects of HIV/AIDS in the Sub-Saharan Africa”)





Post-Exposure Prophylaxis (PEP)

PEP is an antiretroviral treatment (ART) provided after possible exposure to HIV through needle sticks, after forced sex or rape, and after condom breakage, which lowers the risk of infection significantly.

It is, however, important to start the treatment as soon as possible after the incident - within two hours if possible, but many sources give a time bracket of two to 72 hours after the incident.

The sooner treatment with ART is started the bigger is the chance of eradicating the virus before it establishes itself in the body.

Note that the medication (ART) should be taken for 28 days.

VACCINES AGAINST HIV: Rapid genetic changes or mutations give altered viral products, making it difficult to design a vaccine that will be effective against all HIV variants.

- It is NOT safe therefore for an HIV+ person to have unprotected sex with another HIV+ person, since exchange of different strains leads to new subtypes, often with a more virulent virus .
- A note of interest: The Polio virus has only three strains and mutations do not exist. Hence, the trivalent vaccine was able to, for all intents and purposes, successfully eradicated polio.
- With the dozens of HIV strains and potential for hundreds more, there is a big task ahead!





3 Adventist Official Statement on Marriage

This statement was approved and voted by the General Conference of Seventh-day Adventists Administrative Committee (ADCOM) on April 23, 1996.

Issues related to marriage can be seen in their true light only as they are viewed against the background of the divine ideal for marriage. Marriage was divinely established in Eden and affirmed by Jesus Christ to be both monogamous and heterosexual, a lifelong union of loving companionship between a man and a woman. In the culmination of His creative activity, God fashioned humankind as male and female in His own image; and He instituted marriage, a covenant-based union of the two genders physically, emotionally, and spiritually, spoken of in Scripture as "one flesh."

Arising from the diversity of the two human genders the oneness of marriage images in a singular way the unity within diversity of the Godhead. Throughout Scripture, the heterosexual union in marriage is elevated as a symbol of the bond between Deity and humanity. It is a human witness to God's self-giving love and covenant with His people. The harmonious affiliation of a man and a woman in marriage provides a microcosm of social unity that is time-honoured as a core ingredient of stable societies. Further, the Creator intended married sexuality not only to serve a unitive purpose, but to provide for the propagation and perpetuation of the human family. In the divine purpose, procreation springs from and is entwined with the same process whereby husband and wife may find joy, pleasure and physical completeness. It is to a husband and wife whose love has enabled them to know each other in a deep sexual bond that a child may be entrusted. Their child is a living embodiment of their oneness. The growing child thrives in the atmosphere of married love and unity in which he or she was conceived and has the benefit of a relationship with each of the natural parents.

The monogamous union in marriage of a man and a woman is affirmed as the divinely ordained foundation of the family and social life and the only morally appropriate locus of genital or related intimate sexual expression. However, the estate of marriage is not God's only plan for the meeting of human relational needs or for knowing the experience of family. Singleness and the friendship of singles are within the divine design as well. The companionship and support of friends looms in importance in both biblical testaments. The fellowship of the Church, the household of God, is available to all regardless of their married state. Scripture, however, places a solid demarcation socially and sexually between such friendship relations and marriage.

To this biblical view of marriage the Seventh-day Adventist Church adheres without reservation, believing that any lowering of this high view is to that extent a lowering of the heavenly ideal. Because marriage has been corrupted by sin, the purity and beauty of marriage as it was designed by God needs to be restored. Through an appreciation of the redemptive work of Christ and the work of His Spirit in human hearts, the original purpose of marriage may be recovered and the delightful and wholesome experience of marriage realized by a man and a woman who join their lives in the marriage covenant.



4. Adventist Official Statement on Home and Family

This public statement was released by the General Conference president, Neal C. Wilson, after consultation with the 16 world vice presidents of the Seventh-day Adventist Church, on June 27, 1985, at the General Conference session in New Orleans, Louisiana.

The health and prosperity of society is directly related to the well-being of its constituent parts—the family unit. Today, as probably never before, the family is in trouble. Social commentators decry the disintegration of modern family life. The traditional Christian concept of marriage between one man and one woman is under assault. The Seventh-day Adventist Church, in this time of family crisis, encourages every family member to strengthen his or her spiritual dimension and family relationship through mutual love, honour, respect, and responsibility.

The church's Bible-based Fundamental Belief No. 22 states the marital relationship "is to reflect the love, sanctity, closeness, and permanence of the relationship between Christ and His church. ... Although some family relationships may fall short of the ideal, marriage partners who fully commit themselves to each other in Christ may achieve loving unity through the guidance of the Spirit and the nurture of the church. God blesses the family and intends that its members shall assist each other toward complete maturity. Parents are to bring up their children to love and obey the Lord. By their example and their words they are to teach them that Christ is a loving disciplinarian, ever tender and caring, who wants them to become members of His body, the family of God."

Ellen G. White, one of the founders of the church, stated: "*The work of parents underlies every other. Society is composed of families, and is what the heads of families make it. Out of the heart are the 'issues of life' (Prov.4:23); and the heart of the community, of the church, and of the nation is the household. The well-being of society, the success of the church, the prosperity of the nation, depends upon home influences.*" —The Ministry of Healing, p. 349.



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5. **Adventist Official Statement on Consensus on Birth Control**

Scientific technologies today permit greater control of human fertility and reproduction than was formerly possible. These technologies make possible sexual intercourse with the expectation of pregnancy and childbirth greatly reduced. Christian married couples have a potential for fertility control that has created many questions with wide-ranging religious, medical, social, and political implications. Opportunities and benefits exist as a result of the new capabilities, as do challenges and drawbacks. A number of moral issues must be considered. Christians who ultimately must make their own personal choices on these issues must be informed in order to make sound decisions based on biblical principles.

Among the issues to be considered is the question of the appropriateness of human intervention in the natural biological processes of human reproduction. If any intervention is appropriate then additional questions regarding what, when, and how must be addressed. Other related concerns include:

- likelihood of increased sexual immorality which the availability and use of birth control methods may promote;
- gender dominance issues related to the sexual privileges and prerogatives of both women and men;
- social issues, including the right of a society to encroach upon personal freedom in the interest of the society at large and the burden of economic and educational support for the disadvantaged; and
- stewardship issues related to population growth and the use of natural resources.

A statement of moral considerations regarding birth control must be set in the broader context of biblical teachings about sexuality, marriage, parenthood, and the value of children--and an understanding of the interconnectedness between these issues. With an awareness of the diversity of opinion within the Church, the following biblically based principles are set forth to educate and to guide in decision making.

1. **Responsible stewardship.** God created human beings in His own image, male and female, with capacities to think and to make decisions (Isa 1:18; Josh 24:15; Deut 30:15-20). God gave human beings dominion over the earth (Gen 1:26, 28). This dominion requires overseeing and caring for nature. Christian stewardship also requires taking responsibility for human procreation. Sexuality, as one of the aspects of human nature over which the individual has stewardship, is to be expressed in harmony with God's will (Exod 20:14; Gen 39:9; Lev 20:10-21; 1 Cor 6:12-20).
2. **Procreative purpose.** The perpetuation of the human family is one of God's purposes for human sexuality (Gen 1:28). Though it may be inferred that marriages are generally intended to yield offspring, Scripture never presents procreation as an obligation of every couple in order to please God. However, divine revelation places a high value on children and expresses the joy to be found in parenting (Matt 19:14; Ps 127:3). Bearing and rearing children help parents to understand God and to develop compassion, caring, humility, and unselfishness (Ps 103:13; Luke 11:13).



3. **Unifying purpose.** Sexuality serves a unifying purpose in marriage that is God-ordained and distinguishable from the procreative purpose (Gen 2:24). Sexuality in marriage is intended to include joy, pleasure, and delight (Eccl 9:9; Prov 5:18, 19; Song of Sol 4:16-5:1). God intends that couples may have ongoing sexual communion apart from procreation (1 Cor 7:3-5), a communion that forges strong bonds and protects a marriage partner from an inappropriate relationship with someone other than his or her spouse (Prov 5:15-20; Song of Sol 8:6, 7). In God's design, sexual intimacy is not only for the purpose of conception. Scripture does not prohibit married couples from enjoying the delights of conjugal relations while taking measures to prevent pregnancy.
4. **Freedom to choose.** In creation--and again through the redemption of Christ--God has given human beings freedom of choice, and He asks them to use their freedom responsibly (Gal 5:1, 13). In the divine plan, husband and wife constitute a distinct family unit, having both the freedom and the responsibility to share in making determinations about their family (Gen 2:24). Married partners should be considerate of each other in making decisions about birth control, being willing to consider the needs of the other as well as one's own (Phil 2:4). For those who choose to bear children, the procreative choice is not without limits. Several factors must inform their choice, including the ability to provide for the needs of children (1 Tim 5:8); the physical, emotional, and spiritual health of the mother and other care givers (3 John 2; 1 Cor 6:19; Phil 2:4; Eph 5:25); the social and political circumstances into which children will be born (Matt 24:19); and the quality of life and the global resources available. We are stewards of God's creation and therefore must look beyond our own happiness and desires to consider the needs of others (Phil 2:4).
5. **Appropriate methods of birth control.** Moral decision making about the choice and use of the various birth control agents must stem from an understanding of their probable effects on physical and emotional health, the manner in which the various agents operate, and the financial expenditure involved. A variety of methods of birth control--including barrier methods, spermicides, and sterilization--prevent conception and are morally acceptable. Some other birth-control methods may prevent the release of the egg (ovulation), may prevent the union of egg and sperm (fertilization), or may prevent attachment of the already fertilized egg (implantation). Because of uncertainty about how they will function in any given instance, they may be morally suspect for people who believe that protectable human life begins at fertilization. However, since the majority of fertilized ova naturally fail to implant or are lost after implantation, even when birth control methods are not being used, hormonal methods of birth control and IUDs, which represent a similar process, may be viewed as morally acceptable. Abortion, the intentional termination of an established pregnancy, is not morally acceptable for purposes of birth control.
6. **Misuse of birth control.** Though the increased ability to manage fertility and protect against sexually transmitted disease may be useful to many married couples, birth control can be misused. For example, those who would engage in premarital and extramarital sexual relations may more readily indulge in such behaviours because of the availability of birth control methods. The use of such methods to protect sex outside of marriage may reduce the risks of sexually transmitted diseases and/or



pregnancy. Sex outside of marriage, however, is both harmful and immoral, whether or not these risks have been diminished.

7. **A redemptive approach.** The availability of birth-control methods makes education about sexuality and morality even more imperative. Less effort should be put forth in condemnation and more in education and redemptive approaches that seek to allow each individual to be persuaded by the deep moving of the Holy Spirit.

Some current examples of these methods include intrauterine devices (IUDs), hormone pills (including the "morning-after pill"), injections, or implants. Questions about these methods should be referred to a medical professional.

This statement was voted during the Annual Council of the General Conference Executive Committee on Wednesday, September 29, 1999 in Silver Spring, Maryland.



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6. **Adventist Official Guidelines on Abortion**

Many contemporary societies have faced conflict over the morality of abortion.* Such conflict also has affected large numbers within Christianity who want to accept responsibility for the protection of prenatal human life while also preserving the personal liberty of women. The need for guidelines has become evident, as the Church attempts to follow scripture, and to provide moral guidance while respecting individual conscience. Seventh-day Adventists want to relate to the question of abortion in ways that reveal faith in God as the Creator and Sustainer of all life and in ways that reflect Christian responsibility and freedom. Though honest differences on the question of abortion exist among Seventh-day Adventists, the following represents an attempt to provide guidelines on a number of principles and issues. The guidelines are based on broad Biblical principles that are presented for study at the end of the document.**

1. Prenatal human life is a magnificent gift of God. God's ideal for human beings affirms the sanctity of human life, in God's image, and requires respect for prenatal life. However, decisions about life must be made in the context of a fallen world. Abortion is never an action of little moral consequence. Thus prenatal life must not be thoughtlessly destroyed. Abortion should be performed only for the most serious reasons.
2. Abortion is one of the tragic dilemmas of human fallenness. The Church should offer gracious support to those who personally face the decision concerning an abortion. Attitudes of condemnation are inappropriate in those who have accepted the gospel. Christians are commissioned to become a loving, caring community of faith that assists those in crisis as alternatives are considered.
3. In practical, tangible ways the Church as a supportive community should express its commitment to the value of human life. These ways should include:
 - strengthening family relationships
 - educating both genders concerning Christian principles of human sexuality
 - emphasizing responsibility of both male and female for family planning
 - calling both to be responsible for the consequences of behaviours that are inconsistent with Christian principles
 - creating a safe climate for ongoing discussion of the moral questions associated with abortion
 - offering support and assistance to women who choose to complete crisis pregnancies
 - encouraging and assisting fathers to participate responsibly in the parenting of their children.

The Church also should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that add to abortion and to care redemptively for those suffering the consequences of individual decisions on this issue.

4. The Church does not serve as conscience for individuals; however, it should provide moral guidance. Abortions for reasons of birth control, gender selection, or



convenience are not condoned by the Church. Women, at times however, may face exceptional circumstances that present serious moral or medical dilemmas, such as significant threats to the pregnant woman's life, serious jeopardy to her health, severe congenital defects carefully diagnosed in the foetus, and pregnancy resulting from rape or incest. The final decision whether to terminate the pregnancy or not should be made by the pregnant woman after appropriate consultation. She should be aided in her decision by accurate information, biblical principles, and the guidance of the Holy Spirit. Moreover, these decisions are best made within the context of healthy family relationships.

5. Christians acknowledge as first and foremost their accountability to God. They seek balance between the exercise of individual liberty and their accountability to the faith community and the larger society and its laws. They make their choices according to scripture and the laws of God rather than the norms of society. Therefore, any attempts to coerce women either to remain pregnant or to terminate pregnancy should be rejected as infringements of personal freedom.
6. Church institutions should be provided with guidelines for developing their own institutional policies in harmony with this statement. Persons having a religious or ethical objection to abortion should not be required to participate in the performance of abortions.
7. Church members should be encouraged to participate in the ongoing consideration of their moral responsibilities with regard to abortion in light of the teaching of scripture.

Principles for a Christian View of Life

Introduction

"Now this is eternal life; that they may know you, the only true God, and Jesus Christ whom you have sent" (John 17:3, NIV). In Christ is the promise of eternal life; but since human life is mortal, humans are confronted with difficult issues regarding life and death. The following principles refer to the whole person (body, soul, and spirit), an indivisible whole (Genesis 2:7; 1 Thessalonians 5:23).

Life: Our valuable gift from God

1. God is the Source, Giver, and Sustainer of all life (Acts 17:25,28; Job 33:4; Genesis 1:30, 2:7; Psalm 36:9; John 1:3,4).
2. Human life has unique value because human beings, though fallen, are created in the image of God (Genesis 1:27; Romans 3:23; 1 John 2:2; 1 John 3:2; John 1:29; 1 Peter 1:18,19).
3. God values human life not on the basis of human accomplishments or contributions but because we are God's creation and the object of His redeeming love (Romans 5:6,8; Ephesians 2:2-6; 1 Timothy 1:15; Titus 3:4,5; Matthew 5:43-48; Ephesians 2:4-9; John 1:3, 10:10).



Life: Our response to God's gift

4. Valuable as it is, human life is not the only or ultimate concern. Self-sacrifice in devotion to God and His principles may take precedence over life itself (Revelation 12:11; 1 Corinthians 13).
5. God calls for the protection of human life and holds humanity accountable for its destruction (Exodus 20:13; Revelation 21:8; Exodus 23:7; Deuteronomy 24:16; Proverbs 6:16,17; Jeremiah 7:3-34; Micah 6:7; Genesis 9:5,6).
6. God is especially concerned for the protection of the weak, the defenceless, and the oppressed (Psalm 82:3,4; James 1:27; Micah 6:8; Acts 20:35; Proverbs 24:11,12; Luke 1:52-54).
7. Christian love (agape) is the costly dedication of our lives to enhancing the lives of others. Love also respects personal dignity and does not condone the oppression of one person to support the abusive behaviour of another (Matthew 16:21; Philippians 2:1-11; 1 John 3:16; 1 John 4:8-11; Matthew 22:39; John 18:22,23; John 13:34).
8. The believing community is called to demonstrate Christian love in tangible, practical, and substantive ways. God calls us to restore gently the broken (Galatians 6:1,2; 1 John 3:17,18; Matthew 1:23; Philippians 2:1-11; John 8:2-11; Romans 8:1-14; Matthew 7:1,2, 12:20; Isaiah 40:42, 62:2-4).

Life: Our right and responsibility to decide

9. God gives humanity the freedom of choice, even if it leads to abuse and tragic consequences. His unwillingness to coerce human obedience necessitated the sacrifice of His Son. He requires us to use His gifts in accordance with His will and ultimately will judge their misuse (Deuteronomy 30:19,20; Genesis 3; 1 Peter 2:24; Romans 3:5,6, 6:1,2; Galatians 5:13).
10. God calls each of us individually to moral decision making and to search the scriptures for the biblical principles underlying such choices (John 5:39; Acts 17:11; 1 Peter 2:9; Romans 7:13-25).
11. Decisions about human life from its beginning to its end are best made within the context of healthy family relationships with the support of the faith community (Exodus 20:12; Ephesians 5,6).
12. Human decisions should always be centred in seeking the will of God (Romans 12:2; Ephesians 6:6; Luke 22:42).

**Abortion, as understood in these guidelines, is defined as any action aimed at the termination of a pregnancy already established. This is distinguished from contraception, which is intended to prevent a pregnancy. The focus of the document is on abortion.*

***The fundamental perspective of these guidelines is taken from a broad study of scripture as shown in the "Principles for a Christian View of Human Life" included at the end of this document.*

These guidelines were approved and voted by the General Conference of Seventh-day Adventists Executive Committee at the Annual Council session in Silver Spring, Maryland, October 12, 1992.



7. Adventist Official Guidelines on Concern on Sexual Behaviour

This statement was approved and voted by the General Conference of Seventh-day Adventists Executive Committee at the Annual Council session in Washington, D.C., October 12, 1987.

In His infinite love and wisdom God created mankind, both male and female, and in so doing based human society on the firm foundation of loving homes and families.

It is Satan's purpose, however, to pervert every good thing; and the perversion of the best inevitably leads to that which is worst. Under the influence of passion unrestrained by moral and religious principle, the association of the sexes has, to a deeply disturbing extent, degenerated into license and abuse which results in bondage. With the aid of many films, television, video, radio programs, and printed materials, the world is being steered on a course to new depths of shame and depravity. Not only is the basic structure of society being greatly damaged but also the breakdown of the family fosters other gross evils. The results in distorted lives of children and youth are distressing and evoke our pity, and the effects are not only disastrous but also cumulative.

These evils have become more open and constitute a serious and growing threat to the ideals and purposes of the Christian home. Sexual practices which are contrary to God's expressed will are adultery and premarital sex, as well as obsessive sexual behaviour. Sexual abuse of spouses, sexual abuse of children, incest, homosexual practices (gay and lesbian), and bestiality are among the obvious perversions of God's original plan. As the intent of clear passages of Scripture (see Ex 20:14; Lev 18:22, 23, 29 and 20:13; Matthew 5:27, 28; 1 Cor 6:9; 1 Tim 1:10; Rom 1:20-32) is denied and as their warnings are rejected in exchange for human opinions, much uncertainty and confusion prevail. This is what Satan desires. He has always attempted to cause people to forget that when God as Creator made Adam, He also created Eve to be Adam's female companion ("male and female he created them" Gen 1:24 NEB). In spite of the clear moral standards set forth in God's Word for relationships between man and woman, the world today is witnessing a resurgence of the perversions and depravity that marked ancient civilizations.

The degrading results of the obsession of this age with sex and the pursuit of sensual pleasure are clearly described in the Word of God. But Christ came to destroy the works of the devil and re-establish the right relationship of human beings with each other and with their Creator. Thus, though fallen in Adam and captive to sin, those who turn to Christ in repentance receive full pardon and choose the better way, the way to complete restoration. By means of the cross, the power of the Holy Spirit in the "inner man," and the nurturing ministry of the Church, all may be freed from the grip of perversions and sinful practices.

An acceptance of God's free grace inevitably leads the individual believer to the kind of life and conduct that "will add lustre to the doctrine of our God and Saviour" (Titus 2:10 NEB). It will also lead the corporate church to firm and loving discipline of the member whose conduct misrepresents the Saviour and distorts and lowers the true standards of Christian life and behaviour.

The Church recognizes the penetrating truth and powerful motivations of Paul's words to Titus: "For the grace of God has dawned upon the world with healing for all mankind; and by it we are disciplined to renounce godless ways and worldly desires, and to live a



life of temperance, honesty, and godliness in the present age, looking forward to the happy fulfilment of our hope when the splendour of our great God and Saviour Christ Jesus will appear. He it is who sacrificed himself for us, to set us free from all wickedness and to make us a pure people marked out for his own, eager to do good."—Titus 2:11-14, NEB. (See also 2 Peter 3:11-14.)



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8. Adventist Official Guidelines on HIV/AIDS, STIs & the Use of Condoms

This statement is a selection from previous General Conference statements related to HIV & AIDS and Sexually Transmitted Infections. It was updated and voted by the General Conference of Seventh-day Adventists HIV/AIDS International Ministry (AAIM) Board Meetings - October 2002 & April 2003

The HIV-AIDS (Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome) world epidemic is a devastating tragedy that is rapidly spreading around the world; it has and will claim millions of victims. It is a Sexually Transmitted Infection (STI).

The Seventh-day Adventist Church recognizes that this is a serious problem decimating entire populations. In many countries of the world, it is taking many lives, including Seventh-day Adventist Church members.

The HIV is transmitted through three major sources: 1) sexual intimacy with an infected person, 2) introduction of HIV contaminated blood into the body, and 3) mother-child transmission (perinatal infection and breast-feeding). HIV infection can be prevented by avoiding sexual contact before marriage and maintaining a faithful monogamous relationship with an uninfected person in marriage. Appropriate screening of blood and blood products, and avoiding the use of unsterile needles for injections, reduce transmissions in the clinical setting.

In view of Jesus' Great Commission and example during His earthly ministry, as recorded in the Scriptures, the Seventh-day Adventist Church is involved in an active Ministry to fight this terrible disease, and to assist the infected and affected, through the work of all its Agencies, Departments, Churches, Educational and Medical Institutions.

The HIV-AIDS International Ministry is a multi-departmental initiative, involving the many Ministries of the Church. Because of the shared Mission and Commission given by Jesus Christ, a participation of all Church Departments and Agencies is encouraged.

HIV-AIDS and STIs affect every dimension of health: physical, mental, emotional, social and spiritual. Stigmatization, rejection, isolation, employment denial and segregation, produce depression, increased abortion and suicide rates.

The Seventh-day Adventist Church recognizes the need to use scientifically proven effective medical treatments, and preventive measures. Church leaders are called to respond through initiatives in education, prevention, treatment, and community service.

Just as Christ came to offer healing to a suffering world, so Seventh-day Adventists are commissioned to compassionately care for those who suffer and are affected with HIV. Members can safely serve as care givers, at home or in health care facilities, if they are educated in appropriate ways of doing so. ¹

Evidence overwhelmingly confirms the importance of building solid and positive relationships between married couples, parents and children, adults and youth, as the way to prevent "at risk" behaviours. Moral and spiritual support for the youth is encouraged, from families and churches.

Public Health research and statistics show that there is a doorway of opportunity for education and prevention between the ages of 5 to 15 years (for all children), before



they become infected. Young women (15 to 24 years of age) are more vulnerable than men, to infection with HIV. Such information should be used in the strategic planning of interventions of education and prevention. In certain regions of the world, women at an early age suffer from strong sexual pressure.

Empowerment of women and the training of them in negotiating skills to avoid sexual pressures could help decrease the number of infections.

'Less effort should be put forth in condemnation and more in education and redemptive approaches that seek to allow each individual to be persuaded by the deep moving of the Holy Spirit.' ²

The Church gives special consideration and encouragement to the implementation of adequate sexual education in all SDA Schools, Colleges, and Universities at all curricular levels, as well as Pathfinders Clubs. The Seventh-day Adventist Curriculum Framework called "God's Good Gift of Sexuality" should form the basis of sexual education from infancy to adulthood. This framework and all STIs and HIV-AIDS programs should be contextualized for relevant cultural and linguistic needs.

* Reference Documents:

1. GC - AIDS Statement – 1990
2. Birth Control: A Seventh-day Adventist Statement of Consensus (256-99G) – Revised 9-14-99
3. The following is a selection from the SDA "Statement on Meeting the Challenges of Sexually Transmitted Diseases" - (161-98G) Revised 4-29-98:

"Advances have been made along several lines:

- Research has provided more accurate data;
- Benefits of using condoms to reduce unwanted pregnancy and the spread of STIs (included HIV-AIDS) have been documented;
- Dangers of promiscuity have been recognized;
- More effective treatment has reduced the spread and progression of many STIs
- Risk of long term emotional damage resulting from casual sex has been recognized; and
- Support has grown for the position that abstinence from extramarital sex promotes sexual and emotional health

These advances, despite their limitations, have proved beneficial and should be encouraged for their positive effects. Seventh-day Adventist care givers should be encouraged to participate in promoting such efforts and deserve the support of church members as they do so. A pragmatic approach to dealing with these serious problems and the use of appropriate interventions should by no means be interpreted as endorsement or encouragement of sexual activity outside marriage or of unfaithfulness within marriage. Instead, these efforts must be seen as



compassionate attempts to prevent or reduce the negative consequences of illicit sexual behaviours.

At times, family members, and pastors, teachers, counsellors, physicians, and others in helping professions may find themselves working with individuals who, despite strong counsel, refuse to turn from sexual decadence and live by God's high standard of morality. In such cases, those entrusted with ministry may, as a last resort, counsel specific individuals to use contraceptive and prophylactic methods such as condoms in an attempt to prevent pregnancy and reduce the risk of spreading life-decimating STIs (included HIV-AIDS). Utmost care should be taken when making such an intervention to make it clear to the individual(s) and members of the community involved that this extreme measure should in no way be misconstrued as a scriptural sanction for sexual intimacy outside marriage. Such action on the part of professionals should be considered temporary and utilized only in individual cases. Though such interventions may provide a little time for grace to do its work in human hearts, they do not provide a viable long-term solution. The Church must remain committed to making the most of every opportunity to reinforce the wisdom of God's design for human sexuality and to calling men and women to the highest standard of moral conduct."

The Church affirms the biblical view of sexuality as a wholesome attribute of human nature created by God to be enjoyed and used responsibly in marriage as part of Christian discipleship.

The Church is committed to sharing a biblical view of human sexuality in an intentional and culturally acceptable manner. Emphasis is placed on appreciating and understanding the human body and its functions, upholding sexual chastity outside and fidelity within marital relationships, and developing skills for decision-making and communication about sexual behaviour. The Church is committed to conveying the truth that the misuse of one's own sexuality and the abuse of power in relationships are contrary to God's ideal.

The Church calls people to dedicate themselves before God to sexual abstinence outside the marriage covenant and sexual faithfulness to one's spouse. Apart from the wholesome expression of sexual intimacy in marriage, abstinence is the only safe and moral path for the Christian. In any other context, sexual activity is both harmful and immoral. This high standard represents God's intention for the use of His gift, and believers are called upon to uphold this ideal, regardless of the prevailing standards in the culture around them.

The Church recognizes the sinfulness of humanity. Human beings make mistakes, use poor judgment, and many deliberately choose to engage in sexual practices that are contrary to God's ideal. Others may know where to turn for help to live sexually pure lives. Nothing, however, can spare such individuals from the consequences of departing from the divine plan. Emotional and spiritual wounds left by sexual activity that violates God's plan inevitably leave scars. But the Church extends Christ's ministry of mercy and grace by offering God's forgiveness, healing and restorative power. It must seek to provide the personal, spiritual, and emotional support that will enable the wounded to lay hold of the gospel's resources. The Church must also help persons and families identify and access the full network of professional resources available.

The Church recognizes as morally acceptable the use of contraceptive measures, including condoms, by married couples who seek to control conception. ¹ Condoms in



particular may be indicated in some marital circumstances – for example, when one partner has been exposed to or has contracted a sexually transmitted disease, thus putting the spouse at high risk for infection.

On the other hand, the premarital or extramarital use of condoms – either in an attempt to lower the risk of unwanted pregnancy or to prevent the transmission of sexually transmitted diseases raises moral concerns. These concerns must be considered in the context of the divine plan for human sexuality, the relationship between God's creative intent and His regard for human frailty, the process of spiritual growth and moral development within individuals, and the nature of the Church's mission.

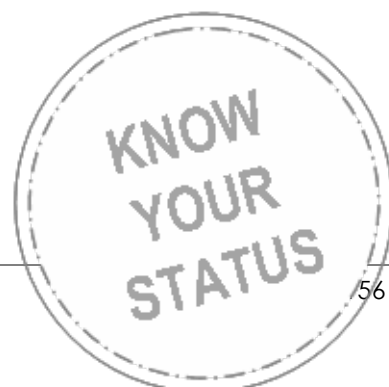
Though condoms have proved to be somewhat effective in preventing pregnancy and the spread of disease, ² this does not make sex outside of marriage morally acceptable. Neither does this fact prevent the emotional damage that results from such behaviour. The Church's appeal to youth and adults alike, believers and non-believers, is to live lives worthy of the grace extended to us in Christ, drawing as fully as possible upon divine and human resources to live according to God's ideal for sexuality.

The Church acknowledges that in cases where a married person may be at risk for transmitting or contracting a sexually transmitted disease such as Human Immunodeficiency Virus (HIV) from his or her marriage partner, the use of condom is not only morally acceptable but strongly recommended if the husband and wife decide to continue having sexual intercourse. Users of condoms must be alerted to the limits of their effectiveness in preventing the transmission of HIV infection and to the importance of using them properly.

Appeal

We are facing a crisis that threatens the lives and well being of many people, including church members. Both youth and adults are in peril. The Church must develop, without delay, a comprehensive strategy of education and prevention. The resources of health, social services, educational, ministerial, and other professionals, both within and without the Church, must be mobilized. This crisis demands priority attention – using every legitimate resource and method at the Church's disposal to target home, school, church, and community. The destiny of an entire generation of human beings is at stake, and we are in a race against time.

1. See Birth Control: A Seventh-day Adventist Statement of Consensus (160-98G)
2. Research indicates that condoms, when correctly used, have about a 97 percent success rate of prevention of pregnancy and about 85 to 90 percent success rate in prevention of virus transmission, as used by the general population. In those groups who use them consistently and correctly, the effectiveness is about 97 percent."





Conclusion:

Main recommendations to fight STIs and HIV-AIDS**:

(Update of the GC-AIDS Statement – 1990)

1. Promote education on sexuality according to biblical principles, and prevention on STIs and HIV-AIDS.
2. Uphold the ideal of abstinence from premarital sex
3. Advocate premarital HIV testing for both potential partners as part of the church-based preparation for marriage
4. Elevate God's ideal for faithfulness in marriage
5. Encourage Voluntary Counselling and Testing for understanding and early diagnosis on STIs, and HIV-AIDS
6. Use of protective measures against sexually transmitted diseases, including HIV.
7. Compassionate care for those who suffer and are affected with HIV-AIDS





9. Adventist Official Guidelines on Care of the Dying

This consensus statement was approved and voted by the General Conference of Seventh-day Adventists Executive Committee at the Annual Council session in Silver Spring, Maryland, October 9, 1992.

For people whose lives are guided by the Bible, the reality of death is acknowledged as part of the current human condition, affected by sin (Genesis 2:17; Romans 5; Hebrews 9:27). There is "a time to be born, and a time to die" (Ecclesiastes 3:2). Although eternal life is a gift that is granted to all who accept salvation through Jesus Christ, faithful Christians await the second coming of Jesus for complete realization of their immortality (John 3:36; Romans 6:23; 1 Corinthians 15:51-54). While waiting for Jesus to come again, Christians may be called upon to care for the dying and to face personally their own death.

Pain and suffering afflict every human life. Physical, mental, and emotional traumas are universal. However, human suffering has no expiatory or meritorious value. The Bible teaches that no amount or intensity of human suffering can atone for sin. The suffering of Jesus Christ alone is sufficient. Scripture calls Christians not to despair in afflictions, urging them to learn obedience (Hebrews 5:7-8), patience (James 1:2-4), and endurance in tribulations (Romans 5:3). The Bible also testifies to the overcoming power of Jesus Christ (John 16:33) and teaches that ministry to human suffering is an important Christian duty (Matthew 25:34-40). This was the example and teaching of Jesus (Matthew 9:35; Luke 10:34-36), and this is His will for us (Luke 10:37). Christians look in anticipation to a new day when God will end suffering forever (Revelation 21:4).

Developments in modern medicine have added to the complexity of decisions about care for the dying. In times past, little could be done to extend human life. But the power of today's medicine to forestall death has generated difficult moral and ethical questions. What constraints does Christian faith place upon the use of such power? When should the goal of postponing the moment of death give way to the goal of alleviating pain at the end of life? Who may appropriately make these decisions? What limits, if any, should Christian love place on actions designed to end human suffering?

It has become common to discuss such questions under the heading of euthanasia. Much confusion exists with regard to this expression. The original and literal meaning of this term was "good death." Now the term is used in two significantly different ways. Often euthanasia refers to "mercy killing," or intentionally taking the life of a patient in order to avoid painful dying or in order to alleviate burdens for a patient's family or society. (This is so called active euthanasia.) However, euthanasia is also used, inappropriately in the Seventh-day Adventist view, to refer to the withholding or withdrawal of medical interventions that artificially extend human life, thus allowing a person to die naturally. (This is so called passive euthanasia.) Seventh-day Adventists believe that allowing a patient to die by foregoing medical interventions that only prolong suffering and postpone the moment of death is morally different from actions that have as their primary intention the direct taking of a life.

Seventh-day Adventists seek to address the ethical issues at the end of life in ways that demonstrate their faith in God as the Creator and Redeemer of life and that reveal how God's grace has empowered them for acts of neighbour love. Seventh-day Adventists affirm God's creation of human life, a wonderful gift worthy of being protected and sustained (Genesis 1-2).



They also affirm God's wonderful gift of redemption that provides eternal life for those who believe (John 3:15; 17:3). Thus they support the use of modern medicine to extend human life in this world. However, this power should be used in compassionate ways that reveal God's grace by minimizing suffering.

Since we have God's promise of eternal life in the earth made new, Christians need not cling anxiously to the last vestiges of life on this earth. Nor is it necessary to accept or offer all possible medical treatments that merely prolong the process of dying.

Because of their commitment to care for the whole person, Seventh-day Adventists are concerned about the physical, emotional, and spiritual care of the dying. To this end, they offer the following biblically based principles:

- 1) A person who is approaching the end of life, and is capable of understanding, deserves to know the truth about his or her condition, the treatment choices and the possible outcomes. The truth should not be withheld but shared with Christian love and with sensitivity to the patient's personal and cultural circumstances (Ephesians 4:15).
- 2) God has given human beings freedom of choice and asks them to use their freedom responsibly. Seventh-day Adventists believe that this freedom extends to decisions about medical care. After seeking divine guidance and considering the interests of those affected by the decision (Romans 14:7) as well as medical advice, a person who is capable of deciding should determine whether to accept or reject life-extending medical interventions. Such persons should not be forced to submit to medical treatment that they find unacceptable.
- 3) God's plan is for people to be nourished within a family and a faith community. Decisions about human life are best made within the context of healthy family relationships after considering medical advice (Genesis 2:18; Mark 10:6-9; Exodus 20:12; Ephesians 5-6). When a dying person is unable to give consent or express preferences regarding medical intervention, such decisions should be made by someone chosen by the dying person. If no one has been chosen, someone close to the dying person should make the determination. Except in extraordinary circumstances, medical or legal professionals should defer decisions about medical interventions for a dying person to those closest to that individual. Wishes or decisions of the individual are best made in writing and should be in agreement with existing legal requirements.
- 4) Christian love is practical and responsible (Romans 13:8-10; 1 Corinthians 13; James 1:27; 2:14-17). Such love does not deny faith nor obligate us to offer or to accept medical interventions whose burdens outweigh the probable benefits. For example, when medical care merely preserves bodily functions, without hope of returning a patient to mental awareness, it is futile and may, in good conscience, be withheld or withdrawn. Similarly, life-extending medical treatments may be omitted or stopped if they only add to the patient's suffering or needlessly prolong the process of dying. Any action taken should be in harmony with legal mandates.
- 5) While Christian love may lead to the withholding or withdrawing of medical interventions that only increase suffering or prolong dying, Seventh-day Adventists do not practice "mercy killing" or assist in suicide (Genesis 9:5- 6; Exodus 20:13; 23:7). They are opposed to active euthanasia, the intentional taking of the life of a suffering or dying person.



6) Christian compassion calls for the alleviation of suffering (Matthew 25:34-40; Luke 10:29-37). In caring for the dying, it is a Christian responsibility to relieve pain and suffering, to the fullest extent possible, not to include active euthanasia. When it is clear that medical intervention will not cure a patient, the primary goal of care should shift to relief from suffering.

7) The biblical principle of justice prescribes that added care be given the needs of those who are defenceless and dependent (Psalm 82:3- 4; Proverbs 24:11-12; Isaiah 1:1-18; Micah 6:8; Luke 1:52-54). Because of their vulnerable condition, special care should be taken to ensure that dying persons are treated with respect for their dignity and without unfair discrimination. Care for the dying should be based on their spiritual and medical needs and their expressed choices rather than on perceptions of their social worthiness (James 2:1-9).

As Seventh-day Adventists seek to apply these principles, they take hope and courage from the fact that God answers the prayers of His children and is able to work miraculously for their well-being (Psalm 103:1-5; James 5:13-16). Following Jesus' example, they also pray to accept the will of God in all things (Matthew 26:39). They are confident that they can call on God's power to aid them in caring for the physical and spiritual needs of suffering and dying individuals. They know that the grace of God is sufficient to enable them to endure adversity (Psalm 50:14-15). They believe that eternal life for all who have faith in Jesus is secure in the triumph of God's love.



**THERE IS HOPE
FOR THOSE
LIVING
WITH HIV**



10. Adventist Official Guidelines on Values

This statement was approved and voted by the General Conference of Seventh-day Adventists Executive Committee at the Annual Council in Silver Spring, Maryland, October 10, 2004.

Our Values

Seventh-day Adventist values are rooted in the revelation of God provided through the Bible and the life of Jesus Christ. Our sense of identity and calling grows from an understanding of Bible prophecies, especially those concerning the time immediately preceding the return of Jesus. Consequently all of life becomes a growing experience and demonstration of involvement with God and His kingdom.

Our sense of mission is driven by the realization that every person, regardless of circumstances, is of infinite value to God and thus deserving of respect and dignity. Through God's grace every person is gifted for and needed in the diverse activities of the church family.

Our respect for diversity, individuality and freedom is balanced by regard for community. We are one—a worldwide family of faith engaged in representing the reign of God in our world through ethical conduct, mutual regard, and loving service. Our faithfulness to God involves commitment to and support of His body, the church.





11. Fact Sheet – Sexually Transmitted Infections (STIs)

What is an STI?

A sexually transmitted infection (STI) is a disease that is always spread by sexual contact during vaginal, oral, or anal sex. However, even without sexual intercourse, STIs can be spread by intimate sexual skin-to-skin contact (e.g. genital warts) or by touching infected clothes, sheets or towels (e.g. scabies). STIs are a serious issue for everyone. If not treated early by a physician, they may cause infertility, liver damage, cervical cancer, immune system diseases and even death. Many STIs (such as gonorrhoea, Chlamydia and syphilis) are caused by bacteria and can be treated with antibiotics. Others (such as genital herpes, genital warts and HIV) are caused by viruses and cannot be cured. This means that the infection – and the risk of spreading the virus to others- lasts a lifetime.

Who is at risk?

Young people between the ages of 15 and 25 are at the highest risk of contracting an STI. Each year one out of four sexually active teens becomes infected. You can't tell by looking at someone if he or she has an STI. In fact, many people who are infected do not know it themselves!

You are at risk of contracting an STI if:

- You are sexually active
- You engage in sex with or without a condom
- You have multiple partners
- You rely on condoms or other forms of birth control for STI protection
- You have sex under the influence of alcohol or drugs
- You trust that someone does not have an STI because he or she looks healthy

The TOP FOUR Sexually Transmitted Infections: CHLAMYDIA, GENITAL WARTS, GONORRHEA, GENITAL HERPES

AND DON'T FORGET: SYPHILIS, HEPATITIS, TRICHOMONIASIS, CANDIDIASIS, PUBIC LICE, SCABIES, and AIDS

You need a doctor if you are experiencing any of these symptoms:

- Pelvic pain
- Burning or pain during urination
- Sores bumps or blisters near the mouth or genitals
- Swelling or rash in the groin area
- Soreness or inflammation of genitals or groins
- Unusual odour from the genitals
- Burning or itching around the genitals
- Flu-like symptoms such as fever, chills and aches
- Pain during intercourse



- Irregular menstrual cycles or unusual discharge from the genitals

DON'T WAIT – GET TESTED - EARLY DETECTION IS VERY IMPORTANT!!!

If an STI is left untreated for a long time, it may progress to a point where it does permanent damage. Anyone who chooses to be sexually active should have an annual physical exam that includes a screening for STIs. Many STIs are “silent –they have no symptoms. Regular screening is the only way to know if you are infected. Plus, being infected with an STI makes you THREE TO FIVE times more likely to contract HIV than non-infected individuals.

BEING SMART ABOUT STIs

You can completely eliminate your risk of contracting an STI in only one way:

BE ABSTINENT!!! The only 100% risk-free behaviour is abstinence.

That means not engaging in oral, vaginal or anal sex or intimate sexual contact. Being abstinent now does not mean you will refrain from sex forever –or that you can't show someone affection. There are many positive ways to express your feelings for another person without having sex or intimate physical contact!

There is no such thing as safe sex. A condom gives only slight protection for some diseases. For others, i.e., genital warts (HPV) and herpes, condoms give little or no protection because these diseases are spread by skin-to-skin contact in areas not covered by a condom. Also, a condom can break or slip. Anyone who tells you he or she does not have an STI may not be telling the truth or may be infected and not know it. Anyone who chooses to have sex is taking a great risk. And remember, sexual responsibility means telling your partner if you have an STI. Your partner has the right to know before you have sex.

If you are thinking about having sex, answer these questions:

1) Am I ready for this kind of relationship?, 2) Am I considering the physical and emotional impact this will have on my life?, 3) Am I making this decision freely with no outside pressure? 4) Am I fully aware that condoms do not give full protection and that we are still at great risk?, 5) Am I willing to be regularly tested for STIs by my doctor or at my local clinic?

If the answer to any of these is NO, you would be wise to reconsider your decision.

A Service to Your Community from the Seventh-day Adventist Church



12. Fact Sheet – HIV/AIDS

What is HIV/AIDS?

AIDS stands for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV), which attacks and weakens the body's immune system. HIV prevents the body from fighting infection, leaving it vulnerable to a number of diseases. Anyone can contract HIV/AIDS, no matter their race, age, gender, or sexual orientation. There is still no cure for HIV/AIDS. Your best defence is to know the facts about HIV and to be aware of behaviour that may put you at risk for becoming infected.

How the Body's Immune System Works

The human body's defence –the immune system- fights viruses and bacteria that can cause illness. White blood cells are the body's primary defenders. Several kinds of white cells find, attack, and kill invaders. HIV can weaken the body's immune system to the point that it is susceptible to infections that would not cause illness in a person with a healthy immune system.

How HIV Is Transmitted

HIV can be transmitted through blood, semen, vaginal fluids, breast milk, and any other body fluid that contains blood. It is commonly spread through sexual intercourse (vaginal, anal, and oral sex) and by sharing needles with an infected IV (intravenous) user. It can also be transmitted from mother to baby before or during birth and through breastfeeding. HIV can be transmitted through transfusions of infected blood or blood products. There is also a risk of HIV transmission if instruments used for tattooing, body piercing or circumcision that are contaminated with blood are not sterilized or are used improperly. Instruments that penetrate the skin should be disposed of after one use.

How HIV Is Not Transmitted

HIV is not spread through casual contact such as hugging, shaking hands, or being in the same room as an infected person. You cannot get the virus from a drinking glass, food, a toilet seat, or a doorknob –it is passed only through the exchange of body fluids. There is also no risk of HIV transmission during sports activities in which there is no physical contact and bleeding does not occur.

HIV Testing

Choose a site that offers HIV/AIDS Counselling & Testing –counsellors can offer strategies for protecting yourself, help you understand test results, and provide resources for HIV/AIDS-related support.



Symptoms of HIV

- Because the symptoms of HIV may be similar to many other illnesses, a blood test is the only effective way to determine if a person has the virus. Possible warning signs of an HIV infection may include, but are not limited to the following:
- Dry cough; Unexplained fatigue; Recurring fever or night sweats; Swollen lymph glands in the neck, armpits, and groin; Persistent diarrhea (lasting more than one week); Unusual spots on the tongue, in the mouth, or in the throat; Unusual blotches on the skin; Rapid, unexplained weight loss; Pneumonia; Depression, memory loss, and other neurological problems

In many cases, people who are infected with HIV experience no symptoms, although they still can transmit the virus to others.

The term "safe sex" may be misleading. While it is true that condom use can reduce your chances of infection, the only 100% effective way to avoid sexually transmitted HIV is to practice abstinence (refraining from all sexual activity). Although being abstinent requires discipline, it eliminates your chances of getting pregnant and contracting sexually transmitted disease (STI), including HIV/AIDS.

Be aware of your sex partner's history!

Avoid having multiple partners!

Don't have unprotected sex!

Avoid IV drug use!

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13. Fact Sheet - Alcohol & Aids

Fermentation forms the basis of all alcoholic beverages. Certain yeasts act on sugar in the presence of water; this chemical action is fermentation. It produces ethyl alcohol and carbon dioxide. Most fruits, including grapes, contain sugar, and addition of the appropriate yeast (which is present in the air wherever plants grow) to a mixture of crushed grapes and water will begin the fermentation process.

Some examples of alcoholic beverages are: Beer, Wine, Champagnes, and distilled spirits like Brandy & Whisky.

Alcohol is unique in that it requires no digestion and can be absorbed unchanged from the stomach, and even more rapidly from the small intestine. Carbonated liquid speeds the absorption. The carbon dioxide acts to move quite rapidly through the stomach to the small intestine.

With low consumption of alcohol, complex, abstract, and poorly learned behaviours are disrupted. As dose increases, better learned and simpler behaviours are also affected. Inhibitions may be reduced. Later, there is impaired good judgment, and major behavioural changes. Important: Alcohol consumption can lead to brain damage, liver disorders, heart disease, cancer, decreased strength of the immune system, and other disorders.

Blood Alcohol Level and Behavioural Effects	
% blood alcohol level (gr/100ml)	Behavioural effects
0.05	Lowered alertness, usually good feeling, release of inhibitions, impaired judgment.
0.10	Slowed reaction time and impaired motor function, less caution. The individual may become dangerous and devilish. (Leading to accidents and aggressions...)
0.15	Large, consistent increases in reaction time.
0.20	Marked depressions in sensory and motor capability decidedly intoxicated. Dizzy and disturbing.
0.25	Severe motor disturbance, staggering, sensory perceptions greatly impaired. The individual may be disgusting...
0.30	The individual is delirious and surely drunk.



Sexual Behaviour & Alcohol

"Alcohol provokes the desire and takes away the sexual performance..."

Alcohol, since it is a depressant drug, decreases inhibitions and at least makes the thought of sexual activity more likely. Alcohol use may be a factor in transmission of AIDS, for several reasons; loss of behavioural inhibitions increases the likelihood of engaging in sexual activities, alcohol could increase the risk of HIV infection in exposed individuals, and alcohol could suppress the immune system and therefore increases the chances of developing full-blown AIDS once an HIV infection is established.

Research has demonstrated relationships between alcohol consumption and sexual risk taking practices and behaviors

A Service to Your Community from the Seventh-day Adventist Church





14 UNAIDS' Editors' Notes for Authors (May 2006)

Short summary of preferred terms to use when writing and speaking about HIV or AIDS

DO NOT USE THIS	USE THIS
HIV/AIDS	HIV Use HIV unless specifically referring to AIDS. Examples include people living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response.
AIDS virus	HIV There is no "AIDS virus". The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV.
HIV virus	HIV The abbreviation "HIV" includes the word virus, so "HIV virus" is redundant.
AIDS sufferers	HIV-positive people or people living with HIV Many people living with HIV are healthy and happy. People living with AIDS can have periods of relatively good health. They should not be portrayed as suffering.
AIDS-infected person	Person living with HIV or HIV-infected person People can be infected with HIV, but no one can be infected with AIDS, because it is not a virus or single disease. AIDS is a syndrome of opportunistic infections and diseases that can develop at the end stage of the continuum of HIV disease.
HIV-infected person, HIV-positive person	HIV-positive person or HIV-infected person What is the difference in the way these terms are used? Three distinctions can be made between the ways the terms "HIV positive" and "HIV infected" are used. 1. Different tests. An HIV-positive person has tested positive for HIV antibodies. There can be rare "false positive" results on these tests. All infants born to mothers with HIV-infection will test positive up to 18 months of age when the mother's antibodies disappear from the baby's blood. A baby that is infected will continue to test HIV-positive after that time. However, a different test for evidence of HIV in blood (antigen test) can confirm whether a baby who has tested HIV-positive has HIV infection or not. 2. Lack of awareness. Only about 10% of people infected with HIV worldwide have been tested and are aware that they have HIV infection. 3. Preference. Some people prefer the word "positive" to the word "infected", so they use the term "HIV-positive" except when emphasizing points 1 or 2 above.



DO NOT USE THIS	USE THIS
AIDS patient	Patient with HIV-related illness or disease. Use these terms when referring to a hospital setting or to the medical care a person is receiving. Can be used to refer to a person who has been diagnosed with AIDS. Avoid the term 'full-blown AIDS'.
AIDS victims or innocent victims	To have AIDS or live with HIV People with AIDS are not victims. To call someone a victim stigmatizes them by implying powerlessness. The word "innocent" is sometimes used when talking about children who are infected. This is stigmatizing to others living with HIV, because it implies that they are somehow "guilty".
AIDS victim or sufferer	Person living with HIV The word "victim" is stigmatizing. Use "person with AIDS" or "person living with HIV". And only use the term AIDS when the person you are referring to actually has an AIDS diagnosis. A person who is HIV-infected does not necessarily have AIDS.
To die of AIDS	To die of an HIV-related illness. AIDS is not a single disease, but a syndrome of opportunistic infections and diseases. People do not die of the syndrome. They die from opportunistic infections or diseases, such as pneumonia, that their immune system cannot fight as a result of HIV infection. However, 'to die of AIDS' is common usage and can be used.
Test for AIDS AIDS testing AIDS blood test	HIV antibody test or HIV test There is no test for AIDS. Tests can determine whether antibodies to HIV are present or whether there is actual evidence of the virus in the blood or tissue samples.



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DISCLAIMER: The content of this Training Manual is strictly to provide helpful information on HIV and AIDS issues in order to facilitate the start up of Church Based HIV/AIDS Support Groups and cannot be construed as medical advice. Please review any news and information you see on this material with your own physician in order to obtain actual medical advice.
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