CHRISTIAN SERMON GUIDE
CHILDREN AND HIV
FOR RELIGIOUS LEADERS
Acknowledgments

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DEFINITION OF PEDIATRIC GROUPS
(per World Health Organization)

Adolescent: A person between 10 and 19 years of age
Child: A person 18 years or younger
Infant: A child younger than one year of age
Youth: A person between 15 and 24 years of age
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<tr>
<td>AIDSFree</td>
<td>Strengthening High Impact Interventions for an AIDS-free Generation Project</td>
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<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
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<td>ARV</td>
<td>antiretroviral [drug]</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>PEP</td>
<td>post-exposure prophylaxis</td>
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<td>PreP</td>
<td>pre-exposure prophylaxis</td>
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<td>PLHIV</td>
<td>people living with HIV</td>
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<td>SAVE</td>
<td>Safer Practices, Access to Treatment, Voluntary Counseling and Testing, Empowerment</td>
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<td>VCT</td>
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INTRODUCTION

Kenya is one of the four HIV high-burden countries in Africa; about 1.5 million people were living with HIV at the end of 2015. Nairobi, the capital city of Kenya, is ranked first in the country’s HIV burden, with an HIV prevalence comparable to the national prevalence at 6.1 percent and contributing to 11.3 percent of the total number of people living with HIV in Kenya. Pediatric HIV remains a significant challenge to the AIDS response. By the end of 2015, a total of 171,510 people were living with HIV in Nairobi County; of these, 14 percent were young people aged 15–24 years and 5 percent were children under the age of 15 years. Approximately 260 children and 2,177 adults died of AIDS-related conditions in 2015; and an estimated 614,000 children and adolescents (179,770 aged 0 to 14, and 435,224 aged 15 to 24) are living with HIV; of these, only 42 percent are receiving lifesaving care and treatment.

These challenges require solutions that can be adapted and sustained at the country level. To address these challenges, the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is implementing a novel community approach to engage the faith sector as part of efforts to expand HIV care and treatment services in Kenya. An estimated 90 percent of Kenyans practice some form of religion, and religious leaders have an influential role on behavior change and social norms. Engaging the faith community is a largely untapped opportunity and has the potential to increase community knowledge; and attitude and practices, e.g., demand for and access to pediatric care and treatment services. These activities contribute to the Ministry of Health, Kenya efforts to achieve the 90 –90 –90 targets. This approach aims to have 90 percent of HIV-positive people know their HIV status; and out of those testing positive, 90 percent are put on HIV treatment; and out of those on treatment, 90 percent achieve viral suppression (minimal level of virus in the body).

This sermon guide was developed to empower religious leaders with a tool and skills to reach their congregational members with key messages on pediatric HIV transmission and prevention; stigma and discrimination; and treatment, care, and support; as well as male involvement in the whole HIV prevention and response continuum. The Christian sermon guide was developed in collaboration with religious leaders at the grassroots level and theologians in Nairobi, Kenya, taking cognizance of grassroots realities. Hence it is written to reflect the original tone and language used by the clergy and theologians who developed the sermon messages. This authenticity is preserved to ensure that the guide is adaptable to its primary audience, i.e., religious leaders in Nairobi, Kenya. However, the messages can be adapted to suit different country contexts. Biblical quotations in the guide are taken from the New International Version.

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1 Kenya HIV Estimates, 2014, Ministry Of Health, Kenya
SECTION 1: HIV TRANSMISSION AND PREVENTION IN CHILDREN

Introduction

HIV Transmission

HIV stands for “human immunodeficiency virus” and is the virus that causes AIDS. AIDS is “acquired immunodeficiency syndrome.” There are 1.8 million children living with HIV and most of them got the virus from their mothers.

HIV is Transmitted Through:

- Unprotected sex with an HIV-positive person.
- HIV-positive woman to her baby during pregnancy, childbirth or breastfeeding. 15–25 percent among infants who are formula-fed and 25–40 percent among infants who are breastfed.
- Blood from HIV-contaminated syringes, needles, or other sharp instruments.
- Transfusion with HIV-contaminated blood.

FACT: HIV IS NOT TRANSMITTED THROUGH CASUAL CONTACT.
HIV infection in children is aggressive; without treatment, half of the children living with HIV will die by their second birthday.

**HIV Prevention in Children and Young People**

In summary, preventing HIV transmission to children requires embracing the SAVE (Safer practices, Access to treatment, Voluntary HIV testing and counseling, Empowerment) prevention methodology. The SAVE toolkit defines SAVE as:

- **Safer** practices covering all the different modes of HIV transmission: for example, blood transfusions, the use of condoms, and sterile needles for injections. Abstinence remains the most reliable method of avoiding exposure to sexually transmitted infections, but it must not be taught in isolation.

- **Access** to treatment—not just antiretroviral therapy (ART), but treatment for HIV-related infections as well as provision of good nutrition and clean water to support adherence to antiretrovirals (ARVs). Access also includes the availability of all pathological tests which can further inform treatment.

- **VCT** (voluntary counseling and testing) refers to the need to test regularly and for the testing to be confidential. If you know you are positive, you can protect yourself and others and can take steps to live a healthy, productive, and positive life. If you know you are negative, you can take the necessary steps to remain that way.

- **Empowerment** through education and advocacy. Stigma, shame, denial, discrimination, inaction, and misaction associated with HIV remain massive challenges to the uptake of HIV services, and get in the way of people living with HIV (PLHIV) living productive and healthy lives within their communities and countries. This is why empowerment remains a vital component of all HIV work. People need accurate information about HIV to make informed decisions and to protect themselves, their partners and their children from HIV. Empowered people are able to challenge the stigma and discrimination that can make the lives of people with HIV so difficult.

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2 The International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+).
Sermon One: Safe Motherhood

**Scripture: Exodus 1:15–21; Matthew 2**

It is often the case that children are exposed to great danger right from birth. Throughout history, different scourges have threatened the lives of newborn children. For centuries, smallpox killed millions of people, including children. Measles and polio have also had a devastating effect on generations of people, especially children. We thank God that ways to protect children from these diseases were eventually found.

In our day, HIV and AIDS continue to pose a great challenge for children. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), somewhere between 110,000 and 190,000 children became infected with HIV in 2015.

**What Can We Do?**

The passage in the book of Exodus, Chapter 1, tells about an insecure king in Egypt who ordered that all newborn baby boys of Hebrew families be killed. His instruction to the midwives was, “When you are helping the Hebrew women during childbirth on the delivery stool, if you see that the baby is a boy, kill him; but if it is a girl, let her live” (verse 16). This was not the only time children were born to grave danger. Later on in New Testament times, in the book of Matthew, Chapter 2, we read the story of the birth of Jesus. After Herod heard that a king had been born, he instructed the wise men to investigate the location of the child. His intention was to kill the child.

When Herod failed to get the report about the identity and location of the newborn king, he issued an order to kill all boys in and around Bethlehem who were two years old or younger. The Bible says there was a huge cry on that day.

In these cases we see two interventions that saved children.

1. **Trained Birth Attendants**

It was common in that time for midwives to attend most births. Trained assistance for births was important then, as it is now, for the best care of the mother and baby during delivery. In this story, two Hebrew midwives, Shiphrah and Puah, are used by God in a special way. They disobey Pharaoh’s decree to kill male babies and report to Pharaoh that Hebrew women were not like the Egyptian women; instead, they...
explain, the Hebrew women “are vigorous and give birth before the midwives arrive” (Exodus 1:19). We can be grateful that professional health care workers in our day are also committed to protecting babies and mothers and have knowledge and skills that can save lives.

We have advances in science today that ensure that children born to HIV-positive parents do not contract HIV. Prevention of mother-to-child transmission has become a lifesaving technology. It is therefore important that parents seek the help of trained health workers in order to secure the future of their children. This help should be sought before getting pregnant, while pregnant, and during and after the birth of the child.

2. Caring Parents and Family

The second intervention came from parents who cared enough to ensure that Moses lived. The mother of Moses first hid him in the house and later on by the river, where he was found by Pharaoh's daughter. This decision to hide Moses reminds us that parents can also take initiative to protect their children from HIV.

This role is not confined to mothers alone. In the case of Jesus, Joseph, Mary's husband, is the one who was told to ensure that Jesus and his mother were taken to Egypt for their safety. Men have been and should be involved in the care of their children.

And back to Moses, we see the involvement of his older sister Miriam. She is the one who was given the responsibility of watching over the baby. She did her part well. She even found a way of ensuring that Moses continued to receive care from his own mother after he was taken to Pharaoh's house.

Even today, parents and indeed the larger society can save children from HIV by taking the following steps:

- Attend health facilities to receive health care services.
- Ensure that all babies are delivered in a health facility.
- Ensure ongoing care of children.
- Support children on treatment to adhere until they are of age to do so on their own.
Sermon Two: A Mother’s Priority

Scripture: I Samuel 1:21–23

There are events that reshape our lives. One such event is the birth of a baby. Many things change when a child is born. Daily schedules are reorganized. Budgets are affected. Sometimes, even the house itself is affected by the change. We do these things in order to give the newborn baby the best care.

In this passage, we see the family of Elkanah eager to continue with their annual ritual of going to the house of God at Shiloh. Elkanah had made this trip every year in the company of Hannah and Peninah, his wives, and the children of Peninah.

When Samuel was born, Hannah excused herself from the annual trip for a time. It should not be lost on us that worship was central to the lives of the Israelites. Not going for the yearly worship was therefore not an easy decision, but Hannah made it.

Why?

Before Samuel was conceived, Hannah had promised him to God. She would honor this promise by taking the young boy to serve in the temple. But until then, she would give him the best care she could, breastfeeding him until he was old enough to be weaned.

The theme of breastfeeding appears elsewhere in Scripture. Indeed, the Word of God itself is compared to milk for newborn babies (1 Peter 2:2-3). In Genesis 17:1, God is referred to as “El Shaddai,” which some scholars translate as “the breasted one,” describing God as the provider. We are reminded of the importance of breast milk in God’s plan for newborn babies.

Breast feeding has been shown to have many benefits. The Ministry of Health, Kenya strongly recommend that all HIV-positive mothers should exclusively breastfeed for six months, then stop gradually while transitioning to replacement feeding methods, provided such methods are Affordable, Feasible, Acceptable, Sustainable, and Safe. There is a risk of HIV infection during breast feeding. However there is reduced risk if both mother and children take antiretroviral drugs throughout the period of breastfeeding.
So like Hannah in the Bible, we can nurse our young ones as a priority. It is advisable that mothers do exclusive breastfeeding for the first six months, meaning that during this time, no other food or liquids should be given to the baby. In case of difficulties, there are professional health workers who are trained to help mothers with breastfeeding concerns.
SECTION 2:
IMPORTANCE OF KNOWING YOUR STATUS

Introduction

All pregnant women who suspect that they, their partners, or family members are HIV-positive; have been exposed to HIV; or who live in a setting with a generalized HIV epidemic should take an HIV test and undergo counseling. According to the Kenya HIV Testing Services Guidelines, adolescents 15 years and older, and adolescents who are symptomatic of HIV, pregnant, married, with children, or engaged in a behavior that puts them at risk of getting HIV, can give their own consent for an HIV test.

HIV testing services, however, should be voluntary and conducted in a way that assures confidentiality, counseling, correct results, and connection to needed services (linkage). All children of adults receiving HIV services and those born to women who know they are HIV-positive should be tested. All sick children whose HIV status is not known need to be tested. Orphaned and vulnerable children should also be tested. Pregnant and breastfeeding mothers and their partners also need to be tested to establish their HIV status and minimize risk of HIV transmission to the unborn and breastfeeding infants. Testing services in the community may include family testing, door-to-door testing, and outreach testing.
Sermon Three: The Truth Shall Set You Free

Scriptures: Genesis 40:1–23; Hosea 4:6; John 8:32

It is dangerous to be in a situation where you do not know. The prophet Hosea communicates God’s warning that “my people perish because of lack of knowledge” (Hosea 4:6). This is true in many areas of life. But it is especially true in the area of HIV.

A report by the National AIDS and STI Control Programme on the contribution of HIV deaths in Nairobi County revealed that 15 percent of deaths recorded at the Kenyatta National Hospital, City Mortuary, and Nairobi Hospital are HIV-related and that half of the deceased did not know they were HIV-positive. In a meeting in Nairobi, the Permanent Secretary of the Ministry of Health said; “Fifteen percent of adults having undiagnosed HIV is a wake-up call. People need to get tested because you could be infecting your partner unknowingly.”

Why Should Everyone Get Tested?

Experts argue that many new HIV infections are caused by people unaware that they are infected. They then unknowingly infect others. Knowing your HIV status will help you save others if you are positive. This also applies to elimination of mother-to-child transmission.

Additionally, early diagnosis leads to early treatment and better management of HIV, because ARVs are more effective if you start them early. Starting treatment early can mean the best health for you and a longer time before you develop AIDS or other infections. Unfortunately, most people do not come to know their status until they have developed AIDS.

For those who are HIV-negative, knowing your status provides a motivation to continue to protect yourself.

There are people who got tested once, and they stopped there. The important thing is knowing your current status. A self-evaluation is important; if you have engaged in risky behavior, it’s especially important to have an updated HIV test. If the viral load is very low, however, a person may test negative, even if they in fact have the virus. Also, HIV has an incubation period of up to six months, when the test cannot detect it. Perhaps you got tested during an incubation period. So you need current testing. Even when it comes to our faith, we are instructed to examine ourselves to see if we are walking in accordance to the faith. The emphasis is on the current situation, not a past test.
Finally, there are people, especially men, who rely on the status of their spouses. They argue that their status is the same as that of their spouse. This may not be true. The results of another person’s experience do not necessarily mean the same results for you. In the Genesis 40 passage, we read the story of two men who each had a dream. In the morning, one of the men, a cupbearer of Pharaoh, the King of Egypt, received an encouraging interpretation of his dream from Joseph. His friend, a baker, supposing that he would also get an encouraging message, told Joseph his dream. Unlike his friend, however, he received the message that he would soon die. Their outcomes were different.

**What Should You Do?**

- Get tested at least twice in a year.
- Get tested with your spouse.
- Get tested when getting into a relationship.
- Get tested if expecting a child.
Sermon Four: The Abundant Life

Scripture: John 10:10

Jesus speaks of the work of the thief, who comes to steal, to kill and destroy. But he compared his own mission as a contrast, by declaring that he came so that “you might have life and have it more abundantly.”

Health is clearly part of the abundant life. Anything that diminishes the health of individuals and communities robs us of the abundant life. In one of his epistles, John expounded on some of the aspects of this abundant life, writing “I wish that you may prosper, and be in good health even as your soul prospers” (3 John 2). When Jesus announced his mission to the world in Luke 4:18, he made healing one of the components of his mandate.

HIV is one of the great health challenges of our day. The impact of HIV on individuals and communities has many dimensions, and while its effects continue to unfold, the following are evident:

1. HIV affects the infected person by weakening their immune system and making them susceptible to other illnesses. When this happens, the person is said to have developed AIDS. It is these other infections that lead to morbidity (the need to go and seek medical attention) and, sadly, mortality (death).

2. Like other serious illnesses, HIV drives up the cost of health care, thus taking up resources that could have been used to do other things to better the lives of individuals. Like the woman described in Luke 8:43, who had used all her money in seeking treatment, HIV-affected individuals, families, and nations may find themselves depleted of much-needed resources.

3. The strain on resources is compounded by the need for care. A person who is bedridden may require extra care, and this means that both the sick person and the caregiver have to leave other important activities.

4. The situation is made worse when parents succumb and leave orphans, sometimes with no way of fending for themselves. This leads to increased poverty in the family and society. This affects another element of the abundant life that John talks about in 3 John 2, where he says, “I wish that you may prosper, and be in good health even as your soul prospers.”
How Can We Stop the Spread of HIV and Impact of AIDS?

1. Getting knowledge about HIV and AIDS

The Bible says that people perish because of lack of knowledge (Hosea 4:6). It is important to seek to the facts about HIV. What is it? How is it spread? What is its effect? How can you protect yourself and your family?

2. Getting to know your status

The second important fact that touches on knowledge is the need for testing to get to know your status. Knowing your status will motivate you to take steps to protect yourself if you are negative. If you test positive, you will receive counseling on how to live positively and will be provided with the medical and social help that you may need.

3. Protecting ourselves and those we love

We can also take measures to protect ourselves, along with those we love. Abstaining from sex if not married is one way. Another way is to be faithful to one partner. For those exposed to the risk of HIV, use of condoms; and pre- and post-exposure prophylaxis have been shown to help. It is also important to protect the children who are born to HIV-positive parents from being infected. It is important to seek the help of qualified medical professionals if you think that you are at risk, or you have been exposed to HIV.

4. Loving, supporting, and caring for those who are affected in our midst

Finally, we have those who are infected and affected around us. Our response to them must be that of love and compassion. The Bible teaches the virtue of taking care of those who are in need. Indeed, James defines true religion as taking care of the vulnerable around us (James 1:27).

Discrimination and stigma do not solve the problem. In the story of the Good Samaritan in Luke 10:25–37, the man who helped the wounded traveler was commended. The attitude of the priest and the Levite did not help the situation. We need to respond by helping in a caring manner.
SECTION 3: IMPORTANCE OF ENROLLING AND RETAINING CHILDREN IN HIV CARE AND TREATMENT

Introduction

HIV affects children in many ways, such as increased infant and childhood illness and death, and increased number orphaned. To reduce these negative impacts, infants, children, and adolescents diagnosed with HIV need to be enrolled in care and treatment.

All children living with HIV need to be put on ART irrespective of CD4 count and HIV stage as defined by the World Health Organization (WHO). In children under two years old, this has been shown to reduce death by 75 percent. All children enrolled are given cotrimoxazole for prophylaxis against opportunistic infections, common bacterial illness, and malaria. Children enrolled in clinics benefit from a package of services including nutrition assessment, routine immunizations, developmental assessment, necessary laboratory tests, ongoing counseling, drug replenishment, treatment, prevention of other illnesses, and psychosocial support, including community follow-up.
Promoting Adherence

The goal of antiretroviral therapy is to maintain a child’s immunological status at a level that prevents disease progression. Adherence is taking the right drug, in the right dose, at the right time, with the right frequency, and in the right way. This involves:

- Clinic appointments.
- Routine lab tests to monitor viral load.
- Monthly prescription refills.

To improve adherence, involve children in their own care by telling them the truth in an age-appropriate way. Children, adolescents, and pregnant or breastfeeding women need to be in support groups to improve adherence. One hundred percent adherence is important for treatment success and long-term benefit.
Sermon Five: Don’t Hinder the Children


One day, Jesus observed that his disciples were working hard to keep children away from him. The Bible says that he was angry with the disciples, and he ordered them not to hinder the children. He wanted to show his love for them. He also wanted to use the children to pass a message to the people. Finally, he wanted to bless them.

As adults, we sometimes find ourselves in the position of the disciples. We stand between children and things that would otherwise be a blessing to them. This is sometimes more evident in families that have children with special needs, including children living with HIV.

Sometimes, we feel that our dignity will be affected if we go ahead and seek help. We therefore hinder these children from going for help so that we may “save our face.”

For some people, it is the case that such children are used for economic benefits. There are many children who are used by adults to solicit for money because of their health conditions. We read in Acts 16 about a girl who was demon-possessed. She was a servant of a certain family in the city. The Bible records that her masters were very angry when she was healed because they could no longer benefit from her misfortune.

But we also have people who would rather have the children die, rather than be a burden. This lack of compassion for the weak and the needy in our midst has no justification in the Bible. Jesus in Matthew 25:31–46 tells how we will be called to account for our lack of compassion. In the Last Judgment, some will be reminded that Jesus was sick and they never went to see him. This will indeed shock those accused and they will ask when that happened. His answer will be that what they failed to do for the least of his people was equivalent to not doing it for him. The “least of his people” are those that need our help, especially children.

What Should We Do for Children Living with HIV?

We must ensure that we get children living with HIV into a medical care program. Antiretroviral treatment can save their lives, allowing them to live long and productive lives. We must also help these children deal with shame and self-stigma that so often accompany HIV. Finally, we must support them to ensure that they adhere to treatment.
Sermon Six: Seeking Help for Children

Scripture: Mark 5:21–43

In the Bible, again and again we see people who, driven by concern, went out of their way to seek help for their children when they were in need. In Mark 5:21-43 we read the story of a man named Jairus. His daughter fell sick. He went to seek the help of Jesus on behalf of his daughter. Later on, in Mark 7:24-30, we read the story of a woman whose daughter was also in need of healing. And in Mark 9:14-29, we read the story of a man whose son was possessed by an evil spirit. He brought the son to the disciples of Jesus. When they could not help him, the father escalated the matter to Jesus.

These passages teach us valuable lessons on the responsibilities of parents and guardians, and indeed all caregivers, to seek help for those under their care. This applies to those children who are infected and affected by HIV and AIDS. These lessons include:

1. Do not be ashamed

In all these cases we see parents who are not ashamed to seek help. Jairus was actually a leader in the community. There were people of his status who would not be openly associated with Jesus. For instance, we read of Nicodemus in John 3, seeking Jesus under cover of night. And we do not learn that Joseph of Arimathea was a secret disciple of Jesus. Fear hindered them. But not Jairus.

Today, HIV is often accompanied by stigma and shame. Some people would rather allow their children to suffer than let it be known that they are seeking HIV treatment and support. We must look beyond the need to “look good,” and see the need of the child instead. HIV is a virus, not a moral issue. There is nothing to be ashamed of.

Along with overcoming our own tendencies toward stigma and shame around HIV, we must help children overcome it. We need to work with professionals to help our children get to a point where they can freely talk about their status (disclosure) without feeling guilty or ashamed.
2. Be determined and persistent

The story of the woman whose daughter was sick teaches us about the need for persistence. She was not a Jew, and Jesus told her that his mission at that time was confined to the nation of Israel. He said he would not take bread meant for “the children” (meaning the Jews) and throw it to “the dogs” (meaning others).

This woman understood Jesus to be saying that the resource she was seeking was scarce. She argued that while that was true, dogs somehow benefited from the crumbs that fall off the table. Jesus commended her faith.

There are times when we will face the challenge of scarcity of resources. We must not give up. At times this scarcity is caused by poor decisions made by people who are entrusted with resources. This is where effective advocacy by stakeholders is required. We need to be involved so that we can make sure that people who make decisions on resources include children living with HIV, so that these children get the resources they need to live quality lives.

3. Keep escalating the issue

In the final story, we see a father who refused to accept the efforts made by the disciples as sufficient. He knew there was help at another level, and he sought to have his son benefit from that help.

There are different levels of interventions when it comes to support and treatment. Understanding these referral mechanisms is a vital key to achieving the best possible care and treatment for children.

4. Know what works

It is also important to note that some methods do not work. In this case, the methods employed by the disciples to deal with the evil spirit did not work. There was need to seek the right kind of help.

Some children living with HIV are suffering because they have been exposed to methods that are ineffective. Some methods, like faith healing and traditional herbs, are a serious hindrance to pursuing effective treatment. We have proven medical practices that have been shown to work. Let us use them.
Sermon Seven: Promoting and Supporting Adherence to Treatment

2 Kings 5:1–14

The story of Naaman has great parallels to the HIV and AIDS situation today. First, Naaman had a disease that was incurable in those days. As with HIV, there was no known cure for leprosy.

Secondly, leprosy was feared as highly contagious and debilitating—though leprosy as we know it today is rarely transferred and is treatable.

Thirdly, there was a lot of stigma related to leprosy. Those infected were excluded from the society.

These three characteristics of leprosy in biblical times remind us of HIV and AIDS now. There is no cure for HIV. Antiretroviral treatment allows people to lead normal lives but does not eliminate the virus from the body.

As was feared in leprosy, HIV can be passed onto other people. The virus is transferred through body fluids. This happens during unprotected sex and during birth and breastfeeding, if the mother doesn’t take ARVs throughout the period. HIV can also be transmitted from an infected individual through blood. Practices such as sharing needles, or piercing or cutting the body using unsterilized tools, can also pass the virus from one person to another.

And, while a lot is being done to address stigma, it remains prevalent, especially among faith communities where HIV is associated with immorality. The truth is that HIV is a virus, and not a moral issue. People who are infected and affected by HIV need our help, not our condemnation.

Naaman received information that he could get help from Elisha, the prophet of God who was in Samaria. He traveled to Israel and eventually got to the house of Elisha. He was instructed to go and dip himself in the River Jordan seven times. The Bible records that Naaman was angry. He did not like the treatment he was prescribed. It was humbling and inconvenient for him.
Many people, especially children who have to take antiretroviral drugs all their lives, may often feel like Naaman. There should be an easier way. They feel inconvenienced by the routine of having to keep going back into the “water.”

Like Naaman, they get tempted to default on their treatment. Naaman wanted to ignore the instructions and go back.

It took the help of his friends and servants to convince him to go through with the “treatment.” They supported him through it and he got healed.

People who are under ART need our support to help them adhere to treatment. This is especially true for children. As families and communities, we can help by:

1. **Ensuring that children who need treatment are able to access it.**

2. **Supporting children to adhere to treatment.**

3. **Providing the required help and resources needed to go along with treatment; this includes food, clothing, shelter, and psychosocial support.**

4. **Refraining from stigma and discrimination.**

5. **Relying on proven interventions; some people resort to witchcraft and other traditional practices that end up creating more harm for children.**

6. **Engaging with the governance structures around us (government, community, religious, etc.) to ensure that policies and programs that benefit those infected and affected amongst us are given a high priority.**

In the end, Naaman was cured. In the end, if we support our children to adhere to their treatment so that it is routine and automatic, they can live long, productive lives and bring blessings on our communities. And perhaps someday, within their lifetimes, a cure will be found for AIDS, and they can be cured. As lepers are today.
SECTION 4: IMPORTANCE OF A SUPPORTIVE FAMILY AND COMMUNITY FOR CHILDREN LIVING WITH HIV

Introduction

When hearing that a family member has tested positive for HIV, the family may respond with shock, fear, guilt, disbelief, anger, and sadness, even depression. This is true whether the family member is an adult or a child. HIV is a chronic illness, and dealing with chronic illness is challenging, not only for the individuals who are sick but also for their families and their communities. Disease disrupts the normal functioning of a family.

Parents and other family members of those who have HIV need help to ensure that their HIV-positive loved one receives dignified care at hospital or at home. Family members may also need help coping with life challenges resulting from HIV, their own emotional responses to those challenges, and

FACT:
THERE IS ALWAYS SOMETHING WE MEN AND WOMEN CAN ALL DO AS PARENTS, CAREGIVERS, FAMILY MEMBERS, RELATIVES, NEIGHBORS AND FRIENDS TO HELP CHILDREN AMONG US WHO ARE LIVING WITH HIV.
the infection itself, such as stigma and discrimination from relatives, neighbors, friends, and the community at large and stress of caring for someone with a chronic illness.

Parents and other family members of those who have HIV need help to ensure that their HIV-positive loved one receives dignified care at hospital or at home. Family members may also need help coping with life challenges resulting from HIV, their own emotional responses to those challenges, and the infection itself.

The effects of HIV on individual families combine to ripple through a community. Children who might otherwise contribute to the life of the community cannot realize their potential. Strengthening family and community support is key to healthy, happy lives of children living with HIV.

**Engaging Men**

Many attitudes and behaviors that men exhibit—violence against a partner, resistance to negotiating with a partner about abstinence or condom use, or resistance to taking responsibility for caring for the children that they have fathered—are rooted in the way that boys are raised. In many settings, men and boys may learn that being a “real man” means being strong and aggressive and having multiple sexual partners.

There is an urgent need to reach men and adolescent boys with alternative messages. They also need to understand evidence-informed HIV prevention methods and the importance of HIV testing, counseling, treatment, and care. Men are often reluctant to access health services, out of the belief that doing so indicates weakness; they may postpone seeking care until they are very sick, when it may be too late to regain their health. Engaging men by encouraging them to seek HIV services for themselves and their families is important for their own health and also partner and children’s health. One man accessing HIV services benefits his family and the community as a whole.
Sermon Eight: A Compassionate Response

Scripture: Matthew 9:36–37

This passage records the reaction of Jesus when he encountered a huge multitude. He looked and made the assessment that these people were not in a good situation. It is recorded that they were harassed and helpless, like sheep without a shepherd. The Bible says he was moved with compassion for them.

Every day we are surrounded by many people and individuals who are suffering from the impact of HIV and AIDS in their lives, some of them children. It is clear that like the crowds in the day of Jesus, they are “harassed and helpless.” What should be our response?

Sometimes we respond like the disciples of Jesus when they encountered a man who was blind from birth, as recorded in the book of John, chapter 9. The first thing they wanted to know is who should be blamed for the situation the man was in. They actually “moralized” his situation. They were looking for someone to blame for the situation and thereby to justify their negative attitude towards the man.

Moralizing HIV has been a basis upon which people living with or personally affected by HIV and AIDS have been stigmatized and discriminated against. Some in the faith community see sick people they believe are rightfully paying for their sins and are therefore unworthy of our compassion. This is false.

But Jesus saw the blind man as one who needed help. Jesus saw an opportunity to show the glory of God by helping the man. HIV is a virus. It is not a moral issue. Judging people does not help them. Instead, it worsens the situation.

We see another response from the disciples when they saw a huge crowd. In John 6, we read that the disciples advised Jesus to send the people away. They wanted to avoid responsibility by separating themselves. Jesus, on the other hand, directed that the disciples should respond to the need of the multitude. We have many people who are suffering today because the community is uncaring and unresponsive. We assume that someone else should actually take responsibility. We say the government should, or the church should, or civil society should, or the rich should. In the end, no one does anything.
When Jesus encountered those who were suffering, he always saw an opportunity to respond by being of help. In Matthew 9, he saw a harvest. In John 9, he saw an opportunity for God’s work. This pattern is repeated many times.

There is always something we can do to help those among us who are living with or personally affected by HIV.

**As a Family We Can:**
- Provide resources (e.g., food, clothing and shelter).
- Nurture and support (emotional comfort).
- Assist in the development of life skills (success in school and choosing a career).
- Maintain and manage the family system.

**Communities Can:**
- Influence receptiveness to accessing, adhering to, and benefiting from HIV services.
- Help reduce stigma associated with HIV services.
- Strengthen psychosocial support for infected and affected children and young people.
- Create referral systems to connect HIV-positive women, children, and men to care and treatment.
- Reach underserved, marginalized, and hard-to-reach populations with compassion and love.
Sermon Nine: Timely Support

Scripture: Matthew 25:31–40; Matthew 22:39

Dear brothers and sisters, as a country we are faced with an epidemic that is threatening our very existence. HIV continues to be a challenge, not only to the scientific world and our society, but also to us as Christians. This virus touches the lives of children and families globally, with over two million children under 15 years of age living with HIV. In Kenya alone, 191,836 children are living with HIV, with 12,940 new infections occurring in 2015 alone. Out of this population, 60,141 children are on ART, representing less than 50 percent of those who should be. This shows that a significant number of children are not on treatment.

These are our children, nephews, nieces, neighbors, and friends. These children attend Sunday school, pre-teen, and youth services. We need to be aware that they have special needs that we need to respond to as a church.

The Bible mandates us to provide timely support, as seen in Matthew 25:31–40. Here is what the scripture tells us:

31When the Son of Man comes in his glory, and all the angels with him, he will sit on his glorious throne. 32All the nations will be gathered before him, and he will separate the people one from another as a shepherd separates the sheep from the goats. 33He will put the sheep on his right and the goats on his left.

34Then the King will say to those on his right, “Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. 35For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, 36I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.”

37Then the righteous will answer him, “Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? 38When did we see you a stranger and invite you in, or needing clothes and clothe you? 39When did we see you sick or in prison and go to visit you?”

40The 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.”
From this passage it is very clear that there is a mandate for each one of us to be involved in meeting the needs of those in our society—more specifically, children living with HIV. This help needs to be timely to be effective—just as Jesus commended those who met the needs of those in society who were hungry, thirsty, naked, and sick in their hour of need.

Therefore, as Christians, it is our duty to identify with children living with HIV and their families and show Christ’s love and compassion. What greater way to fulfill the second greatest commandment, to love your neighbor as you love yourself (Matthew 22:39).
Sermon Ten: Passing Godly Values to our Children

Scripture: Proverbs 22:6; Malachi 2:15; Joshua 1:8; Deuteronomy 6:6–7

The responsibility of passing godly values to children rests on the parents. The objective of God, expressed in Malachi 2:15, is for parents to raise godly children. God instructs us to teach our children diligently. (Deuteronomy 6:6-7).

While this principle applies to many areas of our lives, it is particularly applicable to the area of sexuality. Studies have shown that parents are in a very good position to teach their children about sexuality.

Not teaching our children biblical values with regard to sexuality means that they will be influenced instead by their friends and by the media, that has a distorted view of sexuality.

Children who receive the right information make better decisions about their sexuality. They have been shown to delay sexual debut. They are also less likely to hurt others through sexual violence.

Sexuality education should be age-appropriate. It should also be based on correct scientific data.

Following the Biblical Principles, We Need To:

1. **Teach our children early**

   Solomon says that we should teach our children when they are young. What you teach them in their formative years will stick with them for life. Take the earliest opportunity to pass age-appropriate messages (Proverbs 22:6).

2. **Reinforce teaching in various ways**

   God instructed the Israelites to post core commandments in different places. They were also to teach these commandments at different times when they were in contact with their children. The Bible says:
“These commandments that I give you today are to be on your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Tie them as symbols on your hands and bind them on your foreheads. Write them on the doorframes of your houses and on your gates” (Deuteronomy 6:6–9)

One-off sessions, remarks, warnings or statements will not do. Teach important principles as often as possible.

3. **Use strategic teachable moments**

Another important practice taught in the Bible is to take advantage of teachable moments, especially when children begin inquiring. In several places in the Bible, God instructed the people to take advantage of the moments when their children ask them questions to teach them godly principles (Exodus 12:26–27; Deuteronomy 4:9, 6:20–21; Joshua 4:6–7, 21–22).

It is noteworthy that God expected the fathers to be involved in this process. Joshua 4:21–22 tells us that God said to the people of Israel, “When your children ask their fathers in times to come, ‘What do these stones mean?’ 22 then you shall let your children know, ‘Israel passed over this Jordan on dry ground.’”

4. **Use appropriate methods**

The Bible recognizes that some ways of communicating messages may be inappropriate. Some may lead to harming children and alienating them from parents. In Ephesians 6:4, fathers are told not to provoke their children but rather to bring them up in the discipline and instruction of the Lord. Harsh words and violence are inappropriate.

5. **Set a good example**

In 1 Corinthians 11:1, Paul says “Follow my example, as I follow Christ.” The best way to teach children is to provide a model or an example that they can follow. For children to learn more, be that example. Live the values you teach them.
SECTION 5: IMPORTANCE OF POSITIVE LIVING IN CHILDREN LIVING WITH HIV

Introduction

Promoting Positive Living in Children Living with HIV

Psychosocial support promotes positive living in children by helping them gain confidence in themselves and improve adherence to HIV care and treatment, thus enabling them to cope better with illness and deal more effectively with stigma and discrimination. Psychosocial is made up of two words: "psycho," meaning mind, and "social," referring to interaction with the environment. Children, adolescents and caregivers should be emotionally and socially supported in all parts of their lives. Positive living involves personal hygiene, sexuality, self-awareness, and stress management.

FACT:
WITH OUR SUPPORT CHILDREN LIVING WITH HIV WILL LIVE NORMAL LIVES LIKE ANY OTHER CHILD WHO IS NOT LIVING WITH HIV.
Promoting Age-Appropriate HIV Disclosure for Children and Adolescents

As children living with HIV grow, they ask questions regarding their illness and treatment. Also, when children living with HIV (youth in particular) know their status it is important for them to share their status with key people in their lives, such as siblings, friends, teachers, etc. This is done through a process known as HIV disclosure. Disclosure has many benefits for children. Knowing their status:

- Allows children to cope better with HIV.
- Increases self-esteem among children and adolescents.
- Helps children adhere to treatment.
- Helps adolescents make informed decisions when contemplating sexual intercourse with a partner.
- Helps children and caregivers psychologically adjust to living with HIV.
- Works towards reducing stigma, discrimination, and misconceptions and myths regarding HIV.
Sermon Eleven: Living Beyond our Limitations

Children who find themselves having to deal with the effects of HIV and AIDS in their lives can easily despair. Questions arise about their illness and treatment. The news that they will have to be on treatment throughout their lives can be discouraging to them.

But believers ought not to despair.

Psalm 127:3–5

3 Children are a heritage from the Lord, offspring a reward from him. 4 Like arrows in the hands of a warrior are children born in one’s youth. 5 Blessed is the man whose quiver is full of them. They will not be put to shame when they contend with their opponents in court.

Matthew 18:2–6

2 He called a little child to him, and placed the child among them. 3 And he said: “Truly I tell you, unless you change and become like little children, you will never enter the kingdom of heaven. 4 Therefore, whoever takes the lowly position of this child is the greatest in the kingdom of heaven. 5 And whoever welcomes one such child in my name welcomes me. 6 “If anyone causes one of these little ones—those who believe in me—to stumble, it would be better for them to have a large millstone hung around their neck and to be drowned in the depths of the sea.”

The Birth of Samuel

1 Samuel 1 is a text that confirms Psalm 127:3–5. Samuel is a boy born in circumstances when Israel’s priesthood leadership has been compromised by Eli’s sons. Because Eli is elderly, there is a need for change and there is no one suitable for this position. The birth of Samuel is an answer to prayer, defying all odds. He does not come from a lineage of priesthood, and his mother was barren and stigmatized. However, his mother’s faith in God leads to the birth of Samuel, a blessing she acknowledges in the beautiful prayer recorded in Chapter 2. After weaning, Samuel is taken to the temple, where he is brought up in the temple and mentored to take over the priesthood. Samuel grows up and later on leads the nation of Israel; he is the one who anoints King David, who wrote Psalm 127.
As parents, guardians and caretakers, we can also help children overcome despair. We can do this by creating an environment in our homes and institutions that can help children to cope better with HIV, including disclosure and the shame, denial and self-stigma which often accompanies it. We should also help them adhere to treatment. Psychosocial support can help increase their self-esteem. Finally, we should empower these children with skills to enable them to make the right choices in their lives.

Children living with HIV, like all children, are a blessing from the Lord and a heritage. The Lord looks at all children as equal. Samuel’s story reminds us of that God has plan for everyone. Samuel did not come from a family of priests, but God chose him to lead the nation of Israel. The support that Samuel got from his parents and Eli the priest helped shape and prepare him for a leadership role.

In the text from Matthew 18, Jesus affirms—in no uncertain terms—the importance of children, all children. He recognizes that children are vulnerable and need adults to protect and care for them. He tells the disciples that to welcome a child is to welcome Jesus himself—and he warns them that causing a child to “stumble” is a terrible thing.

Jesus’s words are a reminder that as a church, as a community, or as family members, we need to welcome and care for children who are HIV-positive by removing stumbling blocks and giving them love and support so they can become all God intends for them to be. Being HIV-positive does not stop someone from achieving life’s goals. HIV is only a condition; it does not limit children from going to school, excelling in life, and even founding families. With our support, these children will live normal lives like any other child who is not HIV-positive, and some of them will even grow up to be great leaders, teachers, and heroes among us, as Samuel was. Let us help these children be ready to answer God’s call in their lives, whatever that call may be.