Footsteps 69

www.tearfund.org/tilz December 2006 Sexual health



Breaking taboos

by Pastor Kouliga Michel Nikiema



Sexual issues affect everyone in the community, but can be hard to talk about openly.

Vigilance is a Christian organisation working in Burkina Faso. Breaking the taboo around discussing sexual health is a challenge we would like to bring into the heart of the church. Talking openly about sexual issues is vital in the response to HIV and AIDS. In Burkina Faso, 85% of people living with HIV have contracted the virus through sexual relationships, and the situation is similar in many other countries. This high rate of HIV infection is mostly caused by people's lack of understanding about HIV and sexual health.

Often the church does not like to talk openly about sexual issues, but HIV is found within the church too, so we cannot afford to ignore it. It is the duty of those who are engaged in the response to the AIDS pandemic to speak out, to raise awareness and reduce stigma.

Motivation

Our inspiration is the Bible, which teaches us that sexual relationships

are a gift from God, and that sex was designed for our benefit and enjoyment. Sex enables reproduction and, therefore, the survival of the human race. Yet when we look around, we see that sex is also spreading death and disease.

Methods

One way of breaking taboos in the response to AIDS is through relationship counselling. Vigilance organises training workshops on how to have a healthy and happy marriage. Communication can often be a problem between couples, particularly around taboo subjects like sex. In our workshops we encourage couples to talk to each other more openly about all issues, including sex. It is important that the opinions and feelings of both the man and the woman are respected within a relationship. Good relationships between parents will provide a model for their children.

Our workshops begin with a general session to share ideas and teaching on marriage. This is followed by discussion groups. This smallgroup setting helps give people the confidence to speak out. The facilitator encourages couples to listen to and

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Footsteps

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Footsteps is a quarterly paper, linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

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Tearfund is an evangelical Christian relief and development agency working through local partners to bring help and hope to communities in need around the world.

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respect each other. Discussion topics include:

- expectations of marriage
- traditional gender roles
- enjoying a good married relationship.

Where appropriate, specific disagreements between couples are shared and discussed in the group.

At the end of one workshop, a woman spoke of how her husband had begun to show her more respect and had asked her forgiveness for the first time ever. One man said: 'Since the workshop, our married life has been transformed.'

Children's sexual education in our culture remains the responsibility of their parents. However, often parents just don't know how to begin and they are too embarrassed to talk about the details. To address this problem we invite parents, with their children, to take part in a conference about sexual issues. We provide them with information and biblical principles about sexual matters. By raising a taboo subject publicly, we provide an opportunity for parents and children to talk more openly about sex. This can help prevent the lack of knowledge which is costing the lives of many young people in our country.

Problems and solutions

The greatest challenge is to motivate men to attend the couples' seminars. In 2004, the women in one church decided to organise a couples' seminar. They all invited their husbands, but out of 60

DISCUSSION QUESTIONS

- Are men and women treated differently in our community?
- What roles or behaviour are typically expected of men / women?
- How do these attitudes affect sexual health?
- Do men and women have different sexual needs?
- What role should a husband or wife have in teaching their children about sexual issues?
- What rights do people have in marriage?

people attending the conference, only 12 were men. The men felt that talking about relationships was a 'woman's thing'. In 2006, the pastor of the same church organised another seminar for couples with our support. This time only two of the men invited did not attend and that was only because they could not get time off work. The men who attended the first seminar in 2004 had challenged the others, saying that they had been wrong not to go. In addition, the fact that this time the pastor sent out the invitations encouraged church members to attend.

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What attitudes can parents model to their children?

Challenging female genital mutilation

by Etienne Kiemdé



Female genital mutilation puts girls' health at risk.

Female genital mutilation (FGM) is a traditional practice in Burkina Faso and many other countries. It is sometimes called female genital cutting, female circumcision, or excision (*Footsteps 24*). It means cutting off part or all of the outer part of a girl's labia and clitoris. Usually the girls are very young and have no choice in the matter.

FGM is very painful and has no health benefits for women. However, despite the efforts of authorities to stop it, the practice remains. In many communities, not undergoing FGM can have negative social consequences for women, such as difficulty in finding a husband. This means there is strong social pressure to continue the practice. The reality is that FGM has many harmful consequences. Immediate effects include pain and heavy bleeding. The cutting is often carried out with knives or blades that are not clean, so infections such as HIV can occur. In the long term, the women may experience serious difficulties in sexual relationships, and complications in childbirth which can be fatal.

Faced with this serious human rights problem, the Government of Burkina Faso is working together with health organisations, religious leaders, NGOs, women's associations and traditional community leaders to try to change attitudes. It aims to speed up the process of social change through using popular media, such as radio, as a tool to spread the message widely.

For some years, Development Gospel Radio has been involved in challenging the practice of FGM through its radio stations and local development activities. This programme uses its broadcasts to raise peoples' awareness of the dangers of FGM. Radio teams visit local villages, using dramas, interviews and discussion to present the facts and challenge traditional attitudes. Follow-up groups are set up in the villages to continue raising awareness.

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Editorial

Often people find it difficult to talk about sexual issues. It can be embarrassing and in many places it is culturally taboo. God created sex as a good gift for men and women to enjoy. Yet harmful attitudes and lack of information about sexual issues contribute to so much suffering and death across the world, including the spread of HIV. We cannot afford to stay silent. I hope this *Footsteps* will help open up discussion of this vital topic.

Sexual health is not just about physical health, it involves social, spiritual, cultural, legal, medical and psychological issues. These include sexual desire, human rights, gender equality, and reducing stigma and sexual violence.

At Tearfund, we hold up God's ideal of sex as designed only for the committed and exclusive relationship of marriage. We also understand the need to protect life and face up to the realities of our broken world, particularly in response to the AIDS pandemic. There is no simple solution. Faithfulness in marriage is no protection against HIV and other sexually transmitted infections if someone is raped or their partner is unfaithful. Gender inequalities and widespread sexual violence mean that many women have little control over sexual relationships or the ability to negotiate using protection. Condoms may be unavailable or unaffordable. These underlying social issues need to be dealt with if men and women everywhere are to enjoy sexual health.

Future issues of *Footsteps* will look at the impact of climate change on agriculture, and sharing information.

Maggie Sandilands, Sub Editor

Sexuality: a Christian perspective

by Dr Apolos Landa

Sexuality is an important subject for Christians today. It can no longer be left as something that we don't talk about and only deal with in private. We must face up to the results of sexual behaviour that we can see in our society.

God's intent for sex

There is no reason to consider sex as bad and sinful. When you look at what the Bible says about sex, you will see that God intended it to be one of the most beautiful and superb gifts. The purpose is not just sexual reproduction. God designed sex for building an effective marriage relationship based on the mutual enjoyment and delight of it. God designed sex for pleasure, as an expression of love for both men and women to enjoy. Sex should not be a painful duty, but neither is physical pleasure its only purpose.

Marriage

God's ideal for sex is that we abstain before marriage and are faithful to our partner within marriage. These boundaries are for our own protection. Sex should be a source of delight and satisfaction that helps unite couples, but often previous experiences can prove damaging. Sex is designed for relationships that are permanent, loyal and that respect both partners.

God has established a safe place for us to discover, develop, and enjoy our sexuality to the fullest. This is inside the relationship of mutual belonging and giving that we call marriage. We have to understand

> God designed sex as an expression of love for both men and women to enjoy



Peer pressure can be a powerful influence on young people.

that marriage isn't just the civil or religious ceremony. That is simply the public witness of a marriage. Marriage is a life-long, sincere, loving and exclusive relationship between a man and a woman. Husband and wife need to maintain this relationship by continuing to choose to be faithful and to love each other for the rest of their lives.

Consequences

Many health planners and psychologists agree that the sexual behaviour and attitudes that have become increasingly accepted in our society in the last few decades have had many negative consequences. There is a lack of awareness of sexual health and it is common for people to have many different sexual partners. These things contribute to the AIDS pandemic and the increase of other sexually transmitted infections. Other consequences are teenage pregnancies, abortions, abandoned children and single parents. Harmful attitudes to sexuality, such as the idea that to be a man means being sexually aggressive, can contribute to sexual violence, child abuse and rape. It is clear from all of this that people's behaviour does not

match God's intentions for sex and relationships.

I believe that Christians need to rediscover God's plan for sexuality. We need to examine our beliefs, our lifestyles and check the behaviour we model. We have a responsibility to live out a radical alternative of healthy attitudes to sex.

Young people

We do not live in an ideal world. There are many factors that put pressure on young people in our society and make them impatient to have sex. Some of the factors to consider are cultural beliefs, values and customs, childhood experiences, social environment, and the powerful sexual impulse that is part of our physical nature. With better nutrition and physical health, young people often reach puberty earlier, sometimes at nine or ten years old. But in many countries they are not likely to get married until they are in their twenties. Young people are constantly under pressure from mass media such as television, magazines and the internet. The media is full of sexual images and misinformation. Add to this the natural curiosity of young

people, their desire to experiment and the normal tendency to underestimate risks, and we can see why sexual experience often starts earlier in life.

For young people, peer pressure can be very strong. Teenagers often struggle for identity. Young people look for acceptance and approval within their peer group. They need good selfesteem to be able to challenge peer pressure and make their own decisions. Role models are also very important. Good relationships with parents are a key factor in development, as we tend to reproduce the situations that we lived through in our own home. Studies show that children who grow up witnessing violent relationships are often less able to form stable, healthy relationships in later life. Teachers, other relatives and older friends can also provide a strong influence, as can famous figures in youth culture, such as musicians and actors. All too often, this influence can be negative, not positive. If the church stays silent, then how can we help young people to make good choices?

Sometimes, however, people have little choice. Gender inequalities mean that women often have little control over sexual decisions. Poverty may mean people have no means of survival except through sex work.

What can we do?

We need to provide accurate information about sexual issues and good role models for young people. We should help them to develop good self-esteem and healthy attitudes towards sex, so they can make good decisions and avoid risky behaviour. We cannot do this if we are ashamed to talk about these issues. We should start by recognising that sexuality is an integral and important part of being human, and should be valued and respected, not ignored or denied. We need to understand the true purpose of sex and take away any myths and mistaken ideas.

Dr Apolos Landa is the Latin America and Caribbean Regional Coordinator for the Luke Society International.

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Talking with young people

by Isabel Carter

Young people need a 'safe' place to discuss challenging issues. Sometimes they ask teachers or parents. Usually they simply talk to each other, which often spreads wrong information and rumours.

The church needs youth leaders who feel relaxed and open talking to young people about difficult issues, particularly sexual ones. This will encourage young people to ask for help and to be open and honest about the issues they are dealing with. If youth leaders feel embarrassed or unsure about sexual issues and try to simply tell young people what to do, this will not help. They need to provide good role models, both in their own lives and in their ability to deal openly with challenging issues.

Question Time

When we led a church youth group, one of the most popular activities was Question Time. The young people wrote out questions they wanted advice or help with, knowing their questions were anonymous. They were put into a box and picked out at random. Most were questions about relationships and sexual issues. Sometimes the questions surprised or shocked us, but we never showed that. We would deal openly and honestly with them, talking about guidance from the Bible, sharing from our own experience and asking the young people to share and discuss ideas together. We were careful to share accurate information, show tolerance and give them a clear understanding of God's plan for sexual relationships, even if they made mistakes along the way.

A useful web-based resource is 'Auntie Stella' (www.tarsc.org/auntstella). It provides useful ideas and discussion topics for youth workers, though it is not a Christian site.

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Human trafficking

by Graeme Hodge

Human trafficking is the illegal trade in human life that enslaves over two million people every year. Half of these are children. In China, as in many other countries, many women and girls are transported abroad by traffickers and sold into sexual slavery.

Many women are trafficked within China too, for forced marriage, forced sex work and forced labour. The government's 'one child' policy and a traditional bias towards male children mean that in rural areas there are now fewer young women than men.

Poverty and lack of education mean that rural women are often lured away by traffickers who promise well-paid 'jobs' and a better life in cities.

The Salvation Army is working with local government to develop community-based initiatives against trafficking in a number of affected areas in China. The project aims to raise awareness of the dangers. Community members are encouraged to identify problems and develop their own ways to address health and social concerns that leave people vulnerable to trafficking.

Education and awareness Raising public awareness of human trafficking is an

CASE STUDY

Ling was desperate to escape the poverty of her own village. She went to the local market where she knew there were people offering jobs and 'opportunities' in other parts of the country. However, Ling quickly realised the truth and managed to escape from the trafficking recruiter and return home to her husband and children. Other women in her village were not so lucky. Most have simply disappeared, to be sold as brides in Eastern China, or to brothels in Hong Kong and other parts of Asia.

important means of prevention and protection. Women from neighbouring villages who have been affected by trafficking can warn people and train others to spread the message.

Community priorities Addressing the problems in communities that make people vulnerable to trafficking is also important. These might include poverty, a lack of employment or lack of access to clean water.

Care and support People who are trafficked suffer emotional and psychological trauma. Those who escape may face stigma within their communities when they return. Care and support such as counselling and medical services are needed. For



otos Duncan Parker The Salvation Army 20

those subjected to sex-trafficking, the experience of rape means they will need sexual healthcare provision, including HIV tests, and may also be pregnant. Men and children left behind may also need help and support.

Global campaigns such as 'Stop the Traffik' (www.stopthetraffik.org) aim to raise awareness of human trafficking in communities around the world and encourage people to join together and speak out to protect people's human rights not to suffer force or violence, or to be enslaved.

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CASE STUDY

Three 12-year-old girls in one village were encouraged by friends to go with traffickers. Their former classmates had already been trafficked, but had been sent back to recruit others, under threat and with false hopes of being released. In their school playground, the girls were told of 'an amazing opportunity' in a nearby city. Fortunately, the three girls told their parents, who did not let them go. But they remain vulnerable. Some children have even been taken by force from schools.



This man's wife was trafficked, leaving him to care for his young daughter. He fears she will be vulnerable to trafficking when she is older.

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Letters News = Views = Information

Please write to: The Editor, Footsteps, PO Box 200, Bridgnorth, Shropshire, WV16 4WQ, UK

Email: footsteps@tearfund.org

> Moringa

I want to tell you about moringa, a wonderful tree I came across in Tanzania. It is an injustice that many people don't know about the gift from God growing in their home areas! Moringa is a droughtresistant plant and so nutritious that it could certainly help towards resolving problems such as deficiencies of vitamin A, iron and protein. Moringa can be used to help improve the quality of water for drinking, and in traditional medicines.

Sian Caldwell Email: siancaldwell@yahoo.co.uk

More information about moringa can be found in Footsteps 20 and 28, and on this website: www.treesforlife.org/project/moringa

Household water treatment using moringa seeds:

- 1 Allow the moringa seed pods to dry naturally to a brown colour on the tree before harvesting them.
- 2 Remove the seed shells, leaving a white kernel.
- **3** Crush the seed kernels to a powder with a stone or mortar. About 2 grams (2 teaspoons) of seed powder will treat 20 litres of water.
- **4** Mix the powder with a small quantity of clean water to form a paste.
- **5** Dilute the paste in a cup or bottle of clean water, and shake the solution for 5 minutes.

The treated water should then be boiled or filtered to make it completely safe to drink. Remember that all cups and containers used must also be clean!

The right to sight

Article 25 of the Universal Declaration of Human Rights (*Footsteps 66*) says that everyone has the right to adequate medical care. We believe that everyone should be given the same opportunities to avoid blindness through access to high quality eye care. Yet many people in the South suffer from unequal access to healthcare and there is a great lack of qualified eye doctors.

In Cameroon, healthcare in 90% of our communities is provided by nursing staff, 95% of whom have no basic understanding of eye care. There is also a lack of equipment.

People may be blind from birth or may become blind unnecessarily through ignorance or lack of early treatment. Blindness is a significant cause of poverty. After measuring the social and economic impact of blindness, the World Health Organisation set up an entire department to prevent blindness.

6 Pour the mixture through a tea strainer

strainer with a piece of clean cloth.

you want to treat.

least an hour.

regularly for 10 minutes.

or sieve into a cup. It's best to cover the

7 Add the resulting milky fluid to the water

8 Stir quickly for 2 minutes, then slowly and

9 Cover the water and do not disturb it for at

10 When the solid materials have settled to the

poured off the top of the container.

bottom, the clear water may be siphoned or

The MOJE Foundation produces a magazine, *Le Cristallin*, to raise awareness and share information and experience about eye care and preventing blindness. It is available in French only and is distributed free to people working in healthcare.

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Glossary of words used in this issue

Find appropriate words in your own culture or language for these terms that people will be comfortable about using.

abstinence – not participating in a practice such as sexual intercourse

clitoris – a tiny, highly sensitive organ in a woman that gives sexual pleasure

genitals –the reproductive organs, especially the external sex organs

immunity – the body's ability to resist infection

labia – the soft folds of skin around a woman's genitals

promiscuity – having sex with different partners on a casual basis

semen – bodily fluid containing sperm produced by a man during sexual intercourse

sex – a general word relating to sexual behaviour and sexual intercourse

sexual intercourse – the sexual act itself, resulting in the exchange of bodily fluids

STI - sexually transmitted infection

testicles – the male glands that produce sperm

vagina – the soft fleshy passage or opening in a woman used for sexual intercourse and through which babies are born

Shea nut

Our organisation practises simple farming methods. During the long period of the dry season (nine months) we work on tree planting and protection. Does anyone know of any research on the shea nut tree? It is one of the few plants which can withstand the savannah environment, but it takes such a long time to yield – currently fifteen years. Could this be reduced to four or five years?

Edmond Bawa Project Co-ordinator Bawku Hospital Eye Department Ghana

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Sexually transmitted infections

Diseases and infections are passed on in different ways. Many, such as colds, influenza or tuberculosis, are passed to other people through the air when infected people sneeze or cough. Some, such as malaria, are passed on to others by mosquitoes. Sexually transmitted infections (STIs) can only be passed on through sexual relationships. Because of this, people find them very embarrassing to deal with. Often they do not want to seek healthcare and so they suffer in silence.

STIs can be uncomfortable and unpleasant, and if left untreated can cause major health problems, including lasting pain, infertility, problems in pregnancy, miscarriage, cancer and death. STIs can also have damaging effects on babies and young children through mother-to-child transmission. Many people are unaware of STIs, or believe they are not at risk. But STIs are

> Even people who have had only one sexual partner can have an STI

a very common type of infection. Even people who have only had one sexual partner can be infected. Often there are no outward signs, so they can be caught from people who look healthy, and it is possible to have an STI and not know it. People are at risk when they have unprotected sex if:

- they or their partner have ever had another sexual partner
- they don't know their partner's sexual history
- their partner could have contracted HIV through other means, such as blood transfusion.

Some common STIs are described below.



Symptoms of stage 2 syphilis. These dark marks developed after a rash which was not itchy or painful.

Prevention

There are ways to prevent STIs, but these will often depend on how much choice and control people have over sexual decisions. Women in particular may have little influence in decision making. To help prevent STIs, people who are sexually active should:

- Remain with only one partner.
- Use condoms (see page 11).
- Avoid 'dry sex' (using herbs or powders to dry out the vagina). If the vagina is dry or irritated it will tear more easily during sex, making infection more likely.
- Wash the outside of their genitals before and after sex.
- Pass urine after having sex.

Genital warts

Genital warts are a common STI. They sometimes cause no symptoms, or are so small they can't be seen. They affect the sexual organs or mouth. Some signs and symptoms are:

- tiny, grey, pink or red swellings in the genital area that grow quickly
- several warts close together
- itching or burning in the genital area
- discomfort, pain or bleeding with sexual intercourse.

Gonorrhoea and chlamydia

Gonorrhoea and chlamydia are easy to cure if treated early but, if not, they can cause infertility in both women and men. For a man, symptoms usually begin two to five days after sex with an infected person, and include:

- discharge from the penis
- pain or burning when passing urine
- pain or swelling of the testicles.

Signs in a woman may not begin for weeks or even months, but include:

yellow or green discharge from the vagina or anus



This painful rash on the side of the body is caused by the chicken pox virus but can be a common early symptom of HIV. The rash usually heals in about two weeks, leaving scars.

- pain or burning when passing urine
- fever
- pain in the lower belly
- pain or bleeding during sexual intercourse.

Both men and women may have no signs but can still pass on infection.

HIV

HIV is the virus that causes AIDS. There is no cure for HIV. However, it can be controlled by antiretroviral drugs, where these are available. HIV is spread when blood, fluid from the vagina or semen from someone already

🗧 Women at risk

Women are more vulnerable to STIs, including HIV, than men, for physical as well as social reasons. Semen stays inside the vagina for a long time after sex, so a virus can easily pass into a woman's body. Sexual violence, rape, 'dry sex', or FGM all increase the likelihood of tears in the vagina during sex, which increase the risk of infection.

Women often have little control or choice over when and with whom to have sex, or to negotiate using a condom. Poverty can add to this lack of choice, as women may depend economically on a man, or be forced to sell themselves for sex for survival. Lack of education means that women may have no access to information about STIs or how to protect themselves. infected with HIV gets into the body of another person, or through mother-tochild transmission. It is *not* spread by touching, hugging or kissing someone living with HIV. People living with HIV may look healthy and may have no symptoms. Using a latex condom during sexual intercourse can prevent transmission of the virus.

There is a strong link between HIV and other STIs. HIV is more easily transmitted to or from people who have STIs, particularly if there are open sores on the genitals. STIs can be more severe and difficult or impossible to treat in those who are HIV positive and have a lowered immunity.

HPV

Human papillomavirus (HPV) is one of the most common STIs. There are often no symptoms but it can cause cervical cancer and other types of genital cancers in men as well as women. If people have symptoms of other STIs they should be tested for HPV.

Syphilis

Syphilis is an STI that, if left untreated, can cause very serious health problems. A pregnant woman can pass syphilis to her unborn baby, which can cause it to be born too early, deformed, or dead. Syphilis develops in four stages:

- Stage one: A painless sore develops, usually in the genital area. It looks like a pimple, blister, or open sore. The sore will heal without treatment, leaving a thin scar, but this does not mean the infection is cured.
- Stage two: A skin rash develops over the body (especially on the palms of the hands and soles of the feet) four to ten weeks after the initial infection. Other symptoms include a sore throat, mouth sores,

HIV is not spread by touching, hugging or kissing someone living with HIV

Treatment

Many STIs can be cured by antibiotics if people have access to medical care. Those caused by a virus (such as HIV or HPV) cannot be cured, but they can be treated to relieve symptoms. People who think they may have an STI should:

- seek medical treatment as early as possible
- encourage their sexual partner to get tested and treated as well
- avoid sex or practise safer sex by using a condom until treatment is complete.

swollen joints, weight loss and patchy hair loss.

- Hidden stage: After about a year, the symptoms disappear, though the person may still be contagious.
- Late stage: If syphilis is not detected and treated in the early stages, serious problems can develop, including heart disease, mental illness, blindness, paralysis, and even death.

Compiled by Maggie Sandilands from Where women have no doctor: a health guide for women *by A August Burns, Ronnie Lovich, Jane Maxwell and Katharine Shapiro, edited by Sandy Niemann (The Hesperian Foundation).*



Stage 2 syphilis in a person living with HIV. This rash lasted for one month. It was not itchy or painful. This man came to his doctor complaining of genital sores and what he thought was chicken pox. He has syphilis, and his immune system is damaged because of the HIV infection, so symptoms such as skin rashes may be more serious.

Church-based approaches to HIV prevention

by Dr David Evans

There are now over 40 million people living with HIV worldwide. In 2005, another 4.1 million people became infected and 2.8 million died of AIDSrelated illnesses.

A key challenge for the church today is to find a biblical response to the pandemic that is truly relevant and effective in the face of the realities of our world. The church should be leading the way. Reflecting on the Bible themes of grace, empathy and humility can challenge stigma. Speaking out against injustice can begin to change harmful attitudes. Tearfund facilitated a workshop for its partners and other



Gender inequalities make it hard for women to ensure their sexual health.

Christian groups in Nigeria this year to discuss broadening their approaches to HIV prevention.

Condom use

At the workshop we discussed risk reduction approaches, including the appropriate use of condoms in HIV prevention work. Many in the churches believe that condoms encourage promiscuity. They are happy to talk about abstinence and fidelity, but are not willing to give accurate or full information about condoms.

Christians are called to love and serve people, not to judge them. Is it possible to love a person by withholding information that could save their life? The workshop participants agreed that to save lives it is necessary to reduce, wherever possible, people's immediate risk of infection. Condoms can prevent the transmission of HIV and other sexually transmitted infections. An appropriate context for providing information about condoms is that of pastoral counselling and care, including marriage preparation and youth work. This context of trust and relationship gives people the opportunity to discuss any concerns.

Broader approaches

For many in the church, this issue of condom use is a major point of disagreement and can become the focus of discussion. However, it should be seen as just one part of a more complete and effective approach to HIV prevention. Education and advocacy work is also needed to address the wider social issues that make people vulnerable to HIV. This includes:

- Advocating for better access to antiretroviral drugs and encouraging voluntary counselling and testing.
- Addressing stigma. Christians could lead the way in breaking

Valuing life

Tearfund promotes abstinence before marriage and faithfulness within marriage as the ideal for sexual relationships. The reality is that we are working in a world where poverty is widespread, human rights are often ignored, and abuse is common. It is therefore not enough to talk only about abstinence and faithfulness. Someone may be raped. Their partner may be unfaithful. Poverty means that some people have no means of survival except through sex work. Gender inequalities mean that many women have little control over sexual decisions.

The extent of the pandemic forces us to engage with more complete and wideranging approaches to preventing the spread of HIV. Such approaches include condom use, preventing mother-to-child transmission, provision of antiretroviral drugs, voluntary counselling and testing services and provision of clean needles and syringes.

We need to save lives and show God's love and care for all people in an unjust and broken world.

down barriers of fear, shame and misunderstanding, by recognising that HIV is not a judgment of God on sinners. It is a virus that can affect anyone.

Challenging the way women are viewed and treated. Gender inequalities and cultural practices like female genital mutilation (see page 3) increase the vulnerability of women to HIV.

The church needs to look beyond its current responses to HIV, which are not adequate.

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Discussing condoms

The issue of condom use can be controversial and difficult to discuss. Condoms are often wrongly associated only with promiscuity or sex work, so using condoms carries stigma. Christians should value life and reflect God's love and care for all people. Sharing information about appropriate condom use can help save lives. Condom use is recommended to protect against sexually transmitted infections (STIs), including HIV, if either partner may be at risk.

Women may have no choice in marriage and little control over sexual decisions. But men do not own women's bodies. A woman should have the right to choose when, how and with whom she has sex, and to protect herself from harm. At present, many new HIV infections are amongst faithful, married women. Many men do not like to wear condoms, but it is important for both men and women to take responsibility for sexual health. Here are some suggestions for negotiating condom use.

Practise the conversation beforehand If you think your partner may not be supportive, you could practise talking with a friend first. They can pretend to be your partner and you can practise answering questions they might have.

> Useful answers

If your partner says	Try saying
It will not feel as good.	It may feel different but it will still feel good.
l do not have any diseases.	Often there are no symptoms – so one of us could have an infection without knowing it.
Just this once without a condom.	It only takes one time without protection to get an STI or HIV. And I am not ready to be pregnant.
You are already using family planning.	One of us could still have an infection.
Condoms are for sex workers, why do you want to use one?	Condoms are for everyone who wants to protect themselves and their partner. Many people use condoms now.

Choose a good time to talk – such as when you are feeling good about each other and when you are not likely to be interrupted. Do not wait until you are about to have sex.

Be informed Learn as much as you can about STIs and about safer sex methods. That way you can help your partner to understand the real risks of unsafe sex.

Pray together for wisdom in protecting each other's health. Study biblical teaching on relationships (1 Corinthians 7).

Focus on safety Your partner may say you do not trust them. Tell them the issue

is safety, not trust. A person may have an STI without knowing, or may contract HIV not through sex but through blood transfusions or unsafe needles. So it is difficult to be sure that he or she is not infected.

Use other people as examples

Sometimes learning that others are practising safer sex can help influence your partner to do so too.

Compiled by Maggie Sandilands, with information from Where women have no doctor by A August Burns, Ronnie Lovich, Jane Maxwell and Katharine Shapiro (Hesperian Foundation).

Using condoms

Many Christians find it hard to learn about condoms because of stigma. Here are some helpful facts.

A condom is a thin sheath made of latex or other materials, that a man wears on his penis during sex. There are also female condoms, but these are not widely available. Latex condoms are a good way to protect against STIs, including HIV, and can also be used for family spacing. Condoms must be used correctly to ensure they are effective:

- Carefully open the package so the condom does not tear. Do not unroll the condom before putting it on.
- Place the unrolled condom on the tip of the penis. Leave about 1.5cm of empty space at

the tip, but hold the tip of the condom when putting it on so that it does not fill with air and burst. Roll the condom all the way to the base of the penis.

- After sex, hold on to the condom at the base of the penis when withdrawing from the vagina, taking care not to spill semen.
- Dispose of the used condom, making sure it won't be found by children.

Remember:

- Do not reuse condoms.
- Do not use a condom if the packet is torn or dried out or past its expiry date, as the condom will not work.
- Do not use grease, cooking oils, baby oils, skin lotions, petroleum jelly (vaseline) or butter to make the condom slippery. These



substances can make the condom break. Use saliva or cream that does not have oil in it.

- Store condoms in a cool, dry place.
- If possible, only use condoms made of latex. Other materials will not protect against HIV.

Re-training nurses to provide healthcare for women

by Dr Ann Thyle



Sharing health messages with the wider community at a village health fair.

In India, more women die of complications during pregnancy and childbirth than from any other cause. Nearly all these deaths are preventable. Many health problems during pregnancy are not recognised or treated because of poor access to healthcare.

Many problems are caused because women are often married at a young age, as child brides. Young mothers under 20 years of age are five times more likely to die in childbirth. They suffer complications with pregnancy because their bodies are not yet mature enough. High blood pressure, blocked labour, premature births and low birthweight babies are much more common with very young mothers. Cultural attitudes value boy children more than girls. This means that girl children are traditionally fed last and given less. Therefore many are malnourished and anaemic before they become pregnant.

Medical care for women

The Emmanuel Hospital Association (EHA) is a network of hospitals and community health projects in north India. Village women do not like to be examined by male doctors because of religion, caste and traditional beliefs. In rural areas, there are not enough women doctors, so this prejudice means that fewer women and children access medical services. To fill this gap, EHA set up a training course for nurses to give specialised care to women and children. The use of skilled attendants is known to help decrease health problems and deaths in childbirth. High risk cases can also be identified in advance and referred early for hospital care, reducing critical delays in decision making when there is a complication.

The course covers reproductive health, midwifery and sexual health. The nurses are trained to provide counselling and information on planning pregnancies, and healthcare for teenagers. Language classes help the nurses gain confidence in English which is used in hospitals. Theory lessons are followed with daily practical sessions in established community projects where there are good relationships with local people. These sessions focus on midwifery and the care of newborn babies.

Teaching manuals must be simple, relevant and easy to use and kept up to date. They should be small so they can be easily carried around as reference books and should focus on the issues that will directly affect the health of the woman or her baby.

Follow-up is also needed. Monitoring and evaluation during the course and in the community helps to identify gaps in training. After training, nurses need continued updates and support.

Sharing health messages

The reputation of a well-run clinic will soon spread by word-of-mouth. Here are some practical methods that we use to encourage access to reproductive and child health services:

Reproductive and Community Health (RCH) centres Trained RCH nurses run rural centres to make healthcare accessible for local women and children. Clinic hours should meet local needs.

Women's groups Forming women's groups in local communities can help the work of the RCH nurse at the clinics. Village women can collect information about local needs, and share health messages and information about available services.

Youth health groups Teenage boys and girls are key groups to target for teaching about sexual health, changing risky behaviour, and preparation for marriage and childbirth. Young people can then be better informed about how to access RCH services when they need them, and share health messages with their parents. In one project, the young men responded to local needs by organising an ambulance service of vehicle owners in the community.

Literacy programmes Village literacy programmes for women are another opportunity to provide health education and information.

Home visits RCH nurses build relationships with families through home visits. As well as health issues, they can talk about other issues such as income-generation opportunities, saving for health, gender discrimination and domestic violence.

Village fairs are a popular way to share information with the wider community. Role plays, songs and information stalls are always well attended.

Preventing problems

Building good relationships with government health centres, other NGOs and other local health providers can avoid conflict, confused messages and competition.

Some women may still refuse specialist care. Husbands and mothers-in-law are usually the decision-makers, so can also cause critical delays in accessing care. It is important to include them in group and family discussions. One of our projects started a 'mothers-in-law group' and met with them regularly. The key messages were:

- Every pregnancy carries a risk.
- A healthy mother is more likely to have a healthy baby and be able to care for her baby and her family.
- Three check ups during pregnancy will help detect problems early and make a safe delivery more likely.

Holding village meetings, street plays or video shows in the evening allows men to participate after work, and give their views and perspectives.

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Simple health messages such as the importance of good hygiene can save lives.

The writer. Dr Jorae Patpatian, is involved in organising regular conferences for Christian doctors in Latin America and producing a magazine on sexual health and ethics of medicine. Email:

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Bible Sexuality within God's plan Study Read Genesis 1:27-2:25

Read Genesis 1:27-2:25

Sex is often a taboo subject, surrounded by silence and denial. As Christians we should ask ourselves: 'What is God's plan for human sexuality?' The Bible is not silent on the topic of sex, but rather points out some important aspects of the issue:

Sex is God's creation. It was God's idea to create people as both male and female, and unite them through sex (Genesis 2:24). Both men and women are created with sexual desire.

Sex is good. Sex was part of God's good creation (Genesis 1:31). Sex is designed to provide pleasure and satisfaction (Song of Songs 4:10). Men and women are both given the gift of being able to experience pleasure and delight within marriage. This enriches and deepens the love relationship between the couple. Yet in some cultures women are not expected to take pleasure in sex.

Sex is designed for marriage. God's purpose for human beings is that men and women should experience a life-long, faithful, permanent and responsible relationship. These conditions are met within the context of marriage. It is there that God blesses and approves this union. In Genesis 1:28 the command to 'bear fruit and multiply' is obeyed through the sexual relationship.

- What does our society say about sex? How does this passage challenge these beliefs?
- What messages does the church give to people about sex?

Unfortunately people do not always choose to follow God's plan. In our broken world there are many problems such as sexually transmitted infections (STIs), sexual violence, broken families and harmful relationships. The church should not hide from this reality. Its responsibility is to be salt and light for the world, and to speak the truth in love, in order to encourage sexual health in communities across the world.

Read John 8:1-12

More and more people are living lives far from God's plan. We can show people God's plan for sexuality, marriage and the family. However, we should not lose Jesus' compassionate attitude. He showed us how to live by his example. He showed love and grace to the woman who was guilty of adultery by saying: 'I do not condemn you'. He challenged people's judgmental attitudes. Judging and discriminating against others are also sinful. Jesus then used his authority to say to the woman: 'Go and sin no more'. As the church, we should show grace, but we should not keep quiet about justice. It is not about condemnation. Justice means challenging harmful traditional practices and attitudes, to ensure that every person is valued in the image of God.

- How can we, the church, be salt and light in our community on these issues?
- Are our attitudes as a church inclusive or exclusive?
- It was only the woman caught in adultery who was condemned, not the man who was with her. How does this reflect the unjust way women are treated in this area of sex?



All people are created in the image of God and so all have equal value.

Saving lives

by Revd Ayano Chule Deyabo

In some countries in sub-Saharan Africa, one out of ten adults is already living with HIV. This means that in most churches in these countries, there will be some people who have the virus.

This is not just a problem for Africa, because the AIDS pandemic affects the whole world. The people who are infected with the virus and those who have died of AIDS are not simply strangers, but members of our global family. The most important challenge now is to save lives.

Judgmental attitudes, which see HIV as a punishment for sin and immorality, have contributed to creating another epidemic – of stigma and discrimination. HIV is a virus that can affect anyone, it is not a moral judgment. Many children are infected with HIV at birth, through mother-

> Save

Many HIV prevention programmes follow the **ABC approach** (Abstinence, **B**e faithful, use **C**ondoms). However, this message does not fully address all the complex realities of life. Many people, particularly women, have little control over sexual decisions. ANERELA+ has developed a new model for a more complete HIV response, called **SAVE**.



Available medications. This includes providing antiretroviral (ARV) drugs, as well as treating HIV-associated infections.

Voluntary counselling and testing (VCT). People who know their HIV status are better able to protect themselves from infection. Someone who is HIV-positive can be provided with information and support to enable them to live positively.

Empowerment through education. Sharing correct, non-judgmental information can break down barriers of stigma and discrimination. Education includes information on good health and nutrition for people living with HIV.

> Discussion

Read Luke 10:25-37

In this story try placing yourself honestly as one of the characters:

- Are you like the Samaritan? Who could be like the Samaritan in your church or workplace?
- What about the man who was attacked? The priest? The robbers?
- Was it the man's fault that he was attacked? Could he have avoided it?
- What is God doing if the person who is suffering is innocent?

to-child transmission. Many new infections are in young, faithful wives. Yet the stigma remains and prevents people from seeking help, testing or treatment. Church leaders have a position of influence in the community, so can help to change these judgmental attitudes. We have a chance to speak out against stigma, to try to save lives and to give people hope.

ANERELA+ is the African Network of Religious Leaders Living with or personally affected by HIV and AIDS. We seek to equip, empower and engage HIV-positive religious leaders to deal with the issues of stigma and discrimination, irrational fear, denial and shame which help to spread the virus. To confront stigma, these leaders break the silence in the church by sharing their personal story and life experience. They speak about their HIV-positive status freely and frankly and act as models of a positive life. They show that where there is support, understanding and access to medical care, such as antiretroviral drugs, HIV does not prevent a person from living life to the full.

Revd Ayano Chule Deyabo is an Anglican clergyman and a member of ANERELA+

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Resources Books = Newsletters = Training materials

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Compassionate Community Work

by Dave Andrews

This is an easy-to-use introductory course book on Christian community development work. It is designed for training community workers, church leaders, teachers and students, and can be used as a group resource or for self-study. It is practical and full of useful tasks and exercises.

It costs £14.99 (US \$24.99)

For more information contact:

info@piquant.net

Website: www.piquanteditions.com

Where Women Have No Doctor: a health guide for women

by A August Burns, Ronnie Lovich, Jane Maxwell and Katharine Shapiro. Edited by Sandy Niemann

This is a very useful healthcare manual designed for women in areas where healthcare is unavailable or unaffordable. It provides practical, easily understood information on a wide range of issues that affect women's health, and how to identify and treat common medical problems.

New KiSwahili website - www.food-security.info

This is a really useful website focusing on agriculture and food security. It contains all kinds of practical information and useful links to the publications of a number of organisations in English. It also contains many useful publications translated into KiSwahili. This includes four PILLARS guides – translated by Arthur Mbumbuka and all available to download free of charge:

- Kilimo mseto: mwongozo was nguzo (Agroforestry)
- Kula kwa afya (Healthy eating)
- Kujenga uwezo wa vikundi vya wenyeji (Building the capacity of local groups)
- Mikopa kwa biashara ndogo ndogo (Credit and loans)

Another PILLARS guide on HIV and AIDS is available from Transworld Radio, Nairobi (email Mkanini@yahoo.com)

It is available on-line to read or download from the website www.hesperian.org

Hard copies can also be ordered from the website, and cost US \$22 plus postage

Nursing and Midwifery: A Practical Approach

by Sally Huband, Pam Hamilton-Brown, Gillian Barber

This book provides realistic, practical guidance for nurses and midwives in resource-poor settings. It is well illustrated and includes points for



health promotion and activities. It covers principles of nursing, patient care, reproductive and sexual health, maternity care and care of children.

This book costs $\pounds4.95$ and is available from:

TALC PO Box 49 St Albans AL1 5TX UK Email: info@talcuk.org Website: www.talcuk.org

USEFUL WEBSITES

www.engenderhealth.org/projects

EngenderHealth has developed web-based and CD Rom self-instructional courses for healthcare providers, supervisors, students, and trainers around the world – particularly for those in low-resource settings. Course topics include sexuality and sexual health, sexually transmitted infections and reproductive health. They contain interactive exercises and quizzes, case studies, as well as educational materials that can be printed for use in healthcare programmes.

www.AWARE-RH.org

The Action for West Africa Region Reproductive Health and Child Survival Project (AWARE-RH) aims to improve reproductive and maternal and child health services across 18 countries in West Africa.

www.acquireproject.org

The ACQUIRE Project (Access, Quality, and Use in Reproductive Health) works globally to advance and support the availability, quality and use of reproductive health and family planning services and to strengthen links between health facilities and communities.

www.cabsa.co.za

The Christian AIDS Resource and Information Service (CARIS) aims to develop the capacity of churches and Christian organisations to respond to HIV and AIDS. This website provides a platform to network and share information, advice, news and articles.

www.farmradio.org

This useful website provides ideas, advice and radio scripts on topics relating to the Millennium Development Goals such as gender equality and reducing the spread of HIV.

AIDS and You Dr Patrick Dixon

This useful resource provides clear and practical information about HIV and AIDS. It is available free and in several languages from the website:

www.acet-international.org/publications

Self-esteem

by Phil Hoyle

Oasis Esteem is a Christian sex and relationships education programme run throughout the UK by the charity Oasis Trust. Oasis Esteem provides resources and training for volunteers to go into secondary schools and youth work settings and to run classes educating young people about sex and relationships.

Recently one of our volunteers was giving a lesson about values in relationships to a class of fifteen year olds. One student asked, 'Why are we talking about relationships? I thought this lesson was about sex?' His question shows how for many young people in the UK, ideas about sex have become separated from the idea of committed relationships. The painful results of this separation between sex and relationships can be clearly seen in our society. Since the 1990s, cases of sexually transmitted infections (STIs) have continued to rise, with the highest

Young people need to have the right information to make the right decision.

rises being seen among young people aged 16–24 years. The UK also has the highest teenage pregnancy rates in Western Europe.

Sex is a subject of vital importance and interest to young people, but poor information and prejudice are common. This can lead to bad choices, harmful relationships, and put lives at risk. Oasis Esteem seeks to address these issues through education. It is very important that young people have access to accurate and clear information on sex and relationships.

> A self-esteem activity

The aim of this practical activity is to challenge thinking on how we value people and to encourage the group to appreciate the qualities and contributions that they and those around them can offer.

Method:

- 1 Gather pictures or props to represent the following:
 - 6 buckets of water (hydrogen and oxygen)
 - 1 bucket of charcoal or coal (carbon)
 - 2 cups of lime (calcium)
 - 2,000 match tips (phosphorous)
 - 2 large spoons of wood ash (potash)
 - 1 teaspoon of sulphur
 - 4 cups of fat or oil
 - 1 teaspoon of salt (chlorine and sodium)
 - 1 large nail (iron)
 - 1 large spoon of earth (representing all the trace elements)

- 2 Read through the list and show the props or pictures. Explain that this is what human beings are made up of if broken down into chemical components.
- **3** Ask the group for their responses to the information. Do they think that people are worth more than just their chemical compound? Try and draw out the young people's opinions.
- 4 Discuss what else makes someone valuable.
- **5** Discuss the values that society places on people by their position, performance, wealth and personal appearance.
- Finish by reminding the group that we all have special qualities that no-one else has.
 Each of us is valuable and loved by God.

Motivated by our Christian faith, we named the project 'Oasis Esteem' to highlight the fact that young people's decisions about sex and relationships are rooted in their self-esteem. The lessons aim to encourage young people to respect themselves and other people. We want to help young people to make well-informed, positive and healthy choices for their lives in the area of relationships and sex. Lesson topics include:

- self-esteem
- sex and relationships
- STIs
- sex and sexuality
- HIV and AIDS facts and attitudes.

In the UK, as in many other countries, mass media such as television, film, radio and magazines, often give confused messages to young people about sex. We believe that it is important to help young people to decide their own values and to empower them to take a stand for what they believe. The feedback is encouraging – as one young person said, 'Thank you! I think you might have just saved my life.'

Phil Hoyle works for Oasis Esteem as Training Coordinator, Greater London.

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