AIDSLINK 69

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Jesus said … Whoever drinks the water I give them will never thirst. Indeed the water I give them will become in them a spring of water welling up to eternal life

John 4:14

HIV&AIDS and POSITIVE LIVING

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In this AIDSLINK we invite you to consider what positive living means for the individual, family and community. Your feedback is greatly welcomed.

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1. BIBLICAL FOUNDATIONS: A LIFE & A COMMUNITY TRANSFORMED

In the context of HIV&AIDS "positive living" generally refers to issues such as rest, nutrition, hygiene, safe sex, emotional well-being, exercise, early medical care, treating opportunistic infections, and antiretroviral therapy. It includes physical, psycho-social, economic and spiritual elements. So what is the difference between "positive living" and "transformation of life and community"?

Look at John 4:1-42. Here we encounter Jesus probing deep into the wounded spirit of a Samaritan woman now into her sixth relationship (4:18). The Jews at that time held that a woman might be divorced twice or at the most three times. Perhaps this woman has also known the pain of widowhood through sickness or tragedy; some today might say "bad fate" or "negative karma." We are not told why her relationships have ended. There is no word of reproach from Jesus – we only see Jesus rebuking people of power, like religious and civil leaders. He calls her to connect with her pain from broken relationships, betrayed trusts and faded dreams, of what it feels like to belong to the fringes of acceptability . . . undesirable and unlovable. He offers her "living water" (4:10, 14) - an everyday term that referred to flowing water but here injected with far deeper meaning. He speaks of vigorous, abundant life as a gift from God (see John 10:10b).

Jesus' offer of "*a spring of water welling up to eternal life"* transformed this voiceless human being into a compelling influence. Through her testimony, the village believes (4:39). The story should challenge our assumptions about God and how he works in our world . . . and in us today. Unlike Nicodemus, a privileged religious teacher who walks back into the darkness after his encounter with Jesus (John 3:1-21), and the 12 disciples who are confused to find Jesus talking to a humble woman on the margins (4:27-33), this unnamed woman takes Jesus at his word. Her life changes dramatically and, because of her witness, many others also experience the same transformation (4:42). We see the true meaning of transformation - both personal and community.

For reflection & discussion:

1. What does Jesus' promise of "living water . . . a spring of water welling up to eternal life" look like in your setting? How is this reflected (a) individually, and (b) communally?
2. What do the differing responses of Nicodemus (in chapter 3), the disciples, and the woman teach us about how God works?
3. Notice that Jesus deliberately went against longstanding traditions (4:4,7,9) to share the good news. What traditions does your community follow which get in the way of 'good news'?

2. *INVOLVING MEN in PREVENTION OF MOTHER to CHILD TRANSMISSION*

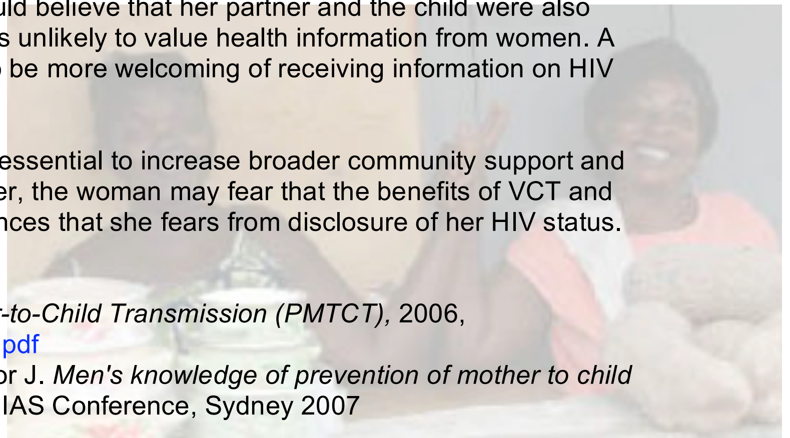
Dr Michael Burke of the International Christian Medical and Dental Association (ICMDA) HIV Initiative www.icmdahivinitiative.org contributes the following perspective on *"Gender and the Prevention of Mother to Child Transmission (PMTCT)."* For further information contact him at: team@icmdahivinitiative.org

"While PMTCT programs have initially focused on prevention of mother to child transmission where the pregnant woman is already HIV infected, and have targeted women as agents of change to educate and convince their partners and the wider community, there is now a broader approach emerging. PMTCT is now seen as having four prongs:

1. preventing HIV in young women,
2. reducing unintended pregnancies among HIV-infected women,
3. preventing vertical transmission (PMTCT), and
4. providing care, treatment, and support to HIV-infected women and their families

(www.unfpa.org/hiv/docs/factsheet_transmission.pdf 2006)
The key role of the community and male partners is also more acknowledged.

Research from Tanzania (Burke, 2007) has highlighted that men (>80%) expect that a woman will seek their permission before attending VCT. The woman is more likely to receive greater support from her partner when VCT is discussed and agreed on in the couple before the woman is tested. Men were threatened and more likely to react negatively to disclosure even of a negative result when negotiation of attendance had not happened. Also in this community there was a very high belief (>80%) that if the woman was infected, men would believe that her partner and the child were also infected. Traditional masculinity positions men as unlikely to value health information from women. A more modernising masculinity positioned men to be more welcoming of receiving information on HIV and PMTCT from their partner."



The involvement of men in PMTCT programs is essential to increase broader community support and participation. Without support from a male partner, the woman may fear that the benefits of VCT and PMTCT do not outweigh the negative consequences that she fears from disclosure of her HIV status.

References:
HIV/AIDS, Gender and the Prevention of Mother-to-Child Transmission (PMTCT), 2006, www.unfpa.org/hiv/docs/factsheet_transmission.pdf
Burke M, Rajabu M, Kippax S, Crawford J, Kaldor J. *Men's knowledge of prevention of mother to child transmission (PMTC) in rural Tanzania* (poster), IAS Conference, Sydney 2007

3. *HEALTHY NUTRITION for PEOPLE with HIV & AIDS in BURKINA FASO*

The following experience is related by the UEEB/SIM HOPE for AIDS team in Burkina Faso. Correspondence can be directed to: Moise Diabri moisediabri@yahoo.fr

"During January our team visited with a support group for HIV positive men and women in the Northeast of Burkina Faso. This group recently formed as a result of the counseling and testing efforts in the area, and includes about 15 people who meet and exchange about their experiences and their needs. They are an encouragement to each other as HIV&AIDS is still strongly stigmatised where they live.

"André, an agriculture teacher at the regional Bible School, came with us to give the group information about the benefits of the Moringa tree. Its leaves are full of vitamins and other beneficial nutrition, and when ground up into a powder, it can be added to any sauce as a supplement. The trees grow easily, and there are benefits for healthy people, but especially for those who are sick.

"The group listened with attention and many asked questions related to the planting of these trees. Before the end of the session, all participants received a small bag of Moringa powder to take home, as well as a young Moringa sapling to take home for planting. Over the meal that followed, comments were made as to how helpful this new information is, and how they were excited to try to use Moringa in their meals.

“Finally, before leaving, each person received some clothing that we received as a donation. It was a very tangible way to support our friends who live with HIV&AIDS, as many have lost their job, have been abandoned by family and friends, or aren’t healthy enough to earn a living. The smiles and the many expressions of gratitude gave all of us renewed joy and purpose for continuing to bring “Hope for AIDS” in Burkina Faso.”

Moringa is a fast growing tree suitable for semi-arid areas. Further information on Moringa can be found in Tearfund’s publication Footsteps 20, 28, 69 and 70 at www.tearfund.org/tilz

For nutritional recommendations for people living with HIV and AIDS and related discussion see: www.who.int/nutrition/topics/consultation_nutrition_and_hivaids/en/index.html

4. INCORPORATING AMARANTH (KIWICHA) in DIETS

Tom Post (Ph.D. Agronomist), CRWRC team leader for Asia writes of his experience and the promising effects of incorporating the grain Amaranth in diets of people living with AIDS in Kenya. This crop, now of moderate importance in the Himalayas, was one of the staple foodstuffs of the Incas, and is known as “Kiwicha” in the Andes today.

“Since about the year 2000, while I was still working with CRWRC in Kenya, we began on-farm trials with the grain amaranth. At the start we were intrigued with its ability to avoid the droughts inherent in the very short and variable rainy seasons of the semi-arid regions of Kenya. However, when grain amaranth was tried in Western Kenya, the epicenter of the HIV&AIDS epidemic in Kenya, we began hearing many stories of people living with AIDS saying that they felt much better when ground grain amaranth flour is daily mixed with their usual maize meal food (ugali), at a ratio of about 1 part grain amaranth flour to 3 parts maize flour. Based on research findings from Mexico we recommend at least 2 tablespoons of amaranth flour per day per child and adult.

“For the last 2 years, with financial support from the Canadian Food Grains Bank, we have placed a professional agriculturalist and nutritionist in East Africa. They have promoted the use of grain Amaranth for home consumption and found that demonstration days at hospitals and other venues are effective. They have also found that on-farm follow up is important to correct farmers’ practices.”

For further networking on amaranth contact Dr Post at: postt@crcna.org

5. GUIDANCE ON NUTRITION & SUPPORT FOR PEOPLE LIVING WITH HIV

“*HIV, Nutrition and Food: A Practical Guide for Technical Staff and Clinicians”* (Dec 2007) produced by Family Health International, addresses the need for evidence-based food guidance on nutrition and support for patients living with HIV&AIDS in resource-limited settings. It is available (588KB) at: www.fhi.org/en/HIVAIDS/pub/guide/res_NutritionPubs.htm

This guide presents interventions that can be incorporated into the care of HIV-infected patients in clinical settings noting that "Nutrition interventions can improve health outcomes, and are an integral part of HIV care at any stage of disease and throughout the life cycle." The guide:

- describes links between food, nutrition, and HIV infection
- details nutritional needs of specific groups
- summarizes commonly used food and nutrition interventions
- provides case studies
- includes nutrition screening and assessment tools appropriate for infants, children, and adults

“Guidance for Operationalizing the US President's Emergency Plan for AIDS Relief Policy: Using Funds to Address Food and Nutrition Needs”, clarifies the current policy of PEPFAR on nutrition-related activities. It lists nutrition-related interventions that can and cannot be funded, in accordance with the HIV and Food Security Conceptual Framework that PEPFAR released in September 2007. This document is also available (88KB) at: www.fhi.org/en/HIVAIDS/pub/guide/res_NutritionPubs.htm

Feedback and requests for a CD of both publications can be sent to aidspubs@fhi.org with "Nutrition in Care" in the subject line. Related Resource (in French): Paquet intégré de services essentiels de nutrition pour les PVVIH ("An Integrated Package of Essential Nutrition Services for PLHA") www.fhi.org/en/HIVAIDS/pub/guide/res_NutritionPubs.htm and follow links

6. MAKING IT KNOWN – MANAGEMENT COURSE + ICASA ABSTRACTS

1. *"Design, Management and Evaluation of Community-based Reproductive Health Programs"* is a two week course offered by Global Health Action that provides practising health professionals with the skills to design, implement and evaluate a successful community-based reproductive health program. It is to be held in Nairobi, Kenya August 18-29, 2008. For an application form and additional information (including feedback from previous GHA seed grant recipients Rev Isa Bello - TEAM ECWA AIDS Ministry, Nigeria, and Dr Adamu Addissie - Ethiopian Kale Heywet Church Health and HIV/AIDS Prevention and Control Department, Medan ACTS Program) visit: www.globalhealthaction.org Applications must be received no later than 4 July.

2. The deadline for submitting abstracts to *the International Conference on AIDS and Sexually transmitted infections in Africa* (*ICASA) 2008* is 15 May. ICASA will be held 3-7 December in Dakar, Senegal. The central theme is *"Africa's Response: Face the facts."* Note that all abstracts must be submitted on-line in English or French.
I am interested to know which of AIDSLink's readers are planning to attend this event. Please email me at international.aids-consultant@sim.org if you plan to be there.

For further information visit the conference website: www.icasadakar2008.org

7. TIP of the MONTH – CARD STORM: POSITIVE LIVING

A *"card storm"* is a tool which can be used in a group setting to identify some of the main features of positive living. It fosters peer, family and community support and an understanding how positive living can help combat stigma. (Most people rebel against lots of rules, being told what to do and not do.) It is also helpful to analyze some of the "do nots" prescribed by family members, friends and health care professionals, and to develop strategies for dealing with these "do nots," turning them into opportunities to educate people about better ways to live.

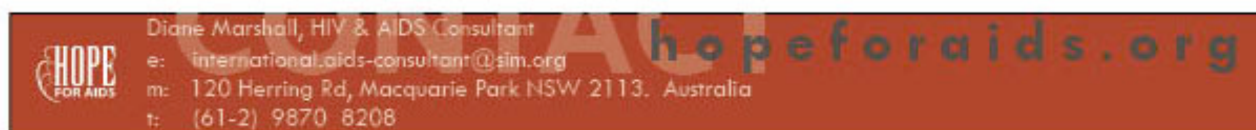
Step 1:

- Divide into groups of 5-8. Where possible these should be homogenous groups based around characteristics such as women, men or youth
- Participants write or draw on cards (one per card) all the things they know are involved in positive living, eg nutrition, hygiene, safe sex, hygiene, emotional well-being, exercise, early medical care, treating opportunistic infections, and antiretroviral therapy.
- Collect the cards from every group and sort them according to categories
- Assign each category to a group of participants to further develop
- Each group prepares a short (10 minute) presentation on their topic. Allow time to prepare, perhaps overnight or for a future meeting
- The facilitator complements the presentations with new information that the group may not know

Step 2:

- Ask participants in their group to make a list of "do nots" in their lives—things they are told by other people that they should not do, eg. get married, have sex, have children, work too hard, or work at all
- Review and discuss each "don't" and discuss "What can we do to deal with the 'do nots'?"
- Use a role play to practice some of the ways to respond

This tool has been adapted from *Understanding and Challenging HIV Stigma: Trainers guide, 2003,* p.77-78 by Ross Kidd and Sue Clay (The Change Project) and is available for downloading (9.6MB, 143 pages) at: www.changeproject.org/technical/hivaids/stigma.html



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