



# EXPLORING SOLUTIONS

How to Talk about HIV Prevention in the Church



Ecumenical Advocacy  
Alliance

## Exploring Solutions: How to Talk about HIV Prevention in the Church

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## EXPLORING SOLUTIONS

### How to Talk about HIV Prevention in the Church

#### PREFACE

Since the identification of AIDS in 1981, HIV – the virus that can lead to AIDS – has infected over 55 million people and led to the deaths of 25 million people all over the globe. But while we now know how to treat the disease, and we know how to prevent people being infected, HIV is still spreading. Why? Because this disease feeds from our areas of deepest discomfort and from the grossest inequalities and fundamental societal ills that are easier to ignore than address.

But because we don't talk about HIV and AIDS, we perpetuate myths about the disease – how people get it, whom it affects, how it can be treated. Our silence is the real tragedy of AIDS because if people don't learn about

the disease then we don't change any of its root causes. The added tragedy is that often when we do speak – especially as religious communities – our language implies shame and judgment, and that makes those infected and affected by HIV and AIDS isolate themselves even further.

AIDS is not something that happens outside of the church and our families. Too many stories and statistics on the epidemic's spread and impact demonstrate that everyone is affected by HIV and AIDS. And while churches have been at the forefront of caring for those affected by HIV, we need to challenge ourselves further. This resource aims to help people in churches to talk openly, accurately and compassionately about why HIV spreads and what we as individuals and communities can do to help stop it in its tracks.

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## DIALOGUE AND CONVERSATIONS ABOUT HIV PREVENTION

The Ecumenical Advocacy Alliance (EAA) recognizes the need to provide congregations and parishes, religious communities and faith-based organizations (FBOs) with information and tools that will assist them in discussing HIV prevention in a helpful and positive way.

Prevention can be a controversial and uncomfortable topic especially within and between Christian churches, who account for a large percentage of the global response to HIV and AIDS. Heated debates have arisen in regard to HIV prevention methods such as use of condoms or harm reduction approaches for injecting drug users. The unwillingness and inability to discuss sex and sexuality further hamper our knowledge of the full range of options that are known to be successful in HIV prevention. Religious leaders often feel pressured in their responses to choose between acknowledging the complexities of emerging health crises such as the HIV pandemic and upholding long-held traditions and beliefs that are difficult to change or are seen as essential to their faith.

Prevention efforts also need to address much broader aspects than personal behavior. Effective prevention involves challenging social, political, economic and religious structures, systems and inequalities that make women,

youth and special groups of the population particularly vulnerable to contracting HIV. Prevention efforts must address the causes and effects of poverty. Prevention means speaking out about the factors and myths that put people at risk of infection. Prevention means that beliefs, structures and systems that stigmatize people living with HIV must be named and changed.

*“Our difficulty in addressing issues of sex and sexuality has often made it painful for us to engage, in an honest and realistic way, with issues of sex education and HIV prevention.”*

*World Council of Churches' Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*

If people and organizations of faith find common ground for common action, the positive impact in the community can be enormous.

Religious leaders play a key role in dialogue about HIV prevention because their words and actions carry institutional and moral authority and serve as models for others. But organizing dialogue groups and conversations on HIV prevention should not be restricted to religious leaders and professionals. HIV prevention needs to be discussed locally so that tangible solutions can be explored.





This guide will help to engage everyone in dialogue about prevention – those who are already working in the field of HIV and AIDS and those just becoming aware of its devastating effects; health care professionals and theologians; church leaders and lay people; HIV positive people, orphans, teachers, policy makers and activists. No one person has all the answers. The strength of a real dialogue is that everyone contributes and learns, and any actions that grow out of it are based on solid understanding and cooperation by the participants.

## THE CHURCH'S ROLE IN THE RESPONSE TO HIV

The writer of 1 Corinthians 12 takes great care to illustrate that there are many complementary and interdependent gifts for believers to share. Likewise, Ephesians 4 states that different gifts were given “to equip the saints for the work of ministry, for building up the body of Christ” (vs.12). When “each part is working properly, it promotes the body’s growth in building itself up in love” (vs. 16). We can learn and work together for the health of the body of Christ.

The long involvement of the Church in health care as an area of mission and service, especially among the most poor and marginalized in society, has meant that church-related institutions care for well over a quarter of the people affected by HIV world-wide. In some countries in Africa in particular, where

up to 70 percent of the health services are administered by church-related organizations, the percentage is much higher. Many parts of the Church’s response are undocumented, where pastoral support, care of orphans and services to families are done on a local basis.

However, the spread and impact of the pandemic means that HIV and AIDS cannot be

*“Religion has a unique role to play in fighting AIDS. With its influence on believers’ values and behavioral norms – and its role in caring for the suffering – religion can have an impact on everything from prevention to treatment to dealing with the dying.”*

Michael Kress, *Religion and the Age of AIDS*

addressed solely by a health-related ministry within the church.

Prevention, treatment, care and support are related issues and interact in numerous ways positively and negatively. For instance, the availability of treatment and care is a significant factor in comprehensive prevention efforts. However, while treatment, care and support are often integral parts of church life and action, churches too often are afraid to offer visible and strong support for effective methods of HIV prevention. Such actions should

## USE OF LANGUAGE

The words we use reflect our understanding and influence our response. The complexity and sensitivities that surround HIV and AIDS make it all the more important to reflect on the words we use and choose them with care.

In particular, avoid using "HIV/AIDS", because HIV and AIDS, although related, are not the same. Today with treatment, HIV – the virus – does not inevitably lead to AIDS – the syndrome where people are most vulnerable to opportunistic infections and death. Thus we use the terms separately, or use "HIV and AIDS" when our response encompasses both.

For more information on preferred language in the response to AIDS, see UNESCO's Guidelines on Language and Content in HIV and AIDS-related Materials:



<http://www.e-alliance.ch/media/media-6517.pdf>

be taken with sensitivity to different beliefs and traditions, but open to challenging myths and misconceptions, practices and traditions that increase both the spread of HIV and the perpetuation of stigma.

Churches have a tremendous role and opportunity to help their communities address not just the physical impact of HIV and AIDS on individuals and communities but also the underlying personal, social, economic and cultural injustices that are exposed through this disease.

## NO LONGER CYMBALS NOR SILENT: DIALOGUE AS A MATTER OF FAITH

*If I speak in the tongues of mortals and of angels,  
but do not have love,*

*I am a noisy gong or a clanging cymbal.*

1 Corinthians 13:1

Dialogue is an essential element of our faith. Christians seek to be faithful witnesses to God's saving love and grace in the world by following the teachings and example of Jesus Christ, who

commissioned his disciples to proclaim, teach and live "everything that I have commanded you" (Matt. 28:20). The Church as the community of Christians is called to help interpret, guide and encourage our faithful witness in the modern world. Undoubtedly, moral and ethical issues arising in modern society create divisions among Christians and within and between Churches. Rather than allow such divisions to pull people apart, Christians are called to find ways to deal with controversial issues so that while "speaking the truth in love" (Ephesians 4:15) we seek as much as possible to "maintain

*"Dialogue can affirm those shared convictions to which the churches should bear common witness to the world at large. Furthermore, the dialogue can discern how ethical beliefs and practices relate to that unity in moral life which is Christ's will."*

*Joint Working Group between the Roman Catholic Church and the World Council of Churches*

## THE CHURCH RESPONDS TO AIDS

Joan's life was shattered the night thieves broke into her family home in Nairobi, Kenya, and gang-raped her, leaving her infected with HIV. The teacher, wife, and mother of three struggled for two years to recover from the trauma but in 2002 resigned her teaching job and sank into depression.

When she discovered the Coptic Hope Center, she finally found the comprehensive medical care and emotional support she needed.

Based in Nairobi, the Hope Center, as it is popularly known, is awash with stories like Joan's. An initiative of the Coptic Orthodox Church in Kenya, its mandate is to offer care and treatment for people living with HIV and AIDS. With financial support from the USA, Germany, and Sweden, and from the government of Kenya, services are offered at no charge. Though the Coptic Church counts only about 4500 members out of a total of 28 million Kenyan Christians, it towers above the rest when it comes to care of people living with HIV and AIDS.

When the center opened in October 2004, staff treated 50 people a day. By 2006, the number had risen to 250. Of the current case load of 5000 patients, 2,300 are on anti-retroviral treatment. When the case load of two additional Coptic centers in Kenya and one in Zambia are included, the total number of people under care through the Hope Center rises to close to 8000.

The rapid growth is due to the center's reputation for providing the best in physical, psychological, and spiritual support to all. Program Manager, Mena Attwa, says "Many people who have been here say there is something that is different in this place. We feel that God is playing a huge role."

 Full story at:  
[http://iac.e-alliance.ch/index.php?option=com\\_content&task=view&id=103&Itemid=17](http://iac.e-alliance.ch/index.php?option=com_content&task=view&id=103&Itemid=17)

the unity of the Spirit in the bond of peace" (Ephesians 4:3). Through dialogue, issues that "arouse passionate emotions and create awkward ecumenical relations . . . also can become church-reconciling means of common witness."<sup>1</sup>

AIDS has revealed such intense discord within and among churches as well as at all levels of society. When AIDS was first identified, some churches immediately became involved in care and accompaniment for those affected by HIV while others became loud clanging cymbals pronouncing that HIV was God's judgment on sinners.

*"I was diagnosed with HIV at the age of 18. I remember that it took me almost two years to be able to speak to anybody in my church about my status. Sex remains a very taboo subject."*

woman from Asia

The condemnation, fear, violence and silence at all levels of society fueled rampant stigma and discrimination. Instead of compassion and comfort, too many of those affected were cast out and neglected by their families and communities, schools and churches. Since it was not safe to talk about HIV and AIDS, legitimate education and medical care were stalled. People were confused about the transmission of HIV and could not get accurate information. People who became sick suffered in silence not able to seek medical care or pastoral assistance. Because many of the voices that

<sup>1</sup> The Joint Working Group between the Roman Catholic Church and the World Council of Churches, "The Ecumenical Dialogue on Moral Issues: Potential Sources of Common Witness or of Divisions." <http://www.wcc-coe.org/wcc/what/ecumenical/jwgm-e.html>



*"We have created some bad press for ourselves by rejecting people, by not caring about them, by being apathetic, by actually sending messages of 'you're not welcome here.'... I think that the church is the hope of the world, so when the evangelical churches join the Catholic Church and others who are already present at the table, we're going to stop AIDS."*

Kay Warren, Saddleback Church (USA)

seemed most judgmental were religious, churches have been particularly scrutinized for their role in extending the grip of HIV and AIDS in our world.

Many now realize that this early rhetoric of condemnation is not only wrong but woefully inconsistent with the Christian gospel of grace and love. Consequently, many more church bodies are now active in the eradication of stigma and discrimination as well as the pastoral and practical care of those living with or affected by HIV and AIDS. Christians are also at the forefront of campaigns addressing economic injustice and gender inequalities and lack of access to treatment that make some people more vulnerable.

Breaking the silence and ending discrimination around HIV and AIDS is the first critical step

in effective HIV prevention because it allows people the safety to be tested, counseled, educated and treated. Being able to engage in a discussion group, to search and investigate solutions by discussing systemic problems is another step in breaking the silence that once encompassed HIV and AIDS.

A dialogue process can be a way to explore the realities of HIV and AIDS and the solutions for HIV prevention in a fresh way while at the same time give strength to the church community, and, through them, the wider society.

## WHAT IS DIALOGUE?

Dialogue is more than a discussion or conversation. Dialogue is a process and an attitude where ideas and opinions on a

*"Dialogue must be a process of mutual empowerment, not a negotiation between parties who have conflicting interests and claims... partners in dialogue should be empowered to join in a common pursuit of justice, peace and constructive action for the good of all people."*

World Council of Churches'  
*Ecumenical Considerations for Dialogue and Relations with People of Other Religions*



As opposed to debate, in a dialogue all participants should “win”. Here are some comparisons of debate versus dialogue:

DEBATE	DIALOGUE
<ul style="list-style-type: none"><li>• Assuming that there is a right answer, and that you have it</li><li>• About winning</li><li>• Listening to find flaws and make counter-arguments</li><li>• Seeing two sides of an issue</li><li>• Defending one’s own views against those of others</li></ul>	<ul style="list-style-type: none"><li>• Assuming that many people have pieces of the answer</li><li>• About exploring common ground</li><li>• Listening to understand, find meaning and agreement</li><li>• Seeing all sides of an issue</li><li>• Admitting that others’ thinking can improve one’s own.</li></ul>

Source: Gerzon, Mark. “Moving Beyond Debate,” *The Magic of Dialogue: Transforming Conflict into Cooperation*. Simon and Schuster: New York, 1999.

particular issue – especially a sensitive or potentially divisive one – can be exchanged in an atmosphere of mutual respect. There is no predetermined goal nor should it be used as a strategy to convince others of a certain opinion. Dialogue is an effort to understand different perspectives more fully and, where possible, find areas of agreement and actions that can be taken together.

For many years, dialogue processes have been used to build relationships. One of the most

prominent examples is the variety of inter-religious dialogue processes. The dialogue that we are referring to in this document is not of an official, structural nature. The dialogue we are talking about can happen within our own communities. However, we can learn from those who have long been in dialogue processes not only about the ways to move forward but also about the vision we need to hold even when positions seem very far apart.

In 1999, Pope John Paul II called dialogue among religious people a sign of hope for collaboration against social injustices. “Greater mutual esteem and growing trust,” he said, “must lead to still more effective and coordinated common action on behalf of the human family.”<sup>2</sup>

In the context of HIV prevention, we too hope for stronger collaboration against social injustice, greater recognition and appreciation for positive and effective insights that come

*In dialogue we affirm hope. In the midst of the many divisions, conflicts and violence there is hope that it is possible to create a human community that lives in justice and peace. Dialogue is not an end in itself. It is a means of building bridges of respect and understanding. It is a joyful affirmation of life for all.”*

WCC, *Ecumenical Considerations for Dialogue*

2 Niebuhr, Gustav. 2003. “Interfaith America.” Religion and Ethics Newsweekly Viewer’s guide. <http://www.pbs.org/wnet/religionandethics/pdfs/religionguide2003.pdf>



from religion and theology, and the chance to build relationships and understanding in relation to HIV prevention so that progress in halting the spread of HIV can be made.

## HOW TO START DIALOGUE

The most important step is to decide to begin a dialogue on HIV prevention. This booklet can help you start the process and gives a possible outline for dialogue sessions. You should feel free to tailor the process and content so that it best fits your context and the people who will be engaged in the dialogue. There are additional resources listed at the end and available on the website ([www.e-alliance.ch/hiv\\_prevention.jsp](http://www.e-alliance.ch/hiv_prevention.jsp)) for further guidance and information on dialogue, HIV and AIDS, prevention and faith.

### *Getting people involved*

Determining the best entry point for a dialogue on HIV prevention in your church depends on how active it is on HIV and AIDS, whether church leaders are engaged, and whether groups already exist within the church where such a dialogue can be suggested.

If your church already is active in responding to HIV, begin by suggesting a dialogue on HIV prevention with those already involved. Form a

group to plan both the process of the dialogue and its content. Consider who should be involved in a first dialogue group; any lessons that come from that first dialogue process can be applied in forming further groups and expanding the circle of people in the church engaged in the response.

*“When you have young people dialogue with church leaders, they’re the ones who are not going to be afraid to ask the questions. They are going to bring up these issues where others are going to pretend they’re not there. Young people have the fearlessness. So I think, wow, the church can really use youth to break the silence that the church structure can’t break on its own.”*

Emily Freeburg Davila, Lutheran young person (USA)

Consider suggesting a dialogue on HIV prevention to discussion and study groups that already exist in your church, such as a women’s fellowship group, men or youth groups, Sunday

## THE CHURCH RESPONDS TO AIDS

Father Joseph Zhang, a Roman Catholic priest from China's Liaoning province, saw AIDS for the first time during a visit to Bangkok, Thailand, in 2003. On the trip, he visited a Catholic center treating people living with the virus, learned about the pandemic and received a note of warning from a fellow priest.

"He pointed out that AIDS will be a big problem for China," Zhang said. He went back to China convinced that caring for people living with HIV and AIDS was the church's responsibility.

Zhang returned to Thailand in 2004 with six nuns and a lay member from his diocese to visit Catholic centers and learn about prevention and care of people affected by HIV and AIDS. "All of us had the same feeling and experience," Zhang said. "We thought this is a call to the church. We need to do this."

No other religious group had yet taken up the issue in Shenyang, Liaoning's capital city, nor the region's rural areas, and there was no local tradition of civil society involvement in HIV and AIDS. Government health agencies were providing care across the province, Zhang said, but were understaffed and stretched thin.

Recognizing that most people knew little about the virus, Zhang knew that education about HIV and AIDS was the first step. He contacted government health officials and asked them to train many of the province's 200 nuns. He also approached officials from the government's religious affairs bureau, which liaises with China's approved religions.

Government officials were receptive, but Zhang said many Catholics in the diocese questioned whether the work was "church business." He pointed to the Bible in response.

"At Jesus' time, it was the lepers. At our time, it is the people with HIV and AIDS. If Jesus was alive today, he certainly would do something," Zhang said.



Full story at:

[http://iac.e-alliance.ch/index.php?option=com\\_content  
&task=view&id=104&Itemid=17](http://iac.e-alliance.ch/index.php?option=com_content&task=view&id=104&Itemid=17)

School classes or others. For some, starting to discuss an uncomfortable subject among people they already know and trust can be an important factor in their willingness to engage in such a process.

A dialogue could also be started among the pastors and priests in a region, or among Sunday School teachers.

Discussing HIV prevention means that issues like sexual practices, drug addiction, and gender roles within the culture will arise. Many people have been brought up believing that these subjects are taboo to discuss anywhere, especially in the church. Typically, though, sex is talked about in informal settings – women to women, men to men, youth to youth. So composing a group where such sensitive issues can be discussed most freely is vital.

For a true dialogue process, people should be invited who have different points of view. When inviting people to join the dialogue, you should include why you want them to participate, what is different about this dialogue as opposed to other discussions or study sessions and a few of the questions that your dialogue group will be exploring.

*"I believe we can change the world if we start listening to one another again."*

Margaret Wheatley, *Turning to One Another: Simple Conversations to Restore Hope to the Future*

At the start of any dialogue group, the two most important aspects are following the guidelines and creating the comfort and space for participants to feel safe in their involvement. It takes time to learn communication skills. Once people are more comfortable with the dialogue process and the subject matter, then new groups can be formed, introducing a different mixture of perspectives.



### *How many?*

The size of a dialogue group can vary, largely depending on available space and the number of facilitators who can assist the process. In theory, smaller groups mean less diversity in opinion and experience, but greater possibilities for intimate conversation. One should also keep in mind that, especially when discussing sensitive topics, some people will only feel comfortable speaking in small groups.

If the group is larger than 12 people, opportunities for sub-groups should be made. Each sub-group can be interchanged after a period of time, and there should be sessions where the whole group is assembled.

### *Role of facilitator*

The role of facilitator in a dialogue process is crucial. The facilitator needs to be someone who is experienced in leading groups and not shy about allowing space for, and mediating, strong emotions and forceful words. Sometimes it is best if there are two facilitators, particularly if it is a long dialogue process or a large group, who can share responsibilities. The facilitator should not engage in the discussion itself as a participant, but concentrate on ensuring that the space for people to share and reach understanding is maintained.

The facilitators – or two or more named “listeners” – can also help the group at the end of sessions to reflect on the process by naming areas of agreement, acknowledging disagreements, and noting issues for further dialogue.

The facilitator or facilitators should prepare thoroughly for the session – ensuring that someone will lead Bible reflections, being confident in how the session should be introduced, and determining what dialogue questions should be asked first.

It is not necessary that the facilitator be an expert on HIV and AIDS – his or her ability to lead a process of sharing information, asking questions, and promoting respectful and honest discussions is most important. However, someone, particularly in the early sessions, should be present who can answer factual questions about HIV and AIDS. If an “expert” is not able to be present, make sure fact sheets are available, and keep a list of questions that can’t be immediately answered and have one or more persons try to find the answers – perhaps by contacting the national UNAIDS office or an AIDS service organization in the community – and report back to the group.



Paul Jeffrey / EAA



Of course, different types of groups require different styles of facilitation. Youth groups may need more active facilitation than a woman's group that has been established for a long time. There are certain tips, though, that can help all those leading a group discussion:

- Be considerate and encouraging to the members of the group.
- Be prepared.
- Be comfortable with silences.
- Make sure all members of the group are able and feel comfortable to speak and that no one person dominates discussion.
- Remain calm and firm especially when tensions and emotions are high.
- Be sensitive to the needs and reactions of the group. If a break is needed early, suggest one. If more time is needed on a particular question, take it. If other issues not included in this guide need to be addressed, change the process so that it works better for the group.

Facilitators should look particularly closely at the sections on the "Ground Rules for Dialogue on HIV Prevention" and "Determining and Framing the Sessions" as well as using the "Suggested Themes for Dialogue Groups" as a guide to prepare each session. Background resources for each theme can be found in Appendix C.

#### *Determining the format*

The themes that are suggested for a dialogue on HIV prevention can be organized in any number of ways – a series of sessions over

several weeks or months, several one-day meetings or a long weekend retreat. Sessions themselves should be no longer than two hours, but one theme may extend over several sessions.

The time allocated will depend on the group. This is an important decision because if not enough time is given, people may be left frustrated and angry. Too much time in a dialogue group can lead to stagnation or inaction.

Length and duration may also be dictated by logistical barriers of participants, such as whether they live locally or not, and how easy it is to come to the place where the dialogue will be held. If participants are local, the group can meet once a week, for instance, but if participants are coming from far away, more intensive dialogue sessions can be planned over a several day period.

If sessions are organized as an intensive one-day or weekend process, extra care must be given to accommodate needs. Breaks, reflection time, bible study, music, worship, meals and physical activities should be interspersed between dialogue sessions.

#### *Preparing the space*

Considering the physical needs of the participants will improve the success of a dialogue group. The space can be a conference room, sanctuary or living room that should be welcoming and comfortable so that participants are at ease. The space should also promote creative thought. If possible, chairs should be in a circle so that people can look at each other. Water or other refreshment should be easily

available without people missing anything being said or causing much disruption. Make sure people know where restrooms are. Natural light where possible, plants and flowers, art of all kinds can promote creative thinking and a positive atmosphere.

Hospitality goes a long way. People should be welcomed as they enter the room, and if members of the group don't know each other well, use name tags. Having a small gift for each participant is a nice gesture.

Allow different learning styles to be incorporated to increase flow and expression of thought. Having paper tablecloths or large pieces of paper with markers and pens for people to draw on, take notes and work out thoughts can help those who are more visual learners. These papers can be displayed after sessions in a quilt style on a wall, so that everyone can see them and maybe draw inspiration from them.

A guide or host should be present and introduce themselves as someone that people can come to in case of any problems – physical or conversational.

## GROUND RULES FOR DIALOGUE ON HIV PREVENTION

Dialogue as a practice can be a new experience for some, and they will need help and reminders to keep the process on track.

The guidelines below should be shared with participants as the dialogue process begins and posted in the room. The group may wish to add items to the list as the process goes on, but you should avoid creating a too lengthy list that may end up more restrictive than conducive to open dialogue.

There may be times when tension begins to arise. Such tensions should not necessarily be avoided, as they mean that a critical area of

### GROUND RULES FOR DIALOGUE ON HIV PREVENTION

1. All dialogue participants should speak for themselves – their experiences, faith and knowledge – not as representatives of particular faiths, groups or special interests.
2. Be respectful of each other's religious traditions, experiences, insights.
3. Be open and listen to others even when you disagree; avoid making judgments.
4. Search for common ground.
5. Express disagreement in terms of ideas, not personality or motives.
6. Keep dialogue and decision-making separate activities.
7. Do not interrupt when someone else is speaking.
8. Be sensitive in your choice of words. Your message may be lost if you shock or offend others with unnecessarily exclusive or sexually explicit language.
9. Maintain the confidentiality level agreed by the group (for instance, either all sharing not to be divulged outside the group or comments recorded without attribution).

*Source: Adapted in part from Viewpoint Learning  
<http://www.viewpointlearning.com/about/rules.shtml>*

## THE CHURCH RESPONDS TO AIDS

In July 2007, 14 prominent church leaders in Lesotho signed a statement of commitment on AIDS, pledging to confront the epidemic and to support people living with HIV in a united front.

The Kingdom of Lesotho has one of the highest HIV prevalence in the world, with 23.2% of people aged 15-49 estimated to be living with HIV. According to the National AIDS Commission and UNAIDS, some 29,000 new infections are estimated to occur in 2007.

Archbishop B. Mohlalisi, Roman Catholic Church, reiterated the importance of a united front on AIDS by religious leaders. "As church leaders we have committed ourselves before our people to show them that they are not alone, we are united in this mission and are all accountable to one another and will work hand in hand to find innovative solutions to respond to this crisis," he said.

Through the declaration, church leaders pledged to promote dignity, equality and rights of all people, especially those living with HIV; to discuss openly about AIDS and about effective means of HIV prevention; to reject negative statements that AIDS is a form of 'divine' punishment; and to support effective HIV preventive education, comprehensive care and treatment, impact mitigation and full inclusion of people living with and affected by HIV in the community. The leaders underlined their support for the elimination of gender inequality and negative social and cultural practices that can increase vulnerability to HIV infection. The religious leaders vowed to implement policies, strategies and frameworks within religious institutions and structures to combat any marginalization of people living with or affected by HIV.

"This is the first time that the ecumenical society has spoken out with one powerful voice, and we are strategically placed to reach people from all walks of life and be catalysts for positive and lasting action" said Reverend Daniel Rantle from the Methodist Church of Africa.



Full story at:

[http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/20070718\\_Lesotho\\_religious.asp](http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/20070718_Lesotho_religious.asp)



disagreement has been reached. However, the facilitator should take care that the guidelines for dialogue are followed and that the tension does not overwhelm the process. At times, the facilitator may need to remind the participants that there are many differences of opinion and the dialogue process is to help create an understanding of these differences. This person should be able to point out some common ground and redirect the dialogue to a more constructive question or issue.

Typically when a participant hears something that shocks or disturbs them, this is a clear sign that they disagree with the statement. The facilitator can encourage participants not to react negatively to what has been said, but to explore their own reactions, and to discuss with one another why what was said made them feel disturbed. Participants can try making statements such as:

*What I heard you say that I appreciated is...*

*What I heard that challenged my thinking is...*

*To better understand your perspective I'd like to ask you...<sup>3</sup>*

It may help to have these posted around the room as a reminder, as well.

To help people not to interrupt others, an object, such as a stone can be used to indicate who can

<sup>3</sup> Brown, Juanita with David Isaacs and The World Café Community, 2005. *The World Café: Shaping Our Futures Through Conversations That Matter*, p. 169.



speak. A person can only speak when they are holding the stone. When a person is finished speaking they return the stone to the middle or to the facilitator who will give it to the next speaker. If conversation is very energetic or heated it may be necessary for the facilitator to keep a list of who gets the stone next. The stone works best in the smaller settings.

## OUTCOMES AND NEXT STEPS

The outcome of dialogue cannot be pre-determined. It must be discovered through the sharing that takes place. In hopes of an active outcome from the dialogue process, there should be an analysis time after the conversations. The analysis session is not a time to bring up new information but to reflect on what was discovered through the sessions. From the discoveries, a plan of action may develop.

## DETERMINING AND FRAMING THE SESSIONS

Six themes for dialogue on HIV prevention are suggested. You need to consider the knowledge and comfort level of your group, the length and frequency of meetings, and the progress of the dialogue to best determine the content and length of discussion for each of the themes.

If members of the group do not know each other well, move into the themes more slowly to give people time to be comfortable with one another before more controversial topics are considered. Each session should be a maximum of two hours. Some themes may be completed satisfactorily in one or two sessions. Some may take far longer.

The following elements are suggested in approaching each theme:

### *Biblical reflection and prayer*

One or more of the suggested biblical passages could be used for Bible reflection and sharing, followed by prayer. The reflection for different themes could be done by different members of the group.

### *Introduction to the issue*

The facilitator or another person could remind participants of the purpose of the dialogue and guidelines, as necessary, and the session's theme. Any necessary background to the subject should be given. Keep in mind that dialogue needs a certain common basis of knowledge and understanding. People may have misconceptions that are more helpfully addressed before real dialogue begins. Your group may decide to have a guest speaker for this section who might be an



expert in that particular topic, or speak out of personal experience.

#### *Posing questions and encouraging dialogue*

Several questions are suggested that can be used to encourage reflection and sharing on the topic. The theme and one or two of the questions should be shared with participants in advance so that they can do some personal reflection. Many groups will need to start slowly, addressing one question at a time. Don't feel you need to ask all the questions, or only these questions. Encourage questions from group members if they feel an issue has not been appropriately addressed. The questions need to be less intense while the dialogue protocol is still new and challenging. Once participants and guests are more comfortable with each other and trusting of the process, more challenging questions can be introduced with a better chance of reaching new depths of understanding. It will be very important to adjust questions to the specific participants of your group, your culture and your context.

#### *Reflecting back common ground and remaining differences*

When the dialogue theme naturally comes to a sense of closure, or the end of the session is near, the facilitator or listeners can then reflect back to the group the areas of common ground that have been identified and areas where differences still exist.

#### *Next steps*

The facilitator can indicate what will be the question or starting point for the beginning of the next session. If a new

theme will be started, the theme and a reflection question can be shared. If the dialogue on the theme, or on the whole dialogue process on prevention, has reached a sense of closure, more discussion in the group can occur to analyze where the group is together and what actions people might take in response to what has been shared and the common ground that has been identified.

#### *Closing prayer*

#### *Breaks*

Keep in mind that there needs to be time for informal discussion between sessions. In day-long or weekend retreats, breaks for tea and time for relaxation are important parts of the process for people to speak informally on the dialogue topic or just to connect on other subjects. With individual sessions, consider inviting people early for fellowship, or have a refreshment time after the session.

## SUGGESTED THEMES FOR DIALOGUE GROUPS

The guidelines on the following pages can help set up the dialogue sessions and serve as a guide to the facilitator. Quotes and information that would be helpful for group reflection can be read out loud or copied as handouts or a poster. Resources to help guide biblical reflection and give further background for each theme are listed in Appendix C.

Again, feel free to pick and choose the elements that you think will work best in your context and with your group.

## THEME I Dialogue, Stigma and HIV Prevention

### *Biblical reflection*

*Speaking the truth in love*

Ephesians 4: 11-16

*Seeking God, hope, the role of the Church community*

Psalms 27

*We have all gone astray, and God redeems us all*

Isaiah 53: 3-9

*Woman healed from a hemorrhage*

Mark 5: 25-34

### *Introduction to the purpose and process of dialogue on HIV prevention*

Have participants introduce one another, reflecting on what they know about HIV and AIDS and how they first heard about it. Ask everyone to share in what way, if any, they have been impacted by HIV or AIDS.

Remind participants of the purpose of the gathering: the need for people of faith to speak more openly, accurately and compassionately about HIV prevention in order to stop the

spread of the virus. Because the issues involved in HIV prevention touch on sensitive and even typically taboo subjects, the goal is to create a safe space where we can share knowledge, concerns and ideas openly and respectfully, seeking understanding and common ground that might eventually lead to action to help ourselves and the community.

Introduce the Ground Rules for Dialogue and review each rule with the group to answer any questions and to get agreement on the process.

**Important note:** If participants are unfamiliar with HIV and AIDS, then time needs to be given at the beginning of the process to review the facts about HIV and AIDS – a short history and current statistics, what HIV and AIDS are, how the virus is transmitted and treated, etc. Time should then be given for questions. See the resources in Appendix C for information on HIV and AIDS.

The Rev. Patricia Sawo, regional coordinator, East Africa, African Network of Religious Leaders Living with and Personally Affected by HIV and AIDS (ANERELA+), Kitale, Kenya, focused on the promise many churches have made to do away with the stigma and discrimination related to HIV and AIDS. "Our dealings with people living with HIV and AIDS, our attitudes, our reactions, our language, our responses and some prevention strategies are still very unfriendly," she said. "Before I was HIV positive, I stigmatized. I know that I can say that the 'stigmatizer' does not know when they are stigmatizing."

"We know stigma leads to shame, and it is not easy to understand, unless you've walked that road," Sawo said. She explained that each prevention method is meant to address one or more of the ways of becoming infected with HIV, but, because she is HIV positive, people can assume that she became infected by all possible ways. The stigma can be as unhealthy as the virus, she said.



[http://iac.e-alliance.ch/index.php?option=com\\_content&task=view&id=73](http://iac.e-alliance.ch/index.php?option=com_content&task=view&id=73)

### *Background on HIV-related stigma and discrimination as a barrier to HIV prevention*

People are not receiving accurate information about HIV and AIDS and not seeking the help they need because of the condemnation, ostracism, isolation and even violence that has been experienced – and continues to be experienced – by people living with HIV and AIDS. Before we can address HIV prevention, we have to first address the words, actions and structures that are part of this stigma and discrimination.

For further background for the group, have people read in advance “Why should Churches respond to issues of stigma and discrimination in reaction to HIV and AIDS” – p. 19 in the Report of a Theological Workshop Focusing on HIV- and AIDS-related Stigma ([www.e-alliance.ch/media/media-5532.pdf](http://www.e-alliance.ch/media/media-5532.pdf)) or see the other resources listed in Appendix C.

### *Dialogue questions*

- What were your reactions when you read the background article on HIV-related stigma?
- What do stigma and discrimination mean: The following definitions may help as a start:  
*Stigma*: a mark of shame or disgrace.  
*Discrimination*: unfair treatment of a person or a group based on class or condition.

- Have you observed – or felt yourself - the devastating effects of stigma and discrimination at personal, family, or community levels?
- How have you reacted to people living with or affected by HIV or AIDS?
- Why has society attached such stigma to AIDS (note myths and realities)?
- How does stigma and discrimination hinder HIV prevention?
- What does your religion teach about discrimination?
- What would the response to HIV look like if stigma and discrimination were not a factor (for instance, consider the health and community response if someone has cancer, or lost a loved one because of an accident)?

### *Reflect back common ground and remaining differences*

### *Next steps*

Are there practical action steps we can take now as individuals or as a group to address HIV-related stigma and discrimination?

In the next session we will explore our assumptions and the realities about how HIV is transmitted and how such transmission can be prevented. Let us reflect for that session, What does our faith tell us to do for those who are ill or in trouble?

### *Closing prayer*



Paulino Menezes / WCC



## THEME II

### HIV Transmission and Prevention

#### *Biblical reflection*

*“Let anyone among you who is without sin be the first to throw a stone”*

John 8:1-11

*“Just as you did it to one of the least of these who are members of my family, you did it to me”*

Matthew 25: 31-46

*We are all members of one body*

1 Corinthians 12: 18- 26

#### *Introduction to the issue*

Have everyone write on a piece of paper the first question they think of if they hear someone is HIV positive – even if they never actually say it. Collect the pieces of paper and read them through out loud. See how many can be grouped together – and how many of the questions relate to “How did you get it?”

Have copies of Appendix A for each member of the group that lists ways in which HIV is transmitted and the methods to prevent transmission of the virus. Have people raise questions if they do not understand any of the information – but try not to make any evaluations of different methods at this point.

#### *Dialogue questions*

- What assumptions do we have about HIV transmission and how does this affect what we think about appropriate methods of prevention?
- What does our religion tell us about how we care for those who are ill?
- Review each prevention method. What does your religion teach that would affect whether you would encourage someone to use this prevention method or not? Are there other concerns that you have about promoting a particular prevention method?
- Have the group read the article “The Truth about Condoms” (See excerpt on p. 22). What is your reaction to the article? How could this change the way we talk about sexual activity and condoms as a prevention method?
- How should Christians or churches discuss or share information about methods of prevention that we think do not fit with church teaching?
- How might the way churches’ talk about HIV prevention contribute to stigma

“When the working group of the World Council of Churches met in Thailand we saw examples of young girls sold by their parents to dealers. They finally ended up in brothels, being infected and then infecting others and when really sick they were sent back to their villages. There is sin at every corner – from their parents who sold them, from the brothel owners who kept them like slaves, from the clients – sometimes sex tourists – who mistreated these women. Then you ask who is the sinner in all of this?

There is a lot of sin in the whole story, but the least one is the girl who is infected.”

Dr. Christoph Benn



[http://media.e-alliance.ch/iac2004/docs/fa\\_26\\_en.doc](http://media.e-alliance.ch/iac2004/docs/fa_26_en.doc)

and discrimination? What kind of HIV prevention messages from the church would help abolish stigma?

*Reflect back common ground and remaining differences*

*Next steps*

Are there practical action steps we can take now as individuals or as a group to more effectively promote HIV prevention?

We've looked "clinically" at how HIV is transmitted and can be prevented. However, there are far deeper roots that contribute to the transmission of HIV and prevent appropriate prevention. Next time we will explore how poverty, inequality, and marginalization increase the risk of HIV transmission.

*Closing prayer*

## THE TRUTH ABOUT CONDOMS

*Excerpted from an article published in The Tablet, 10 July 2004 - <http://www.thetablet.co.uk>. Reprinted with permission.*

. . . There is no official magisterial teaching either about condoms, or about anti-ovulatory pills or diaphragms. Condoms cannot be intrinsically evil, only human acts; condoms are not human acts, but things. What the Catholic Church has clearly taught to be "intrinsically evil" is a specific kind of human act, defined by Paul VI in his encyclical *Humanae Vitae*, and later included in No. 2370 of the Catechism of the Catholic Church, as an "action which, whether in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible".

Contraception, as a specific kind of human act, includes two elements: the will to engage in sexual acts and the intention of rendering procreation impossible. A contraceptive act therefore embodies a contraceptive choice. As I put it in an article in the *Linacre Quarterly* in 1989, "a contraceptive choice is the choice of an act that prevents freely consented performances of sexual intercourse, which are foreseen to have procreative consequences, from having these consequences, and which is a choice made just for this reason." . . .

The definition of the contraceptive act does not therefore apply to using contraceptives to prevent possible procreative consequences of foreseen rape; in that circumstance the raped person does not choose to engage in sexual intercourse or to prevent a possible consequence of her own sexual behaviour but is simply defending herself from an aggression on her own body and its

undesirable consequences. A woman athlete taking part in the Olympic Games who takes an anti-ovulatory pill to prevent menstruation is not doing “contraception” either, because there is no simultaneous intention of engaging in sexual intercourse.

The teaching of the Church is not about condoms or similar physical or chemical devices, but about marital love and the essentially marital meaning of human sexuality. It affirms that, if married people have a serious reason not to have children, they should modify their sexual behaviour by – at least periodic – abstinence from sexual acts. To avoid destroying both the unitive and the procreative meaning of sexual acts and therefore the fullness of mutual self-giving, they must not prevent the sexual act from being fertile while carrying on having sex.

But what of promiscuous people, sexually active homosexuals, and prostitutes? What the Catholic Church teaches them is simply that they should not be promiscuous, but faithful to one single sexual partner; that prostitution is a behaviour which gravely violates human dignity, mainly the dignity of the woman, and therefore should not be engaged in; and that homosexuals, as all other people, are children of God and loved by him as everybody else is, but that they should live in continence like any other unmarried person.

But if they ignore this teaching, and are at risk from HIV, should they use condoms to prevent infection? The moral norm condemning contraception as intrinsically evil does not apply to these cases. Nor can there be church teaching about this; it would be simply nonsensical to establish moral norms for intrinsically immoral types of behaviour. Should the Church teach that a rapist must never use a condom because

otherwise he would additionally to the sin of rape fail to respect “mutual and complete personal self-giving and thus violate the Sixth Commandment”? Of course not. . . .

Stopping the worldwide AIDS epidemic is not a question about the morality of using condoms, but about how to effectively prevent people from causing the disastrous consequences of their immoral sexual behaviour. Pope John Paul II has repeatedly urged that the promotion of the use of condoms is not a solution to this problem because he holds that it does not resolve the moral problem of promiscuity. . . .

Campaigns to promote abstinence and fidelity are certainly and ultimately the only effective long-term remedy to combat AIDS. So there is no reason for the Church to consider the campaigns promoting condoms as helpful for the future of human society. But nor can the Church possibly teach that people engaged in immoral lifestyles should avoid them.

*Fr. Martin Rohnheimer, a priest of Opus Dei, is professor of Ethics and Political Philosophy at the Pontifical University of the Holy Cross in Rome.*



The full article can be accessed at:  
<http://www.e-alliance.ch/media/media-7190.pdf>

## THEME III Vulnerability and HIV Prevention

### *Biblical reflection*

*God's love and forgiveness*

Psalm 103

*Jesus and the Samaritan woman*

John 4: 7-30

*The Good Samaritan*

Luke 10: 30-37

### *Introduction to the issue*

Certain groups of people have been shown to be at higher risk of HIV transmission due to social, cultural and economic factors that deny them access to the information and

services that they need. The people who are more vulnerable include (you can post this list on a wall for further discussion): women and girls, youth, older people, men who have sex with men, injecting and other drug users, sex workers, transgenders, people living in poverty, prisoners, migrant laborers, orphans, people in conflict and post-conflict situations, and indigenous people. The poverty, inequality, discrimination, isolation, and violence experienced by so many is in direct contrast to our faith that upholds a vision of justice, peace, and dignity for all human beings.

### POVERTY AND HIV

While poverty does not cause HIV and AIDS, it can facilitate transmission, make adequate treatment unaffordable and accelerate death from AIDS-related illness.

Poverty makes people more vulnerable to HIV infection. For example, people who are undernourished will have a less robust state of health, which can result in a weaker immune system. They also have less access to healthcare facilities and to education on health issues such as HIV prevention.

Where poverty exists, short-term survival needs may force women and girls and boys to exchange sex, their only marketable "commodity", for food, money, school fees or other essentials for themselves or their families.

While poverty increases HIV vulnerability, HIV also creates poverty. It does this by using up the already limited resources of poor families, forcing wage earners out of employment and diverting income and savings to pay for medicines and healthcare [and funerals].

Industry and economies suffer as a result of HIV and AIDS because of the loss of skilled human resources through increased absenteeism, while education and health services lose teachers and medical staff.

Upheaval caused by conflict or disaster can increase the spread of HIV. Women survive sexual violence used as a weapon of war, or are forced to exchange sexual favors for food, shelter or other basic supplies in what can often be life or death situations.



[http://www.cafod.org.uk/about\\_cafod/what\\_we\\_do/hiv\\_and\\_aids/hiv\\_and\\_aids\\_facts](http://www.cafod.org.uk/about_cafod/what_we_do/hiv_and_aids/hiv_and_aids_facts)



### *Dialogue questions*

- As you look at the list of groups of people who are at greater risk of infection, what factors make them vulnerable to HIV infection? Are there factors that they hold in common?
- How are we – as individuals and as a community or society – responsible for the factors that add to their vulnerability?
- Are we upholding people or are we judging them?
- Looking at each group on the list, who is responsible for HIV prevention? For instance, who is responsible for HIV prevention between sex workers and clients? Can we ever say that the individual is 100% responsible?
- What cultural traditions, social attitudes, structures and environments in your church and community contribute to dangerous behaviors and to the vulnerability of people to HIV?
- In our response to people living with HIV, are we addressing the root cause of the problem or are we being carried away by one aspect of it?
- What does our religion tell us about our attitudes and actions towards those who are cast out by society?

### *Reflect back common ground and remaining differences*

#### *Next steps*

Are there practical action steps we can take now as individuals or as a group to address the special vulnerability of certain groups of people?

Many Christians find it very difficult to talk openly about sex and sexuality because it seems a very private matter, often overloaded with moralistic language and associated with sin. But sexuality needs to be recognized as a precious gift of God as well as one that is abused and violated. Some fear that talking about sex will increase promiscuity, but on the contrary, it has been shown in young people to lead to a delay in their first sexual encounter. To promote healthy and faithful sexual lives, we need to talk openly about sex and sexuality, including issues of child abuse, rape, and incest and the use of sexuality to dominate, oppress and humiliate.

In preparation for the session, share some or all of the questions in Appendix B for participants to reflect on at home.

#### *Closing prayer*



Paul Jeffrey / EAA

## THEME IV Sex, Sexuality and HIV Prevention

### *Biblical reflection*

*Humankind made in the image of God*

Genesis 1:26-31

*New relationships in Christ*

Mark 10:42-45

*Care for one's body and do not exploit one's brother or sister*

1 Thessalonians 4:1-8

*"in Christ Jesus you are all children of God through faith"*

Galatians 3:23-29

*The whole law is summed up – "You shall love your neighbor as yourself"*

Galatians 5:13-25

*Women and abuse*

2 Samuel 13:1-20

### *Introduction to the issue*

Ask everyone to write on a piece of paper five words – in the order that come to their mind – when they hear the words "sex" or "sexuality". If there are both men and women in the group, have them indicate on the paper whether they are a man or a woman. The facilitator can gather the paper and read the responses. What is mentioned most often? What aspects of sex and sexuality might be missing? Are the responses of men and women different?

### *Dialogue questions*

Read out loud the two paragraphs in the box. After each paragraph, ask for reactions from the participants in the group. Some questions could be:

- What is the difference between sex and sexuality?

### CHANGING PERCEPTIONS ON SEXUALITY IN FAITH COMMUNITIES

"The HIV/AIDS epidemic has increasingly brought to society's attention the reality that our youth and our communities need to be equipped with a wholesome knowledge of the whole person, body and mind. Sexuality needs to be recognized as one of the many precious gifts from God. It enables us to lead full and responsible lives – including a satisfying sex life within a relationship that conforms with one's faith and ethical framework...."

To judge the sexuality of society – from one's own supposedly 'secure, comfortable, infallible and stable situation' – can lead to a very misleading and restricted vision of reality. The experiences and hopes of the marginalized, exploited and the despised bring very different perspectives and keep us firmly rooted to the realities on the ground. Openness to listen to the different voices leads us to realize that we are all part of the body of Christ, and that our individual states of welfare are interdependent, and that we are responsible for each other."

*Manoj Kurian, "The HIV and AIDS pandemic: changing perceptions on sexuality in faith communities", The Ecumenical Review, October 2004.*

- How is sex and sexuality a precious gift from God?
- Why don't we talk more to youth and our communities about the realities of sex, sexuality, and sexual health?
- How does our vision of sexuality as a gift from God differ from the realities in our society and culture today?
- When people talk about sex, there is the sexual act itself, but there are also all the aspects of relationship that surround it – love, passion, lust, commitment, dominance, violence, and more. Discuss the “relationship” issues of sex. What are aspects of a healthy sexual relationship? What makes a sexual relationship “unhealthy”?
- To provide care, support and love to all those in need, how should we react to those whose lifestyles, orientation or conditions are contrary to our “ideal”?
- How should the Church meet, care, and support people who are marginalized, exploited, abused, and despised – for instance, sex workers, men who have sex with men, and transgenders?
- What messages do you think work best in promoting healthy sexual relationships: positive messages about sex and sexuality, rules outlining “dos” and “don'ts”, or condemnations of certain behaviors? Are there other ways to convey effective messages about sex and

sexuality that will contribute to effective HIV prevention for everyone?

- Where should the Church be concerned and involved in messages about sex, sexuality, sexual relationships, and sexual health?

(You may also wish to select some of the questions in Appendix B).

*Reflect back common ground and remaining differences*

*Next steps*

This topic may have stirred difficult subjects such as rape and child abuse. Be sure to be prepared and share in the session or as next steps the places available for non-judgmental support and counseling.

Are there practical action steps we can take now as individuals or as a group to more openly discuss issues of sex and sexuality?

The next theme looks at an important factor in advocating for effective HIV prevention strategies – ensuring that people know whether they have the virus and what they can do about it in a safe and confidential environment. Invite and encourage participants to find out some of the places where HIV testing occurs in the neighborhood, and have them contact at least one place to ask about the process and if any counseling accompanies the result.

*Closing prayer*

## THEME V

### Testing, Counseling and HIV Prevention

#### *Biblical reflection*

*God's guidance and care*

Psalm 23

*Helping people take steps to be healed*

John 5:2-11

*Wash one another's feet*

John 13: 12-17

#### *Introduction to the issue*

It may seem like a fundamental step – people need to be tested to know if they have the virus and then can take the proper steps to care for themselves and to ensure that the virus does not spread. Yet the majority of people living with HIV do not know their status – the World Health Organization estimates that more than 80 percent of people living with HIV in low and middle-income countries do not know that they are infected. This is tied to stigma and discrimination, lack of access to testing facilities, and lack of accurate information about the transmission of the virus and treatments available. Have the group review the different forms of testing (see box).

#### *Dialogue questions*

- How would the availability of confidential HIV testing improve HIV prevention?
- If being tested and knowing your status is an important factor in preventing the further spread of the virus, why is compulsory testing “ineffective”?
- What barriers (physical, social, emotional, etc.) exist in your community which prevent people from requesting or receiving testing and counseling?
- Are there practices or traditions in your Church or community which make the confidentiality of test results difficult?
- Do you think engaged couples in which one or both test positive for HIV should or should not be married? Should they still be married in a Church? What message or implications does it have on the individuals, their families, and on the

Church if they are denied services in the Church?

- If you know your status is HIV positive, are you 100% responsible for not spreading HIV further? If you know your status is HIV negative, are you 100% responsible for remaining negative? Do gender roles in society make this different depending on whether you are a man or a woman?
- If someone tests positive for HIV, who needs to know? Who should tell them? What barriers exist for people to disclose their status to those who need to know in order that they might be tested?  
What message would it convey to a  
▪ community if local religious leaders – or an entire church – agreed to have an HIV test (with confidential results)?  
Are you willing to have an HIV test (with confidential results)\*?

\* Please note: Responsible HIV testing must always be accompanied by responsible counseling which, particularly in the case of positive results, explores treatment, care and support options.

#### *Reflect back common ground and remaining differences*

#### *Next steps*

Are there practical action steps we can take now as individuals or as a group to promote and improve access to confidential HIV testing and counseling?

As long and as difficult this dialogue process has been, it may result in saving lives – not just through what we have learned and shared but what we can decide to do together. In the next session, we will review the common ground we have established through this dialogue process and the remaining differences. We can look at the actions we have already suggested and decide if there further steps we can take together.

#### *Closing prayer*



## TESTING FOR HIV

Voluntary testing preceded by counseling and initiated by the person to be tested has been the norm in all HIV and AIDS diagnoses up to now, even if compulsory testing has been called for and routine testing is practiced. What do these different forms of testing imply?

### *Voluntary Testing and Counseling – VCT*

The initiative to be tested is taken by the person to be tested and the blood test is only taken after the person has been informed about the test and what the test results may lead to. From the individual human rights perspective, this is the preferred form and leaves all the responsibility for not spreading the infection with the individual.

### *Provider-Initiated Testing*

Here the initiative to test is taken by the provider who suggests to the person to have a test, but the person, after counseling, has to agree before the test is taken. When the provider has the initiative to suggest testing, more people will be tested and informed about their HIV status, giving them a better basis for decisions about sexual behavior in particular. From a public health point of view it is important that as many as possible know their status and take the necessary precautions not to spread the infection further. Provider-Initiated Testing is common in antenatal clinics where treatment for mother-to-child transmission is offered. Also, when AIDS-related illness is suspected, the doctor can suggest the test to find out what treatment to give. Provider-Initiated Testing is mainly practiced when anti-retroviral treatment is available.

### *Routine Testing or Opt-Out Testing*

Here HIV testing is included in the routine tests for many symptoms. Counseling before the test is not always practiced and the person does not always realize that an HIV test is taken. He/she has the right, though, to refuse the test and should therefore also be informed that it is part of the routine testing. Information about the results should include counseling about what they mean for the future.

### *Compulsory Testing*

This has been called for on many occasions as attempts to curb the spread of the infection by controlling and isolating infected persons. Immigration authorities in some countries require tests of all immigrants/visitors from countries with high HIV-prevalence and to use it as a reason to deny entry. Churches have requested tests to marry people. Compulsory Testing is not recommended – not only on human rights grounds, but because they are ineffective as a public health measure. The infection is spread in all parts of the world and cannot be controlled by isolating or controlling certain groups.

*Dr. Birgitta Rubenson, International Health/IHCAR, Karolinska Institutet, Sweden*

## THEME VI Promoting Life

### *Biblical reflection*

#### *Hearing the call of God*

1 Samuel 3:1-9

#### *Jesus came that they may have abundant life*

John 10:10 (life in all its fullness)

#### *We walk in the light*

1 John 1

### *Introduction to the issue*

At this point in the process, we are taking stock of the understandings we have reached through this dialogue. In advance of the session, collect from all previous sessions the list of issues and beliefs that the listeners have indicated are common ground and the list of differences that remained. Also put together any list of actions already suggested from the sessions. You may want to put each of them on a different piece of paper that can be taped or stuck on a wall.

### *Dialogue questions*

- How can HIV prevention efforts in the community become more effective with religious involvement?

- Review all previously expressed common ground. Are these still held in common?
- Review remaining differences. Does the group believe that any can be discussed farther so that common ground can be reached?
- What kind of education on HIV prevention could your church, group or community accept and benefit from?
- What messages and actions should your religious leaders take regarding HIV prevention?

### *Next steps*

Review the action steps already suggested. What additional actions could be taken as individuals and as a group? For each action, determine concretely how it will be done – the objective, who will take the lead, the timeline, and how it might be accomplished.

Consider the best way for the group to continue to support each other at the close of the dialogue process and in any actions.

### *Closing prayer*



## SUCCESS LOOKS LIKE...

*"I hope for a day when every church engages in an open dialogue on issues of sexuality and gender difference. I hope for a day when every synagogue will mobilize as advocates for a global response to fight AIDS, when every temple will fully welcome people living with HIV, where every mosque is a place where young people will learn about the facts of HIV and AIDS. When that will have happened I am convinced that nothing will stop our success in our fight against AIDS."*

Dr. Peter Piot, UNAIDS Executive Director

No one can guide a true dialogue process to reach a pre-determined goal. If people have stayed in the process, listened to one another, respected beliefs and perspectives and grew in their understanding of one another, then the dialogue process has been truly successful.

If the process has helped to raise awareness of what the members of the group – individually and together – could do to share accurate and

helpful messages about HIV prevention, and people agree to act on this knowledge, then that will truly save lives.

For instance, action could take the form of:

- starting more dialogue groups
- determining what kind of education on HIV prevention would be beneficial and appropriate for your church and community groups
- promoting and participating in HIV testing
- taking steps to overcome stigma and discrimination in the church and the community
- campaigning against poverty and forms of injustice
- providing pastoral counseling to people living with or affected by HIV and AIDS
- discussing healthy relationships and issues of sex and sexuality with young people
- distributing leaflets on HIV prevention methods
- exploring issues of stigma and discrimination, health, and vulnerability through sermons and worship services

These are just a few examples of many different action ideas your group may take.

But the most important aspect of the dialogue process is that it was started, people listened to one another, and, we hope, people grew in their understanding of what needs to happen, in this age of HIV and AIDS, for people to have life and to have it abundantly.

This guide for dialogue on HIV prevention is a "living" document. The more it is used, the more it can change as real-life experiences, new resources, and different contexts make it more practical and relevant. We welcome your suggestions or resources to improve this guide. Please send them to:

Ecumenical Advocacy Alliance  
150 route de Ferney • P.O. Box 2100 • 1211 Geneva 2 • Switzerland  
sspeicher@e-alliance.ch

## APPENDIX A: HIV TRANSMISSION AND PREVENTION

### How is HIV transmitted?

HIV is a virus that is transmitted through infected blood or bodily fluids such as semen or vaginal fluid that enters the bloodstream of an uninfected person.

The three main ways of transmitting HIV are:

- Having unprotected sexual intercourse with an HIV positive person.
- Injecting drugs using a needle or syringe previously used by an HIV positive person.
- Being exposed to HIV as a baby before or during birth, or through breastfeeding.

Blood transfusions have also been the source of HIV infection in the past, although in most countries all blood used for transfusions is now tested for HIV.

Any action that potentially causes another person's bodily fluids to enter the bloodstream carries a risk, such as tattoos using unsterilized needles or blood from wounds from an HIV positive person coming into contact with a wound on an uninfected person.

However, HIV cannot be transmitted via swimming, kissing, hugging, sneezing, coughing, sharing glasses or cutlery, insects bites, etc.

### What are the evidence-based<sup>4</sup> methods to prevent the transmission of HIV?

Studies have shown that the most effective approach to HIV prevention is comprehensive, holistic, and sensitive to the culture and context. Elements of HIV prevention can include the following:

- *Preventing sexual transmission of HIV*

Abstinence: not having any sexual intercourse (vaginal, anal, oral); it is 100% effective in preventing sexually transmitted infections.

Mutual fidelity between partners who know that they are not HIV positive; this is 100% effective in preventing sexually transmitted infections.

Correct and consistent condom use (male and female condoms): Creates barrier so virus is not passed between sexual partners; reduces the risk of transmission by 80-90%.

Male Circumcision: the procedure involves removing the foreskin from the head of the penis; reduces the risk of acquiring HIV infection by approximately 60%. NOTE: Female "circumcision", also known as female genital mutilation, increases the risk of contracting HIV in women and girls.

Microbicides: a gel or cream that can be applied topically to the vagina that would act against the virus; unfortunately no safe and effective microbicide is currently available and research is still being carried out to develop such a product.

- *Preventing Mother to Child Transmission (PMCT)*

In addition to preventing HIV infection among parents and avoiding unwanted pregnancies, PMCT prevents the transmission of HIV from positive mothers to their infants through anti-retroviral drugs, safer feeding practices, and other interventions. Although mother to child

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4 "Evidence-based" refers to methods that have been evaluated through scientific processes.



transmission has been virtually eliminated in high-income countries, tens of thousands of infections are occurring each year in developing countries because of lack of testing, counseling, drugs, and other health services.

▪ *Harm reduction*

Harm reduction refers to services and approaches that seek to minimize the harm caused by drug use and preventing HIV transmission without condoning or prohibiting continued drug use.

A harm reduction approach can include:

- Needle exchange programs where drug users can exchange used needles and syringes for new, clean ones.
- Rehabilitation clinics that provide counseling and detoxification treatment.
- Outreach programs to reach injecting drug users with clean equipment, condoms, and information.

Studies of harm reduction programs have shown significant drops in HIV prevalence among injecting drug users.

▪ *Clean blood supply*

Ensuring that all blood for transfusions has gone through a screening process. In most countries, steps have been put into place so that the risk is extremely low, but in some parts of the developing world it has been more difficult to ensure the services, staff and funds for effective screening of the entire blood supply.

▪ *Safety protocol for healthcare workers*

Universal precautions are advised by the World Health Organization to protect health care workers and their patients from blood-borne infections. This includes washing hands with soap and water before and after procedures, disinfecting instruments, using protective clothing, using disposable injection equipment, properly handling soiled linen and discarding contaminated sharps.

▪ *Treatment*

Anti-retroviral treatment: medications formulated to disrupt the different stages of HIV can reduce the viral load in patients and reduce the risk of passing on the virus.

Post-exposure prophylaxis: in the case of an injury (such as being accidentally stuck by a contaminated needle), there is some evidence that the immediate use of a combination of anti-HIV drugs can reduce the rate of transmission.

▪ *Education that helps people make informed choices*

Sex/Sexuality Education: contrary to common fears, extensive research has shown that sex education does not increase sexual activity. Rather it contributes to delaying a young person's first sexual encounter and leads to further efforts at protection.

Addiction programs and drug/alcohol addiction education: substance use and abuse decreases mental ability for making choices of safety. Addiction increases chances of trading sex for drugs or alcohol. Addiction programs such as twelve step programs empower people to recover from addiction and the risk behavior involved.

Sources:



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

## APPENDIX B: REFLECTION QUESTIONS ON SEX, RELIGION AND HIV PREVENTION

*There are many different cultural sensitivities around discussing sex and sexuality. In having people reflect on some or all of these questions, the facilitator needs to consider the best approach that will be culturally appropriate yet not ignore dealing with difficult issues. In discussing such issues, it may help if there are women only, men only, youth only groups.*

- Why are sex and sexuality so difficult for people to talk about?
- What can make you uncomfortable talking about sex and sexuality? What do you fear about opening a discussion on sexuality with your peers, with those younger than you, with those older than you? What can you do to reduce these fears yet still discuss important issues about sex and sexuality?
- How do you believe God wants humans to behave sexually? What has been your guide to that belief? Do you think someone else might have biblically-based views that differ from yours?
- Do you expect that people who believe in God and go to church behave differently than those who do not? Do you think that in reality they do behave differently?
- How is your interpretation of the Bible's view on sexuality the same or different than the sexual practices of your culture?
- Do you find that if you are talking about people who have different perspectives or practices regarding sex and sexuality, you call such people "them" and those you think agree with you "us". What happens if you try to talk about all issues of sex and sexuality using the first person – I, we, us?
- In your culture, are there clear roles in sexual relationships?  
Who initiates sex?  
Who decides when, where, and how sex will take place?
- Do you find anything unfair in a situation when one partner wants to have sex and another does not?
- How do you define sexual desire?  
At what age does sexual desire begin?  
Do men have more sexual desire than women?  
How do young people learn about dealing with sexual desire?
- How do you define rape?  
Is rape possible in marriage?  
Can men/boys be raped?
- How do you define sexual abuse? If a woman or child is abused, how should the church act – towards the woman or child and towards the abuser?
- What sexual practices and behaviors in your culture increase the risk of transmitting HIV?
- If there are sexual practices that enhance the transmission of HIV, how difficult will it be to change those practices?

- When is abstinence appropriate? What are the potential problems of emphasizing abstinence as the major HIV prevention method?
- If someone has abstained from sex until marriage and then is faithful to their partner, how might they still be at risk of HIV infection (please review all means of HIV transmission)?
- Consider the religious leaders – both formal and informal – in your church. What role should they have in HIV prevention involving sex and sexuality that might be different than the role of scientists or doctors? What have you seen that exemplifies an effective and helpful message or action on HIV prevention from a religious leader. What have you seen or heard that is not helpful?

## APPENDIX C: RESOURCES FOR MORE INFORMATION

The following are a variety of the resources available for more information and as discussion starters. For ease of use, they are sorted generally under topics, but many of the resources touch on more than one subject area. Opinions reflected in the selected resources do not necessarily reflect the opinions of the EAA or its participating organizations. Please check [http://www.e-alliance.ch/hiv\\_prevention.jsp](http://www.e-alliance.ch/hiv_prevention.jsp) for new resources.

### Dialogue

Bohm, David. *On Dialogue*. Routledge, New York and London, 1996.

Brown, Juanita with David Isaacs and The World Café Community. *The World Café: Shaping our Futures Through Conversations that Matter*. Berrett-Koehler Publishers, Inc. San Francisco, 2005.

*Ecumenical Considerations for Dialogue and Relations with People of Other Religions*. WCC Publications, Geneva, 2003. Available at: <http://www.oikoumene.org/?id=3445>

*The Ecumenical Dialogue on Moral Issues: Potential Source of Common Witness or of Divisions*. Joint Working Group between the Roman Catholic Church and the World Council of Churches, 1995. Available at: <http://wccx.wcc-coe.org/wcc/who/crete-08-e.html>

Senge, Peter M. *The Fifth Discipline: The Art and Practice of the Learning Organization*. Doubleday, New York, 1994.

Yankelovich, Daniel. *The Magic of Dialogue: Transforming Conflict into Cooperation*. A Touch stone book published by Simon and Schuster, New York, 2001.

Wheatley, Margaret J. *Turning to One Another: Simple Conversations to Restore Hope to the Future*. Berrett-Koehler Publishers, Inc. San Francisco, 2002.

### Websites

*These web sites have a variety of resources on dialogue and dialogue initiatives:*

The Co-Intelligence Institute - <http://www.co-intelligence.org>

Collective Wisdom Initiative - <http://www.collectivewisdominitiative.org>

The Fetzer Institute - <http://www.fetzer.org>

Future Search - <http://www.futuresearch.net>

The National Coalition for Dialogue and Deliberation (NCDD) - <http://www.thataway.org/>

Public Conversation Project - <http://www.publicconversations.org>

### HIV, Theology, and Biblical Reflection

Ackermann, Denise. *Tamar's Cry: Re-reading an Ancient Text in the Midst of an HIV/AIDS Pandemic*. Progressio, 2002. Order at: [http://www.ciir.org/progressio/s/basket/91705/tamars\\_cry/](http://www.ciir.org/progressio/s/basket/91705/tamars_cry/)

Clifford, Paula. *HIV in Asia: Cultural and Theological Perspectives*. Christian Aid, 2006. Available at: [http://www.christianaid.org.uk/stoppoverty/hiv/resources/hiv\\_asia.aspx](http://www.christianaid.org.uk/stoppoverty/hiv/resources/hiv_asia.aspx)

Dube, Musa W. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. WCC Publications, Geneva, 2003. Order at: <http://publications.oikoumene.org/>



*Facing AIDS: The Challenge, the Churches' Response.* A World Council of Churches' study document. WCC Publications, Geneva, 1997. Available in English, French and Spanish at <http://www.e-alliance.ch/postercd/getstarted.html>

Gill, Robin, ed. *Reflecting Theologically on AIDS: A Global Challenge.* UNAIDS, SCM Press, 2006.

*Grace, Care and Justice: A Handbook for HIV and AIDS Work.* The Lutheran World Federation, 2007.

Igo, Fr. Robert, OSB. *Listening with Love. Pastoral Counselling: A Christian Response to People Living with HIV/AIDS.* WCC Publications, Geneva, 2005. Order at: <http://publications.oikoumene.org/>

McDonagh, Enda. *Theology in a Time of AIDS.* CAFOD, 1994. Available at: <http://www.cafod.org.uk/var/storage/original/application/phpb27ZGZ.pdf>

Paterson, Gillian. *AIDS Related Stigma – Thinking Outside the Box: The Theological Challenge.* World Council of Churches and Ecumenical Advocacy Alliance, 2006. Available in English, Spanish, French and Portuguese at: [http://www.e-alliance.ch/hiv\\_stigma.jsp](http://www.e-alliance.ch/hiv_stigma.jsp)

Vitillo, Robert J. *Pastoral training for responding to HIV-AIDS.* Paulines Publication Africa, 2007.

## Background information on HIV and AIDS

*2007 AIDS epidemic update.* World Health Organization and UNAIDS, 2007. Available at: [http://www.unaids.org/en/HIV\\_data/2007EpiUpdate/default.asp](http://www.unaids.org/en/HIV_data/2007EpiUpdate/default.asp)

*Living and Learning in a World with HIV/AIDS: HIV /AIDS at School.* Booklets for young people, parents and teachers. UNESCO, 2004. Available at: <http://unesdoc.unesco.org/images/0013/001334/133467e.pdf>

Weinreich, Sonja and Benn, Christoph. *AIDS – Meeting the Challenge: Data, Facts and Background.* World Council of Churches, Geneva, 2004. Order at: <http://publications.oikoumene.org/>

See also the following resources under "HIV, Theology, and Biblical Reflection": *Grace, Care and Justice*; *Listening with Love*; and *Pastoral Training for Responding to HIV-AIDS as well as Responding to HIV and AIDS* under "Sex, Sexuality and HIV Prevention".

### Websites

UNAIDS: <http://www.unaids.org>

AVERT: <http://www.avert.org>

AIDSMAP: <http://www.aidsmap.com>

EAA: <http://www.e-alliance.ch/hivaids.jsp>

## Theme 1: Dialogue, Stigma and Discrimination

Byamugisha, Gideon and Williams, Glen. *Positive Voices: Religious leaders living with or personally affected by HIV and AIDS.* Called to Care Toolkit no. 1. Strategies for Hope Trust, 2005. Available at: <http://www.e-alliance.ch/media/media-6877.pdf>

*Combating Stigma and Discrimination: The Role of Religion in Building Inclusive Communities Responding to HIV and AIDS*. On-line CD-Rom. Religions for Peace and Ecumenical Advocacy Alliance, 2005. Available at: <http://www.e-alliance.ch/stigmacd/index.html>

Paterson, Gillian. *Church, AIDS and Stigma*. Ecumenical Advocacy Alliance. Available in English, French, Spanish, Portuguese, Russian, Thai, Chinese, Swahili and Hindi at: [http://www.e-alliance.ch/hiv\\_resources.jsp](http://www.e-alliance.ch/hiv_resources.jsp) in the Learning section.

*A Report of a Theological Workshop Focusing on HIV- and AIDS- related Stigma*. Supported by UNAIDS. Windhoek, Namibia. 2005, available: <http://www.e-alliance.ch/media/media-5532.pdf>

*Siyam'kela – Tackling HIV/AIDS Stigma: Guidelines for faith-based organizations*. The Policy Project, Cape Town, 2003. Available at: <http://www.e-alliance.ch/media/media-5009.pdf>

See also the resources under “HIV, Theology, and Biblical Reflection” and “Promoting Life”.

Other resources for further efforts to overcome stigma and discrimination are available at: [http://www.e-alliance.ch/hiv\\_stigma.jsp](http://www.e-alliance.ch/hiv_stigma.jsp)

## Theme 2: HIV Transmission and Prevention

Allen, Tim and Heald, Suzette. *HIV/AIDS Policy in Africa: What has Worked in Uganda and What has Failed in Botswana?* *Journal of International Development* 16:1141-1154, 2004. Available at: <http://www3.interscience.wiley.com/cgi-bin/fulltext/109751930/PDFSTART>

*Born Free from HIV: Preventing Mother-to-Child Transmission*. UNICEF. 2006. Available at: <http://www.e-alliance.ch/media/media-6915.pdf>

*Catholic Ethicists on HIV/AIDS Prevention* edited by James Keenan, assisted by Lisa Sowle Cahill, Jon Fuller, and Kevin Kelly. Continuum, 2000. [Philippine Edition: Claretian Press, 2001].

*Deciding What to say to Children and Teenagers about HIV Infection and AIDS*. Center for Disease Control, US Department of Health and Human Services, 1998. Available at: <http://www.aegis.com/files/cdc/FactSheets/1998/book3.pdf>

Fuller, Jon D., SJ and Keenan, James F., SJ. “Church Politics and HIV Prevention: Why is the Condom Question So Significant and So Neuraligic?” in *Between Poetry and Politics: Essays in Honor of Enda McDonagh*, edited by Barbara Fitzgerald and Linda Hogan, The Colomba Press, November 2003.

Green, Edward C. et al. *Uganda's HIV Prevention Success: The Role of Sexual Behavior Change and the National Response*. *Aids and Behaviour*, Vo. 10, No. 4, July 2006. Available at: <http://www.springerlink.com/content/h00r4n6521805w27/fulltext.pdf>

*Intensifying HIV Prevention: Key Principles and Policy and Programmatic Actions*. UNAIDS, 2007. English available at: [http://data.unaids.org/Publications/IRC-pub07/JC1163-FoldingCard-Big\\_en.pdf](http://data.unaids.org/Publications/IRC-pub07/JC1163-FoldingCard-Big_en.pdf)

Makinwa, Bunmi and O'Grady, Mary, eds. *Best Practices in HIV/AIDS Prevention Collection*. Family Health International and UNAIDS, 2001. Available at: <http://www.fhi.org/en/hivaids/pub/guide/bestpractices.htm>

- Male Circumcision and HIV Prevention*. International Women's Health Coalition. September 2007. Available at: <http://www.iwhc.org/docUploads/MaleCircumcisionHIV.pdf>
- New Data on Male Circumcision and HIV Prevention: Policy and Programme Implications*. WHO/UNAIDS Technical Consultation. March 2007. Available at: <http://www.e-alliance.ch/media/media-6958.pdf>
- Practical Guidelines for Intensifying HIV Prevention Towards Universal Access*. UNAIDS, 2007. English version available at: [http://data.unaids.org/pub/Manual/2007/jc1274-practguidelines\\_en.pdf](http://data.unaids.org/pub/Manual/2007/jc1274-practguidelines_en.pdf)
- UNAIDS Inter-agency Task Team on Young People. *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*. World Health Organization, 2006. Summary available at: <http://data.unaids.org/pub/Report/2006/2006-WHOTR-938-8.pdf>
- Rohnheimer, Fr. Martin. "The Truth about Condoms". *The Tablet*, 10 July 2004. <http://www.e-alliance.ch/media/media-7190.pdf>
- Smith Ann M.; Maher, Jo; Simmons, Jim; Dolan, Monica. *HIV Prevention from the perspective of a faith-based development agency*, CAFOD, London, 2004. English available at: <http://www.caritas.org/Upload/H/HIVPrevEnglish.pdf>
- See also Appendix A.

### Theme 3: Vulnerability and HIV Prevention

- Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*. UNICEF, UNAIDS and PEPFAR, 2006. Available at: [http://www.unicef.org/publications/index\\_35645.html](http://www.unicef.org/publications/index_35645.html)
- Blackman, Rachel. *HIV and AIDS: Taking Action*. ROOTS Resources, Tearfund. 2005. Available at: <http://www.e-alliance.ch/media/media-6837.pdf>
- Esplen, E. and ICW. *Women and Girls Living with HIV/AIDS: Overview and Annotated Bibliography*. International Community of Women Living with HIV/AIDS, February 2007. Available at: [http://www.siyanda.org/Static/esplen\\_women\\_hiv.htm](http://www.siyanda.org/Static/esplen_women_hiv.htm)
- HIV/AIDS and Human Rights: Stories from the Frontlines*. International Council of AIDS Service Organizations (ICASO), 1999. Available at: [http://www.icaso.org/publications/stories\\_frontlines\\_en.pdf](http://www.icaso.org/publications/stories_frontlines_en.pdf)
- HIV/AIDS, Gender and Sex Work. Fact Sheet by UNFPA. Available at: [http://www.unfpa.org/hiv/docs/hiv%20factsheets/factsheet\\_genderwork.pdf](http://www.unfpa.org/hiv/docs/hiv%20factsheets/factsheet_genderwork.pdf)
- HIV and AIDS in Africa – A female epidemic requiring only a female response? The gender dimension of HIV and AIDS in Africa and good practice examples*. Diakonisches Werk der EKD e.V./Brot für die Welt, 2006. Available in English and soon in French: [http://www.brot-fuer-die-welt.de/downloads/BfdW\\_HIV\\_Aids\\_Afrika.pdf](http://www.brot-fuer-die-welt.de/downloads/BfdW_HIV_Aids_Afrika.pdf)
- Hughes, Sr. Phyllis, RSM. "Women, HIV and AIDS and Poverty: 'More than Half'". Address to the Conference on Women, Development and Peace, Pontifical Council of Justice and Peace, October 2005. Available at: <http://www.e-alliance.ch/media/media-6106.DOC>

*If I Kept it to Myself: Young Women Intervene in a World with AIDS.* World YWCA and The Global Coalition on Women and AIDS, 2006. Available in English, French and Spanish at: [http://www.worldywca.info/index.php/ywca/world\\_ywca/our\\_priorities/health\\_hiv\\_and\\_aids/health\\_and\\_hiv\\_and\\_aids\\_resources](http://www.worldywca.info/index.php/ywca/world_ywca/our_priorities/health_hiv_and_aids/health_and_hiv_and_aids_resources)

*A Matter of Belonging: How Faith-based Organizations can Strengthen Families and Communities to Support Orphans and Vulnerable Children.* A handbook produced by Christian Aid and UNICEF. <http://www.e-alliance.ch/media/media-6785.pdf>

*Poor Relations? PRSPs and the Response to HIV/AIDS and Children.* Tearfund HIV/AIDS Briefing Paper 2. 2004. Available at: <http://www.e-alliance.ch/media/media-6800.pdf>

Solomon, Ranjan. "Tourism and HIV-AIDS: A perspective". Ecumenical Coalition on Tourism. Available at: <http://www.e-alliance.ch/media/media-6746.doc>

Vitillo, Rev. Robert J. "Poverty as 'Cause' and Effect of the pandemic of HIV and AIDS." Address to XXII Congress of Catholic Medical Associations, May 2006. <http://www.e-alliance.ch/media/media-6735.doc>

#### Websites

Better Care Network on children affected by HIV and AIDS:

<http://www.crin.org/bcn/topic.asp?themeID=1004&topicID=1025>

YouthNet: <http://www.fhi.org/en/Youth/YouthNet/index.htm>

International Community of Women Living with HIV/AIDS: <http://www.icw.org>

Focus on Especially Vulnerable Groups by UNFPA: <http://www.unfpa.org/hiv/groups.htm>

#### Theme 4: Sex, Sexuality and HIV Prevention

Byamugisha, Gideon. *Breaking the Silence on HIV/AIDS in Africa: How Can Religious Institutions Talk about Sexual Matters in Their Communities?* Tricolour Designers and Printers, Kampala, Uganda, 2000.

*Free in Christ to Care for the Neighbor: Lutheran Youth Talk about Human Sexuality.* Evangelical Lutheran Church in America. August 2007. Available at: <http://www.elca.org/faithfuljourney/study/>

Garvey, Mary. *Dying to Learn: Young People, HIV and the Churches.* Christian Aid, 2003. Available at: [http://www.christianaid.org.uk/Images/dyingtolearn\\_tcm15-21616.pdf](http://www.christianaid.org.uk/Images/dyingtolearn_tcm15-21616.pdf)

*HIV and AIDS Myth Buster.* UNESCO New Delhi and SPACE. Available at: <http://unesdoc.unesco.org/images/0015/001529/152975e.pdf>

*One Body: North-South Reflections in the Face of HIV and AIDS* (Vol. 1). The Nordic-FOCCISA Church Cooperation. Christian Council of Norway, 2005. Available at: <http://www.norgeskristnerad.no/doc/OneBody-vol1-Eng.pdf>

*Responding to HIV and AIDS: A Peer Educators Manual.* Council for World Mission and World Association for Christian Communication, 2007. Facilitator's guide: <http://www.e-alliance.ch/media/media-7132.pdf>. Participant workbook: <http://www.e-alliance.ch/media/media-7133.pdf>



Tengatenga, James and Bayley, Anne. *Time to Talk: A Guide to Family Life in the Age of AIDS*. Called to Care Toolkit no. 3. Strategies for Hope, 2006. Available at:  
<http://www.stratshope.org/b-cc-03-talk.htm>

Welbourn, Alice. *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*. Strategies for Hope, 1995. Order at:  
<http://www.stratshope.org/t-training.htm>

*Working with Men, Responding to AIDS: Gender, Sexuality and HIV – A Case Study Collection*. International HIV/AIDS Alliance. 2003. Available at:  
<http://www.aidsalliance.org/sw7365.asp>

#### Websites

World Relief has a number of resources for education with youth and adults on issues around sex and sexuality, as well as other resources for Christian responses to HIV and AIDS:  
<http://www.wr.org/aids/resources/index.asp>

### Theme 5: Testing, Counseling and HIV Prevention

Asante, AD. "Scaling up HIV prevention: Why routine or mandatory testing is not feasible for sub-Saharan Africa. Bulletin of the World Health Organization, August 2007.  
<http://www.e-alliance.ch/media/media-7096.PDF>

*Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities*. World Health Organization and UNAIDS. May 2007. Available at:  
[http://whqlibdoc.who.int/publications/2007/9789241595568\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf)

"A Human Rights Approach to HIV Testing: Voluntary, Mandatory or Routine?" AIDS Legal Network, September 2006. Available at:  
<http://www.icw.org/files/ALQ%20Sept%202006%20-testing%20-.pdf>

### Theme 6: Promoting Life

*All Together Now! Community mobilisation for HIV/AIDS*. International HIV/AIDS Alliance, 2006. Order at: <http://www.aidsalliance.org>

*Asia-Pacific Faith-based Organizations Battle HIV/AIDS*. UNESCAP, 2003. Available at:  
<http://www.unescap.org/esid/hds/pubs/2249/p2c.pdf>

Carter, Isabel. *Responding More Effectively to HIV and AIDS: A PILLARS Guide*. Tearfund. 2004. Available at: <http://www.e-alliance.ch/media/media-6832.pdf>

*Facing AIDS; The Challenge, the Churches' Response: A WCC Study Document*, World Council of Churches, Geneva, 1997. English, Spanish and French versions available at:  
<http://www.e-alliance.ch/postercd/getstarted.html>

Lambrechts, Rev. Desmond. "Working Together Ecumenically around AIDS". Paper for the AIDS Office of the Southern African Catholic Bishops Conference, May 2007. Available at:  
<http://www.e-alliance.ch/media/media-7099.pdf>

Messer, Donald. *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*. Fortress Press Minneapolis, 2004.

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NOTES:

**F**or over two decades AIDS has led to the deaths of millions of people and devastated families, communities, and the social and economic fabric of many countries. Today we know how to treat HIV and AIDS and how to prevent the transmission of HIV. And yet the virus continues to spread because so many of us don't talk about it.

AIDS touches on many issues that we - particularly in the Church - find uncomfortable to discuss openly and realistically, such as sex and injecting drug use. But because we don't talk about HIV and AIDS, we perpetuate myths about the disease - how people get it, whom it affects, how it can be treated. If people don't learn about the disease, then we can't change any of its root causes.

This guide aims to help people in churches to talk openly, accurately and compassionately about why HIV spreads and what we as individuals and communities can do to help stop it in its tracks.



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