

STIGMA REDUCTION GUIDE

for **RELIGIOUS AND FAITH
GROUP LEADERS**



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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretroviral Medicines
HIV	Human Immunodeficiency Virus
OI	Opportunistic Infection
PEP	Post-Exposure Prophylaxis
PLHIV	Person/ People Living With HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
TasP	Treatment as Prevention
UNAIDS	United Nations Joint Programme on AIDS
ZNASP	Zimbabwe National Strategic Plan

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Introduction to This Guide

Stigma and discrimination remain a major barrier to the uptake of HIV testing and treatment. Unfortunately, due to their own lack of understanding about HIV and how it is transmitted and treated, many religious and faith group leaders have made a contribution to this.

A great opportunity to reduce stigma and discrimination and encourage widespread testing has thus been lost, since many individuals who are living with HIV are part of the faith community.

This Guide seeks to address this gap and ensure that faith communities become the important organs of change that they can be in improving our society's attitude towards HIV.

How to Use This Guide

The guide is in three parts: the first explains what stigma and discrimination are, while the second updates participants on the current developments in HIV prevention treatment and support. The third section covers disclosure of HIV status and helps faith-based leaders to assist members of their congregations who may need to disclose their positive HIV status to others.

The information in each section has been divided into separate sessions that can be used for training faith-based leaders and others so that they have a better understanding of stigma and discrimination; HIV and the issues around disclosure and how they can avoid these pitfalls when dealing with their congregants.

Each session includes stories from people living with HIV and their personal experiences of stigma and discrimination within faith-based communities. Use these to help participants appreciate how it feels and to encourage greater empathy.

The sessions can be done one at a time, or run as a course, depending on the availability of time and resources.

Galatians 5:13

By love serve one another.



Part I Identifying Stigma and Its Consequences

Session I: Understanding Stigma

Time: 60 minutes

- Start by asking the group to call out some terms used in their communities to describe HIV infection and write them up on the board. Highlight any terms that are stigmatising (many of them will be). Use the box shown on page 9 to start off the discussion, if people are slow to get started.
- Ask the group to explain what stigma is. Write up their suggestions on a flipchart or board and summarise the discussion with the information under 'What is stigma', below. Use Emma's story on page 10 to show participants the consequences of stigma.
- Next, read through the background information on the stigma index, listed on page 10, and share it with participants. Highlight the experiences of people living with HIV (PLHIV), using Chipo's story on page 13 to illustrate.
- Wind up the session by discussing self-stigma, again using Chipo's story to illustrate it.

Matthew 7:12

So whatever you wish that others would do to you, do also to them, for this is the Law and the Prophets.

Facilitator Information

Much stigma is the result of either lack of knowledge, or fear. Much of it is expressed unintentionally, by use of stigmatising words or assumptions in unguarded speech.

What is stigma?

Stigma is a complex issue, made up of many elements and often dependent on a range of social and economic factors. These can include the economic status of affected groups, the existence of prejudices such as racism and homophobia, and stereotypes. Stigma can make stigma worse; the things that help create it in the first place are often then made worse by it.

Stigma is defined as any of the following:

- the shame or disgrace attached to something regarded as socially unacceptable!

Some Stigmatising Terms

- **'In the departure lounge'** Literally meaning a PLHIV is in the departure lounge waiting for a flight to take them to their death
- **'Chigulani'** A corrupted Ndebele word meaning somebody who is always sick
- **'Arikujuicer'** Somebody on medication (ARVs) is like topping up their air time so that they can keep themselves alive
- **'Akacrossa red robot'** They crossed a red robot against all caution
- **'Akarohwa nematsotsi'** They were hit by robbers
- **'Jehovah ndouyako'** Oh God I am coming, I am right on my way to join the dead
- **'Hure'** Sex worker
- **'Akarohwa nemuzvezve'** They have been hit by a serious illness
- **'Akarohwa nezveusiku'** Was hit by evil spirits
- **'Death sentence'**

- a set of negative and often unfair beliefs that a society or group of people have about something
- a strong feeling of disapproval that many people in a society have about something²

Background information on the stigma index

Widespread access to HIV treatment has changed the face of HIV in southern Africa. No one needs to die from AIDS any longer, and yet, many do – because of widespread stigma and self-stigma that prevent people accessing the treatment they need to live healthy happy lives.

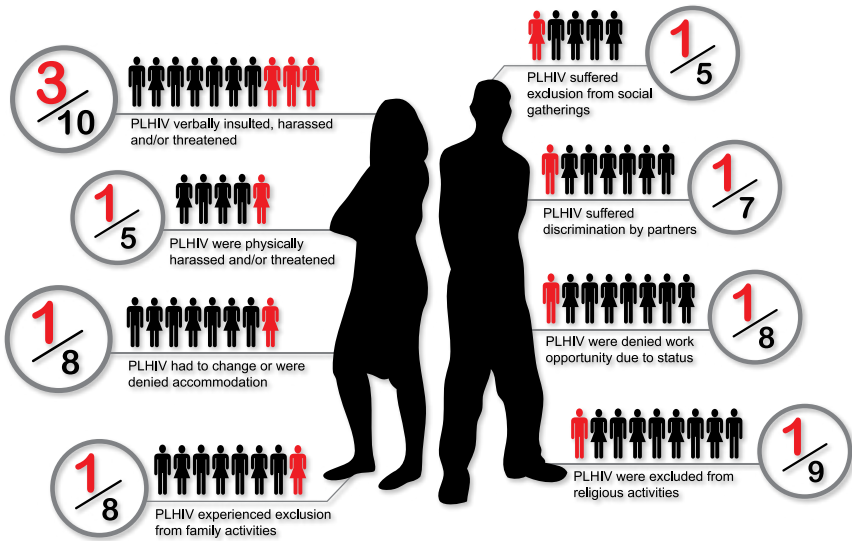
Emma's story

Emma has been living with HIV for over 20 years. She switched churches after feeling she was being stigmatised.

"When I went to the other church, I had not yet started on ARVs so I was sick on and off, hence kept going to the pastors for prayers. I was told that I was a sinner. I had TB. I kept fasting and praying but I did not recover. I was also told that I had little faith. I moved to another church where they encouraged people to go for testing. After I was tested for HIV and started on ART, my health improved dramatically."

Many faith leaders have not kept up with developments around HIV and this leads to much heartache for those infected and affected by the disease. This is particularly so when it comes to discussions in our churches, mosques and other faith-based groups, because of the still widely held assumptions that HIV infection is a result of promiscuity, or that someone who is HIV negative cannot safely (or wisely) have a sexual relationship with someone who is HIV positive.

The Zimbabwe 2015 Stigma Index Study report ³ showed that of the 1,905 surveyed people living with HIV two in every three people surveyed had experienced one or more forms of HIV-related stigma and discrimination.



This information shows one way of measuring stigma, by looking at how PLHIV experience it. But we can also look at what people say they think and feel about HIV. Remember the discussion on stigmatizing terms on page 9.

Self-stigma

The Stigma Index shows a large percentage of stigma is self-stigma, described as feeling bad about and blaming themselves, which prevents many from disclosing their status or seeking support. Self-stigma was identified as one of the major problems, together with poverty, a society that values men over women, and the legal and policy environment.

Self-stigma

When someone is aware of the stereotypes around their condition (e.g. the assumption that all people who are HIV positive deserve it because they are promiscuous) and agrees with them. This results in them believing they are weak or damaged, or in some way deserving of their condition.

Psalm 146:7

*He upholds the cause of the oppressed
and gives food to the hungry.
The LORD sets prisoners free.*



Experiences of PLHIV

When a group of people living with HIV were asked to describe the stigma that occurs within church or religious settings they pointed out that most of the stigma arises from assumptions that they:

- are cursed
- are being punished for their own sins or for the sins of their parents,
- lack sufficient faith or
- are possessed by demons.

However, while this is HIV stigma with an open face, religious leaders must also be aware that stigma towards PLHIV within religious settings is often shrouded within other, pre-existing negative stereotypes.

When counselling congregants or trying to address stigma, leaders need to consider other reasons why members of their congregations might feel stigmatised.

This will be discussed in greater detail in the next session.

Chipo's story

Chipo lost a child and her first husband to AIDS. She was devastated as she felt that her community blamed her for the death of these two important people in her life. She became sick and wasted. She moved to a new community where she joined a new church. She was on ART. At the new church, she was encouraged to join a support group of people living with HIV. Her health improved and she met a man in the support group. After a year of courting, they got married, but after a year of marriage, the man got sick and died. This left Chipo stigmatising herself - that she 'kills' husbands, so she now has self-stigma too. She still takes her medication but she feels depressed.

Romans 2:11

For God shows no partiality.

Session 2: Understanding the Links between Stigma and Stereotyping

Time: 120 minutes

- Begin by asking the participants to recap what was learned about stigma and self-stigma in the previous session.
- Next raise the issue of stereotypes. Ask participants to brainstorm on what a stereotype is. Use the definition of a stereotype given and emphasise that it is an oversimplification of life's complexity.
- Ask participants to suggest how faith groups can fall into the trap of stigmatising as a result of stereotypes about particular groups of people. Use the table on page 17 to stimulate discussion.

What is a stereotype?

A stereotype is a widely held but fixed and oversimplified image or idea of (in this case) a particular type of person.

You might use the 2-corners game: Read out each category, then read out one of the descriptions in the right hand column and ask participants to move to one corner of the room if they agree with the statement, to the opposite corner if they disagree and to stay in the middle of the room if they are unsure.

Where participants agree with the statements, you will need to be skillful in getting them to appreciate that their responses are stigmatising. Be careful not to allow arguments to develop amongst the participants.

Alternatively, divide participants into groups and allocate a category to each. Ask them to role-play a session where a congregant has experienced stereotyping showing how that can be resolved. This may involve counselling of both the congregant and the person who is acting out the stereotyping.

- Discuss the **consequences** of stigma with the group using Kuku's experience to illustrate. Go over the possible responses – emotional or psychological and/ or behavioural – that PLHIV may have to feeling stigmatised and help participants understand how they can identify if someone is experiencing these problems.
- End the session by encouraging a discussion on how participants can avoid being stigmatising. Use the key points section at the end of the session to help stimulate the discussion.

How does it make people feel?

Kuku said, "Within my family, I have been called all sorts of names and I feel that I do not belong at all. I have stopped attending family functions like funerals and weddings. When I go to church, I expect that other single mothers should not judge me. They should understand me. I long to feel whole so that I can help others like me".

Facilitator Information

Stereotyping

Many groups and individuals are stigmatised by both society and within religious groupings. Stereotyping is a result of lack of knowledge, fear, and of people trying to make sense of the unknown.

Emphasise the oversimplification of a stereotype – and the idea that it applies to EVERYONE in the category, with no room for exceptions or understanding of the circumstances of each individual.



Romans 12:16

Live in harmony with one another. Do not be haughty, but associate with the lowly. Never be wise in your own sight.

Common Stereotypes in our Communities

Identification	How they are stereotyped within religious and other groupings
Single mothers	Promiscuous, loose women, cursed, careless, may take other women's husbands
Suspected to be, or openly gay	Demon possessed, cursed, satanic, going to hell
Divorced	Promiscuous, demon-possessed, cursed, unlucky (anemunyama)
Widowed	Practices witchcraft; killed spouse to get the inheritance, cursed
Survivors of sexual abuse (been raped)	Unlucky, cursed, somehow invited the rape through bad behaviour or revealing dress
If they testify to have been sex workers	Believed to chase away potential suitors, might influence other people to engage in sex work, untrustworthy
If they testify to have been involved in witchcraft	May think that they are still doing it, or may continue
Suspected or openly living with HIV and AIDS	Cursed, promiscuous, demon-possessed, may not live long, can easily infect others
Ex-convicts	Cursed, must have engaged in homosexual behaviour while in prison and may want to continue, cannot be trusted or hold a position of responsibility or leadership
People living with disability	Cursed, parents must have sinned
People living with albinism	Cursed, parents must have sinned
Adults who have never had children	Cursed, engage in witchcraft, must have aborted many times, have not confessed some major sin
Adults who are not married	Cursed, have 'spiritual spouses', do not have enough faith
People with cancer	Dying, cursed, not to be given positions of responsibility in the church
People with TB	Must be HIV positive, must have been promiscuous; they are sinners who have not fully repented

A note for those following Islam

In Islam, human life is highly valued as a gift from Allah; Muslims should look after that life and not abuse it. A healthy body is Allah's gift and should not be misused.

Islam is a religion that is very close to human nature; it appreciates the powerful sexual desires that humans have. It encourages that these desires be fulfilled through marriage; Islam provides a moral code for sexual enjoyment.

However, we must recognise that some people engage in sexual activities before marriage, and others have extra-marital sex. While Islam means the submission or surrender of one's will to Allah, and a Muslim should not be involved in any act that is prohibited by Islam, we need to face the fact that not everyone follows their religion fully.

AIDS and HIV are all around us, inside our Masjids and in many of our homes.

Asking if someone is innocent or guilty is not helpful. Islam prohibits alcohol, but all of us know of Muslims who drink; sex outside marriage is not allowed in Islam, but all of us also know our own lives and history better than outsiders.

If a Muslim arrives at the scene of a car accident a number of people are badly injured, is our first concern how it happened or to get help? If they smell of alcohol, do we say, ***“Alcohol is haram; therefore they asked for it”***?

No. The Prophet Muhammad said: *“Have compassion towards those who are on earth and the One who is beyond will have compassion towards you.”*

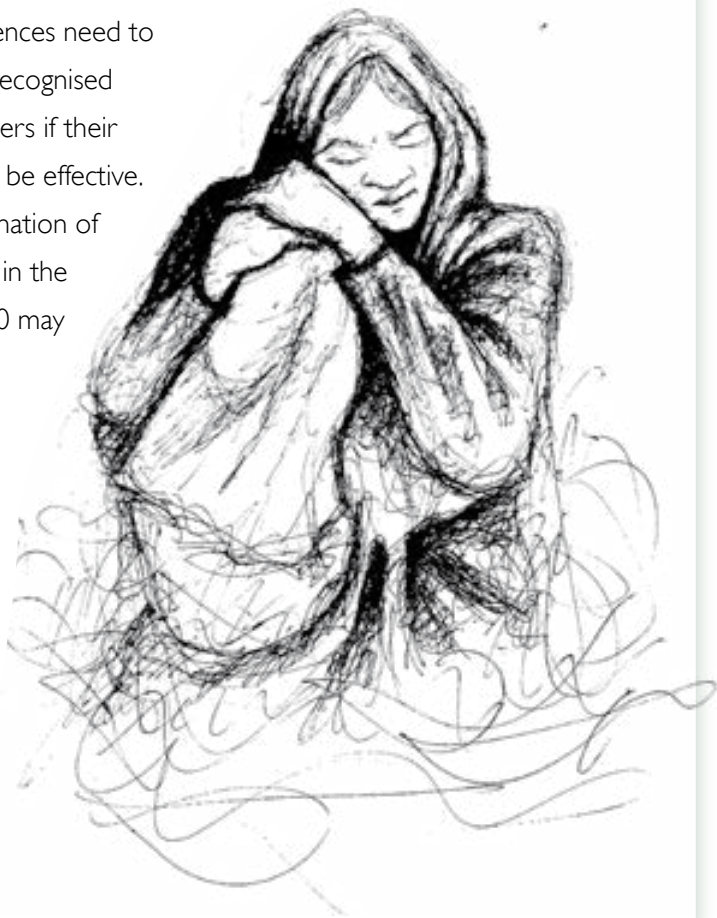
It is up to the Almighty to forgive or punish. Humans do not have a right to judge or condemn people.

Possible consequences of being stigmatised

If religious leaders are to be helpful in trying to reduce HIV related stigma, they need to know its consequences, which can be emotional/ psychological and/ or behavioural.

These consequences need to be known and recognised by religious leaders if their counselling is to be effective.

Any or a combination of the issues listed in the table on page 20 may be experienced.



Consequences of experiencing stigma

Emotional/ Psychological	Behavioural
Low self esteem	Yelling and fighting with family and friends
Guilt	Over reaction to petty annoyances
Shame	Inability or reduced ability to perform daily functions
Sadness	Isolation
Feel dirty	Always or sometimes fearing that people are talking about them
Loneliness	Resistance or denial
Sense of unworthiness	Blaming parents or other relatives
Helplessness	Accusing people of witchcraft or of having cursed them
Hopelessness	Low or non-participation in church activities
Hostility	Substance abuse
Inferiority complex	Addictions – binge watching of TV, eating, drinking, sex addiction
Anger	Compulsive obsessive behaviours
Depression	Severe mood swings
Suicidal	Blaming parents or other relatives
Self-Blame	Isolation
Paranoia	Anxiety, feeling persecuted

Some congregants may go to religious groups or churches hoping to have their issues addressed. What do they expect of you?

When asked about her expectations of her pastor, one HIV positive worshipper, Grace, said, *“When I go to the pastor with my problems, I do not expect to get a physical diagnosis but I expect my spirit to be uplifted. For physical problems, I go to the doctor or the Ol clinic.*

I expect spiritual support from the pastor so that I leave church feeling like I am a full human being who was created in the image of God like everyone else. I also want to feel that I belong. The prayers must address such issues that speak to my soul.”



Key points

Your congregation includes people from all walks of society and inevitably includes those belonging to marginalised groups: sex workers, PLHIV, gay and transgender people, ex-prisoners and more. Make sure that your ministry embraces them all. Be sensitive to the issues affecting marginalised groups and how they are stereotyped.

- Messages around HIV and AIDS need to be integrated into all aspects of your ministry and not placed in a silo. Inclusiveness normalises HIV infection and encourages those who are afraid (consider the ‘worried well’) to go for HIV testing.
- Be aware of the terms that reinforce stigma and do not use them yourself, but more importantly, intervene if you hear them being used by others!

- Don't talk about 'them', as though they are a uniform group with the same experiences and expectations.
- Use inclusive language: for Christians, remind people how Jesus Christ spent time with those whom his society treated as outcasts: sex workers and tax collectors; how he exhorted his followers to help those who were hungry, sick and imprisoned. The Prophet Muhammad married a woman (Zaynab bint Jahsh) who was divorced. This will help increase acceptance and reduce stigma.
- Tackle HIV-related stigma in the context of other stigmas that congregants may be facing. Discuss the terms that lower or raise people's self-esteem. Remember that many PLHIV are already struggling with self-stigma as well as some guilt and shame.
- Religious leaders must take time to understand and appropriately counsel different groups. Consider forming peer groups within the various ministries such as youth, women and men's fellowships, where congregants can discuss issues that affect them as a group. But be mindful of the need not to discriminate by separating our issues around HIV – If someone is already self-stigmatising, they are unlikely to attend something that focuses solely on HIV.

Psalm 140:12

I know that the LORD secures justice for the poor and upholds the cause of the needy.



Part 2 HIV has moved on – Have you?

Session 3: Understanding the Basics of HIV

Time: 60 minutes

As a religious leader you need to be up-to-date with the facts about health conditions that affect your congregation.

- Start the session with the quiz, on pages 24 and 25. This will give you an idea of the level of knowledge participants have and help you shape your presentation. You can also use the quiz again at the end to check that people's knowledge levels have improved.
- The Facilitator Information gives you up-to-date information on HIV, prevention, treatment, care and support. Go through the information with the group. It may be more effective to go through it as a question and answer session.
- Take time to make sure everyone has understood the importance of HIV testing, especially couples testing.
- Summarise the key messages and end the session by going through the national targets and campaigns presented on page 32. It is important that faith-based groups support national efforts at reducing HIV – the 90-90-90 targets are very important.

Galatians 5:14

The law is fulfilled in one word - Love your neighbour as yourself.

HIV QUIZ

Question	Answer
<p>What can be done if someone thinks they have been at risk of HIV infection?</p>	<p>They can take ARVs within the first 72 hours after exposure as post-exposure prophylaxis (PEP). They must have an HIV test and go for the recommended follow-up tests. If you are pregnant and at risk, PMTCT can help you and your family by: providing treatment to reduce the risk of the baby being born HIV positive, and ARVs for life for the mother.</p>
<p>What are antiretroviral medicines (ARVs)?</p>	<p>ARVs are given to people with CD4 counts below 500, or those who have a suppressed immune system. ARVs help your body to control the virus and live longer.</p>
<p>How do antiretroviral medicines work?</p>	<p>They make HIV lose power to replicate. This helps your immune system stay strong and keeps you healthy.</p>
<p>Is HIV the same as AIDS?</p>	<p>HIV is not the same as AIDS. Having HIV does not mean someone has AIDS. People living with HIV can live normal and healthy lives. When someone has AIDS they are now very sick – HIV levels in their body have become very high and damaged the immune system so that it is weak.</p>
<p>When should you start taking ARVs?</p>	<ul style="list-style-type: none"> • Those born with HIV and breastfeeding babies of HIV positive women are given ARVs soon after birth. • All HIV positive children under five should be put on ARVs as soon as possible. • Women who are pregnant or breastfeeding and HIV positive should start ARVs (Option B+). • All others found to be HIV positive will get ARVs when their CD4 count is 500 or less. • Once started, ARVs should be taken for life. Pregnant and breastfeeding women may choose to take ARVs only during pregnancy and breastfeeding. This is not recommended, as they risk developing drug resistance from starting and stopping treatment.

Question	Answer
What is a CD4 count?	A CD4 count is a test that counts the CD4 cells in your blood. CD4 cells are cells in the blood that fight disease and keep our immune system healthy. The CD4 count shows how well the immune system is working – a higher CD4 count, means greater protection against disease.
Which of these is true?	ART improves the quality of life of a person living with HIV and helps them live longer.
What is viral load?	Viral load shows the level of HIV in your blood. (It measures virus particles – not the virus itself). Knowing your viral load helps monitor how well HIV medicines are working. High viral load usually goes along with a low CD4 count and low (or undetectable) goes along with a higher CD4 count. Undetectable means the virus particles are too few to measure. It does not mean you no longer have HIV!
Name three good things about starting ARVs.	<p>ARVs strengthen the immune system;</p> <ul style="list-style-type: none"> • a strong immune systems means improved health, energy and strength. • ARVs reduce a person’s risk of getting opportunistic infections; fewer opportunistic infections means a longer and better life. • ARVs can lift your spirit by giving you hope for the future. • ARVs help you stay an active and useful member of your family and community. • ARVs stop HIV positive mothers transmitting the virus to their babies
What is the term for taking ARVs in the right way?	Adherence

Facilitator Information

Then and Now

Before 2000, HIV was widely considered to be a death sentence. The only treatment available was to minimise the effects of the opportunistic infections (OIs) caused by the body's weakening immune system. This was disturbing for our whole society and probably contributed to the high levels of stigma we still see today.

However, treatments were rapidly developed, in large part due to the demands of the gay community in the USA, who were the worst affected by the ravages of HIV, so that by 2005, triple combination therapy with antiretroviral medicines (ARVs) was both widely available and relatively affordable. Mortality rates dropped dramatically and **today, PLHIV are likely to live as long as people who are HIV negative**. HIV infection is now a manageable chronic disease in those with access to medication and who achieve undetectable viral loads through good adherence.

HIV Basics

HIV is the human immunodeficiency virus

HIV damages the body's immune or defence system, weakening it until it can no longer fight off diseases. People infected with HIV usually live for years without any signs of disease, so they look and feel healthy. A blood test is **the only way** for a person to know if he or she is infected with HIV.

HIV testing – I know my status – do you?

HIV testing is normally offered together with some counselling. These services are available at most health institutions, as well as at other designated places and mobile clinics. Consider inviting an HIV testing unit to your next church fete or other special occasion!

**Everyone should
know their
HIV status.**

**Lead by example!
Get tested.**

Ideally couples should be encouraged to go together for HIV testing.

Some people may prefer to self-test. Self-testing is currently being piloted across Zimbabwe.

Encourage all your congregants to know their HIV status.

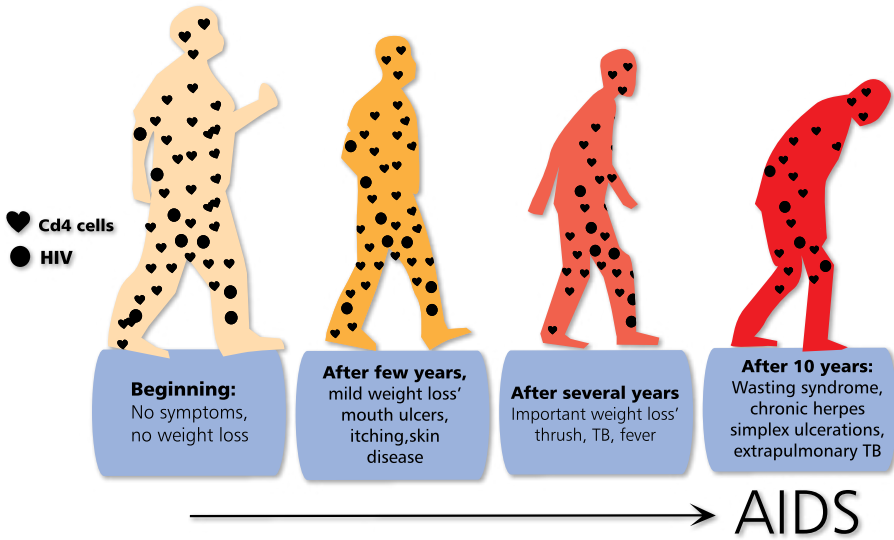
Remember! *You cannot tell if someone has HIV by looking at them! The only way of knowing is by having an HIV test.*

AIDS or Acquired Immune Deficiency Syndrome

This is the late stage of untreated HIV infection. As HIV multiplies unchecked within the body, the immune system (the body's defence against disease) loses the ability to fight off illnesses. This makes the person vulnerable to various OIs such as skin infections, thrush, repeated respiratory infections including TB, pneumonia and diarrhoeal diseases, as well as to skin cancer or cervical cancer.

Important! *Not everyone with TB or cancer has HIV!*

In the absence of ARV medicines



Differences between HIV and AIDS

HIV	AIDS
HIV is a virus	AIDS is a disease. There is no AIDS virus
HIV has no apparent symptoms – often one may live for years without symptoms or illness	A person with AIDS may have the symptoms of various diseases which he or she has acquired, such as TB, meningitis, pneumonia and or cancer
An HIV positive person who does not have AIDS may have an active and effective immune system.	A person with AIDS may be weak, and thin. He or she may feel and look sick because the immune system has been destroyed by HIV
An HIV positive person who does not have AIDS can work and support his or her family	The immune system of a person with AIDS is rapidly becoming less and less effective at protecting his or her body

HIV transmission

HIV is spread through direct contact between infected body fluids and blood (blood, semen, vaginal fluids and breast milk). Saliva, sweat, tears and urine do not transmit HIV; the virus is not spread through everyday contact such as shaking hands, kissing, touching, sharing cups or plates, sharing toilets, staying in the same office or house as someone who has HIV or AIDS; or through swimming pools, public baths or bites from mosquitoes or other insects.

- The most common way of contracting HIV in this region is through unprotected sexual intercourse. HIV may also be transmitted from an infected woman to her baby during pregnancy, childbirth or breastfeeding.
- It is also spread through transfusions of unscreened blood (very rare these days); and through contaminated needles and syringes (most often those used for injecting illegal drugs).

Prevention

Once in the body, the virus multiplies rapidly. This causes high levels of the virus in the blood of the newly infected person, making it much more likely that they will infect someone else. Prevention (and knowing your HIV status) is vital to end the epidemic. Everyone must know how to avoid getting and spreading the virus and should be empowered to act on that knowledge.

Luke 6:31

Do to others what you would like them to do to you.

HIV can be transmitted during a single sexual encounter

Prevention of mother-to-child transmission (PMTCT) services prevent the infection of newborns during pregnancy, delivery and breastfeeding by giving both mother and infant ARVs, while pre-exposure prophylaxis (PrEP) ensures that sero-different (or serodiscordant) couples (where one is HIV positive and the other HIV negative), can safely have babies, without the HIV negative partner becoming HIV infected.

Post-exposure prophylaxis (PEP) also prevents HIV infection in cases of accidental exposure (needle stick injuries in hospital workers; in cases of rape, or when a condom bursts).

Important! See also *Treatment as Prevention*.

Luke 4:18

*The Spirit of the Lord is on me,
because He has anointed me to
preach good news to the poor.
He has sent me to proclaim
freedom for the prisoners and
recovery of sight for the blind,
to release the oppressed.*

Treatment

So far, there is no vaccine or cure for HIV. But treatment with ARVs prevents HIV destroying the immune systems of HIV positive people and helps PLHIV live healthier, longer lives. It can also help prevent onward transmission of HIV.

When someone is adhering correctly to their antiretroviral treatment (ART), they are much less likely to pass on HIV to their partners. This is now called treatment as prevention (TasP). Adherence means taking ARVs exactly as instructed by the healthcare provider – in the correct dose at the correct time, every day. However, PLHIV are still advised to use condoms correctly and consistently when they have sex.

Care: Checking that ARVs are working

The health of the immune system in PLHIV is monitored using a test called a **CD4 count**, which measures the numbers of CD4 cells in the blood. A high (or rising count) indicates that the drugs are working and the immune system is responding. Zimbabwe should be moving towards using viral load testing to monitor treatment success, however there are financial constraints to implementing this country-wide.

If someone is taking ART properly, the medicines should suppress the amount of HIV in the blood. This means that the amount of virus in the blood goes down to such low levels that ordinary viral load testing machines are unable to detect it.

Psalm 113:7

*He raises the poor
from the dust and
lifts the needy from
the ash heap.*

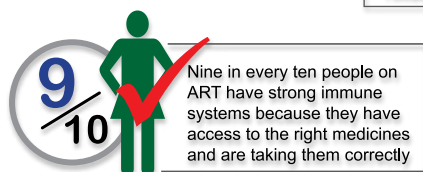
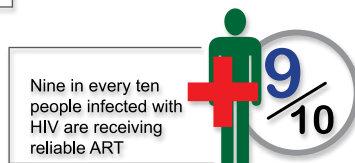
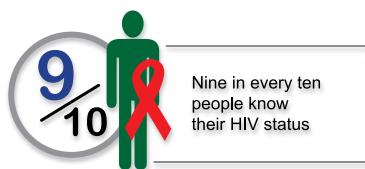
This is measured through a **viral load** test; the result will come back as **undetectable**. However, the person is **still HIV positive**; if they stop taking their ARVs the virus will replicate (process of viral multiplication) very fast leading to a sudden rise in the amount of virus circulating in the blood. This can lead to severe illness and may result in death.

People who are taking ARVs do not need to go for repeat HIV tests. Some of the rapid HIV tests may give a false negative result when the viral load is undetectable – religious and faith group leaders need to be aware of this.

An undetectable viral load does not mean that someone no longer has HIV; it means it was undetectable AT THE TIME OF THE TEST, and this can change very quickly, especially if someone gets sick with another infection.

National targets and campaigns

Guided by the third Zimbabwe National Strategic Plan (ZNASPIII), the Government of Zimbabwe is committed to achieving the vision of ending AIDS by 2030. The UNAIDS 90-90-90 targets are:



To achieve this, government and civil society organisations have increased HIV testing and counselling facilities in the country. This means a lot of people will know their HIV status and will need pastoral support to maintain their HIV negative status or to cope with an HIV positive diagnosis. Current HIV treatment policy is that everyone who tests positive for HIV will be put on treatment, even if they are not sick. These people may need more support to make sure they adhere to treatment.

For all these reasons, religious leaders need to be informed about HIV so as to be able to effectively counsel their congregants.

Theological colleges need to mainstream HIV counselling and knowledge into their pastoral care curricula if they are to stay relevant in the era of HIV.

A note for those following Islam

Discussing HIV and AIDS involves discussing sexual and intimate matters. Islam encourages discussions on issues that help protect health and life, including sexual matters. Muslim men and women never felt shy to ask the Prophet about intimate sexual matters. The Holy Qur'an discusses reproduction, creation, family life, menstruation and ejaculation. The Qur'an and hadith⁴ repeatedly stress the importance of acquiring knowledge: there is no need for embarrassment when discussing or reading about HIV and AIDS.

Islam absolutely does not approve of sexual relations outside marriage. However, one does not always know the full sexual history of one's marriage partner. This is why it is important for all individuals to go together for HIV tests before engaging in marital sex.

4 Words and sayings attributed to the Prophet Mohammed

Although Islam only approves of sex between a married couple, if someone does so anyway, they should use a condom in order to avoid the exchange of body fluids that may be infected. This is important for the protection of their wife or husband.

Many Muslims are affected by HIV and AIDS. These people are someone's son or daughter, brother or sister and they are part of the Muslim community. Anyone with HIV or AIDS should be given attention, care, love and affection so they can lead their life with dignity.

Asking if someone is innocent or guilty is not helpful.





Key points

- It is important for religious leaders to understand how treatment works as prevention, including how prevention of mother-to-child transmission works. Support couples to go for HIV testing together – especially if they are planning to have a baby.
- When someone is adhering correctly to their antiretroviral treatment (ART), they are much less likely to pass on HIV to their partners. This is called treatment as prevention (TasP).
- Prevention of mother-to-child transmission (PMTCT) services prevent the infection of newborns during pregnancy, delivery and breastfeeding by giving both mother and infant ARVs.
- Pre-exposure prophylaxis (PrEP) ensures that sero-different (or serodiscordant) couples (where one is HIV positive and the other HIV negative) can safely have babies, without the HIV negative partner becoming HIV infected.
- Post-exposure prophylaxis (PEP) prevents HIV infection in cases of accidental exposure (needle stick injuries in hospital workers; in cases of rape, or when a condom bursts).

Mathew 25:35

In as much as you have done it to the least of these, you have done it for me.



Part 3 Updating Pastoral Care Around HIV Counselling

Session 4: Pastoral Counselling and HIV

Time: 120 minutes

- Go over the Facilitator Information with the group.
- Divide participants into 4 groups (or more, if the group is large). Use the role-plays at the end of the session so that participants get a feel for sensitively handling the issues that may arise. Each group should perform their role-play in front of the whole group so that everyone gets the chance to give feedback and see how others handle each situation.

As the facilitator, make sure that the counselling sessions are constructive and non-stigmatising.

Facilitator Information

Religious and faith group leaders have rightly encouraged congregants to go together for HIV testing before committing to marriage. But it shouldn't stop there; EVERYONE should know their HIV status. If you have had unprotected sex with a partner whose status you do not know, you are at risk of HIV infection. Encourage all your congregants to check their HIV status every time they may have been at risk.

Condoms are for use in ALL sexual relationships; there is no shame in protecting yourself and your partner!

Islam absolutely does not approve of sexual relations outside marriage. However, one does not always know the full sexual history of one's marriage partner. This is why it is important for all individuals to go for HIV tests before engaging in marital sex.

This encouragement for testing is helpful in ensuring Zimbabwe achieves the first and second 90 of the 90-90-90 campaign and with the Treat All strategy, everyone who goes for testing, gets started on treatment as soon as possible and if resources are available.

Sero-different couples

However, often the exhortation for testing was a way to “screen and throw away the bad apples”, thus discriminating against those who test positive. With today's readily available ARV treatment, there is **no reason** to discourage an HIV negative person from marrying someone who is HIV positive.

They can lead happy healthy lives together and have HIV negative babies. Pastoral care should focus on supporting them to stay safe by adhering to ARV treatment and by accessing PEP, pre-exposure prophylaxis (PrEP) and PMTCT services as needed.

Mrs Moyo's story

Mrs. Moyo went to her pastor seeking his help to pray that her son John would not marry his girlfriend Tracy because Tracy was born HIV positive and was on ARV treatment.

The pastor agreed!

Those born with HIV

The HIV epidemic has been around for thirty years; there are now many young adults who were born positive and who are in relationships. They may never have been sexually active, but they may still require special support to deal with issues around disclosure of their HIV status to potential partners. It is vital that you are approachable and encouraging to these young people. You can:

- Support them through the disclosure process, by providing informed counselling, both with their partners and with their partners' families, who will often resist such relationships due to their own ignorance about modern HIV treatment.
- Young PLHIV may have become infected through early sex; and they may also have been infected through child sexual abuse. Do not close your ears to their need for help. These young people need your guidance and support – not condemnation.

A note on 'promiscuity'. Even if a person has been promiscuous, when they repent, the Christian view is that they become born again and like everyone else have the chance to start anew. Remember, the church, and especially Christianity is for sinners because ***“All have sinned and gone short of the glory of God” Romans 3:23.***

Similarly, in Islam, the Prophet says, ***“And perform the prayers, between the two ends of the day and in some hours of the night. Verily, the good deeds efface the evil deeds,” (11:114).***

How would YOU counsel these couples?

- Mary approaches you and informs you that she is about to get married to Peter. She explains they have been for HIV testing and Peter had tested positive. However, he is already on medication and doing well.
- A couple that has been married for ten years come to see you. The wife is in great distress. They have three HIV negative children because the wife consistently tested negative with each pregnancy. After listening to a radio programme, the wife found out that the drugs that her husband had been taking since they got married are actually ARVs. She is panicked and feels betrayed. What do you say?
- Rodrick and his wife Rhoda are both HIV positive and disclose to you that they are on treatment. The couple has a child who was born HIV negative but Rodrick went to see his pastor because he accused his wife of infidelity since he was convinced that they could only have HIV positive children. How do you counsel them?
- Marcia was born with HIV and has been seeing Joseph for a year now. Their relationship is getting serious and she thinks he may ask her to marry him. But he does not know that Marcia is HIV positive. Joseph has a close friend who is living with HIV, so she is confident that he will accept her status. But his parents are another matter. She knows they have told Joseph not to bring his HIV positive friend to their house. How do you counsel Marcia?

- Aisha, a young Muslim woman has been married for six months and is now pregnant. When she went for her pregnancy test, she found she was HIV positive, but she has only ever had sex with her husband. When she told her husband he beat her and accused her of not being a virgin when they married. Aisha knows no one here apart from her in-laws and has come to you for help. How do you counsel her?

Galatians 5:13

For you were called to freedom, brethren; only do not turn your freedom into an opportunity for the flesh, but through love serve one another.

Isiah 58:6 – 7

Is not this the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke? Is it not to share your food with the hungry and to provide the poor wanderer with shelter — when you see the naked, to clothe him, and not to turn away from your own flesh and blood?

Session 5: Supporting Disclosure

Time: 45 minutes

- Explain to the group what disclosure means – both to a child, and where someone is disclosing their own HIV positive status to someone else. Use Taku's story to illustrate.
- Divide participants into 4 groups. Ask the first 2 groups to brainstorm the positive aspects of disclosure to a child and the other the negative; for the second two groups, one should discuss the positive aspects of an adult disclosing and the other, the negative.
- In plenary, let the groups present their findings. Look out for any stigmatising and/or judgmental ideas and gently correct these.
- Close the session by making sure all the points in the Facilitator Information have been included and end with the key points.

Taku's story

Taku was born with HIV and lost both his parents to AIDS. He lived with grandparents, but they were unwilling to talk to him about HIV. He approached his pastor for help.

“My pastor was helpful in explaining my plight to my grandparents. I thank the pastor for taking time to explain that I am dealing with growing up issues like any adolescent, I'm dealing with relationship issues, I'm dealing with unemployment issues and I'm also dealing with being born HIV positive. After the pastor talked to my grandparents, their attitude towards me is now very supportive and they influence everyone in the family to support me. As a young person on ART, I need a lot of support because there are days that I feel really low.”

Facilitator Information

Talking about HIV is important. Telling others – especially potential sexual partners – about an HIV positive status is important. However, care must be taken when telling others about an HIV positive status, as it can have some negative consequences, especially for young people.

What is disclosure?

HIV disclosure means telling another person or people about one's HIV-positive status, e.g. telling a friend or relationship partner. It may also refer to informing a child born with HIV that they are HIV positive. No one has the right to disclose another person's HIV status unless the HIV positive person has expressly given them permission to do so, or unless the HIV positive person is 'public' about their status!

Advantages and disadvantages of disclosure

Advantages: get support with adherence and understanding of the need to prevent onward transmission of HIV

Disadvantages: the person who is told may tell others, or decide they don't want to continue a relationship.

Disclosure to a child

This is a difficult thing for many parents and caregivers – but evidence shows that it is best to tell children about their status early – between the ages of ten and eleven years; children who are informed early tend to cope with their condition better, while children who have not been told often feel betrayed and angry.

Caregivers need to be ready to answer children's questions about the disease – what HIV is and how it makes you sick. To avoid anxiety and confusion, the child also needs to be told how they acquired it.

Many caregivers have difficulty with this because of fears of discussing sexual transmission and their own HIV status, but being honest from the beginning will be easier for everyone.

The support of a religious leader can help. If you are counselling a congregant in this situation, be aware of the following issues.

- The parent may be reluctant to tell the child about the parents' HIV status because of their own feelings of guilt and fear.
- They may not appreciate the needs of the child and believe that the child will not understand or be able to cope with the information.
- They may fear stigma and discrimination.
- They may fear the child's reaction, or that the child will tell others.

Disclosure to children should:

- Be based on the need to protect the best interests of the child and to the child's needs and maturity.
- Be honest – no lying.
- Help the child to understand their condition.
- Be a two-way conversation
- Respect the child's feelings and emotions.

Psalm 82:3-4

Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked.

Some responses to these fears are:

- Open and honest communication about disclosure from a parent or caregiver encourages love, trust and confidence and makes the challenges of being HIV positive easier to cope with.
- Knowing they are HIV positive can empower a child, improve their self-esteem and confidence, and reduce anxiety.
- Knowing allows them to make decisions about their treatment and other issues that affect them.
- Knowing can encourage them to keep taking their ARVs as they should, because they know the medicine is to keep them healthy.
- Keeping the information about their HIV status from them can lead to distrust and confusion; it leaves the child unprepared to deal with other issues that may arise, such as possible stigma.
- If the child is ill, finding out about their HIV positive status may come as a relief.

What can religious and faith group leaders do?

- Encourage people to know their HIV status.
- Encourage safe disclosure. This means counselling people on the negative possibilities that may arise from disclosing to someone who cannot be trusted with such sensitive information, and helping them choose people who will be supportive.
- Do not shame or blame when it comes to HIV!



Key points

- Religious and faith group leaders who counsel congregants should be non-judgmental towards those with HIV; even where they are in a relationship with someone who is HIV negative, they should be accepting. Jesus accepted the outcasts.
- Always make an effort to ensure that members openly living with HIV are included in religious activities and rituals as well as in leadership positions.
- Religious leaders should help families and community members accept and support people who have disclosed their status.

"When I disclosed my status, I was relieved of my duties as a treasurer for the women's ministry. I was told that I should no longer do stressful duties. I felt discriminated against. Maybe they thought they were doing me a favour, but they could have consulted me instead of making decisions for me."

– Otty

Gospel means Good News

The pastor and the church should make all congregants feel accepted and loved by others and by God.



Session 6: Faith Healing

Time: 30 minutes

- Share the information below, highlighting Letty and Anna's stories (see page 48).
- Encourage discussion and understanding on the issues of 'undetectable' viral load, versus the idea of 'cure' and the meaning of faith healing.
- Close by sharing the key messages points.
- Encourage participants to keep in touch with each other and develop a network of support for religious and faith group leaders supporting HIV.

Letty's story

Letty is a young person living with HIV.

"Having HIV made me so sick that I was bedridden before I received medication and prayers. After the prayers and ART, my viral load is now undetectable, I am fit, healthy and able to go to college like other young people. I believe that it is a combination of both – ART and prayers – that has made me well. I am healed because I am no longer bed ridden and am back to normal function but I know that I am not cured because I still have the virus in me though the levels are not detectable."

Facilitator Information

This is a short, but critical session.

Many religious and faith group leaders believe that faith in God heals – but this message can result in feelings of guilt and inadequacy in those who are suffering from incurable illnesses, or those who are HIV positive.

Some religious groups in Zimbabwe reject the godliness of medicines and medical interventions and encourage their congregants that faith and faith healing alone are sufficient. This can have very negative consequences for those with chronic illnesses such as HIV, diabetes (sugar) or high blood pressure (BP), for whom taking regular medicines is an essential part of remaining well.

Language often falls short in expressing what happens as people are prayed for – for instance the use of the words **healed** and **cured**, in English have two very different meanings which cannot be accurately expressed in their Shona or Ndebele equivalents.

Healing involves the repair of living tissue, organs and the biological system as a whole and the resumption of normal functioning⁵. This is different from ‘cure’.

It is important that faith healers acknowledge the power of God or other higher spiritual powers to enable medicines to work and make people better, but not necessarily to ‘cure’.

REMEMBER
ARV
– faith that works

Remember Grace’s story, about what she expects of her pastor:

*“I do not expect to get a physical diagnosis
but I expect my spirit to be uplifted...”*

The aim of ARV treatment is to achieve an undetectable viral load in the blood of the HIV positive person. Some of the rapid HIV tests can give false negative results when used by people with an undetectable viral load. **This does not mean they can stop taking their ARVs.**

On the contrary, if they do stop taking their ARVs, they will very quickly relapse and the level of HIV in their blood will rapidly increase. Anyone who is HIV positive and has had CD4 counts that show their immune system has been damaged will be HIV positive for life and must continue taking their ARVs as instructed.

Palliative care studies have shown that when people are confronted with a life-threatening illness such as advanced cancer or AIDS, religious coping can be an important factor influencing their quality of life⁶. As a result, people often approach religious leaders for faith healing; this often means healing of the heart and soul as much as healing of the body.

Anna's story

Anna is very spiritual, prayerful and full of faith.

"I heard the Holy Spirit speak to me and He said, 'I have sustained you until this medicine was made.' I am grateful to God for staying alive to see my grandchildren, having lived with HIV for over 20 years."

In palliative care, religious leaders are called in to attend to the dying and to counsel the surviving relatives. This involves a recognition of death as a fact of life. It comes to all of us; it is a natural function and not an indication of a failure of faith or having been cursed.

Bereaved relatives turn to religious and faith group leaders for burial and memorial services.

At these functions:

- Spread messages of hope that reduce stigma.
- Encourage people to know their HIV status – lead by example!

6 Tarakeshwar N, Vanderwerker LC. Journal on Palliative Medicine 2006 Jun;9(3):646-57. Religious coping is associated with the quality of life of patients with advanced cancer.

As a religious leader you have influence!

Generally, people listen to religious leaders and believe what they teach. Community members at a recent consultative meeting agreed that if the 90-90-90 campaign is to succeed, then religious leaders should take the lead.

Most churches offer various groupings which their congregants can join, such as youth groups, men's fellowship and women's groups. Discussion and information sharing is often more open and accepted in such groups.

“We all felt very free to talk about PMTCT, cervical cancer screening and other issues that specifically affect us as women. It was good that we were hearing the talk from another woman who had walked the road and knew how it felt to lose a child and a husband to AIDS and to then be stigmatised as well as suffer self-stigma.” Lina, who attended a church-organised session on HIV.”

- Make efforts to organise sessions on HIV at all these groupings.
- Some church initiated HIV programmes include support groups and ART collection clubs. Support these in your ministry.

Churches that have deliberately created an HIV and AIDS ministry among their other church departments, do better at mainstreaming HIV in other church activities.

Mathew 25:35

In as much as you have done it to the least of these, you have done it for me.

“It is now easier for us to invite HIV experts to our functions and church activities because we do it through the HIV desk. The sessions are attended by all church members from various groups. Through that department, guests are invited to talk to men, to youths and to women at different times and it is less stigmatising. At the end of each of those sessions, we request mobile HIV testing and counselling clinics and the numbers of those who get tested increases all the time.”

– Anglican Church Leader



Key points

Religious leaders are in the unique position of being able to alter the tide of HIV related stigma and discrimination because they have an obligation to provide moral and ethical guidance to the communities they lead.

If appropriately supported, you can do the following:

- Shape social values and end the silence on HIV.
- Acknowledge the church's error in previously speaking negatively about HIV.
- Promote responsible behaviour that respects the dignity of all persons.
- Defend the sanctity of life; ALL are created in the image of God –attack the disease; not the people who have it.
- Use non-stigmatising language.

- Highlight that the challenges and dangers posed by HIV should not create the false impression that those infected are the 'enemy'.
- Increase public knowledge and influence opinion on HIV: an HIV diagnosis is not a death sentence – there is still productive life afterwards, provided people are adequately supported and stay on ART.
- Doctors and medicines are part of God's creation. It is He who enables them to be effective. Using ART is not lack of faith.



James 2:8

If you really fulfill the royal law according to the Scripture, "You shall love your neighbor as yourself," you are doing well.

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Promoting Positive Health, Dignity and Prevention

