

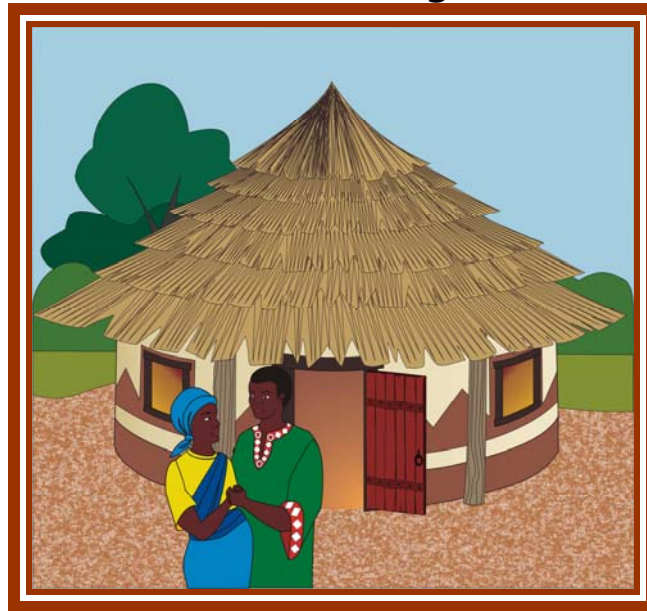
THE FAITHFUL HOUSE: ***Affirming Life, Avoiding Risk***



PMTCT SUPPLEMENT

Catholic Relief Services
in collaboration with
Maternal Life Uganda
and
Maternal Life International

George Mulcaire-Jones, M.D.
and
Maternal Life Uganda



Illustrated by Karen Ray Brower

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ACKNOWLEDGEMENTS

The Faithful House PMTCT (Prevention of Mother to Child Transmission) Supplement grew out of the experience of *The Faithful House*, “Affirming Life, Avoiding Risk” program developed by Catholic Relief Services (CRS) in 2005. In the course of providing *Faithful House* training in Uganda, Rwanda and Ethiopia, facilitators recognized the need for an educational and support program specific for PMTCT. They felt that couples that were actively supporting one another would be better positioned to adhere to PMTCT guidelines.

With the support of CRS, a number of people collaborated to share their experiences in both PMTCT and other issues affecting HIV discordant or both positive couples. In particular, we would like to acknowledge the contributions of Gonzaga and Paskazia Lubega (Maternal Life Uganda), Dr. Monica Etima (pediatrician, Kampala), Natalia Conesta (CRS Uganda) and Anne Nganda (CRS Uganda). Their insights, gleaned from their ongoing work in couple formation and PMTCT, have been extremely valuable in making this document relevant to the real-life problems faced by HIV-affected couples in Africa.

In addition to these collaborators, we would like to acknowledge the support of Dr. Carl Stecker, Director of HIV/AIDS at CRS and Cort Freeman, Executive Director of Maternal Life International. We are also most grateful to Karen Brower for the development of the graphics and for her editing and formatting.

As the *Faithful House* program continues to expand, we look forward to your comments in regard to its use. We are convinced that bringing couples together to teach and support mutual respect and faithfulness is critical to reducing HIV prevalence. We are hopeful that the addition of the *Faithful House PMTCT* supplement will further contribute to reducing HIV infections by improving education, support and adherence for PMTCT and safe motherhood recommendations.

Sincerely,

Dr. Dorothy Brewster-Lee,
Catholic Relief Services

George Mulcaire-Jones, M.D.
Maternal Life International

The Faithful House PMTCT Supplement



The Faithful House PMTCT Supplement builds upon the information presented in *The Faithful House* program. In the supplement we provide additional information for facilitators and counselors supporting pregnant women who are HIV positive.

Through the information provided in *The Faithful House PMTCT Supplement* we hope to further reinforce “couple togetherness” and to maximize both the health of the mother and the health of the baby during pregnancy, labor and delivery and in the post-natal period.

Specific PMTCT guidelines will vary depending upon national recommendations and available antiretroviral regimens and infant feeding options. Therefore facilitators and counselors will need to be well versed in local standards and best practices.

The supplement contains the following sections:

1. ***Understanding Terms and Conditions:*** In this section we present an overview of common terms used in the program with an emphasis on the importance of trust and confidentiality.
2. ***Disclosure- Burden and Freedom:*** While we are hopeful that many women have been able to disclose their HIV status to their spouse or someone close to them, we realize this may not always be the case. Therefore, in this section, encouragement and guidance for disclosure are discussed.
3. ***The Challenge of Manhood:*** In this section, we reinforce concepts presented in *The Faithful House* with particular emphasis on the role of men in supporting their wives and families.

4. *A Woman's Gracious Response:* In this section, we discuss the response of a woman to a man's commitment to love and support her.
5. *Living with HIV:* In this section, we present an overview of the challenges of living with HIV where one or both of the spouses are HIV positive.
6. *The Journey of Pregnancy:* In this section, we outline the importance of good nutrition, antenatal care, antiretroviral therapy and safe delivery.
7. *Postnatal Care and Infant Feeding Options:* In this section, we discuss how the journey of pregnancy continues into the post-partum period and present options for feeding the infant.
8. *The Next Horizon:* In the final section, we address issues that a couple living with HIV must consider as they look into the future. These issues include health, sexual relations, future childbearing and planning for the well-being of the children they have.

We realize as we prepare this manual that there will be a variety of challenges to facilitate PMTCT. Couples may vary in their educational levels, knowledge of HIV and their access to maternal and HIV care resources. Facilitators may also be limited in the amount of time they can actually spend with participants. Depending upon specific circumstances, facilitators may therefore need to adjust the order of sessions and the material within each session that is covered.

WELCOME AND INTRODUCTION:

Each of you is here because you want to care for your baby and for yourself in the very best way possible. The very fact you are here is a witness to your love and your courage. You could have stayed home and pretended that you did not have HIV. You may have thought that by coming here you would be vulnerable to stigmatization or criticism. Instead, with great love and courage, you came. For that we are very grateful.

Some of you are here as couples. Other women are here by themselves or with a friend or relative. We hope that in future sessions, more men will come, as it is so very important that men be here with their wives or partners. To those men who are here, thank-you! Keep coming and keep staying involved!

As you will see, there are many issues surrounding HIV, childbirth and minimizing the risk of your baby becoming HIV infected. We will go through these issues and discuss them with you to the best of our ability. By the end of the workshop you will be quite comfortable in your understanding of how best to care for yourself and your baby, both during pregnancy and after birth.



NOTE: The facilitator then should ask the participants to set up norms of behavior for the group. These norms should include the following:

1. Beginning on time
2. Cells phones off or on silent mode
3. No side-talks
4. Respect for those who are presenting or talking

The facilitator should also appoint a timekeeper, an animator and someone to assist with opening and closing prayers.

SESSION I: UNDERSTANDING TERMS AND CONDITIONS

In this session we want to insure that participants have a common understanding of the terms we will use during the course of the program. We also want to emphasize to them how important confidentiality is to the program.

Session Objectives:

- To understand the terms and definitions used in the program
- To identify when it is necessary to translate terms into the local language
- To insure there is a clear sense of trust and confidentiality amongst the participants and facilitators

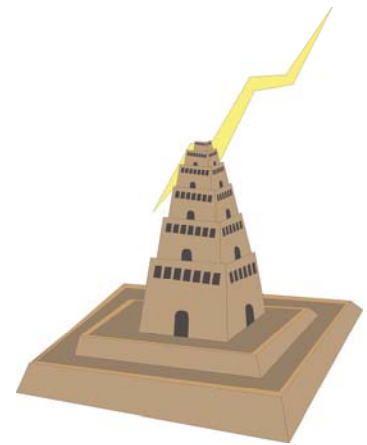
Presenting Views:

After welcoming the participants, the facilitator introduces the first session. He or she notes the first session is intended to create a common understanding about the terms used in the program. Correctly identifying, naming and understanding the terms is a first and necessary step for the success of the program. The facilitator then asks two of the participants to read the following passages from Scripture.

The Tower of Babel (From the Book of Genesis)

The whole world spoke the same language, using the same words. While men were migrating in the east, they came upon a valley in the land of Shinar and settled there. . . . Then they said, "Come let us build a city and a tower with its top in the sky, and so make a name for ourselves, otherwise we will be scattered all over the earth."

The Lord came down to see the city and the tower that the men had built. Then the Lord said, "If now, while they are all one people, all speaking the same language, they have started to do this, nothing will later stop them from doing whatever they presume to do. Let us go down and there confuse their language, so that one will not understand what another says. Thus the Lord scattered from there all over the earth and they stopped building the city. That is why it was called Babel, because there the Lord confused the speech of the all the world.



Genesis 11: 5-9

A New Understanding (From the Acts of the Apostles)

Now there were devout Jews from every nation under heaven staying in Jerusalem. At this sound, they gathered in a large crowd, but they were confused because each one heard them speaking in his own language. They were astounded, and in amazement they asked, “Are not all of these people who are speaking Galileans?” Then how does each of us hear them in his own native language?” We are Parthians, Medes, and Elamites, inhabitants of

Mesopotamia, Judea and Cappadocia, Pontus and Asia, Phrygia and Pamphylia, Egypt and the districts of Libya near Cyrene, as well as travelers from Rome, both Jews and converts to Judaism, Cretans and Arabs, yet we hear them speaking in our own tongues of the mighty acts of God.



Acts 2: 5- 11

Supplementing Views:

In the story of Babel we can imagine how confusing it is when people have different languages. They aren't able to communicate; they may say something with their words that either have no meaning to another person, or worse yet, convey a very wrong meaning. In contrast, in the story from the Acts of the Apostles, we see how marvelous it is when people do understand one another - when they share a common understanding of words.

In this program, we don't want to be the Tower of Babel. We want all of you to understand the words we are using and what they mean. Like the people gathered in Jerusalem, we want you to be inspired to use the words well, so that by understanding them you will be motivated to allow the “words to become flesh,” helping you to be healthy and whole in your own body and in your relationships with others.

We are going to group the words we are using into three categories:

- *Category 1:* Words that tell us about values
- *Category 2:* Words that tell us about behaviors
- *Category 3:* Scientific words and terms

Note: The facilitator then leads a discussion about each of the terms. Instead of just defining the term, the facilitator asks the participants to *define the term, and builds upon their responses*. Important terms should be translated into the local language.

Value Based Terms

1. *Value*: a principle or ideal that you hold very dear which in turn helps guide your attitudes and behaviors.
2. *Love*: to do good for another person (especially your spouse or partner) as readily as you would do good for yourself.
3. *Faithfulness*: attaching all dimensions of your love (your heart, soul, body and sexuality) to one person over the course of a lifetime.
4. *Hope*: always keeping a part of your heart optimistic and joyful even in very difficult circumstances
5. *Trust*: knowing that your words, values and actions will be respected and not betrayed by another person.

Behavior Based Terms

1. *Mutual Fidelity (Faithfulness)*: having sex only with your spouse or partner over the course of a lifetime.
2. *Abstinence*: not having sex until you are married or in a mutually faithful life-long relationship.
3. *Chastity*: loving others in a positive, affirming way without sexual intimacy.
4. *Adherence*: to adopt and stick to, or remain committed to, a treatment and care program, especially in regard to medications.
5. *Confidentiality*: keeping to yourself information about another person that has been entrusted to you.
6. *Behavior change*: making a decision to act in a fundamentally different way, especially in regard to matters of sex.

Scientific Terms

1. *HIV*: Human Immunodeficiency Virus, the virus that causes AIDS. The virus is too small to be seen by the naked eye or even a powerful microscope. The virus is what attacks a person's immune system.
2. *HIV positive*: refers to a person who has had an HIV test indicating that he/she has the HIV virus in his/her body.
3. *HIV negative*: refers to a person who has had an HIV test in which no signs of the HIV virus are detected. If a person is engaged in any risky behavior, they should be retested in 3 to 6 months to be sure the test remains negative.

4. *AIDS* : Acquired Immune Deficiency Syndrome. AIDS refers to various diseases that develop when an HIV positive person's immune system has been weakened by the HIV virus.
5. *ARV's (Antiretrovirals)*: special medications that are capable of preventing the HIV virus from replicating, thereby allowing an HIV infected person's immune system to recover.
6. *MTCT*: mother to child transmission of HIV. MTCT refers to the possibility of an HIV positive mother transmitting the HIV virus to her baby either during pregnancy, during labor and delivery, or during the post-partum period. If nothing is done, the chances of transmitting the HIV virus from mother to baby is between 25 and 40 percent.
7. *PMTCT*: prevention of mother to child transmission. PMTCT refers to the various interventions that can be done to lower the risk of mother to child transmission of HIV. The most important intervention is proper adherence to ARV recommendations during the course of pregnancy, labor and delivery.
8. *Disclosure*: the act of an HIV positive person discussing with his/her spouse, partner or someone close to him/her the fact he/she is HIV positive.

Supplementing Views:

After discussing these terms, the facilitator closes by asking the participants the following questions:

1. Was there a word that you heard that you did not know before?
2. What word made the greatest impression on you?
3. Why are trust and confidentiality such important terms to understand for this program?

Couple Time:

Where circumstances allow, the facilitator can ask that couples come together and discuss the following question:

"Did you and I hear and discuss a word today that we would commit ourselves to honoring in our relationship?"

SESSION 2: DISCLOSURE



In this session we are introducing the difficult issue of disclosure. We are hopeful that having a mix of participants, some who have disclosed and some who have not disclosed, will allow for sharing and for encouragement to disclose. In this session, facilitators will have to insure that both the advantages and risks of disclosure are well articulated and discussed.

Session Objectives:

By the end of the session participants should:

- Be able to discuss the range of emotions and fears associated with disclosure
- Understand the advantages of disclosure
- Realize that in some situations there may be risks of disclosure

Presenting Views:

Note: To introduce disclosure, the facilitator presents the following role play:

Person 1 has a small “backpack” on his back with nothing in it. Person 2 has a backpack in which there are many heavy rocks. They begin walking together. Soon Person 2 is tired and must rest. As person 2 is bitterly complaining, person 1 continues with energy and optimism.

The facilitator asks:

1. What is the difference between the two people?
2. Why does one person feel light and free and the other burdened?

Supplementing Views:

The backpack the two people are wearing represents the HIV virus. For person 1, the virus is present, yet it is not weighing them down. For person 2, the virus is heavy and imposing on them a very difficult burden. Why?

- *Person 1 has disclosed* – has shared his/her HIV positive status with someone close to him/her. Once a person has done that, it is as if a great weight has been lifted. She/he is free and no longer has to carry the secret or the shame of being HIV infected. A person who has disclosed can begin to get the help needed to cope with HIV/AIDS and no longer has to hide, but rather can enter a community of people who will accept and support him/her.
- *Person 2 has not disclosed* and carries a pack of heavy stones: stones of fear, stones of shame, stones of secrecy. To carry these along with the virus is too much; it will break you down!
- Would you rather be *burdened* as person 2, or *free* as person 1?

If you have not yet disclosed to your spouse or to those close to you, then you must search your heart and see if it is possible for you to do so. If you can disclose, you will be like Person 1. Your load will be lighter; you will be free!

Experiences of Disclosure:

The facilitator then asks the participants if any of them would be willing to share their experience of disclosure.

- How did they do it?
- How did they feel afterwards?
- Were there any negative consequences to disclosure?

Note: After processing the experiences, the facilitator should also point out that there can be risks from disclosure. A spouse may become angry or verbally or physically abusive. In the worst case scenario a woman may be thrown out of the house. Thus, it is important that if a woman does not have a supportive relationship with her husband or partner, she first discloses to someone she trusts.

A Plan for Disclosure:

We hope that many of you have already accomplished the difficult process of disclosure. For those of you who have not, we would ask that you make a plan for disclosing. Ask yourself these questions:

1. What fears do I have about disclosure?
2. Do I feel ready to disclose? Why or why not?
3. To whom will I disclose?
4. What setting will I choose for disclosure? (Will I be just with my spouse? Should I have another support person? Should I consider disclosing with the assistance of a counselor?)
5. What words will I use to disclose?

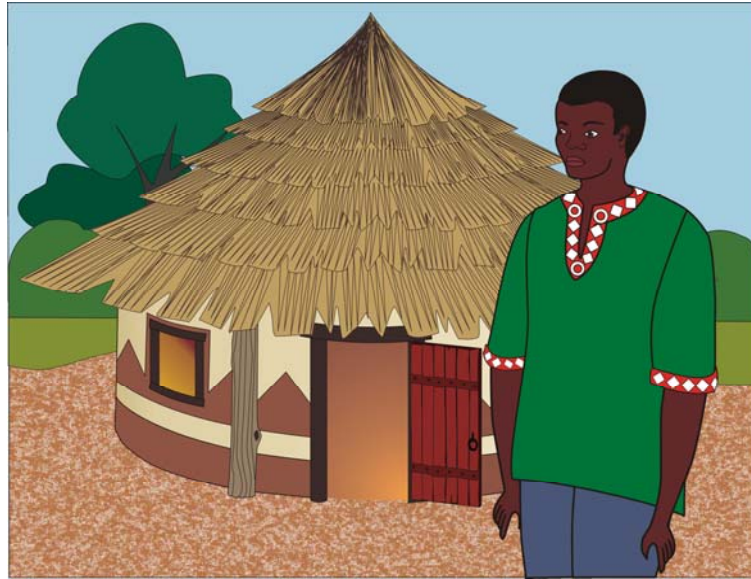
NOTE: If time allows, those who have not yet disclosed and who desire to do so may take some time to “practice” how they are going to disclose with another participant.

Couple Time:

Where circumstances allow, couples can be given time to discuss the following questions:

1. Have we fully disclosed our HIV status to each other?
2. Do we still hold negative feelings or thoughts towards our spouse or partner about our HIV status?
3. How can we move beyond the negative feelings and thoughts we may have?

SESSION 3: THE CHALLENGE OF MANHOOD



In this section we are reaching out to men, trying to bring them into full and committed relationships with their wives and children. With the involvement of the husband, every aspect of HIV treatment and care will be more successful. Conversely, if the husband is uncommitted and unsupportive, it will be much more difficult for his wife to be compliant with antiretroviral therapy, PMTCT and appropriate infant feeding practices. As a facilitator you will be challenged to find a balance between engaging men and at the same time avoid creating an atmosphere of “man versus woman.”

Session Objectives:

- To help men understand how critical their involvement is in PMTCT
- To further reinforce couple togetherness
- To help men come to terms with what true manhood is
- To help men walk side by side with their wives
- To help men understand the fundamental connection between love and responsibility

Presenting Views:

We are grateful to those men who have come with their wives or partners. Many times in matters of health it is the woman who takes primary responsibility. She is the one who comes to the antenatal clinic. She is the one who brings the children for immunizations and supervises the medications.

With what you have learned thus far in *The Faithful House*, it is clear you no longer can think and act independently, the wife doing one thing and the husband doing another. Rather, you are to think and act as a couple: a couple whom God has called together, in "good times and in bad," in "sickness and in health."

This challenge to think and act as a couple is a special challenge for men. Men, by their nature, want to be independent. They may be reluctant to let go of the ways of life they had before marriage. They want the comfort and companionship of marriage and the sense of purpose and meaning that comes with fathering children. Yet they also want to keep enjoying their pre-marital pursuits: drinking, being with friends, traveling about and even sleeping with other women.

Men, it is time to change! You must look deep into your hearts and come to a realization of what it means to be a "true man." A true man, be that man HIV negative or HIV positive, is the only man worthy to build and live in the *Faithful House*.

What is a true man?

- He is the man who puts the well being of his wife and family above all things.
- He is the man who is willing to look into his own heart and see what is good and what is rotten. With God's grace, he builds on the good and he chases out the thinking and the behavior that is rotten.
- He is the man who learns to love. Someone said, "the greater the man, the deeper the love." The great man is the ordinary man who learns to love his wife and his children in a sincere, generous and consistent way.

What is a false man?

- He is the man who refuses to take responsibility for his wife and family.
- He is the man who runs from his own heart and refuses to acknowledge what is broken, wounded and sinful inside. He clings to his own ways and refuses to change.
- He is the man who will not grow in love. He remains centered only in himself.

As you look at the Faithful House, you must make a decision. What kind of man will you be, a true man or a false man? Even if you have lived falsely, you can with the grace of God, change your ways and turn your heart to truth.

Note: The facilitator then asks participants to share an example of a true man they have known. Perhaps it is their father or some other man close to them. What was his story? What characteristics did this true man possess? What lessons can you learn?

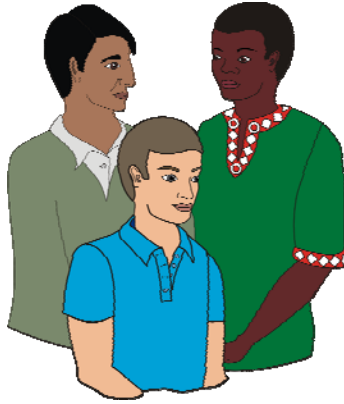
After discussing several examples of a true man, the facilitator asks the opposite question. Who is someone they know who was a "false man?" (They don't have to give his name). What became of the false man? Finally, the facilitator asks for any example of a man who lived falsely and then, "changed his heart" and became a true man. What enabled the man to change his heart and live like a true man?

In reality all men carry within them both the seeds of truth and the seeds of falsehood. We are not here to judge one another, but rather to see how we as men can build on what is true and cast out what is false. Only in this way can we live honorably within the *Faithful House*.

Love and Responsibility

There is a further dimension to being a true man. A true man understands and is true to the fundamental connection that exists between *love* and *responsibility*. We have discussed love and we know that a true man loves his wife more than he loves anything else. Yet love remains just as a word or a feeling unless it is connected with responsibility. Responsibility means your actions are true to your love. There is no such thing as "love and irresponsibility." Love can only be love if it is responsible.

The facilitator then asks the participants to describe how a man lives out "love and responsibility." How are his actions different than the actions of a man who professes his love yet is irresponsible?



Supplementing Views:

A true man is the kind of man that will change the face of Africa. This man is a leader, and yet a servant. This man is proud, yet humble. This man may be rich or poor, educated or illiterate, a farmer or a banker. It makes no difference, for what matters is not what is on the outside but what has happened to a man's heart on the inside.

If we look to the Gospels, we see images of the man you are called to be.

- We see St. Joseph, the husband of Mary. He was true to her even when he found out she was pregnant not by him, but by the Holy Spirit. He walked side by side with her from Nazareth to Bethlehem and escorted her and Jesus through Egypt as Herod sought to kill the baby Jesus. He was always profoundly responsible to Mary and to Jesus.
- We see Jesus, a man for all men, who taught us exactly what true love is and what “false” love is. Love was to “lay down your life” for another, to give of yourself completely to those you love. Jesus taught us to

find treasure not in our pride and our possessions but in the love we poured out to others.

Couple Time

The facilitator asks the couples to spend some time discussing these questions:

1. How can I, as your husband or partner, be more of a true man?
2. Where have I failed to live out "love and responsibility?" How can I be more responsible in the future?
3. Can we forgive each other for the times we failed to love one another as we should? (As a part of this question, the husband or partner should offer to explain why he acted the way he did and express his commitment to change his action.)



SESSION 4: A WOMAN'S GRACIOUS RESPONSE



We trust that a husband's commitment to be a true man and to do his best to always act out of "love and responsibility" will elicit a gracious response from his wife. In a man's commitment and a woman's gracious response, we hope that a new dynamic will emerge in their relationship – a dynamic in which they truly are a couple working for the best interests of one another and of their family.

Session Objectives:

- To help women look for the "good news" in their husbands or partners
- To help women understand the fundamental connection between love and responsibility
- To help couples understand the gift of women, their "feminine genius," and build upon it

Presenting Views:

A True Woman

A husband fully committed to loving his wife asks the same from his wife. He asks for her to be fully committed to him, in "sickness and in health," in "good times and in bad times." Often times a wife can become disappointed in her husband. She feels he is not the man she married. Instead of seeing the good news in her husband, she only sees the bad news. He is not handsome enough, he does not make enough money, or he is not around to help. A true woman will recognize the danger in this kind of thinking. She will look to bring out the good news in her husband. She will help him discover his better self.

The facilitator then asks the group to split into two. The women are to identify qualities they think a true woman should have. Likewise, the men identify qualities they think a true woman should have. The group then discusses these together. The facilitator should emphasize those characteristics that speak to the true character of women.

Love and Responsibility:

To live out the fundamental connection between love and responsibility is not just the man's job. It is equally important that a wife lives out the connection between love and responsibility. As society changes, women, like men, may be tempted by irresponsible behaviors: infidelity, promiscuity, or abandoning the care of their children for other pursuits. Just as a husband may become tired of his wife and look for another woman, a wife may become tired or frustrated with her husband and look for another man. We don't want this to happen; it is so against the character of women.

In fact the character of women is such that they naturally lean to "love and responsibility." The late Pope John Paul II spoke of women's true character in these terms: he said women possessed a "feminine genius." In English, the word feminine means "pertaining to women" and the word genius means "extraordinary talent and creative power." This feminine genius has its roots in women's natural capacity to live out love in a life-giving, responsible way. We want women to always be recognized and supported for their "genius:" their great capacity to give life and love to their husbands, to their children and to society as a whole.



In this exercise men are asked to come together and discuss what things they have experienced which speak to the goodness and "genius" of women. They then share those with the women.

Side by Side: A New Dynamic



We hope that with the discussion on “The Challenge of Manhood” and “A Woman’s Gracious Response,” couples become committed to changing the dynamics of their relationships. To further reinforce this process, we ask the couples to complete one more exercise.

Presenting Views:

The facilitator introduces this section by asking two couples to pretend they are walking down the road:

- In couple 1, the husband is acting like a very big man and whenever his wife tries to catch up with him, he shouts at her and continues ahead.
- In couple 2, the husband and wife walk together and talk with each other respectfully.

The facilitator then asks the couples to decide which couple models true love and respect.

Note: The facilitator should point out that we are using the act of physically walking together as a symbol, realizing that husband and wife may not actually walk together in African society. What is important is not so much that they physically walk together, but rather they walk together in their hearts and in how they respect each other.

Supplementing Views:

In *Genesis*, the first book of the Bible, we read, "God created Eve from the rib of Adam." He did not create the woman from the man's head to be above him, nor from his legs to be below him, but rather from his side to be equal with him. A true man is to walk with his wife side by side: not in front, not behind, but side by side. Listen closely: *"True man, do not run ahead of your wife and leave her behind. True man, do not straggle behind her and let her move away from you. Walk by her side."*

It may be easy to walk side by side when everything is going well, as when husband and wife are in good health, there is no poverty, and there is harmony between them and within their family. Yet what happens when something difficult or even devastating comes into your relationship? Can you, and will you, still walk side by side?

Side by side: Part II



Presenting Views:

The facilitator introduces this discussion with the following role play:

A woman is encouraged by her sister to attend a woman's "empowerment workshop." The woman finally agrees to do so. After attending the workshop she returns and is determined to "make things equal" in her household. Soon she is berating her husband and "seeing only the bad news" in him. He is very perplexed by this change in attitude.

The facilitator then asks the participants what they saw in the role play.

Supplementing Views:

At one point in African society, women were frequently treated as “second class citizens.” They were to do whatever their husband demanded and they were not to question his authority or decision-making. Their role was one of subservience to the man. This has changed. Women are to have full rights. Instead of being subservient to her husband, a wife should be an equal and respected partner.

While we want respect and equality to be part of marriage, there is a danger that things can go to an extreme, and the wife assumes the role of the “husband” of old: she becomes the one with all of the authority; she makes excessive demands on her husband and belittles him if these demands are not met. This situation becomes as unhealthy as a situation in which the husband has all of the authority!

Couple Time

The challenge for a couple to walk side-by-side is an immense one. The facilitator asks the couples to reflect on these questions:

1. Do we find that we as a couple are walking “side by side?” If we are not walking side by side, who is the one that is ahead of the other?
2. How do we better respect each other so that we are walking “side by side” in our hearts and in how we treat each other?
3. What are one or two things we can do in our daily lives to ensure that we are walking side by side?

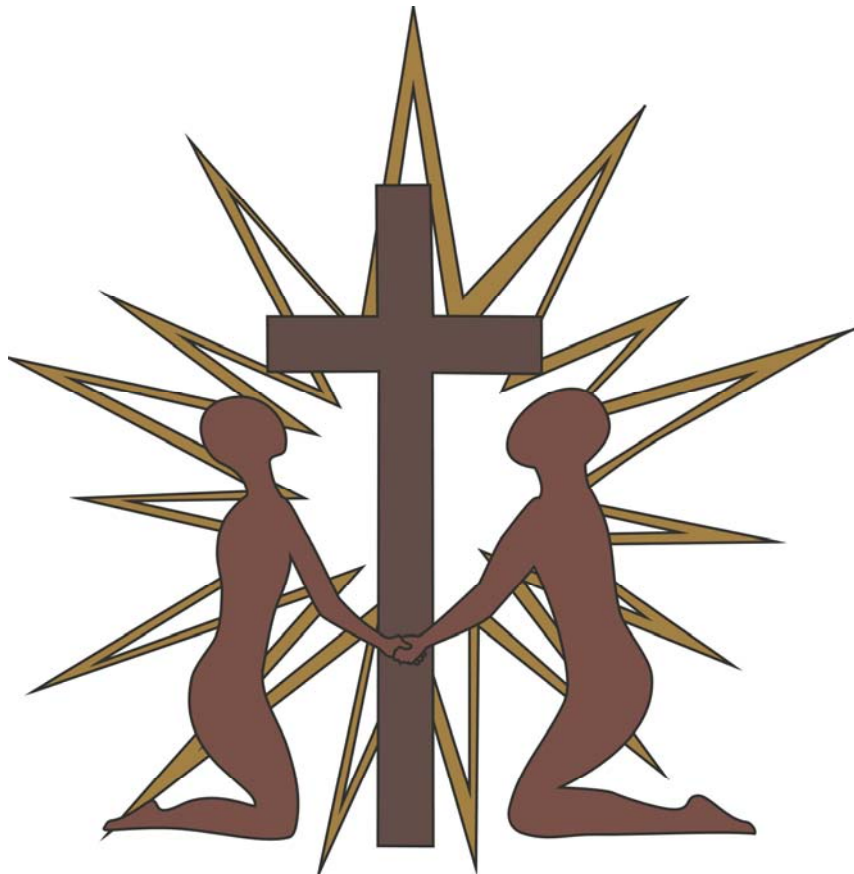
A Promise

In Scripture we read, “All of us have sinned and fallen short of the glory of God.” Every one of us, each man or woman, has in some way lived falsely and not truly. Every one of us has in some way failed to live out love and responsibility. All that must change. God stands before us and offers each of us forgiveness and the opportunity to be a new person in Jesus. Right here and now, let us pledge to each other and to God, to be new men and new women in Jesus.

At this point, both husband and wife are invited to offer the following pledge to each other:

I commit myself to the true love of my wife/husband, in good times and in bad, in sickness and in health. I will walk by her/his side here, now and in the days to come, no matter what difficulties we face. In this walk, I commit

myself to love her/him with responsibility, always letting my actions and my behaviors reflect what is true about love. In this commitment, I place the good of my wife/husband and my family above all else and pray for the strength of God's presence to keep me faithful in this my pledge and promise. In Jesus' name, Amen.



SESSION 5: LIVING WITH HIV



This session is intended to bring out the essential components of “living with HIV.” This involves a couple or pregnant woman making a conscious, intentional and informed decision to accept the diagnosis of HIV, live positively with HIV and adhere to recommendations for treatment and care.

Session Objectives:

- To help couples accept rather than deny the diagnosis of HIV
- To help couples understand what it means to live positively with the diagnosis of HIV
- To discuss and reinforce the importance of adherence to treatment and care recommendations
- To help couples understand some of the tendencies of human nature that can lead to non-adherence.

Presenting Views:

Let us pause for a moment and see what we have before us. We have built a *Faithful House* with all of its components: a foundation in God, four pillars, the walls, the windows and the roof. We also have the pledge and promise of a man and woman to each other: to be true, to walk side by side and to live out love and responsibility. Now we must address the reality of living in this house knowing that either husband or wife or both are HIV positive. This is not easy. How we wish we could say, "There is no HIV; it is gone." Yet that is not the reality; we must deal with this as best as we can, asking this question:

“What can we do to make our Faithful House as happy as it possibly can be?”

To answer that question well, you must examine the reality of HIV in three ways:

- Accepting the diagnosis of HIV
- Living positively with HIV
- Adhering with recommendations for treatment and care.

Accepting, living positively and being adherent are the ways in which you choose life for yourself and for the life of your children. These three steps – accepting, living positively and adhering – will help make your *Faithful House* as happy as possible. And these steps of accepting, living positively and adhering are best made by the couple together, side by side, in true love and responsibility.

Accepting

Act a role play in which a couple refuses to accept the diagnosis of HIV. In the role play, they attribute their illness to causes other than HIV. They are tested several times, but each time they deny the HIV positive results.

The group then discusses the role play to understand how rejecting the diagnosis of HIV leads to even more trouble for the couple and for the family.

The facilitator should also point out the advantages of testing. He/she should emphasize how “knowing is always better than not knowing,” irrespective of the test result.

Living Positively

Act a role play in which a couple becomes very despondent upon hearing the report that they are both HIV positive. They lose interest in their family and their work. They fight often and blame each other.

The group then discusses how despair and despondency will make things more difficult for the *Faithful House*. It is important for the facilitators to emphasize that though it is very challenging to live with HIV, it can be done!

The facilitator then asks the group to come up with ten specific things they can do to live positively. (*See the list at the end of this section for ideas that should be mentioned.*)

Adherence

Adherence is a term that means, “to stick and remain committed.” In PMTCT, adherence specifically means, “to stick and remain committed to your treatment and care program, especially in regard to medications.”

The third step of adherence is one that causes many of us to stumble. It is as though something in our human nature prevents us from doing what we know we should do. St. Paul put it in these words, “For I do not the good I want, but I do the evil I do not want.” (Romans 7: 19).

Let us try and get at the heart of the issue of adherence. *The facilitator presents the following examples and asks the participants for feedback.*

- A young, well-educated teacher finds he is HIV positive. When it is time to begin ART, the young man’s older brother, a doctor, sits down with him and in great detail explains how important it is for him to take his antiretroviral medications. A year later, the older brother returns and finds that his younger brother is very sick. He has not been taking his medications. What reasons can you come up with for why the younger brother did not adhere to his medications?
- A man who is otherwise good and decent has a weakness for alcohol. Knowing this about himself, he has made a vow not to drink again. As long as he stays away from the off-license (the bar), he is not tempted to drink. Yet, if he passes by the off-license, something inside of him “goes wrong” and he enters and begins to drink. Later, he is confused and even ashamed. Why does he go inside and begin to drink when he knows he shouldn’t? Why does he fail to “adhere” to his commitment not to drink?
- Imagine two couples in which both are HIV positive. The first couple is not communicating. They do not share about their feelings, their fears or what is happening in their day to day lives. The second couple is communicating as best they can. They share with each other what is happening in their day to day lives. They share their fears about HIV. At night the second couple always checks with each other to be certain they have taken their ART medicines correctly. What couple is likely to be adherent? What couple will likely live the longest?

The facilitators allow the groups to share their insights and come to a consensus about what leads to adherence and what keeps people from being adherent. The discussion should bring out the various factors that can lead to non-adherence. These factors include:

1. The irrational side of human nature
2. People being ashamed of the disease and feeling unworthy
3. Depression and despair
4. Denial.

Ultimately, to be adherent with a treatment which is life-saving for you and life-saving for your spouse or child is an act of love, towards yourself and those closest to you. Conversely, to be deliberately non-adherent with a life-saving treatment is to reject love of yourself and those around you.

Addendum: Below is a list of positive living recommendations provided by Dr. Monica Etima, a pediatrician in Kampala, Uganda.

Positive Living

What is positive living?

- Having a positive outlook toward his/her life and that of others or taking care of one's health and emotional well being in order to enhance one's life and live longer
- Adopting a life style that helps to reduce the transmission of HIV and improves the quality of life

Components of Positive Living

Physical Care

- Personal and environment hygiene
- Physical exercise regularly and adequate rest
- Positive behavior practices: avoid alcohol, tobacco and drugs
- Plan and space your children

Nutritional Care

Good nutrition and taking a balanced diet keeps our bodies strong and our immunity healthy. Ensure that each meal contains energy giving food, body building foods and protective foods. HIV positive pregnant women should double their intake to nourish baby.

Medical Care

- Attend at least 4 ANC visits.
- Deliver in hospital.
- Take septrin to protect from PCP and other illness.
- Be screened for TB.
- Sleep under an insecticide treated net.
- Prevent diarrhea by drinking boiled water.
- Seek psychological care and social support.
- Join a peer support group.
- Gain hope and the will to live.
- Help each other to cope medically, socially and legally.
- Plan a positive future.

Spiritual care

- Seek spiritual counseling.
- Recite prayers and phrases that instill hope.
- Make sure you have a relationship with your God. Work to heal any other relationship that was broken, through the power of asking and granting forgiveness.

Couple Time:

The couple is invited to examine their own lives with the intention of improving how they “live positively.” They should discuss the following questions:

1. Have we both **accepted** the diagnosis of HIV for ourselves and/or for our partner?
2. Have we committed ourselves to **live positively** with HIV?
3. Have we been **adherent** to recommendations for testing and for medications?
4. What are three very specific things we will do to improve how we **live positively** with HIV?



SESSION 6: PREVENTION OF MOTHER TO CHILD TRANSMISSION

This is a long session in which we build upon the lessons of accepting, living positively and adhering. As maternal health and effective PMTCT is dependent upon nutrition, antenatal care and essential obstetrical care, it is necessary to incorporate these elements into the program.



Session Objectives:

- To inspire participants to care for themselves to the best of their ability
- To provide education for good nutrition during pregnancy
- To discuss the importance and purpose of antenatal care
- To help couples understand the essential components of antenatal care
- To help couples understand the importance of labor and delivery care, both in terms of a safe delivery and in terms of PMTCT
- To provide education about the role of ARV's in reducing PMTCT
- To help couples understand and be adherent to their specific ARV regimen.

Presenting Views:

The facilitator introduces this section with the following role play:

An HIV positive pregnant woman is always working on the farm. She does not eat well. Her husband does not allow her to go for antenatal care, saying they can't afford it. When the time for delivery comes she goes to the traditional birth attendant (TBA). After the baby is born, she hemorrhages and bleeds to death before reaching the hospital. The participants are asked to identify and discuss three things that could have been done to prevent this tragedy.

Supplementing Views:

A Snapshot

As couples, you have learned to build a faithful house. You have accepted the challenge of being true men and true women, walking side by side with each other and always honoring the fundamental connection between love and responsibility. As a couple facing the reality of HIV, you have made a decision to accept the diagnosis, to live positively and to adhere to treatment and care options. Finally, you have made a decision together to have a child.

This “snapshot” of who you are and the decisions you have made is a very beautiful and powerful one. We want to thank you for your courage and your great love and for keeping your heads held high in spite of the difficulties you face. We have no doubt that God sees the same “snapshot” and would say to you in this very moment, “You are my beloved, in whom I am well pleased.”



A Second Snapshot

After considering the first snapshot of you as couple right now, we want you to look into the future and imagine a second snapshot. This snapshot is of you with your young son or daughter. All three of you are as healthy as can be. The close up of your daughter or son shows a fat and round smiling face. There are no signs in the photograph that the child is sick. He or she is smiling and growing up in health and vigor.

Reaching this place is the goal of PMTCT: Prevention of Mother To Child Transmission of HIV. We want to help you do everything possible in order for mother, baby and family to be as healthy as possible. We can understand how important PMTCT is by looking at the present reality in Uganda where approximately 1 in 4 (22 percent) of new HIV infections are secondary to mother to child transmission of HIV. We



want to do everything possible to help you so that your baby is not one of those babies who contracts HIV!

How do we reach this goal of PMTCT, insuring your baby is healthy and not infected by the HIV virus?

1. Through good nutrition
2. Through antenatal care
3. Through adherence to antiretroviral medications
4. Through delivering with a skilled birth attendant
5. Through proper infant care and feeding options

We can think of each of these things as “signposts” that guide you on the journey of pregnancy and delivery. If you follow these signposts, then you are much more likely to arrive at the place we all desire, where you and your baby are as healthy as can be! *The facilitator can note that not following these signposts can lead to death, as shown in the role play.*

SIGNPOST ONE: GOOD NUTRITION

Regardless of your HIV status, it is important for you to eat a healthy, well-balanced diet when you are pregnant. What does this diet look like?

It is a pyramid containing the following three levels:

- Body building foods
- Energy giving foods
- Protective foods

Energy giving foods are primarily carbohydrates and, in smaller quantities, fat containing foods. Your body turns these foods into glucose (sugar) to give it energy. The best carbohydrates are maize and other cereals, whole grains, bananas, plantains, and rice. These should form the base of your healthy eating pyramid.



These carbohydrates can be supplemented by fat containing foods such as palm oil or fat from meat. A pregnant woman should eat at least 6 servings of energy giving foods a day.

Body building foods are proteins that build the muscle, bone and organs of your body. These foods help to build the body of your baby as well. These proteins are found in fish, meat, chicken, eggs and beans. A pregnant woman should eat at least 2 to 3 servings of these body building foods per day.

Protective foods help your body function as it should. Protective foods provide fiber for your digestive system, iron for your blood, and vitamins to help all of your body systems run smoothly. Protective foods include vegetables, fruits and dairy products (milk and cheese). A pregnant woman should eat at least two servings of each of these protective foods per day (two servings of vegetables, two servings of fruits, two servings of dairy products).

When you are pregnant you must be eating foods from all three groups!

The facilitator then gives the participants an empty pyramid with the three levels. They are to write in local foods that are available and affordable for each level (energy giving, body building, and protective foods).



Increase calories and proteins as pregnancy progresses

As your baby gets bigger you will need to increase your proteins and overall caloric intake. In the first third (trimester) of pregnancy you should add at least one additional serving of energy building foods. In the second trimester you should add an additional serving of body building foods, and in the third trimester you should add even more body building foods. During all of pregnancy you should keep up your intake of protective foods.

Adding a vitamin with iron to the pyramid

A vitamin containing both folic acid and iron should be added to these three food groups. While foods from each of the three groups may contain folic acid and iron, this may not be enough to meet the woman's dietary needs. Thus women will benefit from taking a vitamin containing folic acid and iron.



It is extremely important for you to take a vitamin every day. While taking a vitamin is not a substitute for a healthy diet, scientific studies show us that vitamin and iron supplementation may reduce several complications related to both pregnancy and HIV. For example, they can help prevent anemia and may help prevent certain infections.

Special considerations for pregnancy and HIV

In addition to eating from each of the three food groups and taking a vitamin with iron and folic acid, there are some other important nutrition guidelines you should follow:

1. Make sure your meat is not raw, but well-cooked.
2. Wash and peel all of your fruits and vegetables.
3. If you are sick with any HIV related disease, your body may be using some of its protein for energy. Therefore you must increase the amount of protein you are eating.
4. If you are having trouble digesting your meals because of sickness or medications, try eating small and frequent meals instead of two or three larger meals.

Weight gain in pregnancy

A pregnant woman can gauge if she is eating adequately by taking note of her weight gain. Here are some basic guidelines:

- If you are underweight at the beginning of pregnancy expect to gain 12.5 to 18 kg (27.5 to 39 lbs).
- If you are at a normal, healthy weight at the beginning of pregnancy expect to gain expect to gain 11.5 to 16 kg (25 to 35 lbs).
- If you are overweight at the beginning of pregnancy expect to gain 7 to 11.5 kg (15 to 25 lbs).

Please be sure you are gaining weight during pregnancy. This is the main way you will know if you are receiving adequate nutrition! Don't worry that if

you gain weight your baby will get too big. The better nourished you are, the better it is for your baby.

The facilitator can then review the section on nutrition by asking participants to comment on the following questions:

1. A pregnant woman is eating only maize and rice with a single vegetable. What is missing in her diet?
2. A pregnant woman is eating only carbohydrates and meat every day. What is missing in her diet?
3. Traditionally, the husband eats first and receives the largest portion of meat. The children eat next, and lastly the pregnant wife eats. Is this acceptable? How should things be different?
4. Why should a woman take a vitamin with iron every day?
5. A pregnant woman is often sick with fever, cough and diarrhea. She is losing weight. What should she do?
6. It costs money to eat healthy food. As a couple, take some time to discuss what adhering to a healthy, well-balanced diet would require.

We can summarize this first signpost by the following:

Signpost One





SIGNPOST TWO: ANTENATAL CARE



Ideally this section is co-facilitated by a nurse-midwife or physician who is experienced in providing antenatal and labor and delivery care. This will allow for the necessary level of expertise and encourage couples to ask questions and receive sound answers and advice.

Remember, during pregnancy you are on a journey in which you are doing everything possible to have a healthy baby and to be healthy yourself. The second signpost reminds us of the importance of antenatal care during pregnancy. Antenatal care is defined as a pregnant woman's regular visits to a skilled maternal health care provider. This provider works with her to maximize her own health and the baby's health and identify any complications that arise during the course of the pregnancy.

Before discussing the details of ante partum care, we want to define several terms as we did in our first session together.

As in the first session, the facilitator begins by first asking the participants what these terms mean and then supplements their answers. When necessary, terms should be translated into the local language.

1. *Ante partum period*: the time that a woman is pregnant, from conception until the start of labor.
2. *Intra partum period*: the time from the onset of labor through delivery of the baby and placenta.

3. *Post-partum period*: the time following delivery of the baby and placenta until the baby is one year old.
4. *Skilled birth attendant*: a physician, nurse-midwife or nurse who has been trained to recognize and manage complications that can arise during pregnancy, labor and delivery.
5. *Essential obstetrical care*: the essential components of obstetrical care that allow for a safe delivery for mother and baby as well as interventions to minimize MTCT.

What should happen during antenatal care?

The First Antenatal Visit

1. *Establishing your due date*: Your health care provider should help you estimate when your baby is due to be born. If you know the first day of your last menstrual period (LMP), you can use this formula: add seven days to the first day of your LMP and count back three months. (For example, if the first day of your LMP was January 10th you would add 7 days, giving you January 17th. You then count back three months, December, November, and October. Your approximate due date is October 17th.) If you are uncertain of your LMP, an ultrasound scan (if available) can help you determine more accurately when the baby is due.
2. *Health care history*: Your health care provider should talk with you to determine if you have any past or present problems that may impact your health and delivery plans. For example, do you have any underlying diseases such as high blood pressure or diabetes? Are you having any fever or cough to suggest pneumonia or tuberculosis? Have you had complications during previous pregnancies such as previous preterm deliveries, still births or a prior Cesarean section?
3. *Health care physical exam*: Your health care provider should examine you and note the following:
 - Vital signs: weight, temperature, blood pressure
 - Head and neck: any signs of anemia, swollen lymph nodes or infections in the mouth?
 - Lungs: any signs of infection or shortness of breath?
 - Heart: any abnormal heart sounds or pulsations?
 - Abdomen: any abnormal masses or tenderness?
 - Uterus: how large is the uterus, are there any fibroids or masses, and can the fetal heartbeat be heard?
 - Legs: is there any swelling or edema?
4. *Important testing*: As well as an HIV test, there are some other important tests that should be done:

- If available, special tests called CD4 counts or viral load measurements can help establish the need for antiretroviral medications.
 - Tests for syphilis
 - Tests for hepatitis and malaria
 - Tests for anemia
 - Tests for any sexually transmitted illnesses
 - A urine test for any kidney problems (protein, glucose, signs of infection)
5. ***A pregnancy care plan:*** After you have had your initial visits, you and your health care provider should have a clear plan in place. You should know the following:
- Are there any specific things that make your pregnancy higher risk? The presence of twins or the presence of any HIV-related diseases such as tuberculosis are some examples.
 - How often are you to come to the antenatal clinic?
 - What antiretroviral medications will you receive, where will you obtain them, how will you take them and what will you do if you have any side effects? (*This will be discussed in more detail in the next session.*)
 - What additional medications will you take?
 - What is your plan for treatment of malaria during pregnancy?
 - Where will you deliver the baby?
 - If you have any medical complications, such as persistent fevers, cough, diarrhea, or weight loss, what will you do and where will you go?
 - If you have any obstetrical complications such as bleeding or premature labor, what will you do and where will you go?

Subsequent Antenatal Visits

As you follow your pregnancy care plan, you should be attending the antenatal clinic on a regular basis. You should have at least four to six visits during your pregnancy. What should happen at each of these visits?

1. ***Health History Assessment:*** How are you feeling? Have you developed any symptoms suggesting an infection or other illness? Is your baby moving well? Do you have any signs of premature labor or toxemia?
2. ***Physical Exam:*** What are your weight, blood pressure and fundal height (the distance between the pubic bone and the top of the uterus)? Later in the pregnancy, the baby's position (head first or breech) should be determined.

3. **Laboratory Testing:** Depending on your pregnancy care plan, you may have further blood tests, such as CD4 counts or tests for anemia. You may also have your urine tested to be sure there is no protein or sugar in it.
4. **Medications:** Depending on your pregnancy care plan, you may be taking antiretroviral medications. You need to discuss any side effects or problems from the medication. Also, if you live in an area with malaria, you will be receiving medications to reduce the number of malaria parasites in your blood.
5. **Patient Education:** You and your health care provider should be “thinking ahead” to issues that impact your pregnancy and delivery. You should begin planning where you are going to deliver and how you are going to feed your baby after the baby is born.
6. **Risk Profile Update:** Your health care provider should discuss with you anything that makes your pregnancy more at risk. For example, it would be important to discuss if you are not gaining weight, if your blood pressure is high, or if the baby is not in the right position.

TRACKING YOUR HEALTH DURING PREGNANCY

We have presented a large amount of information about antenatal care. As a couple you will have to work with each other and with your health care providers to insure that you receive good antenatal care. To help you remember the most important points, we would suggest you keep a card with the following information:

MY ANTENATAL CARE RECORD

1ST Antenatal Visit, Date: _____

My Estimated Due Date: _____

My Weight: _____

My Blood Pressure: _____

Results of Important Tests: _____

These are the medications I have received or should take: _____

These are the risk factors that have been identified: _____

This is my pregnancy care plan:

- I will deliver my baby at: _____
- If I have any medical complications I will go to: _____
- If I have any obstetrical complications I will go to: _____

This is when I should return for my next visit: _____

Other important information:

Subsequent Antenatal Visits

Date: _____

My weight: _____

My blood pressure: _____

My fundal height (how baby is growing): _____

Results of important tests: _____

These are the medications I received or should take: _____

These are risk factors that have been identified: _____

These are the changes to my pregnancy care plan: _____

This is when I should return for my next visit: _____

Other important information: _____

We can summarize the second signpost by the following:

Signpost Two



SIGNPOST THREE: ANTIRETROVIRAL MEDICATIONS (ARV'S)

The facilitator reviews the information in this section by presenting a role play in which the nurse-midwife or physician interviews and examines a pregnant woman for her first antenatal visit. Using "My Antenatal Card Record Form," the participants make sure that all the necessary information is recorded for the first visit. The exercise is then repeated with a "subsequent antenatal visit."



Presenting Views:

The facilitator introduces this section by asking the participants the following questions:

- What are antiretroviral medications?
- How do antiretroviral medications work?
- What are good things you have heard about antiretroviral medications?
- What are negative things you have heard about antiretroviral medications?

Supplementing Views:

Antiretroviral medications, or ARV's, are extremely important medications. They are specifically meant to block the HIV virus from replicating itself inside the human body. You can understand how ARV's work by understanding the English syllables that make up the word "antiretroviral"

- *anti* means "against."
- *retroviral* refers to the genus or scientific classification of HIV, a "retrovirus"

Thus, ARV's are working "against the HIV virus." By working against the HIV virus, they are working for you and for your baby. ARV's are your good friend; they can be the difference between sickness and health and between life and death for you.

In addition to helping your health, ARV's are an essential part of "Prevention of Mother to Child Transmission," or PMTCT. PMTCT asks the question, "If a mother is HIV positive, how can we reduce the chances of her baby becoming HIV positive?" These are several important facts about PMTCT:

- If the mother is HIV positive and we do nothing, the chances of the baby getting HIV are 25 to 45 percent. In other words, between 25 and

45 out of a 100 babies born to HIV positive mothers will become HIV positive.

- A baby can become HIV infected at three possible times: inside the mother's womb (ante partum), during labor and delivery (intra partum) and after birth (post-partum).
- We know that in the absence of treatment, HIV positive babies have a high mortality. 50 percent (50 out of 100) HIV positive babies will die by 2 years of age.
- With the proper treatment, the chances of the baby becoming HIV infected are cut dramatically. With a single dose of an antiretroviral called nevirapine, the chances are cut to 13 percent. With more complex regimens the chances can be cut to as low as 2 percent. If we take the number halfway between 2 and 13 percent we get about 8 percent. In other words, by accepting your HIV status, making the best of it, and adhering to ARV medications, the chances of your baby getting HIV go from about 35 out of 100 to 8 out of 100.

Specific ARV treatment protocols:

When you meet with your doctor or health care provider team, you as a couple may have a number of options for ARV treatment. The options available depend upon where you live, national recommendations and the stage of your HIV disease (judged by any infections you have and/or by a CD4 count). In general, you are going to be presented with one of three options for ARV use during pregnancy:

1. OPTION 1: single dose nevirapine – With this option you will be given a single dose of an ARV known as nevirapine. As soon as your labor starts you will take the nevirapine tablet and come to the health care facility noted in your pregnancy care plan. Before the baby is discharged, he or she will also be given a dose of nevirapine.
2. OPTION 2: nevirapine “plus” – In this second option, an additional ARV, usually zidovudine, is added during the latter part of pregnancy. A woman takes zidovudine as directed and then takes the nevirapine tablet when labor starts. With the onset of labor, she goes to the health care facility noted in her pregnancy plan.
3. OPTION 3: “Triple ARV’s or HAART” – In the third option a woman takes a combination of three ARV’s. She may have been taking these medications before becoming pregnant or may have started on them during the course of her pregnancy. There are several ARV medications that should not be used during pregnancy, so if a woman is taking a three ARV option, she should be sure to discuss the specific medications she is taking with her doctor or health care team.

Specific Antiretroviral Protocols		
OPTION 1	single dose nevirapine	Single dose at start of labor
OPTION 2	nevirapine “plus”	2 nd ARV in late term; nevirapine during labor
OPTION 3:	“Triple ARV’s or HAART”	Combination of 3 ARV’s

The facilitator concludes this section by asking the couples to discuss these questions:

1. Think of a situation in which your child could take a medicine to decrease the chances he or she would get malaria. If the child took the medicine, instead of potentially getting malaria 35 out of 100 days, he or she would potentially only get malaria 8 out of 100 days. Would you want your child to take this medicine? Why or why not? Would the medicine completely prevent malaria?
2. When you are taking ARV medications, you are in reality taking a medicine for your child that can protect them from getting HIV. If you take the medications correctly, instead of your baby having a 35% chance of getting HIV, the chances would be from between 2 to 13% (an average of 8%). Would you want to take this medicine for your child? Why or why not? Would the ARV medicine absolutely prevent your baby from getting HIV?
3. What are your specific plans for ARV use in pregnancy? Are you doing OPTION 1, OPTION 2 or OPTION 3? If you are doing OPTION 1 or OPTION 2, where will you keep your nevirapine tablet?
4. What is your pregnancy care plan? Where will you deliver your baby?

We can summarize the third signpost by the following:

Signpost Three



Signpost Four: A Safe Delivery



Like the section on ante partum care, ideally this section is co-facilitated by a nurse-midwife or physician who is experienced in providing antenatal and labor and delivery care. This will allow for the necessary level of expertise and encourage couples to ask questions and receive sound answers and advice.

Presenting Views:

The facilitator introduces this section by asking the participants the following questions:

1. Have you had a family member or friend die giving birth or shortly after?
2. Describe the circumstances of the woman's death.
3. What do you think could have prevented her death?

Supplementing Views:

Thus far, you have passed three signposts on your journey of a safe pregnancy:

- ***Signpost One:*** Good nutrition and taking your vitamin and iron
- ***Signpost Two:*** Good antenatal care
- ***Signpost Three:*** Adhering with your ARV medications

There is one more very important signpost you must heed. It is extremely important that you deliver your baby where there is a ***skilled birth attendant*** (a trained doctor, midwife or nurse.) A skilled birth attendant should offer three things to you and your baby:

1. An ability to manage or refer any obstetrical complication you may develop (such as obstructed labor, premature labor, obstetrical infections or post-partum hemorrhage)
2. A welcoming and compassionate presence
3. An ability to manage your labor and delivery in a way that minimizes the chances of the HIV virus being transmitted to your baby.

To help your birth attendant with these three things, you should follow these guidelines for a safe delivery:

Safe Delivery Guidelines

1. Take your nevirapine as soon as your labor starts. Write down what time you took the medication.
2. Go to the health care facility early in labor. Don't delay!
3. Indicate to the person who is admitting you to the hospital that you are HIV positive and at what time you took your nevirapine.
4. Tell the admitting person if you have special plans for your delivery, for example if you have a planned Cesarean section.
5. Tell the admitting person if you have had any signs of an infection such as fever, cough, abdominal pain, diarrhea, pelvic pain or any unusual vaginal discharge.
6. A safe delivery is a natural delivery. Your birth attendant should avoid rupturing your membranes (breaking your bag of waters), making an episiotomy (cutting the skin below your vaginal opening), using an instrument to deliver the baby (vacuum extractor or forceps) and vigorously suctioning the baby. In some circumstances these interventions may be necessary, but as a general rule they should be avoided.
7. A safe delivery is a speedy delivery. Ideally the baby should be born within 4 hours of the bag of water breaking. If your water has broken and you are not advancing in labor, your birth attendant must give you a medicine called oxytocin to augment your labor or consider a Cesarean-section.

Couple Time:

The couple should sit down together and answer these questions, preferably writing down their answers:

1. When is my due date?
2. What medications am I taking - or am going to take - to help prevent mother to child HIV transmission?
3. Where will I deliver my baby?
4. What will I do when labor begins?

5. What will I tell the staff when I come to the health care facility in labor?
6. Will I encourage the staff at the health care facility to break my bag of waters? To do an episiotomy? To vigorously suction my baby?
7. Will I encourage the staff at the health care facility to help my labor go faster or will I just let it go slowly?

We can summarize the fourth signpost by the following:

Signpost Four



SESSION 7: POSTNATAL CARE AND INFANT FEEDING OPTIONS



In this section the journey continues to the postnatal period. We now want to help a couple understand what they can do to minimize the chances of their baby acquiring HIV after the baby is born. The area of prevention of postnatal HIV transmission is a complex one that is subject to ongoing study and research. Specific recommendations may also vary depending upon national guidelines, availability of ARV's and availability of formula.

Session Objectives:

- To review the importance of the previous “signposts” in regard to maternal health and PMTCT
- To insure that HIV positive women maintain their own health in the post partum period
- To discuss infant feeding options and the associated benefits and risks
- To help couples make informed and intelligent decisions about infant feeding
- To ensure that couples don't “mix feeds”

Presenting Views:

We hope that you are doing well as a couple – that you are staying healthy and that you are walking side by side in “love and responsibility.” In the last session you learned about four very important signposts that guide you on the journey of pregnancy. Let's review these four signposts:

- **Signpost 1: Eat a well balanced diet and take a vitamin with iron.** Tell us what makes for a well balanced diet during pregnancy. And, please tell us why taking a vitamin and iron are important.
- **Signpost 2: Receiving antenatal care.** Tell us what you should expect from your first antenatal visits. Then tell us what to expect from subsequent antenatal visits. What do we mean by a pregnancy care plan?
- **Signpost 3: Antiretroviral medications.** What are ARV's? How do they work? What can they do to assist PMTCT (prevention of mother to child transmission)? What are the options for ARV?
- **Signpost 4: Delivery with a skilled birth attendant.** What is a skilled birth attendant? What should you expect from a skilled birth attendant? What should you do when your labor starts? What should you do when you reach the health care facility where you will give birth? Do you want your labor to be as natural as possible? Do you want your labor to be fast or slow?

Let's assume you have followed these four signposts to the best of your ability. You have delivered a healthy boy or girl. We hope you have chosen a fine name for your son or daughter! We now want to build on your good efforts by maximizing your health and the health of your baby after birth. We refer to this time after your baby is born as the "postnatal" period.

Maternal Care in the Postnatal Period

After the baby is born, you as a couple must work together to ensure the good health of both mother and baby. If you, the mother, are sick after delivery it will be much more difficult for you to care for your baby. These are the specific things you must do:

1. If you are taking ARV medications you must keep taking them as instructed.
2. If you are taking other medications, such as anti-tuberculosis medications, you must keep taking them as instructed.
3. If you have had significant blood loss, from either a vaginal delivery or from a Cesarean-section, you must be sure to take extra iron and eat iron-rich foods.
4. If you have any infections that have come about during labor, delivery or in the immediate post partum time frame, you must be sure they are properly taken care of. These infections could include infections of the breast (mastitis), infections of the uterus (the womb) or infections of the genital tract.



Thus, the first principal of postnatal care is: *take good care of your baby by first taking good care of the mother!*

A Crossroads in the Journey



The facilitator introduces this section with the following role play:

A husband and a wife holding a baby arrive at a fork in the road. They ask some people standing there which road to take in order to reach their village. One tells them to take the road to the left. As they begin walking in this direction, another shouts to them, “No, that is the wrong road!” The same thing happens when they are pointed to the center road and to the road going right. The couple then becomes very confused and frustrated and asks, “How will we ever arrive safely to our home?”

What to do about feeding your baby can be very confusing, much like the role play you just saw! You may hear different ideas about how best to feed your baby, some of which are correct and some of which are incorrect. In this section, we want to help you “choose the right road” and arrive at a safe place for yourselves and your baby.

In fact, there are three roads that you can journey on in regard to feeding your newborn baby:

1. **Road One** is a safe road in which you exclusively breastfeed your baby until the baby is six months old. You then immediately stop

breastfeeding and begin giving the baby properly prepared formula or milk and solid food.

2. *Road Two* is a safe road in which you consistently and correctly formula feed your baby. From the moment the baby is born, you never give the baby any breast milk.
3. *Road Three* is a road of great danger in which you "mix feeds," sometimes breastfeeding, sometimes using formula or sometimes giving other foods. **Never take this road!**

Let's learn more about each of these roads and why you should take the first or second road, never the third road.

Road One: The Road Of Exclusive Breastfeeding

We know that breastfeeding is best for your baby. Breast milk provides the perfect balance of nutrients for your baby and also contains cells and proteins that help protect babies against infections. Thus, breastfed babies are much less likely to get sick and die from pneumonia, diarrhea and other diseases.



However, in the setting of HIV, there is a problem that must be discussed. In a certain percentage of cases, the HIV virus can be passed through the mother's breast milk to the baby. Thus, there is a dilemma:

If I am HIV positive, should I breastfeed my baby and therefore give my baby the best nutrition possible and protect them from diseases or does breastfeeding expose my baby to an excessive risk of HIV infection?

This question has been studied very carefully and we feel confident in telling you that it is safe to take *Road One*, the road of exclusive breastfeeding.

Here are the guidelines for traveling on *Road One*:

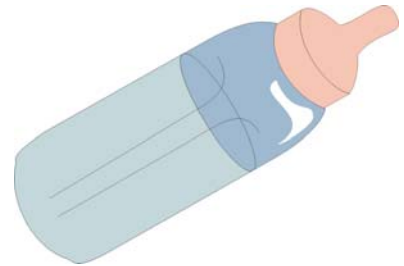
1. You must *exclusively* breastfeed, giving absolutely nothing but your own breast milk until the baby is 6 months. Then you must *immediately and abruptly* stop breastfeeding and begin feeding with formula, milk or solids. If you do this, the chances of the baby getting HIV from breast milk is only 4 out of 100.
2. If you exclusively breastfeed, giving absolutely nothing but your own breast milk for 6 months, your baby is 4 to 6 times less likely to die from another illness besides HIV.



3. As we discussed, at 6 months you must *abruptly* stop breastfeeding and begin to feed formula and solid foods. Your baby won't be happy and you may be tempted to begin breastfeeding again. If you begin breastfeeding as well as feeding formula and solids, you would be taking *Road Three*, the road of "mixed feeds" and your baby would be in serious danger!
4. If you develop any problems with your breasts or nipples while you are breastfeeding, then you must immediately be seen by a health care provider. These problems could include a crack in your nipples, a breast infection (mastitis) or a red, abraded rash around the nipples. If these things happen, you may have to temporarily pump your breast milk and feed your baby expressed milk from a bottle until your nipples or breast heals.

Road Two: The road of complete and consistent formula feeding

There is a second road that is safe to take, **assuming you have the necessary supplies**. This road is the road of formula feeding. Why would you want to take this road? If you do not breastfeed but completely and consistently use formula, the baby cannot get HIV from breast milk.



Taking the second road is not as easy as it seems; there are many things necessary to safely follow this road:

- You must have a guaranteed supply of formula at all times. You can't run out of formula and begin breastfeeding. This would put you on *Road Three*, the road of mixed feeds and your baby would be in serious danger!
- You must have access to a clean water source to mix the formula. If you don't properly prepare and boil the water, the baby can easily get a germ (a bacteria or virus) from the water that could lead to diarrhea and death.
- You must have the means – a stove and fuel source – to be able to boil the water necessary to prepare the formula.
- You must feel that you can cope with the opinions of others that may arise if you formula feed rather than breastfeed. If you are not breastfeeding, family members or community members may judge you, whispering or even telling you out loud that you are HIV positive. Can you accept this possibility?

- You must be aware that your baby is more likely to get sick with common diseases such as pneumonia or diarrhea. If your baby does get sick with a fever, cough or diarrhea or if he or she is not thriving or gaining weight, then you must take the baby in early for care. Don't wait long if your baby is sick; take him/her to the clinic or hospital immediately!

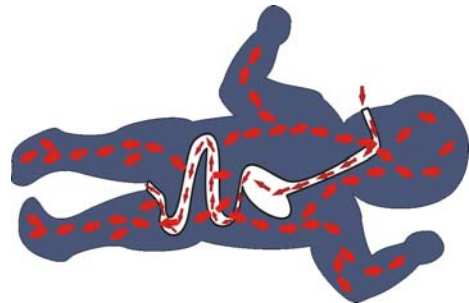
Road Three: The road of mixed feedings and serious danger

Road Three is the road of danger where, by "mixing feeds," the health of your baby can be seriously compromised. By mixing feeds you expose your baby to the highest possible risk of acquiring HIV. Babies who are given mixed feeds have two to ten times the risk of acquiring HIV compared to women who exclusively breastfeed. Why is this so?

The HIV virus generally goes from the mother's milk to the baby by being absorbed by the baby's intestines. After passing through the intestines the virus enters the baby's blood and begins to multiply.

**MOTHER'S MILK < BABY'S
INTESTINES < BABY'S BLOOD**

However, very fortunately, the lining of the baby's intestine's is able to "let in" good things such as the nutrients and disease fighting substances from the breast milk and keep out bad things, such as bacteria and viruses. As long as the lining of the baby's intestines is strong, it is unlikely that the HIV virus will pass through it into the baby's blood.



However, if a baby ingests formula, water, pap, goat's milk, cow's milk or anything besides the mother's breast milk, the lining of the baby's intestines is irritated, or "scratched" and the HIV virus can enter the blood. Do you see why mix feeds are dangerous? Things that your eye cannot see in water, formula, solid foods and non-human milk can scratch your baby's intestines creating an opening for the HIV virus to enter the baby's blood.

Which road should I take?

Standing at the crossroads you have the choice of three roads. By now you know that you must not take one of the roads! Thus, you must decide whether to travel on *Road One*, the road of exclusive breastfeeding or *Road Two*, the road of complete and correct formula feeding. Here is some additional advice:

- Only take *Road Two*, the road of complete and correct formula feeding, if you are absolutely certain you have the necessary supplies to travel this road. If you do not have guaranteed access to formula, if you do not have clean water that can be boiled all of the time and if you do not have a guaranteed fuel source to boil the water, do not take this road.
- If you take *Road One*, the road of exclusive breastfeeding, you must have a well-thought out plan for when you stop breastfeeding. You must stop breastfeeding immediately when your baby turns 6 months old. Once you stop breastfeeding, you must know how you are going to feed the baby and you must have help. Once you have started other feeds, when the baby cries for you and wants to nurse, you must not give in and begin breastfeeding. The husband must also step in to help with feeding the baby.
- You may have other options that are part of caring for yourself and for your baby. Most likely, if you have been on ARV's, you will continue them. Your clinic and health care provider will let you know exactly what you are supposed to be doing.
- In many instances the baby may receive a daily dose of a medication called co-trimoxazole for preventing certain infections. This may be continued until the baby is six months old.
- Recently, studies have indicated that infants who are exclusively breastfeeding may benefit from extended prophylaxis (for roughly 14 weeks after birth) with antiretrovirals such as nevirapine and zidovudine. This option would depend upon national recommendations as well as availability of the antiretrovirals.

A Check List for the Road:

When you take a journey it is important to be sure that you have everything you need for the trip. The same holds true for your infant feeding plans. Please take some times to discuss this check list and be sure you have everything you need.

CHECK LIST FOR INFANT FEEDING OPTIONS

I AM EXCLUSIVELY BREAST FEEDING	I AM EXCLUSIVELY BOTTLE FEEDING	I AM NOT MIXING FEEDS	MOTHER TAKING ART (YES or NO)	BABY TAKING CO-TRIMOXAZOLE (YES or NO)	BABY TAKING ART (YES or NO)

A Review of Infant Feeding Options:

1. What are the three roads you may travel when feeding your newborn baby?
2. What is Road One?
3. What do we mean by exclusively breastfeeding?
4. An HIV positive women mainly breastfeeds, but when she has to work she has someone give the baby formula. Is this woman exclusively breastfeeding?
5. In your community's tradition, it is important to give the baby ritual foods – such as goat or cow's milk. If these foods are given in addition to breastfeeding, is the mother exclusively breastfeeding?
6. At six months of age, an HIV positive woman stops her exclusive breastfeeding and begins feeding formula and solids. The next day the baby keeps crying to nurse. What should the mother do?
7. A mother who is exclusively breastfeeding her one-month old baby develops cracked and sore nipples. What should she do?
8. What is Road Two?
9. What supplies are necessary if you travel on Road Two?
10. A couple has enough money for formula for two months. After two months, they may not have enough money to buy formula. Should they travel down Road Two?
11. A couple has to walk three miles for water. The water comes from a muddy stream. Should they travel down Road Two?
12. A couple has no small stove or pan to easily boil water. They are not sure if they can consistently boil water in their large cooking pots. Should they travel down Road Two?
13. What is Road Three?
14. What do we mean by "mixed feeds?"
15. How does a baby get infected by the HIV virus from breast milk?
16. What baby will more likely get infected by breast milk: a baby whose intestine is "scratched" by mix feeds or a baby whose intestine is strong because it only is exposed to mother's breast milk?
17. Should you keep taking your ARV's while you are breastfeeding?

Heat treatment (Flash heating) of breast milk

A less utilized option for reducing HIV transmission is known as "flash heating" of breast milk. Flash heating involves the following steps:

1. The mother manually expresses or uses a breast pump to express breast milk into a clean glass jar.
2. Place the clean glass jar into a pan filled with water.
3. Heat the pan containing the jar of milk until the water achieves a rolling boil.
4. Let the breast milk cool to body temperature.
5. Place the treated milk into a clean bottle.
6. Feed the infant with the bottle.

Flash heating of breast milk has been shown to inactivate the HIV virus and still maintain the nutritional and disease fighting benefits of breastfeeding. To use this option, a mother must be capable of manually expressing her milk or have a good breast pump. She must be willing to consistently express her milk and carefully prepare the milk as directed. She must have a fuel and fire source. A mother must realize this method will be more time-consuming than other methods.

SESSION 8: THE GOOD SHEPHERD



At this point in the program, we hope that couples have come together and have a depth of commitment to each other and to PMTCT that they may not have had at the beginning. While much has been accomplished, we must now address the many issues and challenges that HIV discordant or both positive couples face. In the final session we want to touch upon some of these challenges, providing couples with a sense of both reality and hope.

Session Objectives:

- To present the image of Jesus as the Good Shepherd
- To further our understanding of Jesus as the Good Shepherd as a means of helping couples make good decisions for each other and for the well-being of their children
- To help couples understand how HIV influences their decisions in regard to sexual intercourse, children and planning for their future
- To present the option of a couple loving each other without having sexual intercourse
- To help couples prepare a specific plan for the future care of their children
- To help couples arrive at a plan for spiritual togetherness and support.

Presenting Views:

Unlike previous sections in which we have initiated a discussion with a picture and questions or a role play, we are going to begin this section with

something different – something we call a “guided meditation.” In this meditation, we are going to ask you to imagine and visualize the following.

- Close your eyes and become aware of your breathing – the air coming in through your nostrils and filling your lungs. Your lungs exhaling and the air leaving your nostrils. Focus on this awareness of your breath coming in and out for several breaths.
- Let your mind be still, relax your arms and shoulders and let any tightness in your body be released.
- As you feel your breath come in and out, as you relax your head and arms and legs, imagine a place in the center of your chest that is at peace.
- In the center of your being, as you breath in and out, listen to the words of Psalm 23: 1.

*The Lord is my shepherd,
I shall not want.
In green pastures you let me graze;
To safe waters you lead me;
You restore my strength.
You guide me along the right path
For the sake of your name.
Even though I walk through a dark valley,
I fear no harm, for you are at my side;
Your rod and staff give me courage.*

- Think of Jesus, the Good Shepherd. Recall how Jesus went searching for the one lost sheep, not resting until the sheep was found and safely in his arms. Remember the words of Jesus, “I am the Good Shepherd, I know my sheep and my sheep know me.” Imagine Jesus walking with you through every dark valley, through every sickness, through every trial of your life.
- As you contemplate Jesus walking with you, know that Jesus asks of us to do exactly what he is doing: to shepherd each other into His kingdom of love. Think of those you love: of your wife or husband, your children, your other family members and friends. Think of your rod and staff giving them courage.
- Become aware of your breathing again. With each breath in and out, slowly and quietly say the words, “Jesus,love; Jesus,love; Jesus,love,” again and again. Let the light of Jesus, the Good Shepherd surround and enter you. Allow Jesus to help you to be a good shepherd and to offer His love to those around you.

Presenting Views (continued):

You as a couple have been working very hard together. Think of all the knowledge you have accumulated.

- You have learned of and accepted the challenge of manhood and a woman's gracious response.
- You have studied the journey of pregnancy and the four signposts that guide your way.
- You have learned of the importance of ARV medications.
- You have studied and arrived at a specific plan for feeding your baby.

We trust that by participating as a couple you have grown closer together and furthered your commitment to love each other in "good times and in bad," and "in sickness and health."

Many of you may have already delivered your babies. We pray with all of our hearts that your baby will be strong and healthy and that in the days, months and years ahead your journey will continue as you walk side by side in love, in responsibility, in health and in togetherness.

We are His people, the flock that he sheperds

In the meditation we just finished, we asked you to contemplate the image of Jesus as the Good Shepherd. As you know, the shepherd has only one thing in mind: the wellbeing of his sheep. The Good Shepherd will do anything and everything to protect the sheep that have been entrusted to his care. All of the decisions the Good Shepherd makes - where to move, where to let his flock graze, where to rest and where to water - are based upon this deep and abiding commitment to his sheep.

The reality of HIV challenges you to be a good shepherd in the very core of your being. Every decision you make has to take into account what is best for those close to you, the people entrusted to your care. Perhaps there was a time in your life when this was not the case. At one point, you may have felt at liberty to do whatever you wanted, regardless of how it affected others. Not any more. Jesus asks you to do as he does, to be the Good Shepherd who will do anything for those he loves.



In this session, we will discuss several areas that impact your lives now that one or both of you are HIV positive. As we discuss these issues, please keep in mind this image of Jesus as the Good Shepherd.

Your health: The Shepherd must take care of himself

Can you imagine if a shepherd did not eat, did not rest and did not take care of himself? Soon he would be so weak that even if he wanted to, he could not take care of his sheep. If one of his flock was to stray or to be in danger from a predator, the shepherd may not have the strength to find the lost sheep or to fight the predator.

With HIV, you must take care of yourself to the best of your ability. During this session, you have learned many things about taking care of yourself during pregnancy. Many of the same principles hold for women when they are not pregnant and for men. Living with HIV means that you treat your own body with “love and responsibility.” You work to insure you have good nutrition, good rest and regular exercise. If you become sick you don’t ignore your symptoms, but rather you see a health care provider. When ARV therapy is indicated, you do everything possible to correctly take your medications.

Note: *At this time, couples are asked to discuss and then write down three specific things they will do to maintain or improve their health.*

How do we love like the Good Shepherd?

In our study of the Good Shepherd Jesus, let us not forget that the life of a shepherd is very difficult. He must keep moving from town to town and from pasture to pasture. There are dangers from thieves and wild animals. Many times the shepherd sleeps in the rain and cold, far away from his home. Yet despite these hardships, the Good Shepherd continues to care for his flock.

Like the shepherd, Jesus teaches us that “real love is demanding.” To truly love our spouses and children and those around us requires sacrifice. To truly love, we must set aside what we want and instead do the good for those we love.

As we look at our situation with HIV, we must love in this way. Our love cannot be a selfish love. We can’t think only about ourselves and ignore the needs and desires of those around us. Real love asks that those of us who are HIV infected:

- Seek ways to love our spouses through words, actions and gestures that show how much we care about them.

- Always bring together love and truth. We must not hide our sicknesses, our fears and our longings. Instead, we bring them out in the light of day.
- Decide if we as a couple will continue to show our love to each other through sexual intercourse, or will we choose to love each other without having sexual intercourse?

To love each other without having sexual intercourse is a great challenge, yet it is based upon these realities. If one of you is HIV positive and the other is HIV negative and you have sexual intercourse, the other person may become infected with the virus. Even if both of you are HIV positive, there is a possibility that you can still infect each other with a different strain of HIV, leading to a higher number of viral particles and a more rapid progression of the disease.

At this time the couples are asked to discuss these questions:

1. What are we going to do with our marriage bed (our sexual lives)? Are we going to continue having sexual intercourse, or, are we going to love each other without having sexual intercourse?
2. If we as a couple are not going to have sexual intercourse, how are we going to show our love to each other?
3. What can do we to support each other in our decision not to have sexual intercourse?

The Responsible Shepherd: Caring for our Children

If we consider our own “flocks” of those we are to care for, our children immediately come to mind. They are the “lambs” that God has entrusted to us.

To have children is a great and beautiful blessing. In sharing this blessing with us, God asks of us two things:

1. To be generous and open to life
2. To be responsible parents.



As parents, we must carefully examine these obligations. Our first responsibility is to take care of ourselves, then of the children we now have: the children in our wombs and the children already born. If either of us is sick with HIV-related illnesses, then we must first ensure the wellbeing of these children before considering having further children. If we compared this to a shepherd, we could say that the shepherd must first care for those sheep that already belong to him before obtaining more sheep!

In making the decisions about future children, there are specific circumstances that each couple must consider and carefully factor into their decisions:

- If you do not have access to ARV medications, you are more likely to develop HIV related illnesses and more likely to transmit the HIV virus to future children.
- If you have access to good HIV care with ARV medications and measurements of CD4 counts and viral loads, the chances of maintaining your health and of preventing mother to child transmission of HIV are improved.

The responsible couple must prayerfully and thoughtfully think about future children, considering of their own health, their responsibility to the children they have and the possible risks of HIV transmission to future children. They may well benefit from the counsel of close family friends, health care providers and their local priest or minister.

At this time the couples are asked to reflect on these questions:

1. Are we planning on having more children? Why or why not?
2. In our circumstances would we be acting responsibly or irresponsibly if we decided to have more children?

The Good Shepherd Looks Ahead

A good shepherd thinks not only of the present moment, but also of what lies ahead in the days and months to come. He must know when the grass will turn dry or when the rainy season will come. He must know when the ewes will have their lambs and where it's safe for them to be born. Like the good shepherd, we too must think not only of the present moment, but also of the future. What must we do to care for the flock God has given us?

With the reality of HIV/AIDS, we must specifically look ahead and plan for the following:

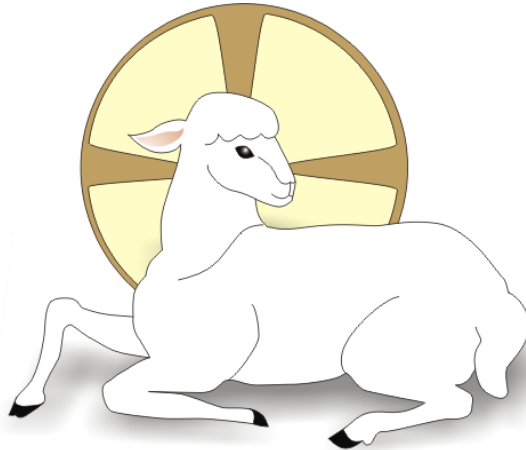
- ***A will:*** Do we have a will in place so that our children will inherit any money, land, property or belongings we have?
- ***A caretaker for our children:*** Have we talked to a trusted family member or close friend who would be willing to care for our children if we become sick or incapacitated?
- ***An understanding with our older children:*** Have we discussed with them the fact that one or both of us is HIV positive? Have we discussed how they can be part of helping maintain the wellbeing of the family if we become sick or if we die?

Perhaps there are even more things to consider. As good shepherds, we must search our hearts and minds to see what we can do to make things better for those we may leave behind.

At this time a couple should discuss these questions

1. Have we made arrangements for the wellbeing of our children if one or both of us should die, as we know some day we will? Where will they go? How will they be cared for?
2. If we have older children, have we talked to them about the fact one or both of their parents have HIV? How can we help our older children maintain the wellbeing of our family?

The Lamb of God



When Jesus shared with us the image of the Good Shepherd, he did so with full knowledge that he would in a very short time, suffer and die. Yet, as we know, Jesus' death on the Cross was not the end of things. On Easter, Jesus's suffering and death gave way to the Resurrection. Jesus, the Lamb of God, had risen.

Just as Jesus asks of us to enter into the mystery of His life, he asks of us to enter into the mystery of his death and his Resurrection. We know that if we are HIV positive, even if we take our medications we will eventually die, as all living things do. We know that while "living positively," can improve our health, eventually the HIV virus will "catch us" and, like Jesus, we will each face the reality of our own deaths.

Jesus, Good Shepherd, pray for us. Jesus, Lamb of God, take away our sins. We can never forget that our life is not our own, that Jesus is with us, in every moment, in every trial, in every fear. Jesus, the Good Shepherd, calls you his beloved, whether you are HIV positive or negative. Jesus, the Lamb of God, forgives each and every one of your sins, no matter how grave you may find them.

We ask you to live in this way, as new creatures in Jesus. Look to see how you can pray, how you can love, how you can reconcile yourself to God and to one another. Look to see that even with HIV, life is worth living and love is worth giving.



At this time couples are asked the following questions:

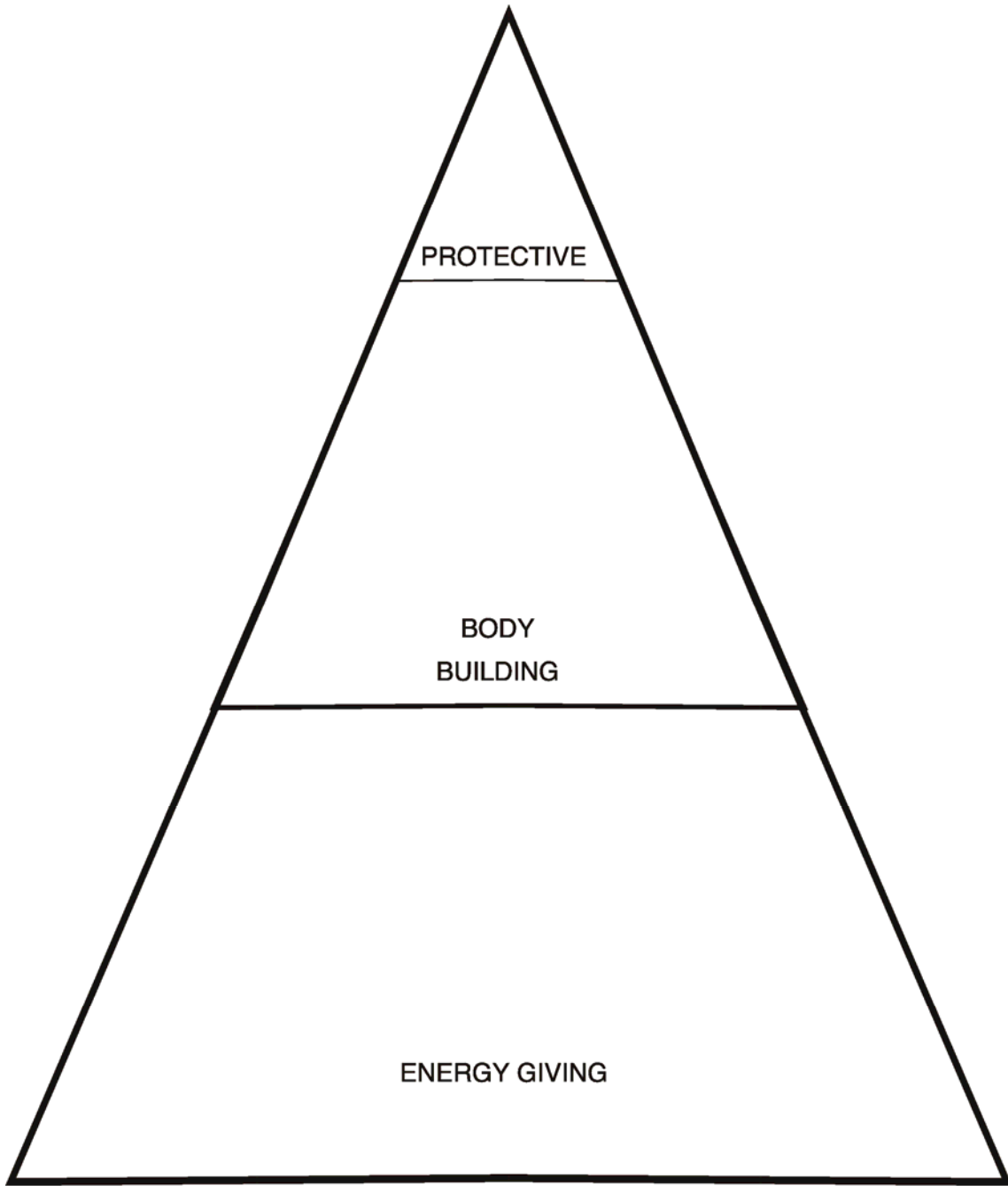
1. How will we pray as a couple in order to help us live good and faithful lives?
2. What in our faith tradition can help us deepen our relationship with God and with each other?
3. How will we encourage and support each other to be people of faith, hope and love?

CONCLUSION

Ideally the program should conclude with a brief ceremony and simple meal. In some situations, it may be an appropriate time for couple's to renew their wedding vows. Depending upon the couple's religious affiliation, this could be facilitated by the parish priest or a local minister. Pregnant women who do not have a husband or partner with them can receive a blessing for themselves and their babies. If possible, participants should receive some kind of small remembrance (i.e. prayer card, crucifix, bracelet) for successfully completing the program.

"For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11

ADDENDUM



Good Nutrition