

## HIV - Critical Issues

### HIV Status

Each person in the world can be grouped into one of five categories relating to HIV status. Each category has globally common characteristics, consequences, and responses at personal, national and international levels. The categories are:-

HIV negative, and minimal risk	-Kingdom Living
HIV negative and at risk	-Worldly Living
HIV positive and well	
HIV positive and sick	
HIV positive and dying or dead	

The various categories have different consequences and different responses and an understanding of these is vital to an understanding of the course of the epidemic.

For example, of the negative categories, the first requires support such that there is no deterioration in lifestyle. It means also, reaching the children before they become sexually active. The second category needs education and encouragement that will produce lifestyle changes, or at the very least minimise the degree of risk. In each of these categories, the initial impact is personal.

In the HIV positive categories, the positive well group has a requirement for responsible behaviour as this is the only group that has the potential to spread HIV. This is an education issue. Note, it is others who are put at risk by one's own behaviour patterns.

The positive sick category generates national as well as personal consequences. Employment suffers, families move into poverty and at the same time there is a need for medical care, drugs, treatment, nursing related care and family support, all of which create enormous economic problems, again at family and national levels. It is at this stage that poverty increases and it is this category that is now growing exponentially in many countries and is causing governments to become concerned.

The positive dying / dead category is creating its own problems - characterised by the creation of millions of orphans. But it has also raised issues for inheritance customs and social systems based on extended family support, both of which are under severe pressure and are breaking down. In many villages and towns, there is just not the infrastructure to deal with very large numbers of bodies. Burial customs are having to adapt - e.g. mass burial is becoming a real probability.

### Behaviour Change

We endorse the view being taken increasingly by the various international agencies, that the solution to HIV lies in behaviour change. But the barriers to behaviour change also have to be dealt with and this requires a degree of will and has a long time scale attached and can only be attacked at national levels. But this does not

absolve us of our responsibilities. HIV is a wholly preventable disease and wide spread behaviour change can stop the disease in its tracks.

### Sexual Activity

We are convinced that actions to achieve behaviour change must begin before children become sexually active. Our own visits and experiences have shown that in various societies, the normal age for sexual initiation is as low as 10 years. To put that into focus, an 10 year old son or daughter, in some countries, will be dead three years later!

Condoms are not the answer, as they do not address the basic problem of early sexual initiation. In fact they might even encourage early sexual activity. Condoms may have a role in terms of more responsible behaviour for those who are already positive and are unable to change their life style.

Responsible sexual behaviour, including abstinence, is the only sure and safe answer.

### Reaching the Youth

It is essential therefore that those in charge of the youth, take a consistent and strong view that imparts amongst the children that sexuality is a wonderful blessing and hence worth saving for the right setting with the right person. Parents, teachers, ministers, social workers, any one who has contact with the pre-sexually active has a responsibility to instil this message. The absence of this can guarantee a death sentence for the children concerned.

### Injecting Drug Use

The combination of injecting drug use, sexually transmitted diseases and promiscuity is devastating large parts of eastern Europe with an explosive spread of HIV. Again, education at a persistent and consistent level, for the children in particular, before they are given the opportunity to share needles, will go a long way to slow the spread of HIV via this route.

### Kingdom Living

We remain convinced that the degree of change in behaviour that is needed is just not possible without the deep underpinning of the Christian faith and the empowering to do what is, for most, the impossible - to change one's sexual life style.

We have seen a remarkable response to teaching on the power of Kingdom Living within those communities where AIDS related deaths are running at a high level.

Significant levels of commitment are coming from, for example, young professional medical people, that they will deliberately change their sexual life style and teach others to do as well. This is something almost unheard of and is a pointer that hope remains.