Guardians of our children’s health

Activities for church groups to involve men and women in preventing parent-to-child transmission of HIV
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by Peter Labouchere and Alice Fay
with contributions from ‘Nairobi Seven’ and ‘Lusaka Seven’ partners

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We would like to publish a case study of experiences of using this package and of the impact that it has across Africa. Please do write to us describing your experiences. If possible, include photographs and comments from your participants.

Contact: gooch@tearfund.org

Tearfund is a Christian relief and development agency working with a global network of local churches to help eradicate poverty.
Guardians of our children’s health

Activities for church groups to involve men and women in preventing parent-to-child transmission of HIV

by Peter Labouchere and Alice Fay, with contributions from ‘Nairobi Seven’ and ‘Lusaka Seven’ partners
Foreword

Rev Canon Gideon B Byamugisha

There are three important milestones we should thank God for in our individual and collective interventions against HIV and AIDS-related infections, illness and deaths.

FIRST We now know how to lovingly and effectively control new HIV infections and transmissions from our family members, friends, service providers and others who already have HIV, so that we can achieve our 2015 Millennium Development Goals on HIV and AIDS.

SECOND We now know how we can look after, care for, treat and support loved ones, who are already living with HIV, in our families, communities and nations so they can live longer, safer, healthier, more productive and fulfilling lives.

THIRD We also know how we can effectively prevent parent-to-child transmission of HIV (PPTCT). However, for this knowledge to work more miracles on the ground, we need support to become more competent in defending, protecting and enhancing the life of both the living and those not yet born. This support is needed both for those of us who are already HIV-positive and for all those in our families, communities and nations who are vulnerable to HIV and AIDS infections, illnesses and deaths.

We each need all possible help to accelerate the defeat of HIV- and AIDS-related stigma, shame, denial, discrimination, inaction and mis-action (SSDDIM). These are six related evils that still frustrate increased HIV testing, disclosure and openness about people’s HIV status, treatment and positive prevention. Positive prevention behaviours, attitudes, skills, practices, actions, policies, programmes, partnerships, messages and prayers are all very important in helping those of us already living with HIV (knowingly) to succeed in not transmitting the virus to anyone else during our lifetime.

To be able to achieve the milestone of halting, reversing and eventually defeating the HIV pandemic, we need accurate information on how HIV is transmitted and prevented. We need appropriate attitudes that help us to recognise, appreciate and take action regarding our risks and vulnerabilities (both sexual and non-sexual) and those of our loved ones. We need communication, negotiation and programming skills and services to help us always adopt and maintain safe behaviour.

In our church groups, congregations and in our leadership positions, we are well placed to carry out this important and divine ministry of saving and improving lives in line with Exodus 3:7-10, Isaiah 65:17ff, Luke 4:18-19 and John 10:10.

I salute Tearfund for giving us this training, communication, negotiation, mobilisation and programming tool that will help us (as churches and church communities) to learn and do more in the divine ministry of preventing parent-to-child transmission of HIV. When we do what we can in mobilising and involving men and women to increase the prevention of parent-to-child transmission of HIV, our God will do what we cannot.

Rev Canon Gideon B Byamugisha (April 2009)
Rev Patricia Sawo

It gives me great delight to recommend to you Guardians of our children’s health. Knowledge is power – and even more so if brought forward as a practical toolkit to be worked through by families and church groups. God is so gracious to us. Let’s all get involved!

The good news is that this manual is bringing new opportunities to us. Working together in groups and as families will empower women to overcome shame and fear of being the one to carry the burden of being tested. It will enable men to explore their role as protector of the family, and it will enable church groups to support each other and people outside their communities. It will help in practical ways: what to tell in-laws and friends in response to the questions they might ask; how to protect ourselves and our children.

This is about freedom and good health-seeking behaviour, not just for our children, but for us all.

I assure you that whether you are positive or negative, knowing your status restores what the enemy could have stolen: life in abundance!

Be a part of this great miracle that Tearfund is inviting you to.

Rev Patricia Sawo, Tearfund HIV Ambassador (April 2009)

Aims of this training package

- To promote a sense of identity and vision for men as guardians of the health of their families.
- To clarify how HIV can be transmitted from parents to their child.
- To build the knowledge and skills of both parents in order to reduce the risk of HIV transmission to their child.
- To encourage men to get more actively involved with the healthy development of their children from conception onwards.
- To encourage men to get tested for HIV, ideally with their wives or partners.
- To address issues of stigma, discrimination and self-stigma and promote Positive Living approaches and attitudes of love for and acceptance of those living with HIV.
- To frame these objectives within a biblical model and within the context of the local church congregation.
## Contents

- Foreword 2
- Aims of this training package 3
- Definitions of key terms and acronyms 5
- Acknowledgement and thanks 6

### Introduction

- Background to this training package 7
- Materials for *Guardians of our children’s health* 7
- Using the *Guardians of our children’s health* training package 8
- Teaching/preaching and facilitation 9
- How to be a good facilitator 9
- Layout of facilitation notes 15
- Summary of activities 16

### Activities

#### Section A  A vision for my family 18
- Activity 1: My future with healthy children 18
- Activity 2: The parent I want to be 21

#### Section B  What if one or both of us are living with HIV? 27
- Activity 4: Bushfire 27
- Activity 5: Personal HIV risk assessment 32
- Activity 6: HIV testing and counselling 35
- Activity 7: Can you tell? 39
- Activity 8: My supporters 43
- Activity 9: Pregnant and positive drama 48

#### Section C  Understanding prevention of parent to child transmission (PPTCT) 51
- Activity 10: PPTCT during pregnancy and birth 51
- Activity 11: Infant feeding options 59

#### Section D  Building values, beliefs, skills and strategies for PPTCT 65
- Activity 12: Where do I stand? 65
- Activity 13: The ‘Umbrella’ story 72
- Activity 14: How to use an ‘umbrella’ 79
- Activity 15: Dramas to address other relationship issues 82
Appendices
Appendix 1: Icebreakers and energisers 86
Appendix 2: References and source materials 89

Handouts
1. Evaluation questions for participants 14
2. HIV and AIDS – basic information 30
3. Voluntary counselling and HIV testing (VCT) 38
4. Pictures and stories of people 42
5. Preventing parent-to-child transmission (PPTCT) 57
6. How to use a male condom 81

Definitions of key terms and acronyms
AIDS acquired immune deficiency syndrome
AFASS acceptable, feasible, affordable, sustainable, safe
ANC antenatal clinic
ARV antiretroviral drug
CT counselling and testing (VCT in many countries)
HAART highly active antiretroviral therapy
HIV human immunodeficiency virus
HTC HIV testing and counselling (VCT in many countries)
NVP Nevirapine – an antiretroviral drug often used to help prevent HIV transmission during childbirth
PMTCT prevention of mother-to-child transmission of HIV
PPTCT prevention of parent-to-child transmission of HIV
STI sexually transmitted infection
TB tuberculosis
VCT voluntary counselling and HIV testing (HTC in some countries)
Acknowledgements and thanks

The Scripture quotations are from the New Revised Standard Version of the Bible © 1989 by the Division of Christian Education of the National Council of the Churches of Christ in the USA and are used by permission. All rights reserved.

Sincere thanks to everyone who has contributed to the development of this Guardians of our children’s health package, in particular:

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- Artists Rose Fay (UK), Theodore Mugolola (Tanzania) and Zenzo Ndlovu (Zimbabwe)

- Authors of the materials included in the references and source materials (Appendix 2).
Introduction

Background to this training package

Tearfund’s vision is to stop the spread and reverse the impact of HIV in the countries where we work, by joining with partners in many countries to deliver a comprehensive response to HIV.

In 2006 Tearfund brought together a group of seven African partners, all implementing prevention of mother-to-child transmission (PMTCT) programmes. The partners became known as the Nairobi Seven. Led by Dr Rena Downing and Professor Andrew Tomkins, the partners undertook a research audit of their programme activity, looking at the use of their services. Where use or provision of service was poor, the research tried to identify why. Based on their findings, they set about improving the programmes, and then repeated the audit to monitor their progress, looking at data from 12 months. A key finding was the need for men to be more engaged with the PMTCT process. Without their involvement, women have reduced access to services. The Nairobi Seven saw this as something that the church could and should engage with, but was not equipped to do so. They decided to address this gap by developing a manual for churches and local faith-based organisations to enable them to engage men in the process.

The Nairobi Seven partners unanimously agreed that in response to their key finding, the scope of PMTCT should be enlarged to prevention of parent-to-child transmission (PPTCT). In this way, fathers as well as mothers are included.

With the biblical model of Joseph and Mary, the parents of Jesus, the church has a pattern of parenting which has application in all traditions. However, this may be quite different from the local traditions of users of this manual. The role of the church is key within the communities it serves, and when there is good reason, it can bring about changes in our traditions. Preventing the spread of HIV is an absolutely key reason.

Today, with HIV so widespread, some existing traditions of parenting have been shown to be inadequate, increasing the vulnerability of both mother and child. Responsibility for the health of the child needs to become a shared task.

Once the idea for the manual was born, a second group of partners, the Lusaka Seven, came together to undertake the same research audit process. They also helped to develop this manual.

Materials for Guardians of our children’s health

Materials in each Guardians of our children’s health kit

- this guide
- Positive health booklet
- set of 16 laminated activity cards for Activity 3: Who does what?
- three laminated card symbols of a man, a woman, and the man and woman together (Activity 3)
laminated card drawings of a man and a pregnant woman (Activities 9, 10, 11)
laminated card drawing of a woman breastfeeding (Activities 9, 10, 11)
laminated card drawing of a woman feeding her infant with a cup (Activities 9, 10, 11)
set of six laminated A4 photographs of people (Activity 7)
two lanyards (cords to go round your neck, with a crocodile clip) (Activity 9)
penis model for demonstrating condoms (Activity 14)
six male condoms (Activity 14)
bag to carry all these items

Materials the facilitator will need to provide

Bible
milk, lemon juice or other acidic drink, a glass and a cup (for Activity 11)
additional male condoms (for Activity 14)
A4 card or plain paper and scissors
pens (one per participant, for literate groups)
photocopies of the various Handout pages (translated, if necessary, into the local language)
an umbrella (optional, to illustrate Activity 13)
a flip chart pad or board to write on (optional for Activity 2)
two sticks, branches or pieces of string (Activity 10)
tissues or tissue paper (Activity 14)

Using the Guardians of our children’s health training package

This package is designed for facilitating interactive and fun group sessions which help address the aims given on page 3.

Who can Guardians of our children’s health be used with?

The activities in this package are designed primarily for use with Christian groups, usually within local church congregations. The activities can also be adapted and used effectively with wider community groups, including:

- groups of men, or mixed groups of men and women
- people of different ages, cultural backgrounds, character and lifestyle
- both literate and non-literate participants.

Group size

Most of these activities work best with groups of between 10 and 30 participants, allowing everyone to participate. However, some activities can also be used successfully on a one-to-one basis, and with groups of over 100 participants.
Key requirements for running effective sessions

- good facilitation skills
- an open minded and non-judgmental approach
- knowledge of the basic facts about HIV, AIDS and PPTCT
- fluency in a language that participants are comfortable with using
- an understanding of the Bible’s vision of family within different cultures.

Teaching/preaching and facilitation

Facilitating is different from teaching or preaching. It has a very different approach, and is based on different assumptions and attitudes. Here are some of the main differences:

<table>
<thead>
<tr>
<th>Teaching/preaching</th>
<th>Facilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The teacher or preacher is seen as the 'expert', with greater knowledge, insight or understanding than the participants.</td>
<td>The facilitator recognises that participants already have a lot of relevant knowledge, insight and experience to share.</td>
</tr>
<tr>
<td>The role of the teacher or preacher is to pass on their knowledge, insight or understanding to the participants.</td>
<td>The role of the facilitator is to enable the participants to explore and work out their own understanding of the issues and how to address them.</td>
</tr>
<tr>
<td>The preacher or teacher tells participants the 'answers'.</td>
<td>The facilitator uses an activity or asks questions and guides discussion which involves the participants and helps them to work out their own answers.</td>
</tr>
<tr>
<td>The preacher or teacher does most or all of the talking. Participants sit and listen.</td>
<td>The facilitator asks questions and does a lot of listening. The participants do most of the talking, and are actively involved in exploring the issues.</td>
</tr>
</tbody>
</table>

All the activities in Guardians of our children’s health require facilitation. Even if you are a brilliant preacher or teacher, you will need to develop your facilitation skills before you can use this package effectively. The notes below will help you.

How to be a good facilitator

Facilitation skills are something you can learn and practise – you don’t need to be an expert. Here are some suggestions and ideas:

Preparing yourself before the session

Good preparation is a key to good facilitation.
Find out what you can about the needs and issues of the participants. Who are they and how many will be attending? What do they already know about HIV and preventing parent-to-child transmission? What particular issues and needs do they have? What do they expect from this training? Answers to these questions will help you plan more effectively.

Be clear in your own mind about what you want your participants to get from the session (the learning objectives).

Read through the notes for the different activities. Select which activities you will use, and plan each session. Think how you might adapt them to make them more relevant to the needs and issues of your participants.

Practise what you will say, on your own or with a friend. Practise using and demonstrating the materials as well.

Preparation materials and the training area

Make sure you have all the materials needed for the session.

Before your first Guardians of our children’s health session with a group, and again before your last session with that group, make enough photocopies for each participant of Handout 1: Evaluation questions for participants on page 14. (This will tell you what knowledge, skills and attitudes your participants have at the start of the programme you are running. When you use the same questions again at the end of the programme, we can see what difference it has made.)

E-mail gooch@tearfund.org requesting the data entry form to collate and return the information you get from Handout 1.

Make photocopies of any other handouts you want to give out to participants.

Go to the training room or meeting place at least 15 minutes before the session is due to start.

Set up the area where the training will take place. Push any desks or tables to the side of the room. Do not arrange chairs or benches in rows like a classroom. Arrange them in a circle or a semi-circle.
At the beginning of the session

■ Greet each person as they arrive.
■ Be friendly. Smile!
■ Welcome participants and introduce yourself.
■ If appropriate, open with a prayer.
■ Explain the purpose of the session, and what participants can expect to get from it.
■ If this is the first session, give each participant a copy of **Handout 1: Evaluation questions for participants** (page 14) to fill in. Collect the completed forms and keep them safely until the end of the programme.
■ If this is a follow-up session, summarise the last meeting. (People may forget what was shared/discussed, and some may have missed the last meeting.)
■ Check that everyone understands the language you are using. If not, find someone to translate.
■ Agree with your participants some guidelines for working together, such as:
  – starting and ending on time
  – only one person speaking at a time
  – give everybody an opportunity to participate in discussions
  – keep confidential any personal things that others in the group tell us.
■ Use an icebreaker or energiser to get participants relaxed and engaged. There are a few examples of these on pages 86–88.

During the session

■ Listen carefully to what participants say. Encourage participants to listen to and appreciate each other’s contributions.
■ Guide the group and keep discussions focused on the subject of the session.
■ Control those who talk too much.
■ Ensure that everyone has a chance to participate – encourage quiet participants to speak and get involved too, so that each participant feels that his/her contribution is important.
■ Encourage members of the group to explore the issues and work out answers themselves, by helping them to talk about ideas, feelings and experiences, rather than telling them what is right and wrong, or criticising.
■ Show interest and respect for the views other people have, even if you personally disagree with them. If a participant says something you disagree with, first ask the rest of the group: ‘**What ideas do other people have on this subject?**’
■ Summarise the discussion from time to time and at the end of a session.
■ Share leadership – a session often works better if there are two facilitators supporting each other and taking turns to lead.
■ Be honest and open when answering questions from participants and colleagues. If you don’t know something, say so – and then find out so that you can give correct information next time you meet.
■ If group members start to look tired or seem to be losing concentration, use an energiser (see pages 86–88).
Ask open-ended questions that encourage group discussion, such as, ‘What are the different ways in which we can support people living with HIV?’ rather than closed questions like ‘Can we support people living with HIV or not?’

At the end of the session

REVIEW LEARNING AND ACTION PLANNING Review the activities used and ask participants:
- What are the key things you have learnt?
- What will you do differently as a church / group?
- What will you each personally do differently with what you have learnt?

Get participants to identify specific actions they will each take as a result of their learning. For example, if they agree that HIV testing is very important, ask them what they will do about this, and when. For example, ‘This weekend, I will discuss with my wife about going for an HIV test together.’

GET FEEDBACK ABOUT PROGRAMME MANAGEMENT AND YOUR FACILITATION Good facilitators always invite and welcome honest and specific feedback, because this helps them to improve and make their next session even better. Ask questions like:
- What did you like about the way this session was facilitated?
- What should we change to make it better next time?
- What questions or issues do you still have to do with HIV and PPTCT, which this session has not addressed?
- Any other questions or issues?

PARTICIPANTS COMPLETE THE EVALUATION QUESTIONS FOR PARTICIPANTS (HANDOUT 1) If this is the last session of the Guardians of our children’s health programme, make copies of Handout 1 and get each participant to complete it and return it to you before they leave.

EXPLAIN WHAT WILL HAPPEN NEXT For example, will there be another session or a follow-up session? What support will be available to participants to implement what they have learnt?

Let participants know how they can contact you and/or a local HIV expert if they want further information, or to discuss in more depth any issues they may have.

CONCLUDE AND CLOSE Thank participants for their involvement and thank anyone who has helped facilitate, for their input. Close with a prayer if appropriate.

After the session
- Review and evaluate the session with others who observed or facilitated with you. Reflect on the feedback from participants. Discuss what worked well, and what you could do to make it even better next time.
- Carry out any follow-up from the session. For example, find out about information you did not know when asked during the session.
- Plan and prepare for your next session.
When you have completed a *Guardians of our children’s health* training programme (normally several sessions)

After the last *Guardians of our children’s health* session that you run with a particular group of people:

- Email gooch@tearfund.org requesting the data entry form to collate the responses to questions in *Handout 1*.
- Enter all responses from all participants who completed *Handout 1*, both at the beginning of the first session and at the end of the last session.
- Email the completed data entry form to gooch@tearfund.org, together with:
  - a brief summary of the Guardians of our children’s health programme you have run (what went well, any challenges / difficulties)
  - any good photos of the activities being used
  - names of the facilitator(s), as you would like them to appear on your certificate(s).

**CERTIFICATION AND DATA ANALYSIS**  On receipt of your email, Tearfund will then send you:

- a summary analysis of the data you have submitted
- a smart presentation certificate, recognising how you have helped others become better guardians of our children’s health.
# Evaluation questions for participants

For all participants to complete at the beginning of the first session of a *Guardians of our children's health* training programme and at the end of the last session.

Please answer all questions honestly.
This is confidential. Nobody will know which sheet of paper has your answers.

### Today’s date:

______________

### Sex:
- [ ] male
- [ ] female

### Age:
- [ ] under 18
- [ ] 18–25
- [ ] 26–40
- [ ] over 40

### Married?:
- [ ] yes
- [ ] no

### Education:
- [ ] did not finish primary
- [ ] finished primary
- [ ] finished secondary
- [ ] finished tertiary

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can an HIV-positive mother give birth to an HIV-negative baby?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2. Can HIV be transmitted through breastfeeding?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3. If the mother is HIV-positive, is it OK to give the baby sometimes breast milk and sometimes other food or drink?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4. Do you know where you can get tested for HIV?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5. If a man is HIV-positive, can his unborn child become infected with HIV?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>6. If used correctly, are condoms very effective at preventing HIV infection?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>7. Do you feel you can ask your partner to use a condom?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>8. Can a person get HIV without ever having sex?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>9. People living with HIV should be allowed to hold positions of leadership in religious institutions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. An HIV-positive person visiting my home will be welcome.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. A man should also be tested for HIV when his pregnant wife is tested.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. HIV is a punishment from God.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. An HIV-negative husband should continue to live with his HIV-positive wife.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Couples should go together to get tested for HIV.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Using a condom is a responsible and caring way of avoiding HIV infection.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. You can sometimes tell a person has HIV just by looking at them.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. Using a condom is sinful.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18. Pregnancy, childbirth and caring for a baby are a woman's responsibility and the father should not get involved.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>19. I am comfortable discussing issues to do with sex and health with my husband / wife / partner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>20. Have you had an HIV test yourself?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
Layout of the facilitation notes

In this guide, the general notes for facilitating an activity are in normal type like this.

*In some places, a sample script is provided in italics, like this. This tells you what to say when facilitating a session, but it will work best if you use your own words to share the ideas and examples, using language that you and your participants are comfortable with.*

Icebreakers, energisers and Bible studies

When you are planning sessions, as well as the main activities, also consider how you can include:

- **ICEBREAKERS AND ENERGISERS** *(Appendix 1 pages 86–88)*. Icebreakers are for use with a new group at the beginning of a session. They help participants to relax, become comfortable with you and each other, and engage with the session. Energisers can be used when the pace has dropped, when people are becoming tired or sleepy, or when you want to change and liven up the mood of the group.

- **BIBLE STUDIES** which can be related to various PPTCT issues. Some of the activities include short Bible studies linked to that activity.

Flexible use of *Guardians of our children’s health*

The activities in this manual follow a logical pattern. Most programmes will work best by working straight through from **Activity 1** to **Activity 15**. If you work through all the activities with one group, it is likely to take between 8 and 12 hours in total (10 hours on average). So, if you meet once a week and spend about an hour doing two *Guardians of our children’s health* activities every week, it is likely to take you ten weeks to complete the whole programme.

However, the package is designed so that it can also be used flexibly. Each activity can be used on its own, or it can be adapted and combined with other activities from this manual or from other sources.

This is a users’ **guide** (not a users’ **rule book**!)
## Summary of activities

<table>
<thead>
<tr>
<th>Section</th>
<th>Activity</th>
<th>Why do this activity? (Objectives)</th>
<th>Time (approx)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section A: A vision for my family</strong></td>
<td>1 My future with healthy children</td>
<td>• To imagine the future we each want, to help focus and motivate us to take action to stay healthy, and prevent transmission of HIV to our children.</td>
<td>30–40 mins</td>
</tr>
</tbody>
</table>
| | 2 The parent I want to be | • To identify the characteristics of a good and responsible husband/father in your tradition.  
• To develop a strong personal identity statement around parenthood, which will help each participant to maintain their health and that of their family. | 30–40 mins |
| | 3 Who does what? | • To explore perceptions and ideas about the roles of women and men and how these can change over time.  
• To develop ideas for addressing those roles.  
• To clarify that, to safeguard the health of their children, it is important for men to get involved with activities that have been traditionally done only by women. | 30–40 mins |
| **Section B: What if one or both of us are living with HIV?** | 4 Bushfire | • To demonstrate how HIV (and other STIs) can spread in a community.  
• To make participants think about the risks and implications that HIV could have for them personally. | 30–40 mins |
| | 5 Personal HIV risk assessment | • To help participants appreciate their vulnerability to HIV infection.  
• To clarify the various types of risk that can lead to HIV infection.  
• To clarify that HIV infection does not necessarily imply sexual immorality.  
• To help participants recognise the importance of HIV testing, condom use and other safer practices within marriage. | 20–30 mins |
| | 6 HIV testing and counselling | • To clarify what getting tested for HIV involves.  
• For participants to consider some of the issues about getting testing for HIV themselves. | 30–40 mins |
| | 7 Can you tell? | • To challenge the assumptions people make, based on physical appearance, about whether a person is living with HIV.  
• To clarify what it means to ‘live positively’ and to learn that is possible to live a long and healthy life with HIV.  
• To emphasise the need to get tested in order to know your HIV status. | 20–30 mins  
(60–90 mins with a speaker) |
| | 8 My supporters | • To demonstrate how easily we can stigmatise others, and the feelings the person being stigmatised may have.  
• To recognise the importance of providing support for others, and what happens when that support fails.  
• To identify ways of reducing HIV-related stigma and to support those living with and affected by HIV. | 45–60 mins |
## Why do this activity? (Objectives)

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<tr>
<td><strong>Why do this activity? (Objectives)</strong></td>
<td><strong>Time (approx)</strong></td>
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<tr>
<td>9 Pregnant and positive drama</td>
<td>30–40 mins</td>
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<tr>
<td>• To build skills and strategies for being supportive and addressing the issues raised when your pregnant wife or partner tells you that she is HIV-positive, or when you find out you are HIV-positive.</td>
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<tr>
<td>• To encourage the disclosure of your HIV status to your partner.</td>
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<tr>
<td>• To develop skills and strategies for addressing other relationship issues which affect parent-to-child transmission and its prevention.</td>
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## Section C: Understanding PPTCT

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<tr>
<td><strong>10 PPTCT during pregnancy and birth</strong></td>
<td><strong>30–40 mins</strong></td>
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<tr>
<td>• To explain how both parents can help prevent HIV transmission to their baby during pregnancy, birth and infancy.</td>
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<tr>
<td>• To clarify the importance of avoiding HIV infection/re-infection during pregnancy.</td>
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<td>• To clarify why, without treatment, there is a significant risk of HIV transmission during birth.</td>
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<tr>
<td>• To explain how using ARVs (such as Nevirapine) can dramatically reduce the risk of infection during birth.</td>
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<tr>
<td><strong>11 Infant feeding options</strong></td>
<td><strong>30–40 mins</strong></td>
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<tr>
<td>• To provide basic information about the risks, benefits and issues involved for different infant feeding options.</td>
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<tr>
<td>• To clarify how important it is to support the mother in sticking with the feeding option she chooses and to avoid mixed feeding.</td>
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<tr>
<td>• To encourage pregnant women who are living with HIV and their husbands/partners to seek professional counselling and advice about the best feeding option for their baby.</td>
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## Section D: Building values, beliefs, skills and strategies for PPTCT

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<tr>
<td><strong>12 Where do I stand?</strong></td>
<td><strong>15–60 mins</strong></td>
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<tr>
<td>• To explore some of the beliefs, values and attitudes we have which may impact on preventing parent-to-child transmission of HIV.</td>
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<tr>
<td>• To challenge and change some of the unhelpful beliefs we may have around relationships, HIV, having children and feeding young children.</td>
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<tr>
<td><strong>13 The ‘Umbrella’ story</strong></td>
<td><strong>60–75 mins</strong></td>
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<tr>
<td>• To clarify that using condoms can be consistent with Christian principles and teachings around loving others and caring responsibly for your own health and the health of others, in particular your partner and children.</td>
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<tr>
<td><strong>14 How to use an ‘umbrella’</strong></td>
<td><strong>20–30 mins</strong></td>
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<tr>
<td>• To clarify what condoms are, the different types available and how to use them.</td>
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<tr>
<td>• To ensure that participants know where they can obtain condoms locally.</td>
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<tr>
<td>• To give participants the skills and confidence to use a male condom properly.</td>
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<tr>
<td><strong>15 Dramas to address other relationship issues</strong></td>
<td><strong>20–40 mins</strong></td>
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<tr>
<td>• To build skills and strategies for participants to address particular relationship issues which may relate to PPTCT.</td>
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A vision for my family

Activity

1 My future with healthy children

Why do this activity?
To imagine the future we each want, to help focus and motivate us to take action to stay healthy and prevent transmission of HIV to our children.

Summary
Each participant imagines the future they want, which may include being a parent or grandparent with healthy and happy children/grandchildren. They then identify actions they will take towards realising this future vision, including ensuring the health of their children in the era of HIV.

Time
30–40 minutes

Materials
- A pen for each participant to use
- Photocopies of Handout 1: Evaluation questions for participants

How to prepare
Read the general notes on How to be a good facilitator (pages 9–13).
Make photocopies of Handout 1 on page 14 – enough to give one to each participant.

How to run this activity

Step 1 Use an icebreaker
Use one of the Icebreakers and energisers in Appendix 1 (pages 86–88). The icebreaker ‘My name is... and I like...’ is a good one to start with. Open with a prayer if appropriate.

Step 2 Introduce the Guardians of our children’s health programme
Explain: ‘Guardians of our children’s health is about achieving the dreams and visions we have for our families – of ensuring that children are born healthy and remain healthy. As guardians of our children’s health, there are a lot of things that men (as well as women) can do to realise these dreams, whether or not you are living with HIV. By participating in the fun activities and
discussions in this programme, you will learn how you can each help prevent transmission of HIV and ensure the health of your family, your children and yourself.’

Step 3  **Participants complete the question sheet (Handout 1)**

Hand round a copy of **Handout 1: Evaluation questions for participants** to each participant. Lend a pen or pencil to those who do not have one.

Explain: ‘To help us evaluate the programme, we will ask you all to complete this questionnaire sheet both now at the beginning of the programme and again at the end. Please answer honestly all the questions on the sheet of paper, and hand it in. Do not put your name on the paper – your answers are confidential and nobody will know who gave which answers.’

Step 4  **People in the Bible who had a vision or dream**

Ask participants if they can think of a person in the Bible who had a vision or dream. If they cannot think of any, suggest some of the following:

- Abraham: to leave his land for Canaan (Gen 12:1-4)
- Moses: to set the Israelite people free from Egypt (Exodus 3:2-12)
- Nehemiah: to rebuild the city of Jerusalem (Nehemiah 2:5)
- Solomon: to build the temple (1 Kings 5:3-5)
- Joseph: to become a ruler (Genesis 37:6-7,9)

Step 5  **Imagine the future you want**

Explain: ‘I want you each to imagine the future you want in five years time. What year will it be then? What would you like to be doing then? If you have young children already, imagine them now five years older, growing up strong and healthy. If you want to have additional healthy children (or grandchildren) in the next five years, imagine those young children.’

Get participants to relax as much as possible because the imagination works more freely when relaxed. In a soft, relaxed voice, slowly read the following, or use your own words.

Say: ‘Make yourself comfortable and relax. You may find it helpful to close your eyes. Imagine how you would like your future to be, maybe five years from now. Imagine that you are there now. You and your family are all very healthy and everything in life is going well for you. What can you see? What are you doing? Who is there with you? How many children or grandchildren do you now have? What are they doing? What are they saying? If you have young children or grandchildren, imagine picking up one of them and holding them in your arms. How do you feel?’
Step 6  **Participants share their future visions**

Ask for one or two volunteers to describe to the whole group how they imagine their future, as if they are there now. They should start by saying ‘It is now 2015…’ (or whatever year they have imagined.)

Now ask all participants to try the same exercise…

**Say:** ‘Get into pairs and take it in turns to describe to each other the future you want. Describe it just as you imagined it, as though you are there now.’

Step 7  **Action planning**

Ask: ‘What did the different Bible characters do after having their dream or vision?’

**Explain:** ‘Moses went to talk to Aaron. Nehemiah talked with the king about rebuilding Jerusalem. Abraham involved his wife and sons. We all need to do different things to make our dreams and visions come true.’

**Ask:**
- ‘What steps do you need to take to reach your vision or dream?’
- ‘Who do you need to involve or talk to?’
- ‘What is the first thing you will do, and when will you do it?’

After allowing time to think, ask participants to get into their pairs again and tell each other at least one thing they will each do.

Step 8  **Summarise**

Emphasise that:
- ‘It is very important to have a clear vision of the future we want.
- Where there is no vision, the people perish (Proverbs 29:18)
- It is also vital to plan and take action and involve others to ensure that we each reach our vision for our future.’
Activity

2 The parent I want to be

Why do this activity?

– To identify the characteristics of a good and responsible husband/father in your tradition.
– To develop a strong personal identity statement around parenthood which will help each participant to maintain their health and that of their family.

Summary

This activity discusses characteristics of good fathers and explores a role model of a ‘good and responsible’ husband and father in the Bible. Each participant creates and shares a statement reflecting the sort of father (or mother) they would really like to be.

Time

30–40 minutes

Materials

A flip chart pad or board to write on (optional)

How to run this activity

Step 1  Brainstorm characteristics of ‘good’ fathers

Say:  ‘Think of men who are good fathers, or stories you have heard about good fathers. What sort of things do they do or say? What words describe them?’

If you have a flip chart or board available, write up the words participants use to describe good fathers. Otherwise, make a list on a piece of paper.

Step 2  Biblical example of a good father and husband

Explain:  ‘One example we have from the Bible, of parents who have worked together in bringing up their child, is Joseph and Mary.’

Read Luke 2:16, 21-24, 33, 39-51 (or the whole chapter).

Explain:  ‘Luke 2 shows how, at the birth of Jesus and throughout his childhood, Joseph and Mary were there together, supporting each other and sharing the joys, responsibilities and anxieties of parenthood. In verse 33, “The child’s mother and father both marvelled at what was said about him” by Simeon when they took him together to present him to God.

When Jesus was twelve years old, Joseph and Mary travelled together with Jesus for the Feast of the Passover in Jerusalem, but when he stayed on in Jerusalem his parents returned together to look for him. When they eventually found him, Mary says (verse 48) “Your father and mother have been anxiously searching for you.”’

Ask:  ‘What words would you use to describe Joseph in his role as a father?’

Add any additional positive descriptions of Joseph as a father to the ‘Good Fathers’ list.
Step 3  Create a statement about the sort of parent you want to be

Explain that each participant is going to create a short statement about the sort of parent they really want to be.

Say:  ‘Think of two or three words that best describe how you would like to be as a parent. These could be words like “loving”, “caring”, “responsible”, “brilliant”, “strong”, “proud”, and “dynamic”. You can also choose words that appeal to you from the “Good Father” list.’ (Read out this list.)

To male participants…

Say:  ‘Create a statement using the words you have thought of, which goes “I am a ………… father.” For example “I am a strong, caring, responsible father.”’

If there are female participants…

Say:  ‘Create a statement using the words you have thought of, which goes “I am a ………… mother.” For example “I am a fantastic, loving mother.”’

Clarify that, although the statement is about the sort of parent you want to become, it is good to express it in the present, ie ‘I am…’, not ‘I will be…’

Say:  ‘Think of somebody you really admire as a parent. Men, think of someone you admire as a great father. Women, think of someone you admire as a great mother. What words would you use to describe this person and their qualities as a parent? Those are the sort of words to consider using in your own statement.’

Give participants about two minutes to create their own statement. For participants who have pen and paper, suggest they write it down.

Step 4  Share your statements with each other

Say:  ‘Imagine that you have become the sort of parent that you really want to be. You have the children you want, all well and healthy. Stand up and form pairs. Then share your statements with each other asking: “Who are you?” The other one should reply with their statement of the sort of parent they would like to be. Then split up, walk around to form another pair, and repeat this exercise.’

Demonstrate this yourself to make it clear. Allow time for people to repeat this with four or five different partners.

Encourage participants to memorise their statement, and repeat it to themselves regularly. Suggest that they may want to write it in a place where they will read it often or, if they have a cell phone, to make it into a screensaver.
Step 5  Bible study: What it means to act counter-culturally

Read Matthew 1:18-21.

Explain/discuss:  'Joseph is in a fix. He is engaged to be married to Mary. She discloses that she is pregnant – and he is not responsible! What should he do? Custom says he should break off the engagement; perhaps try to get back the dowry that has been paid. Mary would be seen as damaged goods.

But he has a visit from an angel who tells him the truth about the child that is conceived in Mary. Joseph believes what he is told. Against all tradition and custom, from then on he cares for her and marries Mary although the baby she carries is not his. We are told that there is no consummation of the marriage until after the birth.

What will people say? Will they look the other way? Will they mock? Will they reject? What will they do? But Joseph believed that his honour and status came from God, not what others thought of him and said about him. This gave him courage to act counter-culturally.
Activity

3 Who does what?

Why do this activity?
− To explore perceptions and ideas about the roles of women and men and how these can change over time.
− To develop ideas for addressing those roles.
− To clarify that, to safeguard the health of their children in an era of HIV, it can be important for men to get involved with activities that have been traditionally done only by women.

Summary
Participants place activity cards according to whether the activity is done by just men, just women or both, and discuss issues that arise. This is done first as it was 20 years ago, then currently and finally how it should ideally be in the future.

Time
30–40 minutes

Materials
− The three cards of a man, a woman and the man and woman together
− The 16 activity cards (gender-neutral drawings), like this one. If your participants will not understand the words ‘Clinic’ (on this card) and ‘VCT’ (on another activity card) stick labels over these words and write what will be better understood.

How to run this activity

Step 1 Bible study – Mary and Martha
Ask a participant to read the following passage from the Bible: Luke 10:38-42.

Emphasise how Jesus rebukes Martha, saying: ‘You are worried and distracted by many things,’ and praises Mary for ‘sitting at his feet’. Jesus says that Mary chose the better part.

Ask: ‘What had Mary been “doing”?’

Explain: ‘In this description, Mary is the student, Jesus is the teacher. This may not seem so strange to us. But in Jesus’ time, education, especially in the Jewish scriptures, was for men only. Women were not included at any level. Mary was stepping right outside cultural norms. She knew it. More importantly, Jesus knew that and affirmed it. “She has chosen the better part.”’

With Jesus, customary gender roles are put to one side for a good reason – to include women in his teaching!
**Step 2**  Introduce the activity and distribute the cards

Explain:  ‘This activity is about exploring and understanding gender roles in our own culture, and how they have changed over time. We will start by looking at the past, then the current situation, then how we would like things to be in future.’

Distribute the 16 activity cards to 16 participants around the room. If there are fewer than 16 participants, give two activity cards to some. If there are more than 16 participants, suggest that people share.

Lay out the three cards – a man, a woman, and the man and woman together – at the front of the training area.

**Step 3**  Participants place activity cards for about 20 years ago

Say:  ‘Think about how things were about 20 years ago in the communities you come from – your parents’ generation. Discuss and place your activity card as follows:

- If, 20 years ago, the activity shown on your card was always or nearly always done by a woman, put it next to the card of the woman.
- If, 20 years ago, the activity was always or nearly always done by a man, put it next to the card of the man.
- If, 20 years ago, both men and women often did the activity, put it next to the card showing both a woman and a man.’

**Step 4**  Facilitate brief discussion about the situation 20 years ago

Comment on the placement of the cards…

Ask:

-  ‘Do you all agree with where the cards have been placed?’
-  ‘Who did what type of activity 20 years ago?’

**Step 5**  Participants discuss and place activity cards for now

Pick up all the activity cards and hand them out again. Ask participants to place their activity cards again, according to what currently happens in their family or community.
Step 6  Facilitate discussion about the situation now

Facilitate a group discussion about the results using questions such as:
- ‘Do you all agree with where the cards have been placed?’
- Which activity cards are now in a different place compared with 20 years ago? Why do you think this is?
- Is it different for your generation compared with your parents’ or grandparents’ generation?
- Can our culture change around differences between men and women?
- Has the Bible changed your culture at all? If so, how?
- Is a child regarded as the mother’s child, the father’s child or their joint child?
- At what age does the father start taking an interest in the child?’

Step 7  Discussion on ideals for the future

Ask participants to think about how things should ideally be in the future.

Ask/discuss:  
- ‘What do you think of the way tasks are distributed between men and women?’
- How do you think women would like it to be?
- How do you think men would like it to be?
- For men to be effective guardians of their children’s health, are there any activities that they should get more involved with?’

Whenever a participant makes a suggestion for how it should ideally change and be different, invite them to come and move the relevant activity card to where they think it should be.
What if one or both of us are living with HIV?

### Activity

#### Bushfire

**Why do this activity?**
- To demonstrate how HIV (and other STIs) can spread in a community.
- To make participants think about the risks and implications that HIV could have for them personally.

**Summary**
This activity shows how HIV can spread in a community, using an unusual hand greeting to represent having unprotected sex. It introduces discussion about HIV transmission, personal risk and getting tested for HIV.

**Time**
30–40 minutes

**Materials**
- Plain paper
- Scissors

**How to prepare**
Cut up enough small pieces of paper for each participant to have one. Make half of them in the shape of a square and the other half in the shape of a triangle. If there are less than 20 participants, write the number zero ‘0’ on two of the pieces of paper, the number ‘1’ on two pieces, and an ‘X’ on two pieces. (If there are more than 20 participants, write the number ‘0’ on four of the pieces, the number ‘1’ on four pieces, and an ‘X’ on two pieces.) Fold all the pieces and put them in a box, bag or bowl.

Make photocopies (for literate participants who would find this helpful) of Handout 2: HIV and AIDS – basic information on page 30.

### How to run this activity

**Step 1**  **Hand out the pieces of paper**

Hand round the container with the pieces of paper and ask each participant to take one and open it.
Step 2  Do the shaking hands exercise

Explain and demonstrate the following interesting, entertaining way of greeting someone.

Say:  ‘Hold your nose or chin with your left hand, put your right arm through the gap created by your left arm, and shake right hands with somebody else doing the same thing.’

Demonstrate shaking hands like this with a co-facilitator or participant.

Say:  ‘If you have a ‘0’ on your piece of paper, you must not actually shake hands with anyone, just wave at them to say hello. If you have a ‘1’ on your piece of paper, you can shake hands with just one other person. If your paper is blank or if you have an ‘X’ on your paper, you can use this new greeting to shake hands with a maximum of three other people. This is voluntary – you can refuse to shake hands with someone if you do not want to. Everyone walk around and start shaking hands now.’

When they have finished, ask all participants to move to the back of the training area.

Step 3  Explain and discuss the meaning of this exercise

Ask the two people with an ‘X’ on their piece of paper to come to the front of the training area.

Say:  ‘Imagine that, for the purpose of this game, these two people were HIV-positive at the beginning. The rest of you were HIV-negative. In this game, greeting someone in this unusual way represents having unsafe sex with that person. So anyone who greeted one of us has, according to this game, ‘had unprotected sex’ and exposed themselves to the risk of HIV infection. Can those who shook hands with these people come forward and join us here at the front.’

Then turn to those still at the back of the training area...

Say:  ‘Anyone else who greeted anyone now standing at the front, please also come to the front. According to this game, you have also been at some risk of HIV infection, having ‘had unprotected sex’ with someone who ‘had unprotected sex’ with someone who is HIV-positive.’

By now most participants should be standing at the front of the training area.
Ask: ‘How many people did you “have unprotected sex with?” (ie: shake hands with).’

- If someone says ‘nobody,’ (eg those with ‘0’ on their piece of paper), explain that they have either been ‘abstaining,’ or that they have always used a condom properly every time they have had sex. Ask them how they felt when refusing someone who wants to shake hands.
- If someone shook hands with one person only (eg those with ‘1’ on their piece of paper), say that they were ‘faithful,’ but they may still be at risk of infection if their partner ‘had sex’ with other people.
- Ask if anyone ‘had sex’ (shook hands with) more than three people (the maximum given in the instructions). What led to this? Was it because others were still doing it and they felt pressured to join in, or because it was fun? Was it because they did not want to offend someone by refusing? How does this relate to real life?

Ask/discuss:
- ‘How many people were originally “infected with HIV”? 
- How many are now at risk of infection?
- What does this tell us about how HIV can spread in our community?’

Explain: ‘According to this game, sexual relationships have put many of you at risk of HIV infection. We have seen how HIV infection can spread like a bushfire. But you do not know whether you are actually living with HIV or not.’

Collect back the small pieces of paper you gave participants at the beginning of the activity.

Step 4  Clarify basic information on HIV and AIDS

Ensure that participants are clear about the basic facts on HIV and AIDS. Ask and clarify answers using the notes in Handout 2 on page 30:

Ask:
- ‘In what ways can HIV be transmitted?’
- ‘In what ways can HIV not be transmitted?’
- ‘Summarise the difference between HIV and AIDS.’
HIV and AIDS – basic information

How HIV is spread

The human immunodeficiency virus (HIV) lives in the human body. Here are the only ways that HIV can be transmitted:

THROUGH UNPROTECTED SEX  Sex is the most common way for HIV to spread in Africa. It can be transmitted during unprotected vaginal intercourse (without a condom) between a man and a woman. HIV can also spread between two men or a man and a woman having anal sex without a condom (when a man’s penis enters the anus of another person), or through oral sex (licking or sucking another person’s sex organs).

PARENT-TO-CHILD TRANSMISSION  Babies can get infected in the womb, during birth or through the breast milk if their mother is living with HIV. This does not happen every time, and there are many things that both men and women can do to reduce the risk of this happening.

THROUGH BLOOD  If blood taken from a person with HIV is transfused into an uninfected person, that person will also get HIV. Donated blood is always tested for HIV and thrown away if it is infected.

THROUGH NEEDLES AND BLADES  HIV can also be transmitted through injection needles or blades that have already been used on another person with HIV, without being sterilised. HIV can also spread from traditional tattooing or circumcision ceremonies if the same blade is used for several people, one after another.

How HIV is not spread

HIV is only found in sufficient quantities to transmit HIV in blood, semen, vaginal fluid and breast milk. (Saliva, sweat and tears do not contain enough HIV to infect another person.) HIV has to get inside another person to cause infection. HIV does not spread through kissing, hugging, holding or shaking hands, sharing toilets, going to school or work together, sharing clothes, sharing food and drink, sneezing, coughing, or mosquito bites.

The difference between HIV and AIDS

HIV (the virus) attacks and reproduces itself using particular white blood cells in a human body (CD4 cells). For several years after infection the person can look healthy and have no symptoms, as their immune system is still strong. However, HIV eventually weakens the body’s immune system to a point where other ‘opportunistic infections’ and illnesses can easily enter and stay in the body. This is called AIDS (acquired immune deficiency syndrome). With access to treatment and good nutrition, it is possible to return back from this stage to a state of living healthily with HIV.

Antiretrovirals (ARVs)

There are medicines called antiretrovirals (ARVs) which a person living with HIV can start taking when their own immune system becomes too weak to fight off other infections, and they are starting to develop AIDS. ARVs can help the body’s immune system to recover for some time,
by reducing the amount of HIV in the body, sometimes to such a low level that HIV tests cannot detect it. However, HIV remains in the body, and if the person stops taking the ARVs, the HIV in their body will increase again.

Once someone has started taking ARVs, provided they continue taking them every day as prescribed, they can often stay strong and healthy for many more years.

Can HIV or AIDS be cured?

There are many things that someone living with HIV can do to stay healthy and live longer (described in the Positive health booklet). However, there is no known cure for HIV at present that can kill and permanently remove the virus from the body through treatment and medication. The current ARVs have to be taken for life to keep HIV under control.

Some traditional healers claim they can cure HIV and AIDS, and some church leaders claim they can cure HIV through faith healing. Although we cannot dismiss the possibility of such a miracle, there are no proven and scientifically confirmed or documented cases. We should always try to make the helpful distinction between ‘healing’ and ‘cure’ relating to HIV and AIDS. Healing can include various forms – psychological healing, emotional healing, spiritual healing, nutritional healing, immune system repair and restoration etc. All of these forms of healing can resolve health problems that were being caused by constant worry, anxiety, chronic depression and deprivation.

When people pray, they seek health in mind, body and spirit. God has also provided for our health through food, water and medicines – including ARVs. When Christians pray and take ARVs they can lead healthy, fulfilling lives, although the HIV is still in their bodies. This is the difference between healing and cure. It is therefore very important that faith leaders do not discourage ARVs, but rather encourage their community members who are living with HIV or sick with AIDS – and their carers – to seek holistic healing through prayer, love, acceptance, mercy and forgiveness, care, support and ARV treatment. The God of spiritual and emotional miracles is the same God who is behind scientific discoveries that help us in preventing, postponing, and controlling diseases and deaths related (and not related) to HIV and AIDS.
5 Personal HIV risk assessment

Why do this activity?
– To help participants appreciate their vulnerability to HIV infection.
– To clarify the various types of risk that can lead to HIV infection.
– To clarify that HIV infection does not necessarily imply sexual immorality.
– To help participants recognise the importance of HIV testing, condom use and other safer practices within marriage.

Summary
The facilitator asks participants a series of questions about their past behaviour and experiences. Each participant secretly scores their responses according to whether or not their responses suggest a possibility of HIV transmission.

Time
20–30 minutes

Materials
A pen and a small sheet of paper for each participant. (They can also score using their fingers.)

How to run this activity

Step 1 Give out pens and paper
Give out pens and paper to each participant (optional).

Step 2 Explain the instructions and rules
Say: ‘I am going to ask each of you some questions about your past experiences. Score each answer with either 10 or 0. Either write down your score or, if you do not have a pen and paper, you can keep your score using your fingers. This exercise is strictly confidential – nobody should see what another person is writing down, and you should use a piece of paper which you can later throw away.

Each “Yes” answer scores 10 and each “No” answer scores 0.

If you are not sure whether the answer is “Yes” or “No”, score 10.

Thinking back about your past life, answer the following questions honestly.’

Step 3 Ask the questions
Go through all the questions, pausing between each one so that participants can think and note their score.
Question 1  'Were you born after 1981?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 2  Have you (or your sexual partner) ever had a blood transfusion?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 3  Have you (or your sexual partner) ever received injections from a non-professional person who may not have sterilised their equipment?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 4  Have you (or your sexual partner) ever shared skin piercing, skin penetrating or skin cutting instruments with anyone?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 5  Have you ever had sex?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 6  Have you ever had sex with someone (your wife, your husband or anyone else) who has already had sex with someone else?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 7  Have you ever had sex with more than one sexual partner?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 8  Have you ever separated from your sexual partner (due to business, education, travel, work, study, etc) and then resumed a sexual relationship with him or her after some time?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 9  Have you ever had an STI (sexually transmitted infection, sometimes also called an STD – sexually transmitted disease)?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 10  Did you have sex with anyone before were you married? If you have not yet married, have you ever had sex?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Question 11  Did your sexual partner have sex with anyone else before you married him or her? If you are not married and have a boyfriend/girlfriend/fiancé(e), is there any possibility that he or she has ever had sex with anyone else?  
If “Yes”, score 10 (or lift one finger). If “No”, score 0.
Explain: 'If you have scored 0 in every question so far, you do not need to answer Question 12 and your total score will be 0. If your total score so far is 10 or more, or if you have raised one or more fingers, answer the next question confidentially and honestly.'

Question 12 Have you ever had sex with your sexual partner without correctly using a condom?

If “Yes”, score 10 (or lift one finger). If “No”, score 0.

Step 4 Summarise and discuss what participants have learnt

Say: 'Add up your score secretly. If you were scoring on your fingers, multiply the number of fingers/thumbs you raised by 10. Eg if you raised six fingers, your score is 60.

If you scored 0 for every question, you are not yet at risk of HIV infection.

If you scored 10 or more in total, or you have raised one or more fingers, you could be at risk of HIV infection. The higher your score, the greater your risk. You could be living with HIV and spreading it to your loved ones. You need to go for an HIV test and establish the truth.'

Pause for a minute for participants to reflect, then ask the following questions:

■ ‘How do you feel about this exercise?’
■ ‘What have you learnt?’
Activity 6  HIV testing and counselling

Why do this activity?

– To clarify what VCT (voluntary counselling and HIV testing) involves.
– For participants to consider the issues involved in going for voluntary counselling and HIV testing themselves.

Summary

This activity helps participants to imagine what it is like going through the VCT (voluntary counselling and testing) process, and clarifies what is involved. (NOTE: In some places, the process is called HTC – HIV testing and counselling and also CT – counselling and testing.)

Time

30–40 minutes

Materials

– Plain paper
– Scissors

How to prepare

Cut up enough small pieces of paper for each participant to have one. Make half of them in the shape of a square and the other half in the shape of a triangle. Fold all the pieces and put them in a box, bag, or bowl. (You can use the same pieces of paper as for Activity 4: Bushfire.)

Make photocopies (for literate participants who would find this helpful) of Handout 3: Voluntary counselling and HIV testing on page 38.

Find out yourself what VCT (or HTC) facilities are available locally, and what procedures they use for counselling and testing for HIV. If possible, obtain leaflets about the services they offer to give to your participants. You might also try to arrange for one of the counsellors from a local VCT centre to come and talk about VCT and the services they offer. They may even be able to provide a counselling and testing service immediately after the session.

Get tested yourself, if you have not already! When explaining VCT, participants often ask the facilitator ‘Have you been for VCT yourself?’ If you can honestly say; ’Yes, I have,’ and talk about it based on your own personal experience, it will add credibility and impact to the session.

How to run this activity

Step 1  Discuss HIV testing issues and concerns

Clarify that an HIV test is the only way of knowing for sure whether or not you have the HIV virus in your body.

Ask:

– ‘What happens during VCT?’
– What do you need to think about before having the test?
– How would it feel if your test result was HIV-negative?
– How would it feel if your test result was HIV-positive?
– Who would you tell and how might they react?
– Who of you would decide not to go for a test?’
Ask those who say they would not go for a test to give back their piece of paper and take a step back. Those who would go for a test should move forward, so the two groups are separate.

**Step 2** Imagine going for VCT

Get participants to imagine going through the VCT process, describing it using your own words:

*Say:* 'I would like you to relax and imagine you are now going for VCT. You go for pre-test counselling, and then give a blood sample. The blood sample is tested and you are coming for the results. Your counsellor invites you into the counselling room and asks you to sit down. The counsellor asks if you still want to know your result. If you do not want to know your result, put your hand up.'

If anyone puts their hand up, ask them to give their piece of paper back and move to join the group at the back who chose not to go for VCT.

**Step 3** Give ‘test results’

Get each participant who says they want their test result to pick one of the folded pieces of paper.

*Explain:* 'Imagine the piece of paper you have picked represents your test result. Open it up. It is in the shape of either a square or a triangle. One means that your test result is HIV-positive, the other that your test result is HIV-negative. How would you feel if I told you that a square means HIV-negative result, and a triangle means HIV-positive result?'

*Ask:* Those whose test result is negative, how do you feel? Those whose test result is positive, how do you feel? What would you do next? Who would you tell?

Then ask how people would feel if the results were reversed, ie a square meant an HIV-positive result and a triangle meant HIV-negative.

Include in the discussion those who ‘decided not to go for a test’, or who did not get their result.

*Ask:* ‘How do you feel now about not knowing your HIV status?’

**Step 4** Discuss where testing is offered

Find out from participants whether they know where VCT is available in their area. Discuss what options might be available for participants to access VCT. Give participants the name, location, opening times and cost of VCT centres. Try also to provide details of centres in other towns outside the area, for people who want to be sure of confidentiality.

**Step 5** VCT counsellor presents information, answers questions and – if available – offers testing (optional)

If you have a counsellor or representative from a local centre offering VCT, ask them to describe the services offered and answer questions from participants. If mobile HIV testing and counselling services have been arranged, they can also explain how participants can use these services.
**Step 6  Bible study – The grace to face our fear**

Read Philippians 1:12–14 and Matthew 26:36-42.

Discuss:  ■ ’How does Jesus describe his soul? Why do you think this is? Can you imagine how fearful you might feel going for a visit to the VCT centre? Perhaps you have been. Can you describe what it was like or might be like – the night before or on the day?

■ Paul was imprisoned. Jesus was detained and about to be crucified. Each had his own reason for sorrow and fear. What is happening in our lives that causes us sorrow or fear? What about the lives of our community?

■ How do we view God’s deliverance and grace? When we look at the life of Jesus, or of Paul when he was in prison, then grace does not always bring the change or deliverance we might expect. If it’s true that it does not always mean that our situations change, then what does grace change?

■ When going for an HIV test, how will you or did you know that God’s grace and peace are with you?’

**Key points**  Jesus and Paul experienced sorrow and fear. God does not always bring the change or deliverance that I might want or expect, but his grace is always with me to help me change my attitudes to myself and how I address or face an issue or crisis.


Discuss: ’No-one in the Old Testament suffered quite like Job – but what of the attitudes and comments of his friends?

■ Why is Elihu angry with Job? Why is Elihu angry with Job’s friends?

■ Whom does Elihu ascribe understanding to? Does this reflect how things work in our community – do we wait for age/wisdom to speak first?

■ In what sense do our communities react like Job or Job’s friends in relation to people living with HIV or getting tested for HIV?

■ Imagine you were one of Job’s friends. What would you be saying?

■ Is it time to speak with the wisdom that comes from God? How can we know this wisdom?’

**Key points**  Job justifies himself that he has not sinned. This may be like someone saying they do not need an HIV test because they have done nothing wrong.

The friends that condemn Job can be like community members who rush to condemn. Yet some people living with HIV have never had sex, or have been faithful all their life to their husband or wife.

**Say together:** ‘May the grace of our Lord Jesus Christ,
the love of God
and the fellowship of the Holy Spirit
be with us all now and for ever more.
Amen.’
Voluntary counselling and HIV testing (VCT)

Some hospitals and clinics can test your blood to see if it contains HIV, and many African countries have specialist centres offering voluntary counselling and HIV testing (VCT). In many places this is now called HIV Testing and Counselling (HTC).

When HIV enters the body, the body makes antibodies to fight against the HIV. It is difficult to find HIV itself, but the test can pick up these antibodies. If the test is positive, it means that the person has HIV in their body. It does not mean they have AIDS.

After the person first becomes infected with HIV, the HIV-antibodies can take up to three months to develop and show up on the test. This is called the window period. If your test result is HIV-antibody negative, it might be because you are in the window period, and you should get tested again after three months to make sure.

Having an HIV test often brings out strong feelings and emotions, and it is very important to get proper counselling when you have the test.

How does voluntary counselling and HIV testing work?

Before going for an HIV antibody test, either alone or with your partner, you spend time with a counsellor, who will help you think about your issues and concerns, and will ask questions like:

- ‘What will you do if the test shows you are living with HIV?’
- ‘What will you do if the test shows no sign of HIV in your blood?’
- ‘Are you sure that you want to go ahead with the test?’

The counsellor will meet you again when you get the test result, and help you think through the implications of your HIV test result and plan what to do next. These discussions are confidential. The doctor and professional counsellor should not tell anyone else about your test result or anything that you have said. Sharing the result is up to you. Some churches ask couples to get an HIV test before marriage. This is a good idea, as it is important for couples to discuss how they will cope if one or both of them are living with HIV, and also how they will protect each other if both test negative. However, people should not be forced to have tests. If a couple do decide to have the test, it is also their choice about whether to share the results.

Who should go for voluntary counselling and HIV testing?

Everyone. No one knows for certain that they don’t have HIV unless they have had a blood test. It is good to know your status – if you are negative you know you can protect your status and if you are positive you can be supported in the right ways and also protect others from infection.

Why go for voluntary counselling and HIV testing (VCT)?

- If you know you are living with HIV, there are many things you can do to stay healthy, live long and still achieve your goals and dreams in life.
- You can enjoy sex while ensuring that you protect yourself from re-infection, and others from getting infected.
- If you are expecting a child, there are many things you can do to minimise the chance of HIV being transmitted to the child.
Activity

Can you tell?

Why do this activity?

– To challenge the assumptions people make based on physical appearance about whether a person is living with HIV.
– To clarify what it means to ‘live positively’ and live a long and healthy life with HIV in your body.
– To emphasise the need to get tested in order to know your HIV status.

Summary

Participants look at photographs of people and select who they think is living with HIV. They discuss the reasons for their choices. The facilitator then tells participants the actual stories of the people in the photographs, most of whom are living openly with HIV. These examples show that it is possible to live a long and healthy life with HIV and that you cannot tell HIV status by physical appearance.

Time

30–40 minutes (60–90 minutes if Step 4 is included – a speaker who is living with HIV)

Materials

– Set of six A4 photos of people
– Positive health booklet
– Photocopies of Handout 4: Pictures and stories of people (optional)

How to prepare

If possible, arrange for a person living with HIV to join the session. Ask him or her to talk to and answer questions from your participants. This should be someone who is currently healthy and positive about life and open about their HIV status.

Make photocopies of Handout 4 (page 42) – optional.

How to run this activity

Step 1  Participants select who they think is living with HIV

Lay out the six A4 laminated photographs of people. Ask participants to look at the pictures and say who they think is living with HIV and who they think is HIV-negative. Ask them to move pictures of people they think are living with HIV in one direction, those they think are not living with HIV in the other direction, leaving the ones they are not sure about in the middle.
Step 2  Discussion
Ask participants to explain why they have selected the people they have as either ‘living with HIV’, or ‘not living with HIV’. When someone says, for example, ‘He looks sad – he probably has HIV’ respond by asking them: ‘So if anybody looks sad, do you think they have HIV?’ In a similar way, when someone says ‘He looks very religious,’ respond by asking them: ‘So anyone who looks religious cannot have HIV?’ This gets participants thinking about the judgments and assumptions they make about people’s HIV status.

Select some of the pictures, one by one, and summarise the actual stories of these people using the information in Handout 4 (page 42).

Show how easy it is for participants to misjudge who is and is not living with HIV. Emphasise that it is impossible to know someone’s HIV status just by looking at them.

Step 3  Positive living and Positive health booklet
When you are explaining about David Patient, emphasise that he has been living with HIV for over 26 years, and that many others have now lived for over 20 years with HIV.

Introduce the Positive health booklet. Explain that it is based on studies of ‘long-term survivors’ including David Patient. It describes the many things they do to help them to stay healthy and live longer with HIV. Summarise some of the key points in the booklet.

Step 4  Speaker who is living with HIV (optional)
If you have a speaker who is living openly and positively with HIV and who is happy to share their own experiences with the group, introduce him/her and allow time for a presentation, questions and discussion.

Step 5  Discuss issues of justice and HIV
Comment:  ‘Many people living with HIV are concerned about issues of justice for themselves and their families. Exodus tells the story of when the Jews were released from exile and slavery in Egypt. The prophet Amos wrote at the same time as the Jews were in exile. Read and reflect on Amos Chapter 5 verse 24 “Let justice roll down like waters and righteousness like an ever-flowing stream.” Micah had written 100 years or so earlier. Reflect on Micah chapter 6, verse 8: “And what does the Lord require of you, but to do justice, and to love kindness, and to walk humbly with your God?”

The Prophet Isaiah repeatedly concerns himself with justice. Describing the “servant” in chapter 42, verse 3 (thought by most commentators to be a prophecy about Jesus 600 years before his birth), Isaiah writes: “a bruised reed he will not break, and a dimly burning wick he will not quench; he will faithfully bring forth justice.”

Reflect on what justice means for the family affected by HIV. Ask for ideas from your group. Make suggestions such as the right to access treatment, the right to non-discrimination.
Step 6  Pray and plan for ways to address the issues

Pray for the issues of justice the group has identified.

Say:  ‘Decide on one thing you will each do personally to ensure that there is love, support and justice for those of us who are living with HIV.

If you know you are living with HIV, or think you might be, decide on one thing you will do differently to stay healthy and live longer.’

Step 7  Give handout with instructions

If you have made copies of Handout 4: Pictures and stories of people, give them out to participants.

Explain:  ‘This handout is to remind you of the people and their stories. If you show this to your relatives, other church members or friends, first cover up the writing and get them to guess who is or is not living with HIV, so that they can also realise the assumptions they make. Then reveal the story of each one.’
Patricia Sawo tested HIV-positive in 1999. Patricia is a church leader and had previously stigmatised people living with HIV. Patricia now works with church leaders across the world to help them to end stigma. She says ‘The church is the best placed organisation in these communities to overcome shame and to offer a place for them to go. In my work with church leaders, I ask them: “Do you use HIV and AIDS to control your congregation – or your congregation to control HIV?” We need to provide accurate information, reduce stigma, provide care and support, and join with others who have been doing this pioneering work for years. Together we can do it.’ Patricia has also mobilised her church to support people living with and affected by HIV, and helps them get back to better health and return to their communities. Patricia is an HIV Ambassador for Tearfund.

Canon Gideon Byamugisha found out that he is living with HIV in 1992 and first publicly declared his status in 1995. He works as an educator and campaigner of behalf of people living with HIV, both within Uganda and internationally. He comments: ‘So many people accept that AIDS is “out there”, but they don’t go beyond that and do anything about changing their own behaviour. To be really open about HIV and AIDS, you have to acknowledge that it could affect you personally, that you could be at risk. You must act accordingly, for example get tested.’

Musa Njoko, diagnosed with HIV in 1995, is a renowned inspirational speaker, HIV-positive activist, musician, educator, counsellor and entrepreneur. She is one of the first women to publicly disclose her HIV-positive status in South Africa and has made a remarkable contribution locally and internationally in the health field, especially on HIV, TB and women’s health. Musa is an HIV Ambassador for Tearfund.

Sala Dube (right) aged 34, is a gardener from Ntabazinduna in Zimbabwe. He is married and has a son aged seven. Sala had an HIV test in November 2008 (when this photo was taken) and tested HIV-negative.

Valencia Mofokeng: ‘When I was first diagnosed with HIV I was angry, and for the first time in my life I thought of suicide. I think that by being silent I made myself very ill and depressed. Immediately after I told everybody, I was relieved and I began to live a normal life. But telling people was the hardest thing to do because you don’t know whether they are going to accept you or not. Some people said I was a loose woman who slept around. It was very painful because I was faithful to my husband. But each and every time I talk with somebody, I feel okay. As long as you accept it, it’s like other diseases. As long as you accept yourself, people will also accept you.’ Though born while Valencia was already living with HIV, her child is HIV-negative.

David Patient was originally diagnosed with HIV in 1983, and so has been living with HIV for over 26 years. He is still strong and healthy and has co-written various books, including Positive health. (A copy of Positive health is included in the Guardians of our children’s health package.)
**Activity**

8 My supporters

**Why do this activity?**

– To demonstrate how easily we can stigmatise others, and to understand how the person being stigmatised may feel.

– To recognise the importance of providing support for others, and what may happen if that support fails.

– To identify ways of reducing HIV-related stigma and to support those living with and affected by HIV.

**Summary**

Participants are divided into groups of seven to ten participants. Each group stands in a close circle. Individuals take turns standing in the middle and allowing the rest of the group to support them as they lean outwards. After several people have tried, group members are told to withdraw their support for the next person in the middle.

Participants discuss how the person in the middle feels when well supported, and when support is withdrawn. This emphasises the importance of having support from friends, family and community, and of accepting and not stigmatising or stereotyping someone because they are living with HIV or for any other reason.

**Time**

45–60 minutes

**How to prepare**

As well as reading and understanding the facilitation notes yourself, you will need to brief other co-facilitators to use this activity, one to work with each group of seven to ten people. For example, if you have between 21 and 30 participants, this will make three groups, so you will need two co-facilitators to help you.

**How to run this activity**

**Step 1**

Introduce the activity and arrange the groups

Welcome everyone and explain that they will be participating in an activity called ‘My supporters’ where each participant is expected to be supportive of others in the group.

Divide participants into groups of seven to ten. Because this activity involves physical contact, arrange participants into single sex groups with men/boys in one group and women/girls in another group, if you think your participants will find mixed sex groups embarrassing.

Ask: ‘When you think of “supporters” what do you think of? At a football match, what do the supporters do for the players?’

Some responses may be that they cheer, encourage, motivate, and inspire the players.

Say: ‘We are going to create a support system for each other. Are you ready to support each other in your groups?’
Step 2  Facilitators teach their groups how be good supporters

A facilitator should supervise each group and demonstrate this activity by starting off in the middle themselves. If you are the only facilitator, run one group at a time, with the other groups watching. Carefully follow these steps:

1. Each facilitator stands in the middle of their group and gets the participants to make a tight circle round them, shoulder to shoulder.

2. Tell the participants that you are going to ask them to literally ‘support’ you and keep you from falling to the ground as you lean in their direction.

3. Emphasise that this exercise needs everybody’s focus and attention to make it safe.

4. Show participants how to stand with one foot in front of the other, knees slightly bent, leaning forward, arms up and slightly bent. This is the strongest position to catch someone.

5. Stand in the middle of the circle, very straight with your feet together, arms folded across your chest, and your hands on your shoulders.

6. Ask the check-in question; ‘Are my supporters ready?’ When they all say ‘Yes’, check they are ready, then say ‘Leaning now’.

7. Select a section of the circle and lean gently towards them. Everyone in that part of the circle should help to catch you, and push you gently back up so you are standing straight and vertical again. (There should always be at least two people catching the person in the middle.)

8. Do not move your feet and keep your body straight like a broomstick. Lean in one direction and then another, so that you give each person a chance to help catch you. Encourage the group members if they are doing well. Tell them this is a serious activity with real dangers if they drop someone.

9. Continue until you are confident that the group has mastered the skill of supporting someone.

Step 3  Group members take a turn in the middle

Encourage group members to take a turn in the middle of the circle and be ‘supported’ by the rest of their group. Ask for the first volunteer to come into the middle and stand with their feet together, their arms folded across their chest, and hands on their shoulders. The facilitator now moves to being one of the supporters.

The group members get into their support positions, starting with their hands very close to the person in the middle. Remind everyone to keep their knees bent and body loose to act as a ‘shock absorber’ for the person leaning.

Before starting to lean, the person in the middle should ask the check-in question: ‘Are my supporters ready?’

Photo: Peter Labouchere
Using the ‘Supporters’ activity in Nairobi.
When all the group members in the circle have their arms up in the ‘ready position’ and reply ‘Yes’, the person in the middle can say: ‘**Leaning now**’, and then start leaning.

Encourage the person in the middle to close their eyes as they lean. Encourage several people to take a turn in the middle, but only if they want to – do not pressure them to do this.

**Step 4**  
**Facilitate a discussion with the whole group**

Use the following questions to facilitate a general discussion about the experience.
- ‘**What did it feel like to be in the middle and be supported?**’ Look for answers like safe, supported, comfortable.
- ‘**Who are the people in your life that act as “supporters” for you?**’ Possible responses include: friends, husband/wife, other family members, neighbours, fellow church members and religious leaders.
- ‘**What did it feel like to be one of the supporters?**’
- ‘**Who are the people in your life that you support? In what ways do you support them (including your husband/wife)?**’

**Step 5**  
**Demonstrate how it feels when support is withdrawn**

Invite one group to join you to do the activity again, and make a circle where everyone else can observe. Ask for a volunteer to stand in the middle and ask the ‘check in’ question. Then stop the activity, explaining that you are going to make some changes.
- Tell two or three of the supporters to put their hands down and hold them behind their backs.
- Tell two or three other supporters to take a big step backwards.
- Tell two or three other supporters to leave the circle and return to their seats.

Ask the person standing in the middle:
- ‘**Are you happy to continue with the activity now and start leaning, with only a couple of people left who are still ready to support you?**’ (They will undoubtedly refuse.)
- ‘**Why are you refusing?**’
- ‘**How do you feel?**’

Ask all participants:
- ‘**Is this what can happen when people find out that a family member, friend, church or work colleague is living with HIV?…**
- **Some people no longer offer support.** (Point to the people with their hands behind their backs.)
- **Some people distance themselves from the person living with HIV.** (Point to those who took a step back.)
- **Some people may reject that person, and break off contact with them.** (Point to those who have left the circle and sat down.)’
Explain that these are all examples of external stigma – treating someone else differently or unfairly because of a ‘label’ (such as ‘HIV-positive’) that has been attached to them.

**Step 6** Discussion: How can we better support those living with HIV?

Ask/discuss:
- ‘What are some of the reasons that people reject, judge, avoid and victimise those living with HIV?
- If you found out that you are living with HIV, would you feel comfortable telling others in your church and seeking support from them? If not, why not?
- Would your family members, friends and fellow worshippers feel comfortable telling you that they are living with HIV? If not, why not?
- What needs to be changed? What can we do, both individually and as a church, to be more welcoming and supportive of people living with HIV?’

**Step 7** Put good support into practice

Say: ‘We do not want the person in the middle to be left feeling unsupported. So can the group who withdrew support come together and this time provide really good support for the person in the middle?’

**Step 8** Explain self-stigma and that we do not have to accept the stigmatising attitudes of others

Ask participants: ‘Do the stigmatising actions of the supporters change the person in the middle?’

Explain: ‘It probably will affect how the person in the middle feels, but it does not have to. The actions of the supporters will only affect the person in the middle if he or she accepts the stigmatising attitudes of the supporters. This is called self-stigma or internal stigma.

There will be no self-stigma if their response is something like: “I’m still a good person, wonderfully created and loved by God, whether or not I have some HIV in my body. If that is your attitude to me, that is your problem, not mine.”’

**Step 9** Stigma and the Lost Son

Get participants to read Luke 15:11-32.

Explain: ‘Jesus’ parable of the lost son gives examples of stigma, self-stigma and acceptance without stigma.’

Ask: ‘Who in this story demonstrates self-stigma?’

Explain: ‘The younger son returns saying ‘Father, I have sinned against heaven and against you. I am no longer worthy to be called your son.’ If he keeps saying to himself things like “I am worthless” this
creates self-stigma. He needs to accept the forgiveness of his father and that he is wonderfully created and loved by the Father, despite the sins he has committed.

Think to yourself: Do you have self-stigma because of things you have done or said or that have happened in the past? Or do you accept that you are wonderfully created in the image of God, who loves and cares deeply for us, and will forgive when we repent?’

Ask: ‘Who in this story stigmatises another person?’

Explain: ‘It is the older son, who refuses to go in to greet his younger brother.’

Ask: ‘Who is accepting without stigma?’

Explain: ‘The father, despite knowing that his younger son had squandered his wealth in wild living, including with prostitutes, had compassion and welcomes him back. He does not even wait for his son to reach the door – he runs to him, throws his arms round him and kisses him.’

Ask: ‘Who are we like, individually and as a church, toward people we know or suspect may be living with HIV, in the way we judge their sexual behaviour? Are we like the elder son or are we like the father? How can we be more like the father?’

Step 10  The Good Samaritan

Either read the story of the Good Samaritan in Luke 10, verses 25-37, or summarise the story if your participants know it well.

Remind the group that in Jesus’ time, the Samaritans were despised and outcast by the Jews. They were thought of as ‘sinners’ because of their origins. In this story we see someone who is rejected by society being the very person to help another human in need.

Ask: ‘Are there examples of this in our own community?’

Encourage participants to reflect:

Ask: ‘Would you be prepared to do what the Samaritan did, or would you prefer to pass on the other side of the road?’

Think of one thing you could do in the next week as a “Good Samaritan”.

Close the meeting with a prayer, praying for wisdom and courage to put into practice the sort of approach that Jesus has to stigma.

Step 11  Close in prayer

Close the meeting with a prayer, praying for wisdom and courage to put into practice ourselves the approach shown by the Good Samaritan and also by the father in Jesus’ parable of the Lost Son.
9 Pregnant and positive drama

Why do this activity?
– To build skills and strategies for being supportive and addressing the issues raised when your pregnant wife or partner tells you that she is HIV-positive.
– To encourage disclosure of HIV status to your partner.
– To develop skills and strategies for addressing other relationship issues which affect parent-to-child transmission and its prevention.

Summary
The facilitator presents a short play in which a pregnant woman tells her husband that she has tested HIV-positive. The actor playing the man reacts in a way which clearly shows that he is unable to support his wife or deal with the issues. The actors perform their play once through to the end. They then act it again, but this time the audience is invited to interrupt the play and make suggestions for what the man could do or say differently. The play then continues using these suggestions.

Time
30–40 minutes

Materials
– Two ‘Actors’ (either participants or co-facilitators), preferably one man and one woman
– The laminated card drawings of a man and a pregnant woman
– Two lanyards (cords with a crocodile clip)

How to prepare
Before the start of the session, ask two people (either participants or co-facilitators) to be the two actors. Brief them about how this activity works:
– One will play a pregnant woman who is upset and worried, having recently got a positive result from an HIV test. She tells her husband (the other actor) about the test result.
– The husband should react in a way that is very unsupportive of his wife, and clearly shows that he is not willing to get tested himself or able to address the issues raised. He should say and do things which are very clearly wrong, unhelpful or inappropriate.

If possible, watch them as they practise, to make sure they are doing it as you want it. Make sure the man does and says things that your audience will definitely think are wrong. The play should be short – it should have only one scene and last between one and three minutes.

Explain to them that the second time, they must act the play exactly the same until someone from the audience stops the play, and will be invited to take the place of the man.

Brief the ‘wife’ to be quite upset about her test result, so that other ‘husbands’ (from the audience) are challenged to support her and gently introduce ideas around positive living. She should also tell her ‘husband’ that he should get tested, and that she has been told they should use condoms (but she hates condoms as she thinks they are sinful and give no pleasure). This again challenges the ‘husband’ to convince her that they should use condoms together, giving positive reasons.

How to run this activity

Step 1 Outline the scenario

Say: ‘Imagine this situation: You are a man. Your wife is pregnant. She goes to the antenatal clinic. When she returns home, she tells you that she had a test for HIV and it was positive.

■ What would you do? What would you say?
■ What is a common response amongst men in your community?’

Facilitate brief discussion around the responses.

Step 2 Perform the play the first time

Introduce the short play that your actors are going to perform. Put the lanyards with the cards of the pregnant woman and the man round the necks of the actors.

The actors perform the short play for the first time straight through to its end.

When it is finished, encourage the audience to applaud.

Ask:
■ ‘What did you think of the way the man behaved?
■ What should the man say or do differently?’

Step 3 Act the play again, with audience involvement to change the outcome

Explain to the audience what will happen now:

Say: ‘The play will run again, starting off exactly the same, but you (the audience) can get involved with changing what the man does and says so he will be more supportive and will maintain a good relationship with his wife. As soon as the man does or says something that you think is wrong or unsupportive of his wife, put your hand up and say “Stop!” to stop the play.’

As soon as a member of the audience lifts a hand or says “Stop!”, clap your hands and say “Cut!”. Ask those who stopped the play why they have done so, and what suggestions they have for how the man can change what he says or does in order to improve the outcome. Invite them to come and take over the role of the man, and demonstrate what the man should say and do differently, to support his wife better and address the issues he now faces around testing himself and using condoms. Transfer the lanyard with the laminated card of the man from the original ‘husband’ to the new ‘husband’.

Ask the actors to rewind the scene a little and do it again. Once again, invite the audience to put a hand up and say “Stop!” to stop the play if they think the new person playing the man could improve what they are saying or doing. If others (either men or women) stop the play with such suggestions, get them also to take over the husband’s role and demonstrate what
Step 4  Identify what strategies are working well

Ask/discuss:
- "What have we learnt from this activity?"
- "What are the strategies that worked well in this situation?"
- "How would these strategies help to prevent parent-to-child transmission?"

Step 5  Practise in pairs / small groups

Split participants into pairs.

Explain: ‘This is your chance to try out and practise some of the ideas you have developed. Follow these steps:
- Act the play again, with one person taking the role of the person disclosing their HIV-positive test result. The other person acts as their husband/wife, doing the best they can to address the issue in a good way.
- When they finish, the person who “discloses their status” should give feedback to the other person, telling them what they did well, with suggestions for how they could improve what they do or say.
- Swap roles and repeat the previous two steps.’

Step 6  Bible study – Pregnant and positive

Re-assemble the group and ask them what they have learnt from practising in pairs.

Ask participants if they can remember any pregnancy stories from the Bible. Make a quick list.

Get participants to read one or more of the following three pregnancy stories:
- Luke 1:8-25
- Luke 1:26-45
- Genesis 17:15-21; 21:1-7

Discuss: ‘What application can these stories have in a time of HIV? The clue is in the drama we have just done! In each of the stories we want you to think about first the mother and then the father – try to describe to one another how they will have felt.
- Each had reason to be both happy and somewhat concerned – why do you think that was? If you are not sure, think of their ages, their marital status and the healthcare systems available to them.
- How well did they listen to the advice and messages that they were given?
- What support might they have had around them to assist them at this time of change?’

Reflect alone and then together on the ways that you can better support and assist those who are pregnant in your communities – especially with your knowledge of HIV.

Ask: ‘How well are we communicating the risks and how well are these messages being heard?’

Finish with a prayer.
Understanding prevention of parent to child transmission (PPTCT)

Activity 10 PPTCT during pregnancy and birth

Why do this activity?
- To explain how both parents can help prevent HIV transmission to their baby during pregnancy and birth.
- To clarify the importance of avoiding HIV infection or re-infection during pregnancy.
- To clarify why, without treatment, there is a significant risk of HIV transmission during birth.
- To explain how using ARVs (such as Nevirapine and AZT) can dramatically reduce the risk of infection during birth.

Summary
This activity uses a short drama sketch to demonstrate and explain the risks of parent to child transmission during pregnancy and birth and how both parents can help to minimise these risks. The drama sketch involves demonstrating and discussing what happens in four scenes:

Scene 1: Pregnancy
Scene 2: HIV infection or re-infection during pregnancy
Scene 3: Birth without ARV treatment
Scene 4: Birth with ARV treatment

Time
30–40 minutes

Materials
- The laminated card of the pregnant woman
- Two sticks, branches or pieces of string, each about 1 metre long, to make the ‘birth canal’
- About 12–15 participants or co-facilitators to play various roles in the drama.

How to prepare
If your audience is literate, make copies of Handout 5 (page 57) to give to them at the end of the session.

If possible, before the session starts, ask a co-facilitator or one of your participants to play the role of HIV, and explain clearly to this person what she/he must do in this role.

Find out what your country’s policy is on PPTCT (or PMTCT). This varies between countries.
How to run this activity

**Step 1**  Reflect on the miracle of creation

Ask someone to read out Psalm 139: verses 1, 13–16. Comment that mothers among the participants will never ever forget the pains and the joys of childbirth (see Isaiah 49:15).

Thank God for the miracle of a child developing from conception to birth in their mother’s womb. Pray that what we learn today will increase our knowledge of the risks of HIV transmission to babies, and what both men and women can do to prevent this happening to their baby.

**Step 2**  Explain how HIV can be transmitted from parents to their child

Show participants the card of the pregnant woman.

Ask:  ‘If this pregnant woman is living with HIV, does it mean that her baby will also have HIV?’

Answer:  ‘Not necessarily. In fact, even without treatment, the child is more likely to be HIV-negative than HIV-positive.’

Ask:  ‘If there are 100 pregnant women, all living with HIV, in how many of these 100 cases is HIV likely to transmit to the baby?’

Once participants have had a chance to answer...

Explain:  ‘Without treatment, roughly 35 out of the 100 women will have babies infected with HIV. The other 65 babies will be HIV-negative. With appropriate knowledge, treatment and care, involving both the mother and father, the risk can be reduced much further, so that fewer than 10 out of the 100 babies will be infected.

There are three stages where there is a risk of parent-to-child transmission of HIV: during pregnancy, childbirth and infant feeding. Out of 100 pregnant women, living with HIV, with no treatment provided, about 7 of the babies are likely to contract HIV during pregnancy, 15 during childbirth and 13 through breastfeeding, – a total of 35 of the 100 babies.

However, the risk of HIV transmission to the baby at each stage can be dramatically reduced if both the father and the mother (and other family members and friends) understand and take action to safeguard the health of their child.

When a child is conceived it always starts off HIV-negative, even if one or both of the parents are living with HIV. HIV cannot get inside the eggs of a woman who is living with HIV. The semen from a man who is living with HIV contains both sperms and HIV particles, but the HIV cannot get inside the sperms.

This activity focuses on preventing the transmission of HIV during pregnancy and birth. The next activity will address issues around breastfeeding and infant feeding options.’
Step 3  The drama sketch

Either read what is written or use your own words and a language that participants are comfortable with. As you do so, ensure that the actors demonstrate what you are saying. Stop briefly between each scene, so that the different stages are clear.

Scene 1: Pregnancy

Say (or use your own words):

‘Imagine that this training area represents the body of a woman who is living with HIV. She is still healthy, and her immune system is strong. We need you to play the roles of different things inside her body. The woman is pregnant, and she is carrying inside her a small baby or foetus. Can I have a volunteer to be the baby?’

Get the person volunteering to be the Baby to come into the middle of the room and crouch down in the foetal position.

Ask: ‘Can I have about eight to ten more volunteers to protect the baby by making a circle around it?’

Get about eight to ten more participants to form a tight circle around the Baby, holding hands or with arms linked.

Explain: ‘Those now surrounding the baby represent things that protect the baby, including the strong uterus wall, a protective bag called the amniotic sack and the placenta. The placenta filters out infections and allows only good nutrients and food for the development of the baby to pass down the umbilical cord. In most cases it stops HIV from the mother entering the baby.

Even if both the mother and father are living with HIV, at the start of the pregnancy the foetus is always HIV-negative.’

Get someone to play the role of HIV. Get them to hold their hands to their forehead, forefingers pointing forward like horns, as shown here.

Get HIV to try to get through the protective uterus wall to touch the Baby. Ask those forming the protective wall to prevent HIV getting through and touching the Baby.

Explain: ‘HIV tries to touch and infect the baby, but it is difficult for HIV to get through the protection around the baby. If the woman is healthy, her strong immune system keeps the virus under control, so there are not many HIV particles in her body. The baby has its own blood and heart, separate from the mother, and in this situation the risk of HIV passing from the mother to her baby during pregnancy is low.’
Scene 2: Re-infection with HIV during pregnancy

Explain: ‘If the pregnant woman has unprotected sex (without a condom) and gets re-infected with another strain of HIV, lots more HIV particles will develop in her body. This greatly increases the risk that HIV will get through the uterus wall and infect the baby. It can take up to three months before her immune system manages to control and reduce the amount of virus in her body.’

Get three more participants to be HIV with ‘horns’ (hands to their forehead, forefingers pointing forward) so there are now four of them trying to break through into the Uterus and touch the Baby. They will probably now succeed.

Ask: ‘As you can see, it is very important that a pregnant woman and her husband/partner ensure she avoids getting re-infected with HIV. How can they do this?’

(The answer should be either ‘abstain from sex’ or ‘use a condom correctly each time’.)

Say: ‘Let’s imagine that this woman and her husband or partner have made good choices. They have both had an HIV test and she knows that she is living with HIV. During her pregnancy, she and her husband have abstained from sex, or have used a condom properly each time. She has therefore avoided re-infection and the amount of virus in her body has remained low, minimising the risk of transmission to her unborn baby.’

Get the three extra people playing HIV to return to being part of the audience, leaving just the original person playing HIV.

Scene 3: Birth without treatment

Lay down the two sticks or branches or pieces of string to represent the vagina / birth canal for the Baby.

Explain: ‘During birth, the baby has to leave the protective safety of the uterus and pass through the tight channel of the vagina, represented by the gap between these sticks. The muscles around the uterus contract and push the baby out. With the bleeding that normally occurs, if HIV is not controlled, there are significant risks of HIV from the mother finding a way to enter the baby.’

Get the Uterus to contract and push the Baby out through this channel. HIV waits by the sticks representing the vagina and touches the Baby as it passes through to be born.

Explain: ‘HIV transmission is more likely to occur if there are problems with the delivery, such as prolonged labour. The baby’s skin is easily damaged in prolonged labour and the baby can more easily be infected by blood from the mother. It is therefore vital that mothers living with HIV deliver in a health facility with professionally trained staff and equipment present.’
Scene 4: Birth with treatment

Get the Baby to return to being inside the Uterus.

Say: ‘Now let’s go back to the woman being pregnant. However, this time the woman and her husband have had HIV tests and she knows that she is living with HIV. She and her husband have also learnt how they can reduce the risk of transmitting HIV to their baby during birth.

Particular types of antiretroviral drugs (ARV), can reduce the risk of transmitting HIV to their baby during birth, by reducing the amount of HIV in the mother’s body.

If the woman’s immune system has already become weak, so she is struggling to fight off infections, she should take a combination of ARVs every day (called HAART – highly active antiretroviral therapy).

If the woman’s immune system is still strong, she should take just one or two types of ARV during pregnancy and birth, such as AZT and Nevirapine – your doctor or clinic will advise on exactly what to take and when. When labour starts, the woman should get to the nearest clinic, where it is safer to have the baby. She should take an anti-retroviral (ARV) tablet prescribed by the clinic. This ARV attacks and holds HIV, preventing it from attacking and infecting the baby during the birth process.’

Get another participant to be ARV. Get ARV to hold HIV back or to stand in its way, so that HIV cannot touch the baby during birth.

When the Baby ‘has been born’...

Explain: ‘The tablet the woman took starts to wear off after a day or two, so ARV lets go of HIV. The woman is still living with HIV, but her baby has been born with minimal risk of having been infected by HIV so far.’

Get ARV to let go of HIV and leave the body.

Explain: ‘In case a little HIV has still managed to get into the baby during birth, the baby needs to get some Nevirapine syrup within three days of birth to prevent the HIV taking hold and developing. In some clinics mothers are given Nevirapine in a special syringe that they can take away, to put into the baby’s mouth within three days of delivery.

Get ARV to come and brush down the newborn Baby.

Step 4 Review the drama, clarify on testing of babies

When the drama is complete, thank all the actors, and get everyone to give them applause. Ask the actors to come out of role, saying: ‘I am now … (their own name) again.’

Ask if there are any questions about the drama and the issues it raises.
If your participants have access to the medical facilities and finances for giving birth by caesarean section, mention that this is another option which minimises the risk of HIV transmission to the baby during birth.

Clarify that the most common HIV-antibody tests cannot tell you whether a newborn baby is HIV-positive or not. The most commonly used HIV test detects HIV-antibodies (which the body has created to fight the virus), not the virus itself. Babies of HIV-positive mothers receive some HIV-antibodies from their mother during pregnancy, even if the virus has been prevented from entering the baby. An HIV test in a baby may detect the mother’s HIV-antibodies even if the baby does not have HIV. To know if the child of an HIV-positive mother also has the virus, the test should be done when the baby is about 18 months old, when the mother’s antibodies will have gone. Alternatively, a more complicated test (called the PCR) can be done to detect the virus itself. When available, this blood test is usually taken at six weeks.

**Step 5  Give handout**

If participants are literate, give them any copies you have made of Handout 5.
Preventing parent-to-child transmission (PPTCT)

How likely is it that the child of an HIV-positive pregnant woman will also be HIV-positive?

It is possible for HIV to pass from an HIV-positive mother to her child during pregnancy, during childbirth, or through breast-feeding.

Without any treatment at all, the chance of transmitting HIV from mother to child is roughly 35%. In other words, for every 100 HIV-positive pregnant women, on average only 35 will have a baby who is HIV-positive, and 65 will prove to be HIV-negative. With care and treatment involving both parents, this risk can be reduced much further.

It is better to talk about prevention of parent-to-child transmission (PPTCT) rather than prevention of mother-to-child transmission (PMTCT), to make it clear that fathers should be involved too and can play a key role in preventing HIV transmission to their baby.

Primary prevention of parent-to-child transmission

This includes:

- ensuring that prospective parents remain HIV-negative
- encouraging parents who are living with HIV to postpone having children.

Secondary prevention of parent-to-child transmission

This is about what to do when the mother or both parents are already living with HIV and she becomes pregnant.

There are various ways of reducing the risk of HIV passing from mother to child, once the mother knows that she is living with HIV. That is why it is very important for a pregnant woman (and her husband) to get tested for HIV. This is normally offered as part of their antenatal care.

Women who become infected or re-infected with HIV while they are pregnant or breast-feeding have a greater risk of passing HIV to their babies than women who were infected with HIV earlier. This is because there is more HIV virus in the body during the first three months after infection. (It takes this time for the body to create antibodies to the virus, which control and reduce the amount of virus in the body.) It is therefore very important for a woman who is pregnant or breastfeeding to avoid the risk of HIV infection or re-infection.

The risk of HIV transmission during childbirth can be reduced in various ways, including by using particular antiretroviral drugs (ARVs) during late pregnancy and labour.

How should an HIV-positive mother feed her infant?

The decision on whether an HIV-infected mother should breastfeed or use 'replacement feeding' (ie a breast-milk substitute) depends on various factors. Further advice can be sought from local healthcare professionals.
The World Health Organisation (WHO) recommends the following:

- To minimise the risk of HIV transmission, exclusive breastfeeding should be used for up to six months if possible. Then mothers should be supported as they stop breastfeeding.
- When and only when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive mothers is recommended.

Choose either exclusive breastfeeding or replacement feeding, and stick to it. Exclusive breastfeeding means feeding the infant only with breastmilk; adding no water, porridge, cow or goat milk or any other replacement. It is very important to breastfeed exclusively, as replacement feeding can weaken the stomach lining, allowing HIV in the breast milk to then enter the baby’s bloodstream.

At the end of six months, the mother weans the baby onto replacement feeding as quickly as possible to reduce risk of infection. It is not easy to suddenly stop breastfeeding and mothers will need help and support.
**Activity 11  Infant feeding options**

**Why do this activity?**
- To provide basic information about the risks, benefits and issues involved for different infant feeding options.
- To clarify how important it is to support the mother in sticking with the feeding option she chooses and to avoid mixed feeding.
- To encourage pregnant women who are living with HIV and their husbands/partners to seek professional counselling and advice about the best feeding option for their baby.

**Summary**
The different infant feeding options for a woman with HIV infection are discussed and a physical demonstration done with different liquids to emphasise how important it is to avoid mixed feeding.

**Time**
30–40 minutes

**Materials**
- The card character picture of the pregnant woman, and another card character picture for her husband
- The A4 laminated card of a woman breastfeeding
- The A4 laminated card of a woman feeding her infant with a cup
- A glass or a clean, transparent clear plastic or glass bottle
- A cup or mug
- A small amount of fresh milk – about 20ml or 4 tablespoons
- Lemon or other acidic juice (eg a lemon / orange fizzy drink, Sprite, Fanta or the juice from one large lemon squeezed into the cup or mug). You need about the same amount of acidic juice as milk for this to work well, ie about 20ml – 4 tablespoons.

**How to prepare**
If your audience is literate, make copies of Handout 5 on pages 57–58 to give them at the end of the session.

Put about 20ml (4 tablespoons) of fresh milk in a clean, transparent clear plastic or glass bottle, or a glass.

Put about 20ml (4 tablespoons) of acidic juice in a cup or mug.

Find out how much a 450g tin of baby milk powder costs. Multiply by seven to give an idea of the average monthly cost of milk powder for the baby’s first six months (if replacement feeding.)

Find out about the guidelines in your country on infant feeding.
How to run this activity

**Step 1**  Introduce this activity

**Explain:** ‘We addressed issues of transmission during pregnancy and birth in Activity 10. This activity will focus on the third way of possible transmission, through breastfeeding, and show how to feed your baby to ensure good health and minimise the risk of HIV transmission through breastfeeding.’

Emphasise that it is important to discuss options and plan how to feed your baby during the pregnancy, before the baby is born, and to get proper professional advice. It is also important for fathers (and if possible, close relatives) to be involved with such discussions, so that they fully understand and can support the agreed feeding plan.

**Step 2**  Feeding a baby if the mother is HIV-negative – benefits of breastfeeding

Show participants the card characters of the pregnant woman and her husband. Get participants to give them each a name, eg Tendai and Chuma. Ask participants:

**Ask:** ‘If, when Tendai and Chuma go for HIV testing and counselling, Tendai finds that she is HIV-negative, how do you think they should plan on feeding their baby?’

Listen to the responses, then hold up the laminated card shown here of a woman breastfeeding and explain and emphasise the benefits of breastfeeding:

**Say:** ‘Breastmilk is the perfect food for babies. It provides effectively all the nutrients, vitamins and minerals that an infant needs to grow and develop and it also helps to build the baby’s immune system. If Tendai knows for sure that she is HIV-negative, and remains HIV-negative, exclusive breastfeeding for the first six months and mixed feeding from six months for up to two years is the best option for the health of her child.’

**Step 3**  Options for feeding a baby if the mother is HIV-positive

**Ask:** ‘If, when Chuma and Tendai go for HIV testing and counselling, either Tendai or both of them find that they are living with HIV, how do you think they should plan on feeding their baby?’

Listen to the responses, which will tell you how much the audience knows about the subject.
Explain: ‘The main feeding options for a woman who is living with HIV are:

■ either (1) **Exclusive breastfeeding** (Hold up this card of the woman breastfeeding), where the mother gives her infant only breastmilk and the child receives no other food or drink – not even water. The only exception is drops or syrups consisting of vitamins, mineral supplements, or medicines.

The mother continues exclusively breastfeeding for up to six months, and then stops breastfeeding, weans the child off the breast and goes straight to replacement feeding.

■ or (2) **Replacement feeding from birth** (Hold up this card of the woman feeding her baby with a cup), where the mother avoids breastfeeding altogether and sticks to just formula milk feed and other replacement foods.

If Tendai is living with HIV, there will be some HIV in her breastmilk, and breastfeeding will have a small risk of infecting her baby. This risk increases the longer she carries on breastfeeding. However, exclusive breastfeeding has many benefits and may still be the best option for the health of her baby.

With professional guidance, Chuma and Tendai will have to choose the option most suitable to their situation. It is very important for Chuma to go with Tendai to learn about and discuss their options, so that he understands and agrees with the choice. He can then support Tendai as they put into practice what is best for the healthy development of their baby.’

**Step 4  Demonstrate which option is likely to be best for their situation**

Place these pictures on either side of the training area, or get someone to stand holding each one.

Explain: ‘We will now help you consider which option would be best to use in your family if you and/or your partner were living with HIV.’

Get everyone to move to the replacement feeding side.

Say: ‘I am going to ask you some questions. Depending on your answers, I may ask you to move to the exclusive breastfeeding option.’

Ask each question, and wait till people have moved before asking the next question. Clarify that once someone has moved to the ‘breastfeeding’ side, they may not move back.

1. ‘Do you normally get your drinking water from a river, stream, pond or well? If your answer is “Yes”, then move to the breastfeeding side.

2. Do you have a flush toilet in your home? If “No”, move to breastfeeding side.
3  Do you have enough money to buy enough formula feed every month? (Tell participants roughly how much this might cost – during the first six months, a baby will need a total of about 42 x 450g tins of baby milk – seven tins each month.) If “No”, move to breastfeeding side.

4  Do you have enough money for transport to buy formula feed when you run out of stock? If “No”, move to breastfeeding side.

5  Do you have a refrigerator with reliable power? If “No”, move to breastfeeding side.

6  Can you always prepare each feed with boiled water and clean utensils? If “No”, move to breastfeeding side.

7  Would it be difficult to prepare milk feeds at night? If “Yes”, move to breastfeeding side.

8  Do your family know that you or your partner is HIV-positive, or would you tell them if you were HIV-positive? If “No”, move to breastfeeding side.

9  If a mother does not breastfeed her newborn baby, would others in the community assume that she has HIV? Would you be able to cope with these rumours? If “No”, move to breastfeeding side.

10 Would the father and other family members be supportive and willing to help with milk feeding? If “No”, move to breastfeeding side.

Turn to those who are now on the breastfeeding side.

Say:  'If you are ever in a situation where you are expecting a child and the woman is living with HIV, probably the best option for the health of your child is exclusive breastfeeding for the first four to six months before weaning it. However, both parents should go together to a clinic to get counselling on infant feeding options before the child is born, and make a firm decision then on which option to choose.'

Now turn to those who have remained on the replacement feeding side...

Say:  'If you are ever in a situation where you are expecting a child and the woman is living with HIV, probably the best option for the health of your child is exclusive replacement feeding from birth, with no breastfeeding at all. However, both parents should go together to a clinic to get counselling on infant feeding options before the child is born, and make a firm decision then on which option to choose.'

Step 5  Clarify the AFASS conditions for replacement feeding from birth

Explain that this exercise demonstrates World Health Organisation recommendations for either breastfeeding or replacement feeding:

Say:  ‘Exclusive breastfeeding for the first four to six months before weaning the child is recommended in all cases, except when replacement feeding is Acceptable, Feasible, Affordable, Sustainable, and Safe (AFASS) and all these five AFASS conditions are met.’

Clarify AFASS – requirements and conditions for replacement feeding – with the help of the notes below.
**AFASS – requirements and conditions for replacement feeding**

**ACCEPTABLE** The mother perceives no significant barrier(s) to choosing a feeding option for cultural or social reasons or for fear of stigma and discrimination.

**FEASIBLE** The mother (or other family member) has adequate time, knowledge, skills, and other resources to prepare feeds and to feed the infant, as well as the support to cope with family, community, and social pressures.

**AFFORDABLE** The mother and family, with available community and/or health system support, can pay for the costs of the replacement feeds. They must be able to cover all costs, including all ingredients, fuel and clean water, without compromising the family’s health and nutrition spending.

**SUSTAINABLE** The mother has access to a continuous and uninterrupted supply of all ingredients and products needed to implement the feeding option safely for as long as the infant needs it. For example, if the mother cannot afford to purchase formula feed, it is likely that the AFASS conditions cannot be met. A single donation of formula feed is unlikely to be sustainable and should not be used by an HIV-positive mother.

**SAFE** Replacement foods are correctly and hygienically stored, prepared, and fed in nutritionally adequate quantities. Infants are fed with clean hands using clean utensils, preferably by cups.

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**Step 6** Demonstrate the dangers of mixed feeding

Explain: ‘*Whichever option Tendai and Chuma choose, it is vital that they stick to their choice – either exclusive breastfeeding, or exclusive replacement feeding. If the baby gets a mixture of breastmilk and other food and drink, this creates a much higher risk of HIV infection.*’

Show participants the glass or bottle with some fresh milk in it. Say that this is breastmilk. Tip the glass or bottle slightly to one side and then back to upright again, so that the milk runs down one side.

Say: ‘*See how the milk is smooth and covers the inside of the glass/bottle with an even layer. That is what happens in the stomach of the baby. The milk creates a smooth, fatty layer lining the inside of the baby’s stomach, which helps prevent any HIV entering the baby’s bloodstream.*

*Now let’s see what happens when we add other liquid into this cup, which represents baby formula milk or other replacement food or drink.*’

Pour the lemon or other acidic juice from the cup into the glass/bottle with the milk. Within a few seconds it should curdle and go lumpy.

Again, tip the glass/bottle to one side and back again. This time it should leave a lumpy pattern on the side of the glass. Take the glass/bottle round so that your participants can see.
Say: ‘Look – this is what happens when you feed a baby a mixture of breastmilk and baby formula milk or other food and drink. This replacement food or drink destroys the fatty protective layer lining the inside of the baby’s stomach, and leaves holes through which the HIV from the breastmilk can now quite easily enter into the bloodstream of the baby.

Whether breastfeeding or replacement feeding, it is therefore vital for a mother who is living with HIV to stick to one option or the other.’

Step 7 Summarise and again recommend infant feeding counselling

Emphasise that: ‘Choices about infant feeding are quite difficult for someone living with HIV. What is best for each family depends on their individual circumstances.

All pregnant women and their husbands are advised to get tested to find out their HIV status. If HIV-positive, they should seek professional advice and counselling during the pregnancy about options for feeding their baby.

It is strongly recommended that the husband/father gets involved and attends the infant feeding counselling, as his support is vital.’
# Section D

## Building values, beliefs, skills and strategies for PPTCT

### Activity 12 Where do I stand?

**Why do this activity?**
- To explore some of the beliefs, values and attitudes we have which may impact on preventing parent-to-child transmission of HIV.
- To challenge and change some of the unhelpful beliefs we may have around relationships, HIV, having children and feeding young children.

**Summary**
A series of statements are read out to participants, reflecting different attitudes, values and beliefs around issues related to PPTCT. Participants all begin in a neutral position but, in response to each statement, they may move to one of four other positions – Strongly disagree, Disagree, Agree or Strongly agree. They then discuss their choices.

**Time**
30–60 minutes (depending on the number of questions and depth of discussion)

**Materials**
Four pieces of card or paper on which to write the labels 'Strongly agree', 'Agree', 'Disagree' and 'Strongly disagree'.

**How to prepare**
Select which statements you will use, or add your own to bring out particular issues relevant to your participants.
Write 'Strongly agree', 'Agree', 'Disagree' and 'Strongly disagree' on the four pieces of card or paper, in a language easily understood by participants.

**Notes for facilitators**
This activity is very good for getting to understand some of the attitudes and beliefs of your participants.
It is also good for challenging some of the limiting beliefs held by participants. People express limiting beliefs with statements like: 'I cannot…', 'I have to…' or 'It is impossible to….' These leave the speaker no alternative possibilities, and are therefore disempowering. For example:

- 'I cannot talk to my children about sex.'
- 'As a woman/girl, I have to do what the man/boy says.'
- 'If I have HIV, I cannot live to see my children grown up.'

You can challenge and help people change their limiting beliefs by responding to such statements with specific types of questions, such as:

- 'What would happen if you did?'
- 'What would happen if you didn’t?'
- 'Has anyone like you ever done what you say you cannot do?’ eg Have other parents spoken with their children about sex?

These types of questions prompt people to realise that in fact there are other options and possibilities they could choose. Avoid the question 'Why?' This just lets people justify and reinforce their limiting beliefs, instead of encouraging them to think about other possibilities.
How to run this activity

**Step 1**  **Introduce the activity and its objectives**

Explain: ‘This activity aims to explore some of the beliefs, values and attitudes we have about relationships, HIV, having children and how we feed them. Everyone can participate in this activity. You can show how much you agree or disagree with a number of different statements, and discuss your reasons for this.’

**Step 2**  **Create positions for levels of agreement/disagreement**

Ask all your participants to stand together at the back of the training area or room. Tell them that this position is the ‘Neutral’ position.

If the group is small (less than 15 participants), put the labels saying ‘Strongly agree’, ‘Agree’, ‘Disagree’ and ‘Strongly disagree’ in each position.

For a larger group (over 15 participants), ask for four volunteers to be ‘callers’ for each of the different positions – such as ‘Disagree’ or ‘Strongly agree’.

Get the callers to stand in different positions in the training area, as shown, and give each caller the relevant card.

**Step 3**  **Participants take positions to express their views**

Explain to all participants that you will be reading out statements to them. Some of them might be controversial and they will probably have different opinions. Read the first statement selected.

Say: ‘Think about the statement and go to the position that reflects how much you personally agree or disagree with the statement. If you have no opinion or if you are not sure about this issue, you may remain where you are in the neutral position.’

Get each caller to remind people which position they represent, so that everyone is clear where they should go. For example, ‘If you Strongly disagree, come here’ or ‘If you Agree, come here.’
**Step 4** Facilitate discussion

After the participants have taken their places, ask for a volunteer from each occupied position to explain why they are standing where they are.

The goal is not to convince others that there is one right answer, but for participants to be allowed to think critically about their views and to learn from each other.

Facilitate the discussion and, if appropriate, use the questions and notes under each statement.

**Step 5** Everyone move to a position of agreement/disagreement

Ask all those who stayed in the neutral position to now move to one of the other positions, after listening to the discussion and explanations. Allow others to move to another position if what they have learnt from the discussions and explanations has changed their ideas and opinion on the issue.

If there are still people left in the neutral position, check whether this is because they are struggling to understand the issue, and provide further information as necessary.

**Step 6** Repeat Steps 3, 4 and 5 for other statements

Repeat steps 3, 4 and 5 for other statements which you think will bring out issues relevant to your participants.

**Step 7** The right hand of fellowship

This activity may have brought out some strong emotions and differences of opinion. To disagree over certain things is human. Disagreeing is one of the ways in which we develop ideas and bring about change. The disciples did not always see eye to eye. At the time of a particularly strong disagreement (over the role of circumcision as a prerequisite for membership of the church) the two camps parted, but extended to each other the right hand of fellowship (Galatians 2:9).

As you close today’s activity, encourage everyone to extend the right hand of fellowship, praying God’s grace to go with each person as they return home. Invite participants to say ‘the Grace’ together, perhaps holding hands in a circle and looking at each other around the room.

Together: ‘May the grace of our Lord Jesus Christ and the love of God our Father and the fellowship of the Holy Spirit be with us all now and for ever more. Amen.’
List of ‘Where do I stand?’ statements

The statements to read out are in bold. Following each statement are some questions and/or notes to help you facilitate discussion around the issue. Select statements most relevant to your participants.

1 HIV is a punishment from God

If someone agrees with this statement, ask them whether that is also true for the child who gets HIV from his or her mother? Or the faithful wife who has only known her husband?

John 9 records a discussion between some Pharisees, a man born blind and his parents. Jesus gave the man his sight. Though the man does not know why he is blind, Jesus’ disciples and the Pharisees assume the blindness is caused by someone’s ‘sin’ – parents, grandparents, whoever. Jesus says no. The man was born blind so that God’s work might be revealed.

In Psalms 100:5 and in Mark 10:18, we read of God’s goodness towards both saint and sinner alike. Because of his goodness, he sent his one and only son; that whoever believes in him (whether HIV-positive or negative) should not perish but have eternal life. God’s goodness is further reflected in the way he rescues us from trouble (Psalms 107; 136) and through his patience.

If HIV and AIDS were indeed diseases sent to punish sex offenders, then why is HIV spread through unsafe blood, unsafe circumcision, contaminated needles and injections, and through faithful parents to their unborn baby? Rather than blaming God for ‘punishing us’ with HIV, we should be thanking him for his mercy and grace in helping us understand how HIV is transmitted, how we can prevent transmission to our partners and children, and how we can support our loved ones who are living with HIV.

Our God is a merciful God whose mercies never come to an end (Lamentations 3:22-23). God’s judgment is just and for sexual and non-sexual sinners alike. Christ endured the punishment for all our sins in offering himself as the true and final sacrifice for all our various sins. Through his sacrifice we have been justified. Through our faith in Jesus, we receive pardon and acceptance for our sexual and non-sexual sins and shortcomings – an acceptance and pardon we can find nowhere else (Luke 15:20-24, Galatians 2:15-16; 3:24-25).

God forgives us for our wrongs but that doesn’t mean we should continue committing sexual and non-sexual sins. Absolutely not! Our behaviour should be life-affirming, reflecting God’s love and grace to us.

2 It is natural and normal for a man to have a girlfriend as well as his wife

If you use this statement, use Statement 3 next.
3 It is natural and normal for a woman to have a boyfriend as well as her husband

If participants agree with Statement 2, but disagree with this Statement 3, ask why it is different for men and women.

4 Couples should go together to get tested for HIV

Emphasise both the value of knowing one’s HIV status, and of going together with your husband/wife/partner for the test.

5 Someone who finds out they are HIV-positive can get very depressed and give up on life, so it is better not to know

It is certainly important for someone to realise, before they have a test, that it is still possible to live a long and healthy life with HIV in their body, and still to achieve their dreams and goals in life, even including having (more) children. If they know this before they find out their status, it will help to plan accordingly to ensure they stay healthy. (This can link with Activity 5)

The booklet Positive health (supplied with the kit) provides a lot of ideas and information on living positively.

6 Using a condom is a responsible and caring way of avoiding HIV infection

This can be linked to Activity 13.

7 The majority of babies from HIV-positive mothers will also be HIV-positive

This statement is wrong. To illustrate: if there are 100 pregnant women all living with HIV, even with no treatment at all, only about 35 of the 100 babies are likely to have HIV and about 65 will be HIV-negative. With care and treatment with particular ARVs, this improves further so that over 90 of the 100 babies will be HIV-negative and less than 10 HIV-positive. (This can link with Activity 10.)

8 Pregnancy, childbirth and caring for a baby are women’s responsibility – men should not be involved

It is actually very important and valuable for the husband/partner to get involved, for several reasons, including:

- If he understands the issues, he will be much better able to support his wife in an appropriate way and ensure the healthy development of their child.
If he infects or re-infects his wife with HIV during pregnancy or while she is breastfeeding, this greatly increases the risk of HIV transmission to his child because of the high viral load that develops soon after infection. If he understands this, he will be much more likely to abstain or agree to condom use.

9 If a husband and wife know that they are living with HIV, they should not try for another baby

- The decision to try for a baby belongs to the couple, and with care, planning and appropriate treatment, there is quite a good chance that an HIV-positive couple will end up with a healthy, HIV-negative child.

- However, if the woman is living with HIV, there are a number of additional issues that she and her husband/partner should consider before they try to conceive, such as:
  - If the prospective father is HIV-negative, there is a risk of transmitting HIV to him during sex. If both are HIV-positive, it risks re-infection.
  - Pregnancy puts extra stress and pressure on the body and its immune system, which may affect the woman’s health.
  - Even with good care and treatment, there is still a small chance that the HIV may be transmitted to the baby.
  - Though it is possible for someone to live for many years after having become HIV-positive, there are higher chances of dying sooner than others, and possibly before the child grows up. Parents would need to make provision for their child in case they die while the child is still young. There are many organisations providing support for this through succession planning, memory books and other programmes. Find out what organisations in your country or area offer such services, and mention them to participants.

10 A man cannot go without sex for more than a month, so if his wife does not want it, he has to get sex elsewhere

This is a limiting belief. For men who go to the ‘Agree’ or ‘Strongly agree’ statements, challenge them with the following questions:

- ‘In your time as a man, have you ever gone without sex for more than a month?’
- ‘Do you know any man who has ever abstained from sex for more than a month?’
- ‘What would happen if you went more than a month without sex?’

If their answer is ‘Yes’ to either of the first two questions...

Say: ‘So you agree that it is possible for you as a man to go without sex for more than a month. Therefore you disagree with the statement that “A man has to have sex at least once a month.” Maybe you should move your position to Disagree or Strongly disagree. Men may want to have sex at least once a month (and a lot more frequently) and they may feel frustrated if they do not have sex, but it is definitely possible to go without for more than a month. Men in some religious communities abstain their whole lives.’
It is fine for a husband and wife to continue having sex while she is pregnant or breastfeeding

There are different traditions and beliefs about whether a couple should abstain from sex during pregnancy or after the birth of a child, and for how long. However, medically, sex between its parents does not harm the foetus or breastfeeding baby in any way, provided that the sex does not transmit HIV or another STI to the woman. A couple can continue to enjoy sex together throughout pregnancy and breastfeeding, provided that:

- both the man and the woman are comfortable with having sex. (Sex in late pregnancy will need to be gentle and considerate to the condition of the woman.)
- they use a condom properly every time they have sex. (The only exception is when both are certain that neither has HIV or another STI.)

Abstaining from sex during pregnancy and breastfeeding may mean that the man is more likely to look for sex outside the home during this time. This could increase the risk of HIV transmission to the man, his wife and their baby. It is important for both men and women to have healthy sex lives that are fulfilling to both partners and for men to understand the tiredness and pressures on a woman who is pregnant or caring for an infant. A woman also needs time to recover physically from the process of giving birth before she is able to be sexually active again. If the husband/partner decides to look for sex outside the home, it is vital that he uses a condom properly every time. You may like to refer to 1 Corinthians 7:3-5 for a biblical view of marital relations.

A woman who is living with HIV should still breastfeed her baby

There is a small amount of HIV in an HIV-positive woman’s breastmilk, and there is a small risk of HIV transmission if the mother breastfeeds her baby. However, there are many health benefits from breastfeeding so exclusive breastfeeding may well be the best option for the health of the baby, especially if formula cannot be prepared safely. To help understand the options and choose wisely, the couple should seek proper advice.

For a more detailed discussion and demonstration, see the notes in Activity 11: Infant feeding options (page 59) and Handout 5: Preventing parent-to-child transmission of HIV (page 57).
Activity

13 The ‘Umbrella’ story

Why do this activity?
To clarify that using condoms can be consistent with applying Christian principles and teachings around loving others and caring responsibly for your own health and the health of others – in particular, your partner and children.

Summary
A story called ‘Umbrellas’ is told, about a chief with three sons, and their issues with using umbrellas. The ‘umbrella’ is a metaphor for condoms, and the story explores attitudes and moral issues that Christians and others face around using condoms. The story has four parts, with notes and discussion questions after each section.

Time
60–75 minutes

Materials
An umbrella to illustrate the story as you tell it (optional)

How to prepare
Read the story yourself. Think about whether you will read out the story, or whether you will tell it in your own words. Could you adapt elements of the story (eg use local names for the three sons) to make it more relevant to your audience? Would it be better to translate it into another language for your audience?

How to run this activity

Step 1 Introduce the activity
Welcome everyone. If appropriate, say a short prayer. Invite participants to relax and listen to a story called ‘Umbrellas’. Explain that the story is in four parts, with a break between each part for discussion.

Do not tell participants that the story is about condom use.

Step 2 Read Part 1 of the story ‘Umbrellas’
Either read out Part 1 of the story ‘Umbrellas’, or tell it in your own way, using the language that your participants are most comfortable with.

UMBRELLAS – PART 1
‘There was once a village chief, who lived with his wife and three sons, Juma, Yoma and Kwesi. They lived on top of a small hill overlooking the village and the river. The rainy season had just started and it was raining hard every day.'
The chief was a good, righteous man, committed to the welfare and good morals of his family and the people in his village. One of the traditional moral teachings he taught was that people should stay at home when it rains, and should not go outside.

Many people followed this teaching, but others did not and often went out in the rain. Some did this simply because they enjoyed the sensations and experience of walking in the rain, while others went out in the rain because they wanted to carry on their business and earn some money. Some young people did it because their friends pressured them and said it was “cool” to go out in the rain. Sometimes those who got wet and cold in the rain became infected with influenza and developed fevers. Some died as a result.

A traveller entered the village one day, selling umbrellas. The villagers had never seen an umbrella before, and some of them were suspicious, including the chief.

“Umbrellas are not natural,” he declared at the next village meeting. “They are not part of our culture and beliefs. Our beliefs and traditional teachings say that it is immoral to go out in the rain. People should just stay at home if it is raining, so umbrellas should not be necessary, and no-one should use them."

“What if our house leaks?” asked a young married couple. “Can we not use umbrellas within our own house to stop us both getting wet?”

“I suppose that would be OK,” acknowledged the chief, “provided you use them only for the two of you together.”

Despite what the chief said, the traveller went to the far end of the village and talked to those who were interested in umbrellas. He demonstrated how to use an umbrella properly, without breaking it, so that it would protect them from the rain. Several of the villagers, both men and women, bought umbrellas and often used them when they went out in the rain, to avoid getting wet and cold and catching a fever. Some couples also bought umbrellas and used them to prevent the fever spreading within their homes, because the roofs of their houses leaked.

The chief’s sons Juma and Yoma also bought umbrellas but did not tell their parents, because they knew their parents would disapprove.

**Step 3**  Questions and discussion about Part 1

Facilitate brief discussion about the meaning of the story, using the following questions to prompt discussion:

Ask:
- ‘What do you think of this story so far?’
- If we think of this story as a sort of parable, what might the following represent?
  - The Chief? (Answer: the church / church leaders)
  - Going out in the rain? (Answer: having sex outside marriage)
  - The fever? (Answer: HIV)
  - Using an umbrella? (Answer: using a condom)
  - Using an umbrella in the rain? (Answer: having sex with a condom outside marriage.

The fact that it is outside marriage makes this unlawful sex in terms of God’s law, but
at least it is safe and responsible and protects you and others from HIV, other STIs and unintended pregnancy.)

– In the rain without an umbrella? (Answer: having unprotected, unsafe sex outside marriage, which puts yourself and others at risk of HIV infection or unwanted pregnancy.)

– Using an umbrella within your own house in case the roof leaks? (Answer: using a condom with your husband or wife – ie lawful sex which also protects against the risk of HIV infection or re-infection if one or both of you are living with HIV, or you do not both know for sure that you are both HIV-negative. It can also be for family planning.)

If participants have not yet worked out what the story might mean, do not tell them, but say that it will become clearer after they hear Part 2.

Step 4  Read Part 2 of the story ‘Umbrellas’

Read Part 2 of the story ‘Umbrellas’, or tell it in your own words.

UMBRELLAS – PART 2

‘The rain continued, day after day, and the river rose.

The chief’s three sons soon became bored by sitting at their home on top of the hill, waiting for the rain to stop.

“Let’s go out and enjoy ourselves with our friends in the village,” said Juma the oldest brother.

“But father says we must stay in while it is raining” replied Yoma, the middle brother.

“Then we will take our umbrellas,” said Juma.

“But father says we must not use umbrellas. If we did that, we would be doing two things wrong, going out in the rain and using umbrellas,” said Yoma.

“OK, let’s stick to doing just one thing wrong, and go out without the umbrellas,” said Juma.

“I’m not going to risk it. I’m staying at home,” said Kwesi, the youngest brother.

“You wimp, you sissy,” said Juma. “We are off, and we are leaving the umbrellas here. Umbrellas are just for wimps like you anyway. I am too cool and tough for that.”

That evening it was cold and the rain was an intense as ever. Juma and Yoma struggled to climb the small hill back up to their house. They arrived, tired and shivering. Juma developed a fever that night, from which he seemed to recover, but it never fully left him.

Later that year Juma married a beautiful young woman called Patience.

Patience suggested to Juma that they should check the roof of their new house for leaks before sleeping there. He refused. Patience then suggested putting a large umbrella over their bed until they had tested the roof, emphasising that, as the chief had said, there is nothing wrong with using an umbrella within your own house.

But Juma responded angrily, saying “Trust me, the roof will not leak. I will not use an umbrella in my own house.”
When a storm broke that night, water poured through the roof onto Patience as she lay in bed, and she also contracted the same fever that Juma had, though she did not realise it.

Juma’s wife soon became pregnant and when she gave birth to a son, there was great celebration in the village. However, the celebration was short-lived, as the baby boy soon became sick with the same fever and died. Juma’s health also became worse and after a few months fighting the fever, he also died, leaving Patience also sick with the fever. The chief and his two younger brothers, Yoma and Kwesi, were all stricken with grief.

When going through Juma’s possessions, the chief found in the bottom of a drawer an umbrella covered with dust. When they shook the dust off and opened it, the umbrella looked brand new. It had clearly never been used. The chief asked Yoma: “What was Juma doing with this, and if he had an umbrella, why did he not use it when he went out in the rain?”

“Father, you banned us from using umbrellas, so we did not take them when we went out in the rain,” replied Yoma.

The chief felt even more sad. “What have I done?” he cried. “I banned my sons from using the one thing that could have prevented Juma’s death, and through him the death of my only grandchild. If only I had allowed and encouraged him to use an umbrella.”

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**Step 5**  Questions and discussion about Part 2

Facilitate discussion about the meaning of the story, using the following questions to prompt discussion.

**Ask:**
- ‘What do you think of the behaviour of the three sons, Juma, Yoma and Kwesi?’
- ‘What do you think about what the chief said and did?’

**Step 6**  Read Part 3 of the story ‘Umbrellas’

Read Part 3 of the story ‘Umbrellas’, or tell it in your own words.

**UMBRELLAS – PART 3**

‘The following day the chief set off early to travel to the capital. This was unusual and there was much discussion in the village as to why he had travelled there.

When the chief returned a few days later, he summoned a meeting of the whole village. He stood up and addressed the people:

“I am going to talk to you today about living long and healthy lives. I want you to stay healthy and fulfil your dreams in life.

It is your choice what you do in your life. I can only make recommendations. The choice is yours.

When it rains, the best thing you can do is to stay within your own home. That is the best way according to our beliefs, and for those who follow this way, there are blessings in this life and beyond.

If your roof has leaked or you have not tested to check that your roof is watertight, you may need to use an umbrella within your own house.’
I know that many of you from time to time choose not to follow this righteous way, and you are tempted out into the rain. I also know that, whatever I say as your chief, some people will continue to go out and play in the rain, whether or not they have umbrellas.

Indeed, in my own youth I sometimes chose to go and play in the rain, even though my parents told me not to.”

There was a slight gasp at this confession from their chief, but also a sense of admiration for his honesty. The chief took a large, colourful umbrella from his bag. There was another big gasp.

The chief continued:

“To those who even occasionally go out in the rain, I say this: If you go outside when there is a possibility of rain, you must take an umbrella with you and use it if you need to, to protect yourself and others. You must also know how to use it properly.”

“Chief!” interjected an old woman, “you must not encourage our young people to use these things – it is promoting immorality.”

“I am telling you about umbrellas,” he declared, “not because I like umbrellas, not because I believe they are necessarily the best way or because I want to promote them, but because I love you my children and the people of my village, and I want you to live healthy and long lives. Furthermore, there are some cases where a married couple have a leaking roof and the fever is already within their house; in that case, using an umbrella is very important for them when they are inside their own house. I want you to avoid the fate of my eldest son and my only grandson. If Juma had used umbrellas, they would both still be alive.”

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**Step 7**  
Questions and discussion about Part 3

Facilitate discussion about the meaning of Part 3 of the story, using the following questions to prompt discussion:

- ‘What do you think of the actions of the chief in Part 3?
- What messages does the chief give his people?
- What do these messages mean in terms of condom use?’

**Step 8**  
Read Part 4 of the story ‘Umbrellas’

Read Part 4 of the story ‘Umbrellas’, or tell it in your own words.

**UMBRELLAS – PART 4**

‘After the chief had spoken, the mutterings in the crowd died down.

“I have noticed”, said a young man “that whenever the umbrellas are up, it is raining. Since the umbrellas arrived in our village, we have had a lot of rain. Therefore these umbrellas must be causing the rain.”

Some people laughed at this idea, and the chief explained gently:
“Umbrellas do not actually cause rain, nor do they make people go out in the rain. The desire to go out in the rain comes from within the person, not from the umbrella. However, umbrellas can protect people from the rain.”

A young woman indicated she would like to speak:

“I have a friend who actually prefers going out into the rain without an umbrella, so that she can feel the natural sensation of the rain hitting her face, caressing her skin and trickling down her neck.”

People nodded knowingly. The woman blushed. Everyone guessed that the “friend” she was talking about was herself.

The chief responded: “Surely your ‘friend’ knows the dangers of infection, illness and even death if you get wet – as has happened to my son and others in our village. If your friend uses an umbrella, she can relax and enjoy being in the rain anyway.”

“But umbrellas don’t always work,” she pressed – “they sometime rip, break, or turn inside out, so that you get wet anyway. And it is tricky to put them up properly when it is dark.”

“Yes, that is true, they are not quite 100% safe. However, umbrellas are very effective if you use them properly every time, and use one that is in good condition and not too old. And to use umbrellas properly, you must know how.”

To everyone’s surprise, the chief then started to demonstrate how to use the umbrella, taking it out of its cover and putting it up. “During my visit to town, I met the traveller who introduced us to umbrellas, and I have learnt all about them myself,” he explained. “I will now share this knowledge with you. This is knowledge that anyone might need at some point in their lives, whether you go out in the rain or stay at home, as some houses have leaky roofs that we may not know about.”

The chief demonstrated to everyone how to use an umbrella. He handed round umbrellas to everyone, so that they could all practise until they were skilled and confident about using them properly.

“Finally,” the chief concluded, “whether you go out in the rain or stay at home, you and your family members may on occasions need to use an umbrella to ensure you stay safe and healthy. The choice is yours.”

**Step 9 Questions and discussion about Part 4**

Facilitate discussion about the meaning of Part 4 of the story, using the following questions to prompt discussion:

Ask:

- ‘What do you think about the comment from the young man that umbrellas make people go out in the rain? How does this relate to sex and condom use?’
- What do you think about the comment from the young woman about preferring to go out in the rain without an umbrella? How does this relate to sex and condom use?
- What messages does the chief give his people?
- What do these messages mean in terms of condom use?’

Facilitate the discussion and add in the following key messages if participants do not come up with these messages themselves:
‘Condoms themselves do not cause promiscuity, any more than umbrellas cause rain. To alter the words of one of the chief’s statements: “Condoms (umbrellas) do not actually cause people to have sex outside marriage (go out in the rain). The desire to have sex comes from within the person, not from the condom. However, condoms can protect people when they have sex.”

Using a condom can be part of being loving and responsible for your own health and for the health of your wife and your future children.

There are many reasons why people use condoms within their marriage, for example:
- To delay having their next child.
- If one partner is HIV-positive and the other is HIV-negative (a “discordant” couple), they can use condoms to avoid infecting each other. There are many cases of discordant couples who have had regular sex using condoms for 15 years and more, and the HIV-negative person has remained HIV-negative.
- If both are living with HIV, they should also use a condom to avoid re-infecting each other with more HIV.
- If, for any reason, they are not certain that they are both HIV-negative, they can use condoms until they have gone together for an HIV test.’

**Step 10**  
**Mutuality in sexual relations**

Reflect upon St Paul’s instructions to married couples in 1 Corinthians 7:1-5. In sexual relations who does Paul say has more power (authority) than the other? Who says ‘yes’ and who says ‘no’? Do not underestimate how revolutionary this was – and is!

Also read Ephesians chapter 5. This is often quoted as proof that the woman submits to her husband. Sometimes the Bible even uses this as the heading but this is not correct. In Ephesians 5 verse 21 we read ‘Be subject to one another out of reverence for Christ.’ Who is subject to whom?

**Step 11**  
**Close with a prayer**

Close by praying, as appropriate, for:
- married people in the group and the shaping of their relationships into godly ones of mutual love and respect
- people to understand that condom use is responsible, safe and righteous for couples who are faithful to each other, if one or both of them are living with HIV or they do not both know their HIV status.
Activity

14 How to use an ‘umbrella’

Why do this activity?

– To clarify what condoms are, the types available and how to use them.
– To ensure that participants know where they can obtain condoms locally.
– To give participants the skills and confidence to use a male condom properly.

Summary

The facilitator demonstrates and explains how to use a male condom. Participants then practise using them. Issues and questions around condom availability and use are discussed.

Time

20–30 minutes

Materials

– Penis model for demonstrating condoms
– Additional things to use as penis models (eg bananas) so several people can practise condom use at the same time (optional)
– Male condoms – enough to give one or two to each participant to practise with
– Tissues or tissue paper
– Photocopies of Handout 6: How to use a male condom on page 81 (optional)

How to run this activity

Step 1  Introduce this activity and explain its importance

Explain: ‘The previous activity used a story to teach us the importance of using an “umbrella”. This activity will build the practical skills and confidence to use a male condom should you ever need to.

The condom was originally introduced as a child-spacing method for couples. When HIV was discovered, research established that proper use of condoms is also highly effective at preventing transmission of HIV from one partner to another. Using a condom may safeguard the lives of your partner and your unborn child.

Even if somebody has no plans to use a condom now, it is good for both men and women to know exactly how to use one. Then you can use one properly and safely if you ever need to – for example, if you find that you or your partner is living with HIV.’

Step 2  Types of condom

Show participants a sample of the male condom. Let them pass it round so that everybody feels it. As they pass them round give the following information:

Say: ‘A condom acts as a tough skin that sperm, HIV and STI germs cannot get through. If used properly every time you have sex, condoms are very effective at stopping HIV infection. They also stop other STIs and prevent unwanted pregnancies.’
The male condom is a thin rubber tube that fits over the hard penis and catches the man’s semen so that it cannot enter the vagina, anus or mouth.

Male condoms are widely available in nearly all countries. They come in different sizes, shapes and colours and some are studded or ribbed to make sex more pleasurable.’

Ask if anyone has seen or knows about female condoms.

Explain: ’Most female condoms are made out of a type of plastic called polyurethane. The female condom is inserted into the vagina before having sex. Female condoms are not available in many places in Africa and are more expensive, so this session will focus just on male condoms.’

Step 3 Where can you get condoms?

Ask/discuss:

- ‘Where can you get condoms in this community?
- What different types are available? How much do they cost?
- What difficulties might people face in getting hold of a condom?’

Step 4 Demonstrate use of the male condom

Take a male condom packet and demonstrate how to check the expiry date and remove the condom from the packet, ensuring that it is not damaged.

OPTIONAL: Hide the penis model when you start the demonstration, and ask for a male volunteer. Look at him as though you want to demonstrate using his penis. Then say that actually you can provide your own model and get out the penis model. This can cause some amusement and good humour, and put participants at ease.

Demonstrate putting the condom on the penis model and guide participants through the process of using a male condom, making use of the notes in Handout 6: How to use a male condom.

If you have made copies of Handout 6, offer them to participants.

Step 5 Practise using male condoms

People normally feel embarrassed doing this, so put men and women into separate groups with people they will feel comfortable with. If there are older and younger people in the group, you could split them also.

Give out the male condoms to each group (if possible, two to each person). Give to the groups the penis model and some bananas or similar for them to practise on.

Say: ‘Watch others in your group putting condoms on the models, and help each other so that everyone learns to do it right.’

OPTIONAL: Once participants are confident about putting the male condom on the model, challenge them to try it again with their eyes closed or blindfolded, so that they can even put it on in the dark.
How to use a male condom

1 Get your condoms from a shop or clinic that supplies many condoms and where they are stored in covered packages in a cool place, out of the sun. Check the expiry date written on the condom packet. Check the condom package to make sure that there are no cracks, holes or open sides. If the colour of the condom is uneven or it is dry, brittle, torn or unusually sticky, throw it away because it will probably burst. Open the package carefully. Do not unroll the condom before putting it on.

2 Make sure that the condom is the right way up with the tip upwards, like a ‘mexican hat’. Pinch the tip of the condom and put it over the end of the erect penis. (This leaves room for the semen so that the condom does not burst on ejaculation.)

3 Roll the condom down over the penis, still holding the tip as you do so.

4 Unroll the condom all the way to the base of the erect penis. Always put on the condom before entering a partner. The vagina needs to be wet to ensure the condom does not break, and to make sex more comfortable. A woman becomes wet with vaginal fluid when she is ready for sex. A good lover will take time to be romantic and caress her so that she is wet before entering her. Never use vaseline, vegetable oil, mineral oil, hand lotion or anything made with oil to make a condom wet. Oil makes a male condom burst. However, it is fine to use saliva or water-based lubricants such as KY jelly.

5 After ejaculating, hold the base of the condom and withdraw from your partner straight away.

6 Hold a tissue round the base of the penis and slide the condom off the penis without spilling the semen. Wrap it in the tissue or knot it and dispose of it by burying it or throwing it in a waste bin. Do not use it again. Always use a new condom every time you have sex.
Activity 15  Dramas to address other relationship issues

Why do this activity?

To equip participants with skills and strategies to deal with relationship issues which may relate to PPTCT. (For specific objectives, see table on next page).

Summary

This activity addresses different relationship issues using the same approach as for Activity 9: Pregnant and positive drama. The facilitator chooses a particular relationship issue. Participants prepare and act a short play in which the key character says and does things which clearly show they do not have the skills and strategies to address the issue. The actors perform their play once through to the end. When it is performed a second time, the audience can interrupt the play and make suggestions for what the key character could do or say differently. The play then continues, using these suggestions, to achieve a better ending.

Time

20–40 minutes for each drama. However, the forum theatre technique can be used many times to address different situations.

How to prepare

Use the table on the following page to decide which objective and drama you will use. First be clear about your objective – what skills and strategies do you want your participants to develop? Then find and brief your actors (either co-facilitators or participants) to perform a short play in which the key character demonstrates that he or she definitely does not have these skills and strategies. Most plays for this type of drama need only two actors and only one scene, which lasts 1–5 minutes.

If this is your last session with a group of participants, make enough photocopies to give each of them Handout 1: Evaluation questions for participants on page 14.

How to run this activity

Step 1  Perform the play the first time

Introduce the drama, and allow the actors to perform it for the first time straight through to its end. The person playing the key character must say and do things which are very clearly wrong, unhelpful, or inappropriate, and lead to a bad or sad ending. (e.g., for Drama E, the behaviour of the ‘friend’ (the key character) should really upset the person who discloses their HIV-positive status.)

When it is finished, encourage the audience to applaud.

Ask:

- 'What may happen next?'
- What did you think of the way the key character behaved? (Clarify which actor is the key character)
- What should the key character say or do differently?'
<table>
<thead>
<tr>
<th>Objective</th>
<th>Suggested drama</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>To develop skills and strategies for discussing and getting agreement with your partner to go together for HIV testing and counselling.</td>
</tr>
<tr>
<td>B</td>
<td>To build skills and strategies for disclosing one’s HIV-positive status in an appropriate way.</td>
</tr>
<tr>
<td>C</td>
<td>For men and women to develop skills and strategies to negotiate use of condoms.</td>
</tr>
<tr>
<td>D</td>
<td>For a woman living with HIV to build skills and strategies to stick to exclusive breastfeeding when relatives, friends or colleagues are pressuring her to give the baby other foods as well.</td>
</tr>
<tr>
<td>E</td>
<td>To build skills and strategies of friends, relatives and community members to support a woman who is pregnant or with an infant, when they know or suspect the woman is living with HIV.</td>
</tr>
<tr>
<td>F</td>
<td>For boys and young men to develop skills and strategies to resist peer pressure to have sex.</td>
</tr>
</tbody>
</table>
Step 2  Act the play again, with audience involvement to change the outcome

Explain: ‘The play will run again, starting off exactly the same, but you (the audience) must change what the key character does and says in order to improve the ending. As soon as the key character does or says something that you think is wrong, put your hand up and say “stop” to stop the play.’

Stop the play as soon as a participant lifts a hand or says “stop.” Ask those who stopped the play why they have done so, and what the key character should do or say differently. Invite one of the participants to come and take over the role of the key character, and demonstrate what they think the key character should say and do. To help them get into role, they may put on a hat, coat or other garment worn by the key character.

Direct the original actor and the new actor playing the key character to rewind the scene and run it again. Once again, invite the participants to put a hand up and say “stop” to stop the play if the new key character does or says something they think is not helpful and could be improved.

This can continue, with several participants taking a turn as the key character, trying out different ideas and changing the play several times until it has a better but still realistic ending.

If members of the audience are reluctant to take the place of the key character, get the original actors to act the scene again, with the key character changing what he/she does and says in response to suggestions from the audience.

Step 3  Identify what strategies are working well

Ask/discuss:

■ ‘What have we learnt from this activity?’

■ ‘What are the strategies that worked well in this situation?’

Step 4  Practise in pairs / small groups

Split participants into pairs.

Explain: ‘This is your chance to try out and practise some of the ideas you have developed. Follow these steps:

■ Act the play you saw again, with one person taking the role of the key character, and others playing the other character. The person playing the key character must do their best to address the issue in a good way, while the other actors make it difficult for him.

■ When you have finished the play, give feedback to the person who just played the key character, including what they did well and any suggestions for how they could improve what they do or say.

■ Swap roles and repeat the previous two steps.’

Step 5  Conclude

Re-assemble the group.

Ask: ‘What else did you learn from practising in pairs?’
- What are the other key things you have learnt throughout this programme?
- How will you each apply what you have learnt?’

**Step 6** Participants complete the evaluation question sheet (Handout 1)

If this is your last session with a group, give each participant a copy of *Handout 1: Evaluation questions for participants* from page 14. Lend a pen or pencil to those who do not have one. Explain: ‘To help us evaluate this Guardians of our children’s health programme, please complete all questions on this questionnaire sheet and hand it in before you go. Do not write your name on the paper – your answers are confidential and nobody will know who gave which answers.’

Collect all completed questionnaires before participants leave the session.
APPENDIX 1

Icebreakers and energisers

Use icebreakers and energisers when appropriate. Use an icebreaker with a new group, at the beginning of a session and to help participants to relax and feel comfortable with you and each other. Use an energiser when participants start to look tired, or when you want to liven up the mood of the group. Below are a few examples of energisers and icebreakers. The first one (My name is … and I love to …) is best used as an icebreaker. All the others can be used as either icebreakers or energisers.

My name is ... and I love to ...

This is a fun way of getting people to introduce themselves and build relationships within the group. Everyone stands up in a circle. Ask everyone to think of something they love doing, and an action that goes with it (eg playing football, cooking, dancing etc). One person steps forward and says 'My name is ... and I love to ...' (with an action), then steps back. Everyone else then steps forward together and repeats exactly what the person just did and said, with exactly the same words, tone and actions. Each person (including facilitators) takes their turn at introducing themselves in this way.

Knotty problem

Ask participants to form groups of five to twelve people, and have them stand in a circle.

Say: ‘Put out your arms in front of you, close your eyes and slowly walk forwards, until each of your hands finds another person’s hand. Find one hand with your right hand, and another belonging to someone else with your left hand. Keep your eyes closed.’

Make sure no-one is holding more than one other hand in each of their hands. If you see three or more hands joined together, take one of these hands and connect it to a free hand.

Say: ‘Keep holding on to the hands you have found, and open your eyes. You are in a tangled-up human knot. Try to untangle the knot without letting go of your hands.’

When the group has untangled as much as possible, there should be one or more circles of people. This may be better done in single sex groups.

Change your behaviour!

Say: ‘Point your finger at the person next to you and tell them to “Change your behaviour!”’

Point out that, when they have one finger pointing at someone else, their other three fingers are pointing back at themselves.

Emphasise that: ‘Effective change is only possible when that change starts with you!’
As and Bs

Everyone should stand up and move (if necessary) to an open space.

Say:  ‘Each person must choose someone else in the group. Do not tell them. That is your person A.

Choose another person in the group. That is your person B.

When I say go, get as physically close to your person A as you can, and as physically far away from
your person B as you can… GO!’

After about a minute:

Say:  ‘Now get as physically close to your person B as you can, and as physically far away from your
person A as you can… GO!’

After another minute:

Say:  ‘Now get as physically close to both your person A and your person B as you can… GO!’

We will make you fishers of men

Get everyone to sit down and sing the song We will make you fishers of men with the following
actions:

MALE PARTICIPANTS  Stand up on the first word beginning with M (make), then sit down again
on the next word beginning with M (men), then stand up again on the next word beginning
with M, etc.

FEMALE PARTICIPANTS  Stand up on the first word beginning with F (fishers), then sit down again
on the next word beginning with F, then stand up again on the next word beginning with F, etc.

Move if…

The facilitator stands in the middle – all others are seated in an arc or circle. Remove spare
chairs, so no seat is available for the caller.

The facilitator says:  ‘Move if…’ and defines a category which can be anything – eg ‘you have
children’, ‘you are wearing something blue’, ‘you have had an HIV test’, ‘you like to eat fish’ etc.
All those who fit the category must get up and move to a different seat, and the caller sits
down in an empty seat. The person left without a seat becomes the next caller and says:  ‘Move
if…’ using a different category.

Note that this can also be useful for finding out things about the group. Also, everyone ends up
sitting in a different place, so it can also be used to mix up the group.
Foot in mouth

Instruct your participants as follows, and demonstrate the actions as you explain:

Say: 'All stand up. Put both your hands on your head and imagine that you can unscrew your head and take it off your shoulders. Lift your head gently off your shoulders, bring it down carefully and put it so that you are holding your head under your left arm. Now lift up your right foot. Stretch down with your right hand, take hold of your right foot and unscrew it so that it comes off your leg. Lift up your foot and put it in your mouth.'

Watch as most participants move their right hand up to their mouth. Then demonstrate that, as their head is now under their left arm, that is where they should really put their foot!

Mime a lie

Everyone stands in a circle. The facilitator starts by miming an action. The person on the facilitator’s right asks the facilitator ‘What are you doing?’ The facilitator replies that they are doing something completely different: for example, the facilitator mimes swimming and says, ‘I am washing my hair.’ The person to the facilitator’s right then has to mime what the facilitator said they were doing (washing their hair), but when the next person asks ‘What are you doing?’ they must say they are doing something completely different. Go around the circle in this way until everyone has had a turn.

The sinking boat

Ask everybody to imagine they are on a ship, which is sinking fast. To board the lifeboats we must get into groups with a certain number in each group. If there are too few people, you will not be able to row the lifeboat. If there are too many, it will sink. Ask everyone to walk round and then shout: ‘Sinking boat – get into groups of three.’ Repeat several times with different numbers, eg ‘Groups of four’, ‘Groups of seven’.

NOTE This energiser can also be useful if you want to divide participants into smaller groups. For example, to split everyone into groups of about five people, make your last instruction ‘Groups of five’.
APPENDIX 2 References and source materials

Materials in this guide include elements that have been adapted from or inspired by the following sources:

- Bridges of Hope website: www.bridgesofhope.info
- Downing R (2006) *Focused Church-based Action for PPTCT – Case studies of Tearfund partner PPTCT programmes in Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Tanzania, Zambia and Zimbabwe*
- Health24 website: www.health24.com
- International HIV/AIDS Alliance (2002) *100 Ways to energise groups: Games to use in workshops*
- Shone R (1992) *Creative Visualisation*
Guardians of our children’s health
Activities for church groups to involve men and women in preventing parent-to-child transmission of HIV