

**Resources for United Methodist  
Churches, Districts, Conferences, and  
Jurisdictions on HIV and AIDS Ministries**



## What is HIV and AIDS?

HIV is the Human Immunodeficiency Virus that attacks the body's immune system, severely damaging it and leading to AIDS. This disease is one that has been named a "pandemic" because of the horrific statistics as well as the stigma experienced by people living with AIDS.

As of 2011, there were 34.2 million people living with HIV & AIDS in the world and two-thirds of them live in sub-Saharan Africa. Half of all new cases of AIDS are women and more than 2 million children are living with HIV & AIDS. According to UNAIDS, in 2011 there were 1.7 million AIDS-related deaths.

In the United States, 1.2 million people are living with HIV. According to the Center for Disease Control, in 2009, African Americans comprised 14% of the US population but accounted for 44% of all new HIV infections. Rates of HIV for African-American and Latina women are spiking in the United States.

While many people consider HIV & AIDS a disease of the poor and relegated to developing countries and poor communities, the fact is that HIV & AIDS is a serious health problem in the United States and many countries and communities in the world. As a Global Church, HIV/AIDS is an issue faced by our friends, neighbors, congregations and communities in the places we live.

For more information: [www.unaids.org](http://www.unaids.org)

## United Methodist Global AIDS Fund

The United Methodist Global AIDS Fund (UMGAF) is an Advance Special Project providing funding to AIDS-related projects around the globe. UMGAF is guided by a committee co- chaired by Dr. Donald Messer and Linda Bales- Todd. Representatives from various general agencies serve on the committee. It has been in existence since 2004.

Through the generosity of United Methodists, UMGAF has supported more than 200 HIV and AIDS church- oriented and Christ- centered programs in over 35 countries. For United Methodists living in the United States, 25 percent of all contributions given to UMGAF through a local United Methodist church remain in the Annual Conference for dynamic AIDS ministries.

To make a monetary contribution to UMGAF, give online at [www.givetomission.org](http://www.givetomission.org), through your church offering with UMCOR Advance #982345 in the memo line or by mailing a check made payable to

UMCOR Advance #982345  
United Methodist Committee on Relief  
PO Box 9068  
New York, NY 10087

### To find out more about UMGAF

visit: [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com)

For questions or comments

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## Forward

By Dr. Donald E. Messer  
Co-Chair, United Methodist Global AIDS Fund

The Bible informs and inspires Christian involvement in the HIV and AIDS crisis, providing motivation, comfort, and challenges. Whether we are exploring passages of the Old Testament or confronting the teachings of Jesus and the apostles in the New Testament, Christians draw strength and solace in the battle against HIV and AIDS.

The African New Testament scholar, Musa W. Dube, has helped Christians to read the Bible in light of the current health crisis. In her lectures and writings, she has highlighted the relevance of scriptural texts to the suffering, stigmatization, and struggle of 34 million people around the world. She has brought fresh insight into reading the Gospels as we renew our understanding of the Great Physician, Jesus Christ, who spent his earthly life proclaiming the good news of the Kingdom, and teaching and healing.

We can look at the words of the Hebrew Bible and be reminded of the lamenting psalmist as one who thinks of the more than 25 million persons who have died as a result of this vicious virus. Think of the persistent scriptural imperative to “care for the widow and the orphan.” Or hear anew the thundering voices of the prophets speaking out against injustice, and imagine how persons have suffered great indignities, stigmatization, and discrimination. Ask what Micah is calling us to do in the AIDS crisis when he declares: “What does the Lord require of you, but to do justice, and to love mercy, and to walk humbly with your God.” (Micah 6:8) Surely, justice and mercy include doing all we can to provide health care to those infected with HIV and to provide education to prevent others from contracting this virus.

Reread the life of Jesus as portrayed in the Gospels—it is shocking to discover how he repeatedly encounters crowds of sick persons. For example, near the end of Matthew 4, we are told that, everywhere he went, he was engaged in healing the ill. He did so without stigmatizing the sick, asking how they got ill, or treating some ill persons as unworthy of treatment and care. Jesus showed no preferences or prejudice, but repeatedly told his disciples “to heal every kind of disease and illness,” (Matthew 10:1). In Matthew 5, he delivers the Sermon on the Mount. He begins with the Beatitudes, asserting that “Blessed are the merciful, for they shall receive mercy.” Christians are called to a ministry of healing, showing compassion and care to the infected and the affected, and educating every generation on how to keep from getting infected.

The tragedy of the contemporary church has been its failure to follow the Great Physician. Unlike Jesus, who especially reached out to the leper, the marginalized, the ostracized, and unloved in his society, many Christians have rejected and mistreated persons who are HIV positive. Even their families have suffered from the church’s callousness.

However, Christians can repent and catch a new vision of Christ’s mission in today’s world. One night, the apostle Paul had a vision and saw a man of Macedonia standing before him and pleading, “Come over to Macedonia and help us.” (Acts 16:9) This experience for Paul and his companions was a turning point in their mission and ministry. “Immediately,” they sought to get to Macedonia, being convinced that God had called them.

Likewise, today, we hear the voices of over 34 million people, their families and loved ones around the world saying “come over....help us.” Christians cannot tolerate genocide of indifference. This call from God prompts us to preach and teach of God’s healing love and to mobilize militias of mercy to assist with programs of education, prevention, care, and treatment in the United States and abroad. The biblical basis of the United Methodist Global AIDS Fund moves us from apathy to action and condemnation to compassion. Join us in the fight for and AIDS free world.

## Call to Action & Ways to Act!

The global AIDS pandemic provides a nearly unparalleled opportunity for witness to the gospel through service, advocacy, education, and other healing ministries. United Methodist public health specialists, health workers, social workers, teachers, missionaries, clergy, and laity live and work in areas where the AIDS pandemic is spreading. United Methodist congregations, schools, health facilities, women's, men's, and youth groups can play a major role by providing awareness, support, education, and care to those affected by HIV and AIDS. In the South, where US infections rates are highest, in the Philippines where growth rates are staggering, and in sub-Saharan Africa where the largest number of people are infected.

We all need to pledge to do at least one thing to eradicate this pandemic. Below are some action steps that can make a difference!

- Know your HIV status and encourage others to be tested.
- Educate yourself about HIV and AIDS.
- Become an AIDS Ambassador through the General Board of Church and Society AIDS network.
- Preach about HIV and AIDS from the pulpit.
- Take an offering or do a fundraiser for the United Methodist Global AIDS Fund, UMCOR Advance #982345.
- Hold HIV and AIDS educational workshops in your congregation.
- Lobby for increased funding for services for HIV positive individuals in your state and around the world.
- Volunteer with an organization in your area that provides community education or direct services to HIV positive individuals.
- Join or create an AIDS task force at the congregational or conference level in your area.
- Organize a testing day at your church.
- Talk about AIDS to help end the stigma.
- Put an article in your church, district, or conference about current HIV ministries, educational information or a call to action.
- Participate in or sponsor a participant in an AIDS Walk.
- Apply for a grant from the United Methodist Global AIDS Fund to carry out AIDS related ministries.
- Observe World AIDS Day, December 1.
- Share messages on social media about HIV statistics, stopping the spread of the disease and how it is impacting people in the area you live as well as around the world.
- Respect confidentiality of others' HIV status.
- Pray.

Following are educational pieces, how to's, study questions, and ideas for ways to engage these actions.

## Educate Yourself

### Pre- and Post-Test

*Test your own knowledge and use this brief survey at the beginning of an HIV and AIDS study, presentation or workshop to determine the level of HIV and AIDS knowledge in your congregation. You may also take and distribute the same survey at the end of reading this packet and/ or the end of a workshop to assess what you and participants have retained.*

1. What is the definition of HIV?  
H  
I  
V
2. What is the definition of AIDS?  
A  
I  
D  
S
3. When does an individual living with HIV become classified as having AIDS?
4. Who is at risk for HIV infection?
5. How is HIV transmitted?
6. How can an individual's risk of contracting HIV be reduced?
7. What is meant by the "window period" for HIV testing? How long is it?

## Myths and Facts about HIV and AIDS

*There are many myths about HIV and AIDS. One of the first steps to helping fight HIV and end the AIDS pandemic is to have the correct information and share it with others. Following are several myths and facts about HIV and AIDS to educate yourself and others.*

**MYTH:** HIV is spread by mosquitoes.

**FACT:** According to the Centers for Disease Control and Prevention (CDC), the Human Immunodeficiency Virus cannot be transmitted by mosquitoes or other blood-sucking insects. (<http://www.cdc.gov/hiv/resources/qa/qa32.htm>)

**MYTH:** HIV and AIDS is a gay man's disease.

**FACT:** HIV and AIDS knows no boundaries. Transmission can occur through heterosexual and homosexual sexual contact, as well as through blood-to-blood contact, and mother-to-child transmission. According to [www.MedicineNet.com](http://www.MedicineNet.com), the most common form of HIV transmission worldwide is through heterosexual sex.

**MYTH:** AIDS is a punishment from God.

**FACT:** AIDS is a syndrome caused by a virus. HIV is a virus, as are the common cold and the flu. The Centers for Disease Control and Prevention and all other public health organizations stress that the AIDS epidemic is biological in nature and should be viewed as a public health concern, not a reason for judgment

**MYTH:** Condoms are not effective at preventing HIV transmission.

**FACT:** When used correctly, latex and polyurethane condoms are highly effective in preventing the transmission of HIV, according to the Foundation for AIDS Research. ([www.amfar.org](http://www.amfar.org)) The lack of comprehensive AIDS education leads to incorrect condom usage, which greatly reduces their efficacy. Sheepskin condoms are not effective at preventing HIV transmission, as particles the size of HIV can penetrate this barrier.

**MYTH:** Teaching comprehensive AIDS education promotes promiscuity.

**FACT:** Evidence shows that comprehensive sex education programs that provide information about *both* abstinence and contraception can help delay the onset of sexual activity among teenagers, reduce their number of sexual partners, and increase contraceptive use when they become sexually active. These findings were underscored in "Call to Action to Promote Sexual Health and Responsible Sexual Behavior," issued by former Surgeon General David Satcher in June 2001.

**MYTH:** AIDS started from sexual intercourse with monkeys.

**FACT:** HIV is a mutated form of SIV, simian immunodeficiency virus. According to the Centers for Disease Control and Prevention, scientists' best explanation is that the virus was able to cross species due to repeated contact of hunters with infected blood from chimpanzees. The origin of HIV is far less important than our response to the current global epidemic.

**MYTH:** Packaged condoms, medications, and other inanimate objects can contain HIV.

**FACT:** HIV can only live in human blood, semen, vaginal fluid, and breast milk, and dies once these fluids have dried. HIV can only be transmitted via direct contact with one of these fluids. According to the Centers for Disease Control and Prevention, HIV cannot live outside of the body (except in carefully controlled laboratory settings) making HIV transmission from packaged condoms or other items impossible.

**MYTH:** HIV can be spread from hugging, kissing, sharing food, and sitting on toilet seats.

**FACT:** HIV cannot be spread by saliva\*, mucous, or sweat, so casual contact with HIV-positive persons does not put one at risk for transmission. According to the Centers for Disease Control and Prevention, HIV can only be spread by direct contact with infected blood, semen, vaginal fluid, or breast milk.

\*In very rare cases, if one person has gum disease and gets blood, semen or vaginal secretions in their mouth, the saliva can transmit HIV.

**MYTH:** Having sex with virgin(s) cures HIV/AIDS.

**FACT:** This tragic myth has led to countless rapes. The use of antiretroviral drug therapy is recommended for persons living with HIV/AIDS, as this treatment can slow the progression of HIV/AIDS and reduce the level of the virus in a person's bloodstream, sometimes to an undetectable level. According to the AIDS Education and Training Centers, having an undetectable viral load is the main goal of anti-retroviral therapy.

**MYTH:** If a man is HIV-positive, all of his children will be HIV-positive.

**FACT:** Fathers cannot directly transmit HIV to their children. Seminal fluid and pre-ejaculate contain HIV, but HIV is not present in sperm, which fertilizes the egg. However, since pregnancy results from unprotected sexual contact, it is possible that the mother was infected with HIV at the time of conception and may then pass the virus on to her child. This is described in detail in the transmission section. According to About.com, there are now medical facilities providing a procedure called "sperm washing" in which the sperm of an HIV-positive man is separated from the infectious seminal fluid so that the sperm may be artificially implanted in his partner to facilitate a pregnancy with a significantly reduced likelihood of HIV transmission to both the woman and the infant.

**MYTH:** People over 65 don't need to worry about HIV.

**FACT:** Many senior citizens who have been in monogamous relationships for decades are finding themselves single and dating again due to the death of a spouse or divorce. Senior citizen couples may be tempted to think that because they no longer have to worry about pregnancy and contraceptives they should not be concerned. The fact is, that senior citizens are sexually active, and HIV infection rates are on the rise among the elderly in the U.S. According to the Centers for Disease Control and Prevention, about 19 percent of all individuals in the U.S. who are living with HIV are over 50. This is further complicated by often already weakened immune systems, and physicians who may not be in the habit of asking older patients about their sexual activity, leading to a delayed diagnosis.

**MYTH:** People who are married are less likely to acquire the HIV virus.

**FACT:** According to John Hopkins School of Public Health, marriage is the number one risk factor for HIV infection among Thai women. This is due to husbands having extramarital affairs and infecting their wives. While the John Hopkins study is specific to Thailand, marriage has been shown to be a risk factor for HIV infection in many parts of the world. <http://www.hopkinsmedicine.org/press/1996/MARCH/199609.HTM>

**MYTH:** HIV is not spread through oral sex.

**FACT:** According to the Centers for Disease Control and Prevention, HIV transmission is possible through oral sex, although it is less risky than vaginal or anal sex.

## Become an AIDS Ambassador

The responsibilities of an AIDS Ambassador are described below. As an AIDS Ambassador, you can play a pivotal role in the eradication of HIV & AIDS in the U.S. and globally. This ministry is a “faith- based call for such a time as this”.

*Background:* Each annual conference is charged by General Conference legislation (2004) to have some sort of AIDS Task Force or working group. And, each annual conference has a key contact person for HIV & AIDS. (Visit <http://www.umc-gbcs.org> and click on HIV & AIDS to find the survey with all the Annual Conference AIDS contact persons). Each person in an annual conference can be a powerful contributor and support to the Annual Conference AIDS task force or working group by serving as an AIDS Ambassador.

### **As an AIDS Ambassador, you can:**

**Inform** the annual conference AIDS primary contact person of your willingness to address the issue of HIV/AIDS and explore ways you can support the work of the annual conference task force.

**Promote** the UMC Global AIDS Fund, Advance #982345 in your local church. Visit [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com) for information on the fund.

**Write** articles on HIV/AIDS for your local church or annual conference newsletter to continue raising the issue before the congregation.

**Find out what's happening** in your local community regarding AIDS services. Where are the gaps in services? How can you work with others to fill those gaps?

**Pray** for people living with or affected by AIDS. If you don't know anyone with AIDS, become connected with a local AIDS serving effort. Meeting people living with AIDS will be transformational in your life.

**Organize** a World AIDS Day event in your local church and/or community. World AIDS Day is commemorated on December 1. Resources can be found at <http://www.umc-gbcs.org> or [www.umcorhealth.org](http://www.umcorhealth.org), by clicking on HIV/AIDS and viewing the World AIDS Day page.

Be a legislative **advocate** at your local, state and national level. Encourage people to become a part of the AIDS Network based at the General Board of Church and Society. To sign up, go to: <http://www.umc-gbcs.org> or email Donna Brandyberry [DBrandyberry@umc-gbcs.org](mailto:DBrandyberry@umc-gbcs.org) to ask to be added to the AIDS Network.

**Explore** how the twenty-five percent of contributions to the UMC Global AIDS Fund retained in your annual conference is being used for AIDS ministries.



An initiative of the United Methodist Global AIDS Fund

**Help Stop the AIDS Pandemic! Your help is needed!**

If you could save just one person's life, would you do it? You have the opportunity to Just Save One person living with HIV and AIDS.

United Methodists can be a part of working towards an AIDS free world by 2020 one person at a time. Just Save One is an initiative of the United Methodist Global AIDS fund to eradicate HIV by 2020. To date, the United Methodist Global AIDS Fund has raised more than \$3.5 million to assist thousands of people who are infected and affected by HIV and AIDS.

Yet, there are 34 million individuals living with the virus around the world. Today you can donate to UMCAF, educate your congregation and/ or get involved in the fight to advocate for persons living with and affected by HIV and AIDS around the world.

**This tragedy does not need to happen. You have the power to help.**

Thanks to the United Methodist Global AIDS Fund, United Methodists and their partners can fight this disease in various countries through church, community, and hospital-based projects. Some projects focus on prevention through awareness, education, and training. Others provide voluntary testing, peer counseling and/or home-based care for persons living with AIDS. Still others offer care and support for AIDS orphans.

The United Methodist Global AIDS Fund invites you to participate in the Just Save One initiative. By giving as little as \$5 a year now until 2020 (or \$20 or \$200) you can help.

- A gift of \$20 can provide nursing care for a child born HIV positive
- A \$50 gift can help educate young people and adults how to prevent HIV
- A \$100 gift will supply nutrients to 100+ AIDS orphans suffering from dehydration

To contribute, make your check payable to UMCOR & put the Advance #982345 in the memo line. Place your check in your church offering OR you can make a pledge online by going to

[www.umglobalaidsfund.com](http://www.umglobalaidsfund.com)

## Teach, Preach and Educate others on HIV and AIDS

The next few pages have lots of information on biblical references, the transmission of HIV and AIDS, understanding and overcoming stigma, and testing and treatment. On [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com) there are also other trainings, powerpoint and video resources to utilize.

1. **(Ps. 23: 1, 4, 6)** “The Lord is my shepherd; I shall not want. . . . Though I walk through the valley of the shadow of death, I will fear no evil . . . thy rod and thy staff they comfort me. Surely goodness and mercy shall follow me all the days of my life.” Because of AIDS, millions of people worldwide are walking “through the valley of the shadow of death,” but thanks to programs providing care, counseling, and treatment, they are experiencing God’s “goodness and mercy.”
2. **(Ps. 102:12)** “Here my prayer, O Lord; let my cry come to you. Do not hide your face from me on the day of my distress.” Instead of being overwhelmed by the pain and suffering of the world, or living in denial of human realities, pray for God’s strength in becoming constructively involved in the global AIDS crisis.
3. **(Phil. 4:13)** “I can do all things through him who strengthens me.” No problem, whether it is personally facing ill health or raising funds to help others through the United Methodist Global AIDS Fund, is impossible. God is actively involved in healing and we are called to join in God’s great mission of hope.
4. **(John 10:10)** “The thief comes only to steal and kill and destroy. I came that they may have life, and have it abundantly.” HIV is a thief that steals life. Educating people about how to prevent becoming infected is a life giving ministry.
5. **(Rom. 8:35)** “Who will separate us from the love of Christ? Will hardship, or distress, or persecution . . .” God loves everyone, but people universally say that worse than having the disease is the way others, including Christians treat them. God’s message to every person living with HIV and AIDS is of loving acceptance. God’s call to us is to demonstrate that inclusive spirit.
6. **(Luke 16:19-21)** “There was a rich man . . . who feasted sumptuously every day. And at his gate lay a poor man named Lazarus, covered with sores, who longed to satisfy his hunger with what fell from the rich man’s table.” . No vaccines or cures exist for AIDS, but life sustaining medicine is available along with needed nutritious food. Yet the poor are denied these resources. God calls the rich to share so we can end hunger and bring health and hope to sick people around the world.
7. **(Matt. 2:18)** “A voice was heard in Ramah, wailing and loud lamentation, Rachel weeping for her children; she refused to be consoled, because they are no more.” More than 15 million children have been orphaned because of AIDS; millions more are infected with HIV. Who will comfort and care for these children? What is God calling us to do?

## Transmission and Progression of HIV/AIDS

HIV can be transmitted in three ways: sexual transmission, mother- to- child transmission, and blood- to- blood transmission.

### Sexual transmission

The most common method of HIV transmission is sexual transmission. Because semen, vaginal fluid, blood, and pre- ejaculate can all transmit HIV, unprotected sex puts one at a high risk for HIV transmission. Potential points of entry for HIV into the body are the vagina, the tip of the penis, anus, and any open cuts or sores. There are three methods for preventing sexual transmission of HIV:

1. The most effective is abstinence from any form of penetrative sex.
2. The second way to prevent sexual transmission of HIV is to be in a monogamous relationship with an HIV- negative partner. This option requires that both partners be tested for HIV and remain faithful to each other.
3. The third way to prevent sexual transmission of HIV is through correct and consistent usage of latex or polyurethane condoms. Sheepskin condoms do not protect against HIV transmission. Both male (latex) and female (polyurethane) condoms are highly effective at preventing HIV transmission, but should never be used at the same time, as friction during sexual intercourse can degrade the material of both condoms.

Condoms are only effective when used correctly. Condoms should never be used past their expiration date, as the latex may have degraded. Heat can degrade the latex, so condoms should not be stored in cars or exposed to direct sunlight. Condoms should be checked for an “air bubble” before being removed from the packaging to ensure that the condom has not been punctured. Condoms should only be used once and should be removed after intercourse. Male condoms should be placed on an erect penis, never a flaccid one. Oil- based lubricants can degrade the latex of male condoms, so water- based lubricants should be used if using latex condoms.

Safe- sex practices should be utilized to prevent HIV transmission. People tend to think about this in the context of zero- discordant couples, meaning that one partner is HIV- positive and the other is not. It may be intuitive to assume that if two partners are both HIV- positive, they would not need to worry about safe sex practices in the context of that relationship. The reality, however, is that there is more than one strain of HIV, and if an HIV- positive individual becomes infected with a different strain, his or her health can deteriorate more rapidly. Additionally, reinfection with the same strain of HIV can increase the viral load in one’s body and speed up the progression of the disease. For these reasons, safe- sex practices are encouraged, even if both partners already know they are living with HIV. It is highly important to know one’s own HIV status, as well as that of one’s sexual partner(s).

AIDS knows no boundaries, and age is no exception. A study published in 2007 in the *New England Journal of Medicine* concluded that 53 percent of people ages 64-75 are sexually active. People over age 50 account for 21 percent of HIV & AIDS cases in Michigan and 31 percent of those in New York City. According to the Centers for Disease Control and Prevention, older adults represent 10 percent of new AIDS cases in the U.S. and 14 percent of all U.S. AIDS cases.

### Mother-to-Child Transmission

HIV can also be transmitted from mother to child. Maternal HIV transmission often does not occur in the womb, but rather, during the birthing process or during breast feeding. Because the placenta effectively separates the maternal and fetal blood supplies, HIV transmission in utero is rare and usually involves a tear in the placenta. During the birthing process, the baby’s delicate, thin skin can easily be damaged, allowing HIV transmission to occur from contact with maternal blood and/or vaginal fluid. HIV positive women may have C- sections to greatly reduce the chance of HIV transmission to their child. Additionally, the mother may be given a specific regimen of antiretroviral drugs to reduce her viral load prior to childbirth. All babies born to HIV positive mothers may receive antiretroviral treatment shortly after birth until their HIV status and treatment plan can be determined.

Finally, HIV- positive mothers must weigh the pros and cons of breast feeding compared to using formula, taking into account both the importance of maternal antibodies as well as the potential for HIV transmission from breast milk. An HIV- positive woman who receives no treatment or instruction about reducing the risk of HIV transmission to her infant has a 40 percent chance of passing the virus to her child; this number is reduced to 4 percent when preventative measures mentioned above are taken. For this reason, all pregnant women are encouraged to be tested for HIV so that they may make informed choices. Because the mouth itself is not a “door” or suitable entry point for HIV to infect the body, breast feeding carries a much lower rate of transmission until the baby begins teething. During the teething process, cuts in the gums increase the risk of transmission. Some HIV- positive women choose to breast feed until their child begins teething, and then switch to formula. This is a very personal choice and there are no easy answers. It should be noted, however, that animal milk and formula are more likely to cause minor irritation and small cuts in the esophagus and stomach lining than is breast milk. Those cuts can then become possible sites of HIV infection if breast milk is subsequently given. For this reason, HIV- positive women are generally encouraged not to repeatedly switch back and forth between breast milk and alternatives.

### **Blood-to-Blood Transmission**

The third and final way for HIV to be transmitted is through blood- to- blood contact. This includes sharing needles for intravenous drug use, tattoos, or any other purpose. It also includes ritual scarring or group circumcision practices common in some cultures. A blood transfusion in a country that does not screen the blood supply for HIV would also put one at risk for HIV infection. Needle exchange programs, while controversial, can reduce the transmission of HIV and other blood- borne diseases. In communities in which ritual scarring or group circumcision is an important part of the culture, these practices can be done with multiple blades or by sterilizing the blade between individuals to eliminate the potential for HIV transmission. Blood bank supplies in the U.S. are screened for HIV, preventing the opportunity for transmission in this manner. This is true for many countries, but it would be prudent to be aware of the health practices of any country you plan to visit. It's always a good idea to request to see sterile instruments unwrapped in front of you for any medical procedure, and if you plan to travel to a country whose health care system you are cautious of, packing your own sterile instruments should the need arise, may be a good suggestion.

### **Progression**

Let's examine the stages of HIV progression in an untreated individual.

The **first stage** of HIV progression is primary infection. This starts at the time of infection and lasts for a few weeks. During this time, the person's immune system has not yet been able to launch an attack against the virus that is replicating throughout their body. The individual may be asymptomatic or may have flu- like symptoms, but would typically not recognize this as potentially being due to HIV. During this time, the person's immune system marker, CD4 cells, would be low and viral load (HIV) would be high.

The **second stage** is called the quiet period because the individual is asymptomatic. This stage may last for many years. If one were to measure CD4 count, it would be higher than in initial infection stage and the viral load would be lower. The length of the quiet period varies greatly from one individual to the next, but can be lengthened by following some general healthy lifestyle guidelines that increase the immune system's ability to fight infection. These tips include drinking plenty of clean water, exercising regularly, eating a balanced diet, getting adequate amounts of sleep, avoiding HIV reinfection as well as other infections, and quickly seeking medical treatment for any illnesses that do arise. Other factors that may lengthen the quiet period and improve overall health include maintaining a positive outlook on life and having a strong social network of individuals one can turn to for support.

The **third stage** is early HIV disease. The viral load has started to increase while CD4 count has begun to decrease. The individual shows signs of minor infections that are frequent and commonly experiences general weakness, headache, weight loss, diarrhea, and various skin diseases.

The **final stage** is full- blown AIDS. During this time, the individual's CD4 count is below 200 and/or the individual has contracted at least one opportunistic infection, such as tuberculosis, Kaposi's sarcoma, herpes zoster, oral thrush, or pneumocystis carinii pneumonia (PCP).

It is important to note that HIV can be transmitted during all four stages, which is why even people who feel healthy should be tested. Antiretroviral drugs slow the process of disease transmission by assisting the immune system in fighting the virus.

## Overcoming Stigma

While the virus itself is a killer, stigma and discrimination are ways in which people are also being harmed. Since the beginning of the HIV/AIDS epidemic over 30 years ago, stigma has been a barrier to HIV prevention and care. The effect of stigma on people's ability to access HIV testing, counseling, diagnosis, care, treatment, and prevention messages varies from setting to setting, but when present, stigma can create an environment where people may avoid HIV-related services. Stories of stigma related to HIV and AIDS can be heard all over the world. In Mexico, which lacks sufficient resources to treat individuals living with HIV and AIDS, people are forced to travel as much as 150 miles to receive appropriate care.

Many individuals in these communities do not own cars and rely on buses to reach their destination. Their trips can take several hours. To alleviate this, ministry leaders in the community arrange for individuals with cars to provide transportation. When it is discovered why the individuals need to travel to the city, those with cars refuse to transport passengers, fearing that they too will become infected with the HIV virus.

In places like Tanzania, it is common to hear of individuals being forced to leave their homes, or shunned by family and community for being HIV-positive. In villages where HIV testing is available or patient services are offered to HIV-positive individuals, community members report having gone to great lengths in attempts to determine which individuals are HIV-positive, and spreading that information. This action is a breach to patient confidentiality and is not tolerated when patient information is received.

### What is Stigma

Stigma is not something that is easily measured or quantified but is universally felt. Stigma is the severe social disapproval of personal characteristics or beliefs that are against cultural norms. HIV status is a large cause of stigma, and countless stories tell the horror of HIV-positive individuals being rejected by family members and shunned by their communities.

Stigma often stems from lack of knowledge about how HIV is transmitted. Fear that HIV can be contracted from casual contact leads to mistreatment of persons living with HIV and AIDS. Education can overcome this type of stigma.

Stigma also originates from judgment surrounding assumptions made regarding how individuals contracted HIV. Sexuality in any context is often difficult for our faith communities to discuss, and adding such a serious sexually transmitted disease into the conversation is often too much for faith communities to handle.

Stigma can be self-imposed, perceived, or enacted.

- **Self-imposed** stigma comes from an individual's negative self-image, which may lead them to withdraw from social events and become highly depressed. This form of stigma is most common immediately after diagnosis.
- **Perceived** stigma is due to a community's general response and attitudes toward people living with HIV and AIDS. Examples might include making generalizations about HIV-positive individuals or spreading misinformation about how HIV is transmitted (such as claiming that someone can become infected through casual contact).
- Finally, **enacted** stigma is action taken against an individual living with HIV and AIDS. This may include a community gossiping about the person or may go so far as to include complete isolation or banning individuals from certain events or activities.

Stories of stigma are common from those infected with the virus. Stigma knows no geographical boundaries. Individuals have been rejected by their loved ones and community once their status was made known. In one United Methodist Church during worship service, it was announced that an individual living with HIV was present, and if anyone wanted to refrain from taking communion for that reason, it would be understood.

Increased education has decreased the stigma greatly from what it was a couple decades ago, but more work is needed to ensure that all our brothers and sisters are treated with the dignity they deserve.

## Understanding and Overcoming Stigma Exercises

Leaders are encouraged to review sample activities below and use their own judgment regarding the appropriateness of each for the target age group they are working with. Included are role play suggestions and discussion questions for small study groups, workshops or class room settings.

**Objectives:** Discuss stigma and its relationship to HIV/AIDS.

### 1. Introduction

Explain that you will be talking about some of the prejudices and assumptions that some people have about other people.

### 2. Experiencing stigma

**Prejudices and assumptions:** Show pictures or describe certain people that might be found in the community. For example, a thief, a beggar, a homeless person. Ask participants to describe what they think that person is like. Are they nice or mean? Are they good or bad?

After the participants have shared what they think, prepare a small story about the person that goes against traditional assumptions. For example, for the thief, you could say that he is a young father who does not have any money to take care of his infant or his aging grandmother.

**What is stigma like?** Pass out two slips of paper to each participant and ask them to write a good quality a person could have on one piece of paper, and a bad quality a person could have on the other. Mix up all the slips of paper and randomly tape one to the back of each participant and members of the teaching team.

Explain that everyone will now be walking around the room and greeting each other. If you meet someone with a bad quality, try to avoid greeting them, or greet them in the way that you would if they actually had that quality. Do the same for someone with a good quality. After each activity, facilitate a short discussion on what the participants felt and learned doing the activity.

### 3. Open Discussion on Stigma

Facilitate an open discussion on stigma and its relation to HIV/AIDS and sexual reproductive health. Choose any teaching style that will encourage participants to think critically about how the attitudes, values, and beliefs of people relate to issues dealing with HIV/AIDS and sexual reproductive health. Use the following questions as a basis for discussion:

- How would you feel if you had HIV?
- How would you feel if a friend or someone you know has HIV?
- What are the attitudes other participants have towards people living with HIV/AIDS? Why do they have these attitudes?
- How do they change their behavior as a result of having these attitudes?
- How can peer educators change these attitudes?
- What are the attitudes of people close to the participants (i.e. parents, friends, partners, religious leaders) towards sexual behavior and skin piercing practices?
- What are the attitudes in the community towards people with other diseases?
- Who is responsible when people become sick?
- What are the attitudes of the local community towards behavior that puts people at risk of HIV infection?
- What are the attitudes of the local community towards student sexual relationships?
- What are the attitudes of the local community towards student pregnancy?
- What are common student attitudes towards sexual relationships?

#### 4. Stigma Role-Plays

Call each participant to the front of the classroom. Present any one of the following situations to them, or create your own. Each participant should have a turn in front of the class. Ask them how they would react in this situation. What would they say? How would their reactions/responses affect their personal life? How would it affect the people around them? Ask for input from the rest of the class.

- **You find out that a nice neighbor down the street has HIV**

Many people in your town have not been talking to this neighbor. They will not even greet this person in public. They are afraid that they might catch HIV if they go near or inside the neighbor's house. You know how HIV is transmitted and the ways to prevent that transmission from taking place. Will you greet this person in public? If invited, will you enter your neighbor's house? How can you reduce the stigma in your community?

- **One of your best friends has had sex three times with an older boy**

Even though she has learned about HIV in class, she says that she isn't worried and that she won't use a condom because the boy won't like it. You have already tried to convince her, but she won't listen, and you are the only person she has told about her boyfriend. Will you still be friends with her? What will you do if you know she is going to meet the boy again? What will you tell other people about the girl?

- **One of your best friends has been having sex with the person they have loved for a long time**

When the relationship ends, your best friend has sex with a couple random men. Your best friend doesn't use a condom. One day, she tests positive for HIV. Will you continue being friends with your best friend even if she does have HIV? How can you be a supportive friend?

- **You have met the man/woman of your dreams**

You have been together for a few years and you are very much in love with one another. You will be getting married soon. Before you get married, you both decide to get tested for HIV. You test negative. Your significant other tests positive. Will you still marry this person? Will you get tested again? Should you get tested again? When? What would you do in this situation?

- **Your good friend tells you a secret: she is three months pregnant**

She says she isn't sure who the father is because she has been having sex with two different men. Even though she knows that she should use a condom every time, sometimes she doesn't. What advice will you give your friend? Will you still be friends with her even if other people know that she got pregnant? Will you be friends with her if she has to leave school? What will you say if other people criticize her?

- **You have already had sex with someone a couple different times**

This is the only person you have had sex with, but each time you didn't use a condom. You have been learning about HIV in school, and you want to be tested for HIV. You are very nervous when you get tested.

1. **You test negative.** What kinds of things can you do to prevent future risky behaviors? What will you tell the person you've been having sex with? How would you ask him/her about his previous sexual behaviors? How would you tell him/her that you want to use a condom?

2. **You test positive.** What kinds of behavior changes can you make to stay healthy as long as possible? What would you tell your closest friends and families? What will you tell the person you had sex with? Some people might stigmatize you because of your status. How will you deal with this?

## Testing and Treatment

### Testing

The Centers for Disease Control and Prevention estimates that 21 percent of persons living with HIV in the U.S. are undiagnosed. The importance of HIV testing cannot be overstated. Individuals living in the U.S. can enter their zip code into a search feature on [www.hivtest.org](http://www.hivtest.org) to find locations near them that offer HIV testing.

A simple blood test can accurately determine one's HIV status. In the United States, anonymous and confidential testing options are available. Anonymous testing is done with the health care provider never knowing the name of the person being tested. Confidential testing involves using a person's name with the understanding that those test results will be kept confidential. If a person chooses to use anonymous testing and tests positive for HIV, he or she will need to be tested again using confidential testing to be eligible for services available to HIV-positive individuals.

Test results are ready within a matter of minutes. HIV testing typically includes a pre-test counseling and post-test counseling sessions, in which the individual is given information about how to prevent HIV transmission and, if appropriate, what services are available for HIV-positive individuals.

The blood test for HIV screens not for the virus itself, but rather for antibodies in the bloodstream made in response to HIV infection. The process of creating these antibodies can take up to three months, so it is important that an individual be tested for HIV three months after the date of possible exposure.

Blood tests for the virus itself do exist, and this type of test is used to ensure that blood donated to blood banks is safe to use, which is critical since donated blood products are not stored for three months, making antibody testing an ineffective method.

Post-exposure prophylaxis, or PEP, can be made available under certain circumstances of potential exposure to reduce the chance of infection. For example, if a nurse accidentally punctures herself with a needle used by a patient who is HIV-positive or whose HIV status is unknown, he or she may elect to take PEP, which is a high dosage of ARVs over a short period of time. PEP is costly and has severe side effects, but can help prevent HIV infections in situations like this. The treatment regimen given to infants born to HIV-positive mothers is based on this same concept of PEP.

### Treatment

HIV infection begins a process in which the body's immune system becomes progressively weaker, making a person more and more susceptible to other infections, which can be fatal. At some point along this process, a person is classified as having AIDS as opposed to just being HIV-positive.

In a healthy individual with an un-compromised immune system, the number of CD4 cells in a given volume of blood—which are a marker of the immune system's health—is at or above 1,200. As an HIV-positive person's health declines, this number drops. Anyone with a CD4 cell count below 800 is considered to have a compromised immune system. HIV is just one reason a person's immune system might be compromised. A person who is HIV positive is classified as having AIDS when his or her CD4 cell count drops below 200 or when he or she is diagnosed with one or more opportunistic infections that commonly affect HIV-positive individuals at higher rates than the general population.

HIV and AIDS is treated with anti-retroviral drugs (ARVs). HIV is a retrovirus and typically a combination of anti-retroviral drugs that attack HIV at a different stage of its life cycle are used to maximize effectiveness. In some countries, ARVs are not made available to a patient until an AIDS diagnosis has been made. In the U.S., ARVs are available to HIV-positive persons prior to an AIDS diagnosis, and it is at the discretion of the patient and physician to determine when to begin a course of therapy, keeping in mind the potential for drug resistance and side effects, which can include diarrhea, headaches, fatigue, and nausea. HIV treatment is highly expensive, but assistance is available in the U.S. and many other countries.

### Be Resourceful

Develop a list of local health clinics, hospitals or treatment centers where HIV and AIDS testing and treatment options are available. Include a list of Hotline information telephone numbers, or places where people can go for confidential counseling. Have this information readily available in your church, bulletin or other informational areas.

Find out how your congregation can host an HIV-testing event in your community. See Louisiana's how to binder on [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com).

More resources can be found on [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com) including:

- United Methodist Global AIDS Fund brochure
- *Just Save One* bulletin insert, bookmark, and one pager
- Stamp Out the Stigma, Train the Trainer
- How to Organize an HIV Testing Event
- HIV 101 powerpoint
- United Methodist Global AIDS Fund video and powerpoint
- 40 Days of Prayer- A preparation for World AIDS Day
- World AIDS Day Advent Study
- World AIDS Day suggested order of service

Other information and resources can be accessed at the following sites:

- UNAIDS- [www.unaids.org](http://www.unaids.org)
- Centers for Disease Control and Prevention- <http://www.cdc.gov/hiv/>
- United States Office of National AIDS Policy- [www.AIDS.gov](http://www.AIDS.gov)
- Medicine Net- [www.medicinenet.com](http://www.medicinenet.com)
- Foundation for AIDS Research- [www.amfar.org](http://www.amfar.org)

**To find out more about UMGAF**

visit: [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com)

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