FAITH SECTOR

HIV AND HEALTH MESSAGES

FOR USE BY RELIGIOUS LEADERS

maisha!
National AIDS Control Council
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To cite this book:
NACC (2019). Key HIV and Health messages booklet for use by religious leaders. National AIDS Control Council; Nairobi, Kenya

Design and Layout: Ezekiel Mwabili
FAITH SECTOR

HIV AND HEALTH MESSAGES FOR USE BY RELIGIOUS LEADERS
The National AIDS Control Council also referred to herein as the “NACC” is a state corporation mandated to coordinate the national and multisectoral response to HIV and AIDS in achieving the goals articulated in the Constitution of Kenya, the Vision 2030, the Kenya Health Policy 2014 – 2030, the Kenya AIDS Strategic Framework and Kenya’s Global commitment to the SDGs.

The National AIDS Control Council recognizes the contribution of the Faith Sector in HIV prevention, treatment, care and support to the infected and affected people in Kenya. We appreciate the Faith Sector’s support in provision of HIV and healthcare services which has facilitated access even in the remotest parts of our country. The role played by the Religious Leaders in addressing stigma and discrimination as the greatest barrier to access of HIV and health services by PLHIV and other vulnerable populations is well acknowledged. We recognize that the Faith Community has used her comparative advantage to spiritually mould behaviour of the various populations they serve. We pride in your ability to reach millions of Kenyans at any given time.

This HIV message handbook, for use by the faith communities, provides messages and a guide for religious leaders to confidently share HIV information with their congregants.

The NACC remains committed to working closely with the Faith Sector to accelerate the HIV response in Kenya.

Angeline Siparo
NACC Board Chairperson
Preface

The National AIDS Control Council (NACC) recognizes the importance of partnerships with stakeholders in the response to HIV and AIDS in Kenya. According to Kenya Demographic Health Survey (2014), over 97% of Kenya’s population is reported to ascribe to a religious affiliation. Religious leaders therefore have an opportunity to reach out to many Kenyans with the correct HIV information and address stigma.

In order to support religious leaders in mainstreaming HIV in sermons and other religious activities, the Faith Sector Working Group with input from Christian, Muslim, Hindu and Baha’i theologians have come up with this Handbook of HIV messages. The messages are supported with references from the Holy Bible, the Qur’an, Hindu and Bahai teachings. This handbook will equip Religious Leaders with information and knowledge to address the needs, challenges and gaps in the HIV response among their congregants.

The Handbook messages are organized into nine key HIV thematic areas namely, HIV Knowledge, HIV prevention, Treatment and Adherence, Timely Care and Support, Elimination of Stigma and Discrimination, Universal Health Coverage, Sexual and Gender Based Violence, Male engagement and Adolescents and Young People. Each thematic area provides facts, messages to congregants, action points, myths and misconceptions, and scripture references.

I urge faith communities/organizations/institutions to use the information in this Handbook to mainstream HIV messages during sermons and other religious activities. This will contribute greatly to stigma reduction and achieving Zero new HIV infections.

Dr. Nduku Kilonzo
CEO NACC
The review of the HIV messages booklet has been timely and the process has been participatory. We would like to acknowledge the work, effort and the contributions of the Faith Sector Networks; the various Faith communities as well as Faith Based organizations. NACC recognizes the active involvement and commitment of the Faith Sector Working Group during the various consultative fora during the review of the HIV messages booklet.

The NACC gives special recognition to the following organizations for their participation in the review and validation processes: Kenya Conference of Catholic Bishops (KCCB), The International Network of Religious Leaders Living with or Personally Affected by HIV (INERELA+ Kenya), Inter-religious Council of Kenya (IRCK), Supreme Council of Kenya Muslims (SUPKEM), the Hindu Council, Seventh Day Adventist (SDA), National Council of Churches of Kenya (NCCK), Christian Health Association of Kenya (CHAK), Presbyterian Church of East Africa (PCEA), Anglican Church of Kenya (ACK), Salvation Army, Church of Christ in Kenya, Organization of African Instituted Churches (OAIC), Ecumenical Pharmaceutical Network (EPN), PEPFAR, UNAIDS, Evangelical Alliance of Kenya (EAK), Association of University Chaplains in Kenya, Daystar University, St Paul’s University, The Catholic University of Eastern Africa (CUEA) and Religious Media Houses.

We also acknowledge the NACC staff from the various divisions that gave technical input and guidance during the review of the booklet.

Dr. Emmy J. Chesire
Deputy Director Coordination & Support, NACC
Definition of Terms

Adolescent and Young Persons:
Persons between 10 and 24 years

Buddy System:
A friend who helps someone infected with HIV to adhere to care and treatment. The buddy supports the infected to take their medication as advised by the health care provider, visits to the clinic and psychosocial support.

Congregation:
Members of a specific religious group who regularly worship at a church, synagogue, mosque, sanctuary or temple.

Congregational leader:
A person of faith who is formally recognized by the congregation of which they are a part, as the reference point, and often the link for the congregation with the religious leaders such as the youth leader, women/men’s leader etc.

Discordant Couple:
Where one partner is HIV positive and the other is HIV negative

Drug holiday:
Taking breaks from adhering to ART drugs

Faith Sector:
This term is used to refer to both faith communities and faith-based organizations

Gender-Based Violence (GBV):
Any act of violence meted against a person because of their gender that results in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. The forms of GBV are sexual, physical, emotional, psychological and socio-economic violence, harmful traditional and religious practices and trafficking of persons.

Religious Leader:
The term religious leader refers to a person of faith who is formally recognized by the religious community of which they are a part, as the reference point, and often the decision maker, for matters of doctrine, faith, practice and often governance.
Risky behaviour: 
Behaviour that exposes someone to the risk of getting a HIV infection such as multiple sexual partners, unprotected sex, injecting drugs

Sexual Violence: 
The World Health Organisation (WHO) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. It includes rape, attempted rape, defilement, incest, sexual abuse, sexual exploitation, forced prostitution, torture and trafficking for sexual exploitation.

Universal Health Coverage: 
Provision of quality Health Services to communities and individuals including promotive, rehabilitative, curative palliative without suffering from financial hardships.

Viral Suppression: 
Suppressing or reducing the function and replication of the HIV virus. Viral suppression is achieved when a person’s viral load is undetectable

Discrimination: 
Treating a person less favourably on basis of sex, HIV status, social status, religion, tribe etc
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<th>Abbreviation</th>
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<tr>
<td>ADR</td>
<td>Alternative Dispute Resolution</td>
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<td>AIDS</td>
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<td>ANC</td>
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<td>Elimination of Mother to Child Transmission</td>
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<td>HIV and AIDS Tribunal</td>
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<td>Health Management Information System</td>
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Introduction

The National AIDS Control Council continues to strengthen engagement with the Faith Communities (FCs) and Faith Based Organizations (FBOs) through the Faith Sector Working Group. A Faith Sector Action plan was developed, aligned to Kenya AIDS Strategic Framework (KASF) launched and disseminated. The Faith Communities and Faith Based Organizations shall deliver KASF through implementation of the Faith Sector Action Plan.

The Action Plan identifies key activities that can be implemented by the Faith Communities and Faith Based organizations. This includes: mainstreaming HIV messages, SGBV, UHC and male engagement into Faith Sector activities; reach out to the congregation with HIV prevention information and services targeting men, women, adolescents, young people, the elderly; reducing HIV-related stigma.

To strengthen mainstreaming of HIV messages, UHC, SGBV and male engagement in sermons, the Faith Sector Working Group with support of Christian, Muslim, Hindu and Bahai theologians have developed HIV Thematic messages that have Bible, Qur’an, Hindu and Bahai references. The Themes covered are Knowledge, HIV prevention, Treatment and Adherence, Timely Care and Support, Elimination of Stigma and Discrimination, UHC, SGBV, Male and AYP engagement.

The objective of the HIV Message Booklet is to support religious leaders to mainstream HIV messages into sermons and religious activities. This booklet can be a guide and a resource.
HIV Situation in Kenya

HIV prevalence 4.8%

1.38 Million Kenyans living with HIV (2018)

105,200 Children (0-14 yrs.) living with HIV

New HIV Infections (2018)

44,789 New infections Adults 15+yrs

7,978 New infections Children <15 years
County HIV Prevalence

Source: 2008 Estimates

Figure 1.1: HIV prevalence
New HIV Infections, 2018

Source: 2008 Estimates

Figure 1.2: New HIV infections
Source: HIV Estimates 2018

Figure 1.3: MTCT rate in Kenya – 12.4%
New HIV infections amongst 15-24 Years (2018)

2018 New HIV Infections (15-24 Yrs)
- <100 Infections
- 100-1000 Infections
- > 1000 Infections
- Lakes

Source: HIV Estimates 2018

Figure 1.4: New infections amongst 15-24 Yrs
AIDS related deaths (25,400 in 2018)

Source: HIV Estimates 2018

Figure 1.5: HIV related deaths
Number of Stigma & Discrimination Cases Reported per 1000 PLHIV Population

Source: CAPR 2018

Fig 1.6 Reported HIV related stigma
Knowledge about HIV empowers one to avoid risky behaviour that put them at risk of HIV infection and transmission. It enhances positive health seeking behaviour including care and treatment and reduces incidences of stigma.
HIV KNOWLEDGE
Facts
• When you get tested for HIV you will know your status
• With accurate information on HIV one can make the right decision.
• HIV still has no known cure but with ART one can live long
• Anyone can get infected with the HIV virus
• Young people who engage in risky behaviour are at an increased risk of getting infected with HIV

Messages to Congregants
• With the correct and updated information on HIV, one can make informed decisions and lead a good and healthy life.
• With the right knowledge and information on HIV one can get necessary support
• HIV testing ensures one is aware of his/her status
• HIV testing is the first step in HIV prevention, care and treatment.

Action Points
• Get the correct information about HIV
• Take control, stop the spread of HIV
• Stand and be counted in the fight against HIV
• Get tested and know your HIV status
• It is important to be tested together with your family.
• Men, let’s take the lead role in protecting and caring for our families

Myths and Misconceptions
• HIV is a death sentence
• A healthy looking person cannot have HIV
• HIV is spread by sharing utensils with an infected person
• People Living with HIV cannot have children
• HIV is a curse/witchcraft
• HIV is a sin and punishment from God
• HIV is a third world country problem
HIV KNOWLEDGE

- HIV is for the poor/associated with the poor
- You can always tell by appearance someone who is HIV positive
- HIV was invented to get rid of the black people
- Only those who are promiscuous get infected
- Religious leaders don’t get HIV
- It’s better to acquire HIV than to have cancer
- PLHIV should not get married
- Having sex with a virgin cures HIV
- It’s better to acquire HIV than a pregnancy

REFERENCES

Christian Scripture: On Knowledge

_Hosea 4:6_
“my people are destroyed from lack of knowledge.”

_Jeremiah 3:15_
And I will give you pastors according to mine heart, which shall feed you with knowledge and understanding.

_Proverbs 1:5_
“Let the wise listen and add to their learning, and let the discerning get guidance”

Other References
Muslim Scripture: On Knowledge

Muslim (Qur’an)

“Are those who have knowledge and those who have no knowledge alike? Only the men of understanding are mindful.” (Qur’an, 39:9).

Muslim (Hadith)

It was narrated that Anas bin Mâlik said: The Messenger of Allah said “Seeking knowledge is a duty upon every Muslim”. ” (Sunan Ibn e Majah, Book of Sunnah, Hadith no 224, Classified as Sahih By Allama Albani)

Bahai’ Writings: On Knowledge

“Knowledge is one of the wondrous gifts of God. It is incumbent upon everyone to acquire it.”
Bahá’u’lláh, Tablets of Bahá’u’lláh, p.39

“The Great Being saith: Regard man as a mine rich in gems of estimable value. Education can, alone cause it to reveal its treasures, and enable mankind to benefit therefrom.”
Bahá’u’lláh, Gleanings from the Writings of Bahá’u’lláh, p.260
It is cheaper to prevent than to treat. As a country we are working towards zero new infections by 2030, young people have the highest number of new HIV infections
HIV PREVENTION
Number of New HIV Infections (2016 vs 2018)

Source: 2016, 2018 Estimates

Figure 2.1: New HIV infections (2016 vs 2018)
**FACTS**

- Prevention is the best means of stopping the spread of HIV
- Abstinence is the best way to prevent HIV
- With medical interventions a mother living with HIV can give birth to and raise a HIV negative baby.
- A discordant couple can have a happy marriage if they observe the health care provider’s advice on protecting the uninfected partner
- A couple living with HIV can have a good marriage and productive life if they observe health care provider’s advice
- Voluntary Male Medical Circumcision (VMMC) reduces the risk of male-female sexual transmission of HIV by approx. 60%
- Post Exposure Prophylaxis (PEP) reduces risk of contracting HIV infection if administered within 72 hours.
- Pre-Exposure Prophylaxis (PrEP) if administered appropriately will reduce the risk of acquiring HIV infection among discordant married couples

**MESSAGES TO CONGREGANTS**

- I have the power to make the right choices for my health.
- Unsafe sexual behaviour increases the risk of HIV infection
- Today’s decisions and actions determine your future so, invest in your health.
- It is important to know your HIV status and that of your partner
- It is only when you know your HIV status that you can prevent its spread
- You can be tested by a health care provider or you can have HIV self-test and take appropriate action.
- We can help stop the spread of HIV now.
- True love waits.
- Chastity, Fidelity, Patience, Purity are values that should be upheld
ACTION POINTS

• Expectant mothers should attend at least 4 clinic visits during pregnancy and deliver the baby in a health facility (the first visit should be as soon as a pregnancy is detected)
• Congregants should know their HIV status
• Congregants can choose where they can conveniently have HIV test done, either by health care provider in a facility or HIV self-test at home
• After a HIV self-test, a confirmatory test in a health facility is necessary
• Parents should instil/sustain unto their children virtues and values that promote responsible behaviour and practices
• A discordant couple should use preventive methods to protect their partner
• Couples that are living with HIV should use protection to prevent reinfection

MYTHS & MISCONCEPTIONS

• Having a cold shower after unprotected sex prevents HIV infection.
• HIV cannot be contracted through oral sex (getting sexual satisfaction through the mouth).
• Religious leaders do not get infected with HIV.
• HIV only infects promiscuous people
• Once negative always negative.
• My spouse’s HIV status is my status.
• You can get HIV by caring for PLHIV.
• Prayers before sex prevents HIV infection
• You cannot acquire HIV if you have sex in swimming pool
REFERENCES

Christian Scripture: On Prevention

_Prov. 5:15_
“Drink water from you own cistern, running water from your own well”

_Psalm 119:9_
“How can a young person stay on the path of purity? By living according to your word.”

_2 Tim 2:22_
“Flee the evil desires of youth, and pursue righteousness, faith, love and peace, along with those who call on the Lord out of a pure heart”

Other References
Rom 12: 2, Ex 1: 15-21, Prov. 5: 15-20, 1 Cor 6:18-20,7:8-10, 1 John 2:15-16

Muslim Scripture: On Prevention

_Hadith: The Prophet (Saw) said;_ oh young men, whoever amongst you can afford marriage, let him get married, it is more effective in lowering the gaze and guarding ones’s chastity. And whoever cannot afford to marry or loer his gaze, let them fast for it will be a shield for him. *(Bakhari 5060 & Muslim 3464)*

O ye who believe, protect yourself and your families (Q: 66:6)

Certainly will the believers have succeeded: they who guard their private parts except from their wives or those their right hands possess, for indeed, they will not be blamed—But whoever seeks beyond that, then those are the transgressors. *(Qur’an 23:1-7)*

Hindu References: On Prevention

The Bhagavad-gita (03.39) states that lust is the nitya-vairi, the eternal enemy of the soul. When lust controls our mind, it maliciously distorts our vision. Consequently, we see the activity that is extraordinarily ordinary to be extraordinarily special.
HIV PREVENTION

Baha’i Writings: On Prevention
“Chastity implies both before and after marriage an unsullied, chaste sex life. Before marriage absolutely chaste, after marriage absolutely faithful to one’s chosen companion. Faithful in all sexual acts, faithful in word and in deed.”

Shoghi Effendi, quoted in Messages from The Universal House of Justice, 1968-1973, p. 108
There is still no known cure for HIV. ARVs help to prolong and improve the quality of life of those infected with HIV by suppressing the viral load in an individual.
HIV TREATMENT AND ADHERENCE
Adult ART Coverage - HIV Estimates

Source: 2018 Estimates

Figure 3.1: Adult ART coverage
Figure 3.2: Children ART coverage

Source: 2018 Estimates
FACTS

- Self-acceptance of a positive HIV status is the beginning of healing
- Anti-retrovirals (ARVs) are free in all public and faith based hospitals providing HIV care
- Anti-retrovirals (ARVs) work by reducing levels of HIV virus in the body (Viral Load)
- Adherence to ARVs reduces occurrence of resistance to HIV medication
- Daily correct use of ARVs promotes good health and prolongs life in PLHIV
- A person who is consistently virally suppressed cannot transmit HIV. Undetectable = Untransmittable (U=U)
- Inconsistency in taking ARV’s complicates the treatment process
- Traditional herbs and black magic will NOT cure HIV
- Faith healing should be backed by a medical report from a certified health provider

MESSAGES TO CONGREGANTS

- If your HIV test result is positive, you ought to start treatment immediately
- Starting treatment early promotes good health, prolongs life, keeps families together and reduces the number of Orphans and Vulnerable Children (OVC), windows and widowers
- ARVs lead to viral suppression giving hope to millions of PLHIV and their families.
- A person living with HIV can be virally suppressed when taking ARV’s consistently and live a healthy normal life.
- Accepting your HIV status and taking care of yourself brings hope and positive change.
- PLHIV in need of treatment need to be supported to access it through referral to a healthcare facility.
- Support those infected to adhere to treatment through the buddy system/friend / accountability partner.
- All children living with, or exposed to HIV, should be put on appropriate HIV treatment immediately.
• As parents/guardians, cooperate with the health care providers to ensure that children living with HIV (CLHIV) are able to access the correct ARV treatment (according to their age and weight)
• It is the parents’/guardians’ responsibility to ensure adherence to HIV treatment in children
• Follow up and enquire with the health care provider on the results of any laboratory tests done on CLHIV during clinic visits
• Support and encourage older children to attend child/youth friendly spaces in HIV clinics, where available, for psychosocial support

ACTION POINTS
• Form Psychosocial support groups for children, Adolescents and Young people, and adults
• Encourage congregants to adhere to treatment
• Encourage congregants and religious leaders living with HIV to disclose their HIV status to a support system they are comfortable disclosing to.

MYTHS & MISCONCEPTIONS
• HIV is curable.
• Having sex with a virgin or a child can cure HIV.
• PLHIV cannot give birth to children who are HIV negative.
• HIV always leads to AIDS.
• Herbal medicine cures HIV.
• When one believes in HIV faith healing there is no need to continue taking ARVs.
• It is okay to share ARVs with my spouse.
• Taking a drug holiday is ok for me

REFERENCES

Christian Scripture: On Treatment and Adherence

*Jeremiah 30:17*

“But I will restore you to health and heal your wounds,’ declares the LORD, ‘because you are called an outcast, Zion for whom no one cares
**John 9:7**

“Go,” he told him, “wash in the Pool of Siloam” (this word means “Sent”). So the man went and washed, and came home seeing

**Prov 18:14**

“A man’s spirit sustains him in sickness, but a crushed spirit who can bear

**Other References**

Luke 17:12-14 1, Tim 4:8, Jeremiah 17:14, Ezekiel 37:6, Isaiah 38:20-21, Psalm 41:3

**Muslim Scripture: On Treatment and Adherence**

*a) On Treatment and Adherence*

“Allah burdens not an individual more than his capability”

**Qur’an 2.286**

O Mankind: There has come to you a direction from your Lord and a healing for the (disease) in your hearts—and for those who believe a guidance and mercy! (Qur’an 10:57)

*b) On Medication*

There are many Ahadith (traditions of Prophet Muhammad peace be upon him (pbuh) which encourage the Muslims to seek medical treatment. Some of them are mentioned below:

**Abu Hurayrah narrates that The Prophet pbuh said:**

“There is no disease that Allah has created, except that He also has created its remedy.” **Bukhari 7.582**

**Usamah ibn Shuraik narrated:**

“... ‘O Allah’s Messenger! Should we seek medical treatment for our illnesses?’ He replied: ‘Yes, you should seek medical treatment, because Allah, the Exalted, has let no disease exist without provid- ing for its cure, except for one ailment, namely, old age’.”

**Tirmidhi**

Taking proper care of one’s health is considered by the Prophet Muhammad pbuh to be the right of the body.

Bukhari as-Sawm 55, an-Nikah 89, Muslim as- siyyam 183, 193, Nisai

The Prophet not only instructed sick people to take medicine, but he himself invited expert physicians for this purpose.

**D.o.H. p.50, As-Suyuti’s Medicine of the Prophet p.125**
Baha’i writings on Treatment and adherence

“Resort ye, in times of sickness, to competent physicians; We have not set aside the use of material means, rather have We confirmed it through this Pen, which God hath made to be the Dawning-place of His shining and glorious Cause.”

Bahá’u’lláh, Kitáb-i-Aqdas, K113, p. 60
Timely care, spiritual and psychosocial support leads to effective management of HIV when the body’s defence system (immunity) is still strong
TIMELY CARE & SUPPORT
Viral Suppression Rates

Source: NASCOP VL Website 2018

Figure 4.1: Viral suppression rates
FACTS

• Immediate support after a positive result enhances self-acceptance of status and health seeking behaviour.
• Timely psychosocial and spiritual care and support are important for PLHIV
• Timely care and support leads to viral suppression and prevent further transmission of HIV.
• Early care and support enhances adherence to treatment and prolongs life.

MESSAGES TO CONGREGANTS

• When PLHIV are supported, it upholds human dignity, gives hope and reassures the presence of God in their lives.
• All people are equal before God, He cares for us equally regardless of status.
• You are either infected or affected and hence the need to create safe spaces for PLHIV.
• HIV is a chronic condition. If managed in an environment of love, acceptance and care; one’s quality of life will be enhanced.
• Encouraging and sensitizing the family about exclusive breast feeding improves the health of the mother and the baby.
• Service to people who need health care including PLHIV is service to God.

ACTION POINTS

• Involve PLHIV in social and spiritual groups at family, congregational and community level.
• Mobilize congregations to support to OVCs.
• Refer those in need of support and care to relevant institutions.
• Encourage volunteerism among health professionals and other specialists within congregations.
• Form psychosocial support groups for children, young people, women and men.
• Spiritual support alongside adherence to treatment is the best support for PLHIV

MYTHS & MISCONCEPTIONS
• There is no need of taking care of PLHIV because they will die anyway.
• I still look healthy so why should I take medication
• PLHIV are cursed and should not be empathised by the community
• PLHIV should be isolated to curb spread of HIV

REFERENCES
Christian Scripture: On Timely care and support
James 1:27
“Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.”

Matthew 11:28
“Come to me, all you who are weary and burdened, and I will give you rest.”

Matthew 25:40
“The King will reply, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

1 Cor. 12:26
“If one part suffers, every part suffers with it; if one part is honoured, every part rejoices with it.”

Other references

Muslim Scripture: On Timely Care and Support
Prophet Mohammed in Bukhari (Saw) said;
• “He who does not show mercy to others will not be shown mercy” (BUKHARI)
• “None of you has faith until he loves for his brother what he loves for himself.”
• There should be no harm or reciprocation of harm
• You will see the believers in their having mercy for one another, and in their love for one another and in their kindness towards one another, like the human body: when one limb is ailing, the whole body feels it, one part calling out the other with sleeplessness and fever.”
• “None of you has faith until he loves for his brother what he loves for himself.”

(Qur’an 3:91)
“You cannot attain to righteousness unless you spend (in charity) out of those things which you love.”

(Qur’an 76:8-9)
“They (the true believers) give food, out of love for Allah, to the poor, the orphan and the slave, saying: We feed you only for Allah’s pleasure - we desire from you neither reward nor thanks.”

(Qur’an 107:1–7)
Have you seen the one who denies the Recompense? For that is the one who drives away the orphan and does not encourage the feeding of the poor. So woe to those who pray [but] who are heedless of their prayer—those who make show [of their deeds] and withhold [simple] assistance.

Baha’i writings on Timely care and support
“The love we show others, the hospitality and understanding, the willingness to help them, these are the very best advertisements of the Faith. They will want to hear about it when they see these things in our lives.”
From a letter written on Behalf of Shoghi Effendi, Living the Life, a compilation, p. 19
HIV stigma remains a key challenge and is the main barrier to testing, access to counselling, care and treatment.
ELIMINATION OF STIGMA AND DISCRIMINATION
DEFINITION

What is Stigma?
Stigma is a negative attitude toward people who have characteristics that make them different from what people think is right or normal. When someone is stigmatized, it reduces an individual’s societal status and worth.

What is discrimination?
Discrimination describes the actual ways that people are treated unjustly because they are regarded as a disgrace and/or different. Discrimination against people living with HIV means that they are treated with disapproval and looked upon as less human and should therefore not have certain rights.

Stigma manifests in faith communities through
• Denial of leadership positions
• Sermons/messages that are stigmatizing
• Specific prayers targeted at PLHIV
• Requiring HIV test as a prerequisite to a wedding ceremony
• Disclosing the HIV status of a person to others without their consent

Stigma and discrimination leads to
• Non-disclosure of HIV status
• Loss of income/livelihood
• Increases exposure to HIV infection especially for children, adolescents, young people and women
• The fear to test for HIV
• Fear of being judged by others.
• Failure to adhere to ART.
• Fear of going for care.
• Negative impact on the psycho-social wellness of people living with HIV.
• Leads to feelings of shame, isolation and despair negative self-image

FACTS
• HIV stigma and discrimination happens in many places including in places of worship
• Informed religious leaders have influence through the pulpit to address stigma
Correct HIV information reduces stigma
Acceptance and support reduces societal stigma
Meaningful Involvement of PLHIV (MIPA) reduces stigma
PLHIV are stigmatized and discriminated against knowingly or unknowingly.
There exists a HIV and AIDS Prevention and Control Act 2006 that prohibits discrimination against persons living with or affected by HIV
The HIV and AIDS Prevention and Control Act prohibits compulsory testing of HIV and disclosure of HIV results without consent.
There is an established HIV and AIDS Tribunal under Section 25 of the HIV/AIDS Prevention and Control Act to hear stigma and discrimination related matters

MESSAGES TO CONGREGANTS
HIV is a virus and anyone can be infected because we are all at risk.
Stigma and discrimination creates barriers to HIV testing and treatment, care and support
Stigma and discrimination occurs at multiple levels, including the interpersonal, family, institutional, congregational and community
Manifestations of stigma takes the forms of isolation, ridicule, physical and verbal abuse, and denial of services and employment
Regardless of my HIV status, I am a child of God created in His image.
God is love therefore HIV is not a punishment from God
A child living with HIV cannot transmit the virus to other children through normal Church/Sabbath/Mosque, school and social activities.
People living with HIV are much more than their HIV status, they deserve to live full healthy lives, have and fulfil their dreams and aspirations.
HIV is like any other chronic health condition.
ACTION POINTS

- Get tested for HIV today and know your status.
- Embrace and bear with each other.
- Be each other’s Keeper. True religion takes care of everyone.
- Create a conducive environment at home, in the places of worship and in the community.
- Let us come together and stand against HIV stigma and discrimination.
- Do not give up. The future still holds a lot for us.
- It is important (good) to encourage the congregants to know their HIV status but the law prohibits you from demanding to know their HIV results.
- It is important to counsel couples to know their HIV status before marriage.
- Regardless of the outcome of the HIV test result, the clergy should go ahead and officiate the marriage following the consent of the couple.
- HIV test result should not be disclosed to any other person without their written consent.
- If a congregant discloses to you their HIV status, keep it confidential.
- Religious leaders should encourage congregants living with HIV to access and use ART.
- Stop stigma and discrimination against PLHIV in social and public sphere.
- HIV stigma and discrimination matters can be resolved through Alternative Dispute Resolution (ADR) or at the HIV Tribunal (HAT).

Source: CAPR 2018

Figure 5.1: Stigma cases reported to HAT
MYTHS & MISCONCEPTIONS

• Having HIV means you have AIDS
• People who are living with HIV are promiscuous
• HIV is a death sentence
• HIV is a curse from God thus the need for spiritual cleansing.
• Sharing utensils and beddings leads to HIV infection
• Associating with a PLHIV leads to HIV infection
• Every thin and slender person is HIV positive

REFERENCES

Christian Scripture: On Elimination of Stigma and Discrimination
Matthew 7:12
“So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets.”

Romans 2:11;
“For God does not show favouritism.”

Acts 10: 34-35
“Then Peter began to speak: “I now realize how true it is that God does not show favouritism 35 but accepts from every nation the one who fears him and does what is right.”

Other References

Muslim Scripture: On Elimination of Stigma and Discrimination (Qur’an 49:13)
“O mankind! We have created you from a male and a female, and made you into races and families so that you may know each other. The most honoured of you in Allah’s sight are those who best keep their duty.”

(Qur’an 49:12)
“O you who believe! Avoid most of suspicion (against others), for surely suspicion in some cases is sin; and do not spy (into other people’s affairs), nor let some of you backbite others.”
Muslim Hadith:
The prophet PBUH said we are all sinners and the best of sinners are the ones who often ask for forgiveness (Hadith)
One cannot stipulate that he is a sinner, hence he is being punished;

(Qur'an 39.53)
“O My servants who have transgressed against their souls do not despair of Allah’s mercy, for Allah forgives all sins. Indeed it is He who is the Forgiving, the Merciful.”

Baha’i Writings: On Elimination of Stigma and Discrimination
“Bahá’u’lláh has also taught that prejudices, whether religious, racial, patriotic or political are destructive to the foundation of human development. Prejudices of any kind are the destroyers of human happiness and welfare.”
‘Abdu’l-Bahá, Baha’i World Faith, p. 240

“...Love the creatures for the sake of God and not for themselves. There are imperfections in every human being and you will always become unhappy if you look toward the people themselves. But if you look toward God you will love them and be kind to them, for the world of God is the world of perfection and complete mercy.”
‘Abdu’l-Bahá, Divine Art of Living, pp. 115-116
UHC is the ability for ALL persons to receive the health services they need without suffering financial hardship’. Through universal health coverage the congregation can access and use promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality, when they require them, without suffering financial hardship.
UNIVERSAL HEALTH COVERAGE
DEFINITION
UHC is the ability for ALL persons to receive the health services they need without suffering financial hardship’. Through universal health coverage the congregation can access and use promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality, when they require them, without suffering financial hardship.

FACTS
- Prevention of diseases is better than treatment
- Physical activity is important for our wellbeing keeps our body in the right shape and size
- A well balanced diet keeps our bodies healthy and strong
- Maintaining a healthy weight is important for attainment of good health
- Seek antenatal early in pregnancy and postnatal care after delivery
- Ensure you deliver your baby in a health facility
- Work is good for our bodies. It keeps them in the right shape and size
- Good child spacing gives mothers time to rejuvenate and rest
- Seeking early treatment reduces the cost of managing disease
- Visiting a health facility when sick and getting treatment is not a sign of weakness
- Good mental status is part of good health
- Use of or exposure to Tobacco is harmful to your health
- Mental illness can only be diagnosed at the hospital

MESSAGES TO CONGREGANTS
- God is mindful of our health
- Good health is our wealth and primary responsibility
- We should seek health care from a health care facility when we are unwell instead of self-prescription and over the counter drugs
- It is important for every household to have a health
insurance to cushion against financial hardship in case of a disease

• All children should receive the basic immunization package and growth monitoring for up to 5 years to protect them from childhood diseases
• Washing hands properly with soap after visiting the toilet and changing a baby’s soiled diapers, before food preparation, eating and feeding the baby is a good practice towards disease prevention.
• Boil drinking water and cook food properly
• Exclusive breastfeeding for the first 6 months and thereafter weaning a baby on a balanced diet of locally available foods helps the child to grow healthy
• Sleeping under a mosquito treated net prevents malaria
• Alcohol and drug use is harmful to your health
• People with psychological issues should seek immediate medical attention
• Mental issues are not necessarily evil spirit possession

**ACTION POINTS**

• Have our weight, blood pressure, blood sugar tested regularly
• Encourage congregants to screen for cervical, breast and prostate cancers
• Create awareness to congregation on NCDs and what causes them
• Expectant mothers should access the minimum 4 antenatal visits and proper nutrition for the wellbeing of the baby. The first visit should be as soon as a pregnancy is detected.
• Encourage all expectant mothers to enrol in the Linda Mama initiative
• Reach out to expectant teenagers to access ANC and create safe spaces for them to access the services without stigma
• Encourage and support congregation to register for NHIF/County Health Insurance
• People who abuse alcohol/drugs need to be referred for rehabilitation
• Religious facilities should support rehabilitation of drug users and alcohol abusers
• Everybody should maintain good body hygiene
• Maintain general hygiene, cleanliness and proper ventilation in the homestead/houses
• Drain stagnant waters and clear long grass in our compounds to keep off mosquitoes
• Teach on proper food handling and storage store food
• Always use a toilet/pit latrine when relieving yourself (proper disposal of faecal matter) and wash hands after
• Sign up for insurance
• Always use the slogan ‘Our health is our responsibility’ ‘Afya yetu ni jukumu yetu’

MYTHS AND MISCONCEPTIONS

• Being obese and overweight is a sign of good health and wealth
• Health seeking behaviour is “unmanly”
• Mental illness is an “evil spirit” possession

REFERENCES

Christian Scriptures: On Universal Health Coverage

1 Sam: 1: 21-23 (exclusive breastfeeding)

“Hannah did not go. She said to her husband, “After the boy is weaned, I will take him and present him before the LORD, and he will live there always.23 “Do what seems best to you,” her husband Elkanah told her. “Stay here until you have weaned him; only may the LORD make good his word.” So the woman stayed at home and nursed her son until she had weaned him.”

1 Timothy 4:8
For physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come.

Proverbs 25:16
If you find honey, eat just enough—too much of it, and you will vomit.
Other References

Muslim Scriptures: On Universal Health Coverage
, “And we sent down to you the Qur’an that which is a healing and mercy for the believers, but it does not increase the wrongdoers except in loss” (Qur’an 17:82)

And mothers (should) breastfeed their children for total two years, for those who need complete breast feeding (Qua’ran 2:33)

The Prophet (Peace Be Upon Him) said, “There is no disease that Allah has created except that He also created its remedy.” Sahih Bukhari

The Prophet also said, “Taking proper care of one’s health is absolute right of the body.” Bukhari as-Sawm

“The Prophet (PBUH) not only instructed sick people to take medicine, but he himself invited expert physicians for this purpose.” As-Suyut (d.o.h) on medicine of the Prophet

In taking good diet and nutrition, eating healthy and drinking water, the Prophet said, “The son of Adam [i.e human beings] never fills a vessel worse than his stomach. The son of Adam only needs a few bites that would sustain him, but if he insists, one-third should be reserved for his food, another third for his drink and the last third for his breathing”

The Qur’an also insists in resting and sleeping during the night since there is good health in sleeping as a result the prophet was directed in the Qur’an, “It is He who made the night a covering for you, and sleep and rest, and He made the day for you to rise again.” {Al-Furqan 47} also Chapter of the Romans Verse 22 and 23
Baha’i Scriptures: **On Universal Health Coverage**

It is incumbent upon everyone to seek medical treatment and to follow the doctor’s instructions, for this is in compliance with the divine ordinance, but, in reality, He Who giveth healing is God.

(Selections from the Writings of ‘Abdu’l Bahá)

At whatever time highly skilled physicians shall have developed the healing of illnesses by means of foods, and shall make provision for simple foods, and shall prohibit humankind from living as slaves to their lustful appetites, it is certain that the incidence of chronic and diversified illnesses will abate, and the general health of all mankind will be much improved.

(Selections from the Writings of ‘Abdu’l Bahá)
SEXUAL AND GENDER BASED VIOLENCE
Gender Based Violence is defined as any act or practice that results in physical, sexual, psychological or economic harm or suffering because of a person’s gender or socially defined role.

Sexual and gender based violence is a structural problem that is deeply rooted in unequal power relationships between men and women. It’s perpetuated by harmful social and cultural expectations about gender roles associated with being a woman or a man, a girl or a boy. It functions as a mechanism for enforcing and sustaining gender inequality.

**Forms of SGBV**
- Domestic violence targeted at – wife, husband, children, workers
- Sexual violence within a domestic relationship e.g. Intimate partner violence
- Rape, defilement, incest, sodomy
- Sexual exploitation, slavery, trafficking
- Female Genital Mutilation
- Virginity testing
- Forced prostitution
- Forced abortion
- Exposure of children to pornographic content
- Forced marriages
- Child marriages amounts to defilement – having sex with a child
- Sexual harassment, assault, stalking
- Indecent touch/groping
- Preference of a male over female child leading to forced abortions/ conflict in families
- Denying people leadership roles due to their marital status
- Psychological and emotional abuse

Who perpetuates SGBV?
- Spouses
- Close family members
- Close friends /neighbours
- House helps/nannies
- Teachers
- Uniformed personnel
- Health care providers
• Politicians
• Strangers
• Watchmen
• Religious leaders
• Anyone

Where does SGBV occur?
• Homes
• Schools/institutions of learning
• Work places
• Public transport
• Public toilets
• Prisons/police station
• Places of worship
• Public parks
• Anywhere else

Effect of SGBV
• Increased risk to HIV and STI infections
• Pain, humiliation and distress
• Trauma
• Disability
• Physical and Psychological Pain
• Low Self Esteem
• Self-blame
• Vulnerability to abuse, alcohol and drugs.
• Relationship problems later in life
• Affects an individual’s productivity
• Rejection
• Depression which may lead to suicide
• Death

FACTS
• Women, men, girls, boys are all likely to suffer SGBV though the women/girls suffer more.
• Men and boys face SGBV but fear to report out of shame and stigma
• SGBV cuts across age, gender, economic class, education level, religion, race
Drugs and substance abuse contributes to SGBV prevalence
SGBV can take place anywhere including in places of worship
Having sexual intercourse with a person without their consent constitutes rape
P3 forms are issued for free and are available in police stations, huduma centers, health facility and online
Many cases of GBV go unreported due to fear of loss of support and physical harm.
SGBV fuels the spread of HIV
A minor (any person below 18 years) is not capable of consenting to sexual activity. Sex with a minor is defilement.
Sexual engagement using force or threats is unlawful and morally wrong
Physical abuse is just one form of Violence others manifest as emotional, verbal and psychological abuse
Economic abuse, prevents a victim from acquiring resources e.g. not being allowed to work, limiting amount of resources available to him/her, keeping or hiding the victim’s bank card.
There are child protection laws in place
There are laws in place addressing SGBV including the Sexual Offences Act, Protection against Domestic Violence Act and the Prohibition against FGM Act

MESSAGE TO CONGREGANTS

Persons below 18 years are considered as children in Kenyan Law
Communities should reconsider cultural practices and beliefs that put children and women at risk of SGBV
SGBV in any form is not love or protection
FGM can complicate delivery and lead to rapture of urinary track (fistula)
FGM exposes girls and women to risk of dying due to excessive bleeding and other infections
Survivors of SGBV should immediately seek medical care at the nearest hospital within 72 hours. They should not wash themselves or change their clothing as this will erase crucial evidence.
Approach SGBV issues openly, and to survivors with non-
discrimination and acceptance

- Communities, Families and victims should report SGBV to relevant authorities irrespective of who the perpetrator/s is/are
- It’s against the law to abet cases of SGBV

**ACTION POINTS**

- Religious leaders need to champion for the eradication of harmful cultural practices
- Religious leaders should be actively involved in sensitizing their members on SGBV
- Religious leaders should encourage their congregants to report cases of SGBV to relevant authorities
- Provide SGBV counselling for families
- Sunday/Sabbath/madrassa teachers should be properly trained before handling children
- Children should be empowered to understand SGBV and assess their environment for possible abuse/potential abuser
- Religious leaders should understand the existing SGBV legal protection guidelines and reporting channels
- Religious organizations to develop and implement child protection guidelines
- Provide safe spaces for survivors
- Use of technological advancement like social media and ‘skiza’ tunes with SGBV messages for early detection and mitigation of SGBV
- Alternative dispute resolution mechanisms should NOT be used to settle sexual offences. They amount to criminal cases that should be reported to relevant authorities.

**MYTHS AND MISCONCEPTIONS**

- The victim is to blame for the abuse
- Only women and girls suffer SGBV
- Only poor families experience SGBV
- Men have a right to control their wives behaviour and discipline them
- Someone who abused once will not abuse you again
- Religious leaders do not face SGBV
- A girl is a source of wealth and property through dowry
A woman who is not circumcised will remain a child, cannot get a husband and is an outcast in the society

REFERENCES

Christian Scripture: On Sexual and Gender Based Violence

Luke 6:31 (NIV)
Do to others as you would have them do to you.

Matthew 22:39b
And the second one is like it: ‘Love your neighbour as yourself.’ All the Law and the Prophets hang on these two commandments.”

Nehemiah 4:14b (NIV)
Remember the Lord, who is awesome, and fight for your brothers, your sons, and your daughter, your wives and your homes.)

Ephesian 5: 25 – 30 (NIV)
Husbands, love your wives, just as Christ loved the church and gave himself up for her to make her holy

Other References

Muslim Scripture: On Sexual and Gender Based Violence

Men are the protectors and maintainers of women (Qur’an 4:34)

“And Amongst His signs is that He created spouses from amongst yourselves for you to live with tranquillity, He ordained love and kindness between you, there truly are signs in this for those who reflects” {Qur’an 30:31}

“We have bestowed dignity on the progeny of Adam...” {Qur’an 17:70 }

“O mankind, fear your Lord, who created you from a single soul, and created from it its mate and dispersed from both of them many men and women, and fear Allah, through whom you ask one another, and
the wombs, indeed Allah is ever over you, an Observer” \textit{(Qur’an 4:1)}

“Men shall have a share in what their parents and closest relatives leaves, and women shall have a share in what their parents and closest relatives leave, whether the legacy is small or large; this is ordained by God” \textit{(Qur’an 4:29)}

(Qur’an 2:220, 4:4-5, 4:10) and it reminds us “...do not wrongfully consume each other’s wealth but trade with mutual consent” \textit{(Qur’an 4:29)}

“O Mankind, indeed we have created you from a single male and a single female and made you into races (Nations) and Tribes so that you may recognize one another. Indeed, the most noble of you in the eyes of God, is the most righteous amongst you, Indeed God is Knowing and Aware.” \textit{(Qur’an 49:13)}

“The believing men and believing women are allies of one another. They enjoin what is right and forbid what is wrong and establish prayer and give Alms and obey Allah and His messenger. Those Allah will have mercy upon them. Indeed Allah is Exalted in Might and Wise” \textit{(Qur’an 9:71)}

“O Allah, I declare inviolable the rights of two [physically] weak ones; the orphans and women” [An-Nasai Riyadh-al Saliheen \textbf{Chapter 33,270}]

IBN ABASS narrated;
None of you should flog his wife as he flog a slave (Bukhari)

Prophet Mohammed said;
Give them (women) food what you have yourself and clothe them by which you clothe yourself and do not beat them and do not revile them. \textit{(Bukhari)}

\textbf{Baha’i References: \textit{On Sexual and Gender Based Violence}}
O ye lovers of God! In this, the cycle of Almighty God, violence and force, constraint and oppression, are one and all condemned. (Selections from the Writings of ‘Abdu’l Bahâ)
In the creation of God no distinction obtains. All are His servants. In the estimation of God there is no gender. The one whose deeds are more worthy, whose sayings are better, whose accomplishments are more useful is nearest and dearest in the estimation of God, be that one male or female.

(‘Abdu’l Bahá, The Promulgation of Universal Peace)

No Bahá’í husband should ever beat his wife, or subject her to any form of cruel treatment; to do so would be an unacceptable abuse of the marriage relationship and contrary to the Teachings of Bahá’u’lláh.

(Letter dated 24 January 1993 written by the Universal House of Justice— to an individual)

It is difficult to imagine a more reprehensible perversion of human conduct than the sexual abuse of children, which finds its most debased form in incest.

(Letter dated 24 January 1993 written by the Universal House of Justice— to an individual)
MALE ENGAGEMENT
Men in cultural setting make decisions on their health, their partners and households. This is due to patriarchy and unequal power relations between men and women.

FACTS
- Gender norms affect men and boys access to health services
- Men are key in raising healthy families and in access to health care
- Having multiple partners does not define masculinity
- A responsible man takes control of their own health
- Voluntary medically assisted male circumcision reduces vulnerability to new HIV infections
- Risky male sexual behavior has long term health consequences

MESSAGE TO CONGREGANTS
- Men ought to take a lead part in protecting their families and communities
- Seeking health care by men and boys is not a sign of weakness
- Men should take leadership in encouraging their household members to access health services including HIV testing
- Men need to embrace healthy and respectful relationships
- Men should strengthen positive social behaviour and address negative norms
- Men should not wait until a disease has progressed before seeking health services
- Stay faithful to your spouse
- A caring man goes for health checks, and for HIV tests with their spouse
- Men should start and adhere to treatment if they receive a HIV positive result

ACTION POINTS
- Use existing men groups/fellowship as entry point for advocacy on HIV prevention, care and treatment and stigma reduction
- Encourage men’s involvement in maternal and child health services including eMTCT
MALE ENGAGEMENT

- Encourage men who are HIV positive to join PLHIV support groups and support disclosure
- Encourage men to protect their family against all forms of violence
- Stakeholders should identify male champions to end SGBV, new HIV infections, HIV related stigma
- Encourage men to mentor boys on positive masculinity
- Encourage men to take care of their family members at all times

MYTHS AND MISCONCEPTIONS
- Use of violence to resolve issues asserts masculinity
- Carrying a pregnancy and raising children is a woman’s affair
- Sexual intercourse with a minor cures HIV
- My spouse’s HIV status is my status
- Having a shower or a bath after engaging in unsafe sex protects one from HIV infection.
- Sexual abstinence makes you weak
- Having many sexual partners is proof of masculinity

REFERENCES

Christian Scriptures: On Male Engagement

Joshua 24:15b
But as for me and my household, we will serve the LORD.”

Ephesians 4:2
“Be completely humble and gentle; be patient, bearing with one another in love.”

1 Timothy 5:8 (NIV)
Anyone who does not provide for their relatives, and especially for their own household, has denied the faith and is worse than an unbeliever.

Other References
Genesis 18:19, John 15:12, 1 Peter 4:8
Muslim Scriptures: On Male Engagement

“Men are the protectors and maintainers of women (Qua’ran 4:34)
The prophet Mohammad (S.A.W) said:
“the best among you(men) are those who care about their families.
(Hadeeth)

“It is He who has made you (Agents and Rulers) on earth, and has
raised some of you in rank above others, so that He might try you by
that which He has given you”. (Quran 6: 165)

“O ye who believe when you are told make room for one another in
your collective life, do make room (and in return) God will make room
for you( in his grace)”. (Quran 58:11)
AYP ENGAGEMENT
Percentage of person’s aged 15-24 who had sexual intercourse before age 15 years

*Source: KHIS, 2018*

**Figure 6.1: Age at sexual debut**

![Percentage of person’s aged 15-24 who had sexual intercourse before age 15 years]


*Source: KHIS, 2018*

**Figure 6.2: Teenage pregnancy per county**
FACTS

• Anyone can acquire HIV
• Having the correct information on HIV transmission, prevention and treatment empowers you
• True love waits
• Drugs and substance abuse have harmful consequences including increased risk to HIV infection
• Risky sexual behaviour is the leading cause of HIV transmission among adolescents and young people in Kenya
• Engaging in risky sex exposes one to HIV infection, STIs and unplanned pregnancies
• Negative peer pressure leads to bad decision making
• Regular use of emergency pill (e-pill) leads to longterm reproductive health complications
• Having a ‘sponsor’ or a ‘bessor’ is a risky sexual relationship that exposes one to STIs and HIV

MESSAGE TO CONGREGANTS

• Early sexual debut puts one at risk of getting HIV, STIs and early pregnancies
• Purity and chastity pays in terms of good health, general well-being, pregnancy prevention and avoiding the risk of HIV and STIs infection
• Abstinence costs nothing and there are no side effects
• Young People who practice abstinence are less likely to experience a physically or emotionally abusive relationship
• By abstaining from sex, it’s a lot easier to figure out if a relationship or a person is good for you.
• Married youth should remain faithful to their partner
• It’s cool to adhere to ART as it leads to viral suppression and assures one of a healthy life
• Girls and young women should observe general body hygiene including menstrual hygiene
• Boys and young men should observe general body hygiene
• Good mental and emotional health is part of well being
• Your health is your responsibility
• Register for health insurance – NHIF/County/community
health insurance
• Crime does not pay
• Our security starts with you and I

ACTION POINTS
• Encourage and support young people to remain in school.
• Encourage and support girls who have dropped out of school due to teen pregnancy to resume studies
• Enhance Prevention and rehabilitation services for youths who have been on drugs and substance abuse
• Offer Psychosocial and psychological support to the young people
• Provide information on IGA opportunities
• Sensitize young people on dangers of risky sexual behaviour, alcohol and drugs
• Sensitize young people on SGBV and encourage reporting all forms of SGBV to relevant authorities
• Create safe spaces for AYP within places of worship
• Create Youth friendly centres within places of worship to focus on art and talent
• Women groups in the congregation should prioritise initiatives to ensure access to good menstrual hygiene for underprivileged girls
• Use ICT including social media to reach out to AYP with information
• Provide youth friendly HIV testing services and encourage them to access the services
• Encourage young women/ couples who are Living with HIV to access EMTCT services
• Address harmful cultural practices that put AYP at risk such as child marriages, child labour, child trafficking, FGM
• Encourage dialogue with AYP on safety and security
• Establish youth networks for peer to peer support and education
• Encourage formation support groups for AYPs in churches and mosques to promote HIV treatment, adherence and viral suppression
MYTHS AND MISCONCEPTIONS

• All young people are sexually active
• Not having sex makes one weak
• You cannot get HIV from oral sex
• Using drugs is evidence that you are “cool”
• “Good looking” people cannot have HIV
• Sex eliminates adolescent pimples
• Sex makes a girl/woman’s breasts firm
• It is better to get HIV than a pregnancy

REFERENCES

Christian Scripture: On AYP Engagement

1 Tim 4:12
Let no one despise your youth, but be an example to the believers in word, in conduct, in love, in spirit, in faith, in purity.

2 Tim 2:22
Flee the evil desires of youth and pursue righteousness, faith, love and peace, along with those who call out of a pure heart

Psalm 119:9
How shall a young man cleanse his way? By taking heed thereto according to Thy word.

1 Cor 6:12-20
Flee from sexual immorality. All other sins a person commits are outside the body, but whoever sins sexually, sins against their own body. Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own

Other references
Prov 13: 1, Ecclesiastes 11: 9, Lamentation 3:27, Isaiah 1: 18, Song of Solomon 2: 7,
1 John 2: 15

Muslim Scripture: On AYP Engagement
“He is not one of us who shows no mercy to younger ones and does not acknowledge the honor due to our elders” (Tirmidhi and Abu Dawud)
There are two things whose size and price are unknown except to one who has lost them: one is youth; and the other is health *(Nahjul Balagha)*.

As for the youth/ young persons, The prophet said the responsibilities begins with the community and their upbringing, The prophet taught that, ‘A child has four (4) rights that’s upon his father, i. To find them a good mother ii. Give them a good name iii. Educate them iv. Give them good advice and guide them

The prophet also said in another Hadith, “I advise you to do good to young people as they have a tender heart that is keen to learn. God chose me as a prophet to make people aware of divine mercy and to warn them of His chastisement. Young people accepted my words and pledged allegiance to me, but the old refused to do so and rose to oppose me

After young people have grown in those teachings and improved their behaviors, their first responsibility towards the society is to respect their parents and older persons as it is scribed in chapter 30 and 17 of the Qur’an

Prophet also said, “A faithful person has to use his abilities for his own good and has to make use of this world for the afterworld, and make use of his youthful age before becoming old”

**Baha’i References: On AYP Engagement**

In the young people of the world, then, lies a reservoir of capacity to transform society waiting to be tapped. And the release of this capacity should be regarded by every institute as a sacred charge.

(Message dated 12 December 2011 written by the Universal House of Justice to all National Spiritual Assemblies –To all National Spiritual Assemblies)

The beloved Master has said that “it is enjoined upon the father and mother, as a duty, to strive with all effort to train the daughter and the son,” adding that, “should they neglect this matter, they shall be held responsible and worthy of reproach in the presence of the stern Lord.” Independent of the level of their education, parents are in a critical position to shape the spiritual development of their children. They should not ever underestimate their capacity to mold their children’s moral character

(Riḍván 2000 Message written by the Universal House of Justice— to the Bahá’ís of the World)
## Faith Sector Working Group Taskforce

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakary Chemaswet</td>
<td>SUPKEM</td>
</tr>
<tr>
<td>Bhasresh Kumar</td>
<td>Hindu Council</td>
</tr>
<tr>
<td>Bsp James Okombo</td>
<td>NECLETAH</td>
</tr>
<tr>
<td>Bsp. Dr. John Warari</td>
<td>Evangelical Alliance of Kenya (EAK)</td>
</tr>
<tr>
<td>Bsp. Johnstone Wandera</td>
<td>EAK/ County Aids Coordinator - Kakamega</td>
</tr>
<tr>
<td>Bsp. Stephen Kalunyu</td>
<td>NIC, Isiolo</td>
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<tr>
<td>Bsp. Steve Kathaka</td>
<td>NACC RHC</td>
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<tr>
<td>Catherine Machayo</td>
<td>Catholic University of East Africa</td>
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<tr>
<td>Catherine Theuri</td>
<td>KCCC</td>
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<td>NACC</td>
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<tr>
<td>Cpt. Anne Nyambura</td>
<td>Salvation Army</td>
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<tr>
<td>David Mwangi</td>
<td>Mwangaza Youth fellowship</td>
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<tr>
<td>Dominic Juma</td>
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<tr>
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<tr>
<td>Dr. Charity Waithima</td>
<td>Nazarene University</td>
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<tr>
<td>Dr. Emmy Chesire</td>
<td>NACC</td>
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<tr>
<td>Dr. John Okello</td>
<td>Seventh Day Adventist</td>
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<tr>
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<td>Edwin Opwora</td>
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<td>OAIC/IRCK</td>
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<tr>
<td>Liz Guantai</td>
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<td>Ludfine Bunde</td>
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<td>Pst. Marube Nyabuto</td>
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<td>Rev. Saul Tanui</td>
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<tr>
<td>Zilpha Samoei</td>
<td>CHAK</td>
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REFERENCES

APPENDIX 1: CONGREGATIONAL MESSAGES DATA COLLECTION FORM

Name of Congregation/Religious Group: .................................................................
Sub County: ............................................................................................................
Ward: ......................................................................................................................

Dissemination Report
1. No. of messaging booklets received: ................................................................
2. No. of message booklets distributed: ..............................................................

<table>
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<tr>
<th>CONGREGATIONAL MESSAGES</th>
<th>0-9 10Yrs</th>
<th>10-14 Yrs</th>
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</thead>
<tbody>
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<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td><strong>HIV Knowledge and Prevention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals reached with information on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence/delayed sexual debut</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being faithful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age appropriate Sexual reproductive Health information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment, care and support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals reached with information on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence to ART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper Nutrition/ Healthy diet</td>
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<tr>
<td>Psycho social support</td>
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<td></td>
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<tr>
<td><strong>Stigma &amp; Discrimination</strong></td>
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<td></td>
</tr>
<tr>
<td>Number of individuals reached with Anti-stigma messaging</td>
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<tr>
<td><strong>Gender Based Violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals reached with information on GBV Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NCD prevention</strong></td>
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<td></td>
</tr>
<tr>
<td>Number of individuals reached with information messaging on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
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</tr>
<tr>
<td>Healthy diet</td>
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<tr>
<td>Tobacco use &amp; exposure</td>
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<tr>
<td>Alcohol/drug use</td>
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<tr>
<td>Hypertension Screening</td>
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<td>Diabetes screening</td>
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<td>Cancer screening</td>
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CONGREGATIONAL MESSAGES DATA COLLECTION FORM

Name of Congregation/Religious Organization:..........................................

County:........................................................................................................

Activity Date:(dd)/(mm)/(yyyy)

Dissemination Report

1. No. of messaging booklets received: ..............................................................

2. No. of message booklets distributed: ..............................................................

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<th>Age Group</th>
<th>HIV Knowledge and Prevention</th>
<th>General Population</th>
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<tbody>
<tr>
<td></td>
<td>Abstinence/delayed sexual debut</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Being faithful</td>
<td>Male</td>
</tr>
<tr>
<td>15-19Yrs</td>
<td>Age appropriate Sexual reproductive Health information</td>
<td>Male</td>
</tr>
<tr>
<td>20-24 years</td>
<td>Treatment, care and support</td>
<td>Male</td>
</tr>
<tr>
<td>Male</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
<td>Total</td>
<td>Male</td>
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<tr>
<td>Total</td>
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</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Treatment, care and support</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCD prevention</td>
<td>Physical activity</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Healthy diet</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Tobacco use &amp; alcohol/drug use</td>
<td>Male</td>
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<tr>
<td></td>
<td>Hypertension</td>
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<tr>
<td></td>
<td>Diabetes screening</td>
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<td></td>
<td>Cancer screening</td>
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### REFERRALS

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<th>10-14 Yrs</th>
<th>15-19 Yrs</th>
<th>20-24 years</th>
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<tbody>
<tr>
<td>No. of individuals referred for HIV Testing Services</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>No. of individuals referred for Care and Treatment support</td>
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<td>Total</td>
<td>Male</td>
</tr>
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<td>No. of individuals referred for Counselling &amp; spiritual support</td>
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<td>Total</td>
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<td>No. of individuals reporting Stigma &amp; Discrimination referred for Legal support through:</td>
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<tr>
<td>HIV tribunal</td>
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<td>No. of Gender Based Violence survivors referred for:</td>
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<tr>
<td>Legal services</td>
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<tr>
<td>Psychosocial services</td>
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<tr>
<td>Health services</td>
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<tr>
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<tr>
<td>a. NHIF</td>
<td>Referred</td>
<td>Facilitated to take up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. County</td>
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<td>Facilitated to take up</td>
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### SOCIAL PROTECTION

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<tr>
<td>OVCs provided with the following support:</td>
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<tr>
<td></td>
<td>Clothing</td>
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<tr>
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<td>Counselling</td>
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<tr>
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<td>Education</td>
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Recommendations/Comments:

- ................................................................................................................................................................................................................
- ................................................................................................................................................................................................................

Name of reporting officer: ............................................................................... Designation:...................................................................
Report verified by:.............................................................................................. Designation: ..................................................................
### No. of individuals referred for HIV Testing Services

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-9 Yrs</th>
<th>10-14 Yrs</th>
<th>15-19 Yrs</th>
<th>20-24 years</th>
<th>General Population</th>
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<td>Female</td>
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<tr>
<td>Total</td>
<td></td>
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</table>

### No. of individuals referred for Care and Treatment support

### No. of individuals referred for Counselling & spiritual support

### No. of individuals reporting Stigma & Discrimination referred for Legal support through:
- HIV tribunal
- ADR (Alternative Dispute Resolution)

### No. of Gender Based Violence survivors referred for:
- Legal services
- Psychosocial services
- Health services

### Health insurance Registration:
- NHIF
- County

### Social Protection

### Recommendations/Comments:

- ................................................................................................................................................................................................................
- ................................................................................................................................................................................................................

**Name of reporting officer:** ...............................................................................  **Designation:** ...................................................................  

**Report verified by:** ............................................................................................  **Designation:** ...................................................................