

Nov/Dec 2009

**HIV&AIDS and HUMAN RIGHTS & RESPONSIBILITIES**

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World AIDS Day 2009 in South Africa took the theme "I'm responsible, you're responsible, South Africa is responsible." This was a deliberate attempt to convey a message to a country with the greatest number of people living with HIV&AIDS: that rights equals responsibilities. AIDSLink 86 draws attention to resources and dialogue around this topic. Be an influencer! Please share your comments.

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SIM HIV&AIDS related ministries and HOPE for AIDS

**1. BIBLICAL FOUNDATIONS: RIGHTS & RESPONSIBILITIES**

What do we understand by human rights? A Christian perspective on human rights is distinct, with its basis in creation itself: God creating human beings in his own image (Gen1:26-27). John Stott, when addressing Christian human rights in *New Issues Facing Christians Today*, (1999. p180) has said,

First we affirm human dignity. Because human beings are created in God's image to know him, serve one another and be stewards of the earth, therefore they must be respected.

Secondly, we affirm human equality. Because human beings have all been made in the same image by the same Creator, therefore we must not be obsequious to some and scornful to others, but behave without partiality to all. Thirdly, we affirm human responsibility. Because God has laid upon us all to love and serve our neighbours, therefore we must fight for their rights, while being ready to renounce our own in order to do so.

Stott argues that human rights are limited to what is compatible with being the people God made us to be. Sadly however, much of the language around human rights diminishes the very worth of human beings that it is supposed to protect. In many cases there is a disconnect between rights and responsibilities. Rights without responsibilities, is socially isolating. One Zambian pastor discussing the impact of human rights promotion on HIV prevention in his context stated,

Parental influence has markedly changed with the coming of western culture and teaching of human rights. People can't handle freedom or human rights. Parents aren't reprimanding children for fear of intervention by police. Orphans feel that they can't be told what to do.

Youth have more freedom with fathers absent.

In a separate interview in the same setting, the school head mistress lamented the growing expectation that schools must bridge the gap between rights and the lack of responsibility.

For Reflection and Discussion:

1. What rights and responsibilities come to the fore in the context of HIV&AIDS?
2. To what extent do you agree with the following statement by Joseph D'Souza and Benedict Rogers, *On the Side of Angels*. (2009, p.42):

One human being does not have the right to mar God's image placed in another person or to determine whether or not another individual should be allowed to live. On this basis murder, theft and covetousness are wrong. The Ten Commandments provide the basic foundation for human rights, because many human rights violations are simply murder or theft by another name.

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## 2. SEEKING GOD'S JUSTICE

The Universal Declaration of Human Rights was proclaimed by the United Nations (UN) on 10 December 1948 in response to the atrocities of World War II. The full UN Universal Declaration of Human Rights (available in over 300 languages) can be found at: [www.unhchr.ch/udhr/index.htm](http://www.unhchr.ch/udhr/index.htm)

Tearfund's 65 page PILLARS Guide *Seeking Justice for All* (2006) by Isabel Carter, Ruth Alvarado and Alfonso Wieland is available for download (735kb) at: [www.tearfund.org/tilz](http://www.tearfund.org/tilz). It seeks:

- To develop a Christian understanding of human rights using the content of the UN Universal Declaration of Human Rights
- To increase understanding of God's heart for justice through Bible study, reflection and discussion
- To increase the awareness of church and community leaders of their capacity to encourage a positive community response to injustice
- For church and community group members to gain helpful understanding of the processes of advocating for human rights on behalf of, or with, those who suffer from injustice
- For church and community group members to gain confidence in standing up against corruption and the abuse of power

The Bible studies are thought provoking and practical, addressing many issues that intersect with ministry in the context of HIV/AIDS. These include rights to a private life, security, social rights and responsibilities, education and information, work, property, special rights for children, and the role of the church.

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## 3. PALLIATIVE CARE - DYING WELL

The following contribution is made by Dr Rick Sacra, ELWA Hospital, Liberia. [rick.sacra@sim.org](mailto:rick.sacra@sim.org) in response to the AIDSLink feature on palliative care (AIDSLink86).

"I received the most recent AIDSLink newsletter on Palliative Care with anticipation, since this topic has been on my mind and in my prayers a lot lately. I've had conversations with several people... especially the head of our HIV/AIDS counseling program ... about a topic I've come to think of as "dying well." To be frank, I was disappointed with the AIDSLink newsletter.

"In a desire to make palliative care less specialized, and a part of the total spectrum of care, the distinctives get lost. While yes, symptom management is a part of palliative care, I think it misses the core of it. Palliative care is when you focus on quality of life. Palliative care becomes the core of what we are doing when it is time to stop sacrificing QUALITY of life to gain QUANTITY of life. Palliative care is when we learn to help our patients "die well."

"I feel that helping patients know when to turn the corner from "seeking to get physically well" to "seeking to find peace with God and peace with my family, and to make sure that critical end-of-life tasks are completed, before I die" is the hardest part, and the most important part, of palliative care. I've found that, especially for Christians, to "give up" on getting better is hard - they feel they are being too weak, or lacking in faith. They say "I can't give up on my life - I know that my God is able to help me to walk out of this hospital alive and well." It seems as a Christian that to accept that death is coming might mean I don't have enough faith in how great God is. I feel that this 'spiritual' form of denial is a major roadblock to my patients in really dying well.

"What do we miss when we never acknowledge that our condition is going to lead to death? We miss opportunities to say goodbye to our families and loved ones. We miss opportunities to make sure that arrangements are made for our children to be taken care of after we have gone to our God. We miss the chance to reconcile with important people in our lives with whom we've had some disagreement or falling out, to extend grace and forgiveness, to make sure there are no major "loose ends" left hanging. We miss opportunities to bless our children. We miss opportunities to testify to our loved ones and friends about Christ.

"Biblically, both Paul and Jesus are good examples. They looked death squarely in the face and took opportunities to say important things to others which had special meaning because they knew this was to be the final communication from this special person.

“So far we have not hit on the right formula for when and how to do this ... sometimes we are able to help someone to ‘turn the corner’ and see death coming without regret; other times people hang on to the bitter end without acknowledging that they may not survive this episode of illness.

“I think the absolute prerequisite is a real, long-term relationship between care provider and patient - with real trust and love. Thanks for listening.”

An invitation to share your experience:

1. To what extent is a "spiritual" form of denial a major roadblock to really dying well in your setting?
2. What approaches are you using to help people die well?

Send your contributions to [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org) and [rick.sacra@sim.org](mailto:rick.sacra@sim.org)

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## 4. BRINGING HEALING TO TRAUMATIZED CHILDREN

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*Bring Healing to Traumatized Children* (2009) by Hill, Braaksma and Westman, published by Paulines Publications, Africa, was developed in response to church leaders who wanted to know how to help the children in their churches who had gone through various types of trauma. It started in northern Uganda where many children had spent their childhood in fear of the Lord's Resistance Army, and has also been used in Liberia and Thailand. The 10 lessons in the book are suitable for a week-long camp or once-a-week club or school event. Each lesson involves the ongoing story of two children, has exercises and games on the topic, and includes a Bible story with a memory verse. Themes include: I am important to God; we hurt because life isn't as God planned it to be; loss and grief; The Cross; forgiving; and rebuilding lives.

Available in English, Thai, and soon in French. The leader's manual and child's book are available in Nairobi from BTL/SIL and Pauline Press bookshops, or from the online shop at: [www.wycliffe.org](http://www.wycliffe.org)

For further information including news of various training opportunities (including Togo and Nairobi) contact Margaret Hill: [margaret\\_hill@sil.org](mailto:margaret_hill@sil.org)

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## 5. CASH, CARS & CELL PHONES

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Transactional sex is alive and flourishing. The three C's: Cash, Cars and Cell phones are well known payments offered in exchange for sex. The 2009 study *Adolescents Perceptions on Sexuality, HIV & AIDS in Selected Schools of Kwekwe District, Zimbabwe* by Muparamoto & Chigwenya documents serious concerns, for example:

Girls reported that some of them are forced to engage in sexual acts because of material needs that they stand to gain after sleeping with men. Benefits ranged from food, clothes and money. Some girls pointed out that they engaged in sexual acts to secure their relationships as sex was regarded as an integral component of a serious relationship. Usually these relationships were with older men. Some girls reported that they had transactional sex. Some argued that poverty drove them to have sex. “Desperate situations call for desperate measures, its better to have sex than to die of hunger. (p.41)

Although commonly linked to sugar daddies and sugar mummies, transactional sex also extends beyond such relationships. Vulnerability can be increased through:

- Poverty, especially if women, girls and boys are excluded from earning opportunities
- Times of increased trauma, as a coping mechanism, source of intimacy or survival strategy
- Lack of education
- Unfriendly social situations - alone in isolated areas when carrying out certain chores or activities, eg. gathering firewood, collecting water, walking long distances unaccompanied, using community latrines or washing facilities
- Travelling by public transport, having to stay out overnight or make overnight stops in journeys, and travelling alone with male drivers
- Certain types of accommodation
- Certain times of day, week or year, eg. during festivals, at evenings or weekends, after alcohol consumption

- A desire to be independent
- Lack of communication with parents
- Family violence
- Movements of people into or out of the region (military, displaced people, NGOs)

Possible measures to reduce transactional sex include: acknowledging its existence, building up self-esteem and empowering young women and men to make healthy life choices, providing more educational and employment possibilities for young people, reducing alcohol and drug abuse, and rehabilitation programs for victims of violence. From a Christian perspective, it is critical that young people understand that they are valuable in God's eyes and have the right to say "no".

Take preventative action on a local level by investigating:

1. Key features of transactional sex in your setting
2. Identifying features of your local situation that increase vulnerability to coercion, casual consensual sex or transactional sex as a survival option or coping mechanism
3. Targeted measures to reduce transactional sex that are appropriate in your context

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## 6. MAKING IT KNOWN – ACCESSING HEALTH LITERATURE

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The *Health InterNetwork Access to Research Initiative* (HINARI) set up by the World Health Organisation (WHO) and major publishers, enables readers in low and middle income countries to gain access to one of the world's largest collections of biomedical and health literature. Over 6400 journal titles are now available to health institutions in 108 countries, benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. Local, not-for-profit institutions in low and middle income countries may also register for access to the journals. Institutions in countries with GNP per capita below \$1000 are eligible for free access. Institutions in countries with GNP per capita \$1000-\$3000 pay a fee of \$1000 per year/institution. More information on the HINARI program and eligible countries is available at: [www.who.int/hinari/en/](http://www.who.int/hinari/en/) e-mail: [hinari@who.int](mailto:hinari@who.int)

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## 7. TIP of the MONTH – M&E: COMMUNICATING KEY MESSAGES

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What are the most important facts, ideas or views which you want to communicate in reports? The key message is the information you want people to remember after reading, viewing or listening to any of your documentation or communication products. Messages should be as clear and concise as possible without jargon and acronyms. In order to be effective, key messages need to have IMPACT.

- Inspiring
- Memorable
- Positive
- Attention-grabbing
- Clear
- Taken from practical experience

Adapt the language and tone of your message to suit your target audience and type of report. Take care to choose language that is gender and culture-sensitive and that it does not stigmatize. It may surprise you who reads your communication pieces and how far it travels!

For additional reading see: Building Skills in HIV & AIDS Documentation & Communication: a Reference Manual (July 2008). Available (2.1MB) at: [www.saf aids.net/?q=node/849](http://www.saf aids.net/?q=node/849)



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