

PROGRESSIO



Prayer alone is not enough

People's stories of HIV and faith

PROGRESSIO



Progressio helps people gain power over their lives and overcome barriers that keep them poor. We enable poor communities to solve their own problems through support from skilled workers. And we lobby decision-makers to change policies that keep people poor. We were formerly the Catholic Institute for International Relations.

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People powered development

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Photos from Yemen and Zimbabwe © James Matarazzo/Progressio. Photos from El Salvador © Progressio. Cover photo: Abisaih, Simiso and their youngest daughter More Blessing, Hatcliffe settlement, Zimbabwe.

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“When I tell my story, I tell it in the third person – as if it is a story about my brother or a friend. Many people cry when they hear this story, both men and women.

“Then, at the end, I tell them that the story is about me.

“After I finish, people come up to me and hug me. They touch me. In these activities, you know there is stigma present in the room, but you work hard to see that it is broken.”

David Ernesto, El Salvador

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Foreword

At Progressio, we've worked for many years on HIV-related issues. But even so, I was stopped in my tracks by these first-person accounts from people living with HIV, and those who work to support them. The stories are deeply personal, often brutally honest and challenging, and share emotions that range from grief to encouragement, from despair to hope.

The reflections that emerge on the role of faith in the context of HIV are poignant and illuminating. But this is not a technical study, and should not be read in that way. Neither is there a straightforward message, or a punchline. Rather, as you read, you are invited to share these individual experiences, know the reality of these individual people's lives, and think what you can learn from them in order to help build a truly human response to the challenge of HIV. For me, that is theology.

As I read these stories, two main themes come through clearly.

First, that the attitudes and behaviours of faith communities – and those with authority within them – really do matter. In the stories that are told here, faith leaders and communities have exerted a strong influence over whether people at risk, or living with HIV, are stigmatised or supported. This, in turn, has made the difference between someone being supported to protect themselves against infection or to access care and treatment – or impeded from doing so.

Second, that grinding poverty – and the consequences of that poverty for opportunities, livelihoods, and the stresses it places upon health and relationships – is visible throughout. Such poverty has deeply challenged the ability of many of those interviewed to inform and protect themselves against HIV, or to access care, support and treatment.

Despite the length of time the virus has been in our history, HIV remains a stigmatised and often not well understood pandemic.

I believe that the stories here show that simplistic moralising prescriptions about HIV are not the answer. Instead, these stories show people living hard lives in impossible circumstances, facing many emotional and practical challenges, and yet finding ways to respond with strength and dignity. In doing so, they lay down a challenge to each of us to examine our own attitudes and assumptions, and show that faith leaders, faith communities, and people of faith can play a positive part in an effective response to the lived reality of HIV.

Christine Allen

Progressio Executive Director

Introduction

“The joys and the hopes, the griefs and the anxieties of the people of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ.”

Opening sentence, *Gaudium et Spes*, Second Vatican Council, 1965

More than a quarter of a century into the pandemic, while infection rates are slowing, there are still an estimated 7,000 new infections every day and 33 million people living with HIV around the world, of whom 15 million live in poorer countries.¹ HIV remains grossly stigmatising. Stigma, including self-stigma, has been formally recognised as a major barrier to effective HIV prevention and treatment. UNAIDS and other leading agencies are concerned that many governments and civil society organisations continue to ignore the impact of stigma and discrimination and have not developed effective policies and programmes to address this key constraint to the global HIV response. Faith leaders and the faith communities they represent play a central role in providing moral and ethical guidance to their communities and their public opinions can influence entire regions.

During the history of the epidemic, religious leaders and faith-based organisations have made both major positive and negative contributions. The failure of many faith leaders to speak openly, publicly and positively about HIV, and in particular to address issues of stigma, shame, denial and discrimination, has hindered the provision of effective HIV policies, prevention and care. Where religious leaders and their followers decide to take a moralistic and judgemental stance, unthinkingly blaming the victims, they can greatly increase the scale and impact of stigma and discrimination. By contrast, where religious leaders and faith communities are actively and positively engaged, they can galvanise a grassroots response in support of prevention, treatment and care interventions.

Progressio has sought to support a positive faith-based response to HIV through its partners since the early 1990s, starting in Yemen and Somaliland and later expanding to southern Africa and Latin America. Progressio's work has included awareness raising and prevention, voluntary counselling and testing, and tackling stigma and discrimination, particularly with religious communities and leaders. While Progressio works on an ecumenical and inter-faith basis in its HIV programmes, its motivation is firmly rooted in Catholic social teaching as expressed in Pope Paul VI's 1967 encyclical *Populorum Progressio* (“The Development of Peoples”).

As an organisation with roots in the Catholic faith, and working with faith-based (as well as secular) partners around the world, the position of the Catholic Church is of particular interest to Progressio. Pope Benedict XVI's comments on HIV in 2010² were welcomed by Progressio as showing a compassionate understanding of the realities of the lives of many around the world affected in some way by HIV.³ The Catholic Church, including bodies associated with it, is one of the main providers of services and support to people affected by HIV worldwide, and is looked to for moral guidance by hundreds of millions of people. Leadership from the Catholic Church

¹ UNAIDS Outlook Report 2010 http://data.unaids.org/pub/Outlook/2010/20100713_outlook_report_web_en.pdf

² Benedict XVI (2010) *Light of the world: The Pope, the Church, and the signs of the times – A conversation with Peter Seewald*, Catholic Truth Society.

³ <http://www.progressio.org.uk/blog/news/progressio-welcomes-popes-condom-comments>

that supports rather than stigmatises people living with or at risk of HIV, and encourages mature discussion of strategies to tackle the pandemic, is clearly very important, not just amongst other churches and faiths, but for all those affected by or working to tackle the pandemic.

In 2010, in order to highlight Progressio's work with faith-based partner organisations responding to HIV, a study was commissioned to collect the grassroots experiences of people who have benefited from the programme activities of Progressio's partner organisations in El Salvador, Yemen and Zimbabwe. In June 2010, the consultant hired for this task travelled to each country. After meeting with Progressio country staff and partner staff, the consultant conducted direct face-to-face interviews with programme beneficiaries and development workers. These meetings were held in various locations: clinics, schools, the offices of local NGOs, government offices, and open air venues.

Interviews were held in English and Shona (Zimbabwe); English and Arabic (Yemen); and Spanish (El Salvador). Translations were provided by local staff assisting with the interviews.

After the interviews were collected, a verification process was undertaken. In Zimbabwe, a group consultation of all participants was held. With the consent of the group, each interview was read aloud and the interviewee was invited to make any desired edits. The group also gave its feedback. In Yemen, where such a group verification meeting would not be possible due to both distance and confidentiality concerns, the interviews were reviewed by partner staff and Progressio's development workers to ensure accuracy. In El Salvador, a similar process was undertaken and Progressio development workers verified the interviews by checking with the participants and reporting back. Special care was taken to ensure gender balance and diversity with a wide variety of persons interviewed. To protect the identities of interviewees, some names have been shortened or altered and some details have been modified. In the case of interviews with children, additional safeguarding measures have been taken in accordance with international standards.

This report presents extracts from a selection of these interviews. What follows is not an assessment of Progressio-supported programmes, but rather a collection of human experiences. It tells a story of the experience of individual human beings affected by or living with HIV and also those working alongside them as perceived through the lens of faith. All three countries are places of high religiosity where participation in a faith community is almost universal. Thus, these are stories of the human spirit amidst the challenges of the HIV pandemic.

Zimbabwe

Located in southern Africa, the country's name is taken from the Kingdom of Zimbabwe, which existed from 1100 to 1450. The British colonial period began in the 1880s with the area now known as Zimbabwe becoming the British crown colony of Southern Rhodesia. In 1961, a constitution was promulgated that entrenched the white minority in power. United Nations sanctions and a guerrilla uprising finally led to the first democratic elections in 1979 and independence (as Zimbabwe) in 1980.

Zimbabwe began its majority rule with great promise and much hope, but has declined steadily over the past two decades due to chronic economic and governance crises, stemming initially from a structural adjustment programme but subsequently characterised by increasing corruption. High unemployment, severe food shortages and hyperinflation have been accompanied by an overall erosion of democracy, human rights and rule of law. The crisis reached a low point in 2008, although by 2010 there were signs that the economic situation was beginning to stabilise.

With an estimated 11.4 million people, Zimbabwe has an unemployment rate calculated at 95%, with 68% of the population living in poverty. The country has been highly affected by the HIV pandemic with more than 15% of the population estimated to be living with HIV.

Zimbabwe is a country with a high degree of religious attendance. Three-quarters of the country is Christian, with half of the Christian population also engaging in indigenous faith practices. The remainder of the population mostly follow indigenous faith practices exclusively. Islam is a minority faith representing less than 1% of religious adherents. The Catholic Church is particularly strong in Zimbabwe and several religious orders are involved in activities responding to the HIV epidemic, including HIV prevention, care, treatment and support.

Partner organisations

Interviews were conducted with participants and staff from Progressio's partner organisation the **National Faith-Based Council of Zimbabwe** and four of its affiliates in Greater Harare.

The NFBCZ is based in Harare and works with five church networks to promote the role of church leaders in tackling HIV and gender issues such as domestic violence. Progressio supports the NFBCZ's faith-based response to HIV in Zimbabwe in cooperation with its members. Four of the five NFBCZ member networks participated in assisting with interviews:

Evangelical Fellowship of Zimbabwe – representing the Evangelical and Pentecostal churches

Union for the Development of Apostolic Churches in Zimbabwe, Africa – representing the Apostolic churches

Zimbabwe Catholic Bishops Conference – representing the Roman Catholic Church

Zimbabwe Council of Churches – representing the mainline Anglican and Protestant churches.

Abisaih and Simiso



Abisaih, 49, and Simiso, 36, are a married couple living with HIV in Hatcliffe, an informal settlement outside Harare.

Abisaih: First, I would like to thank the Dominican Sisters for bringing us information and encouraging us to be tested and to know there is a disease called HIV. There was so much stigma and discrimination in the community I feared we would be rejected if we found out that we were HIV-positive, but my wife insisted that we get tested.

We went to the Newlands Clinic. We went for counselling and testing and found out we were both positive. We then told the Dominican Sisters and they helped us with treatment.

Simiso: We were severely stigmatised by our community. No one wanted us near them and people would laugh at us. Our children were not allowed to play with other children. Because we are positive, we had to leave our home and come to Hatcliffe where we are lodgers. We can't own our own property because we could be chased away. Due to illness, I was in a lot of pain. My husband was in so much pain that I would carry him by using a wheelbarrow.

Last year, my husband found employment as a gardener. However, when he disclosed his status to the owner [because of the need for clinic visits], the owner dismissed him. When my husband was ill, no one would associate with us. His relatives rejected him. I was alone.

At the time, I was going to the Vadzidzi Apostolic church. They offered to give me money for my husband's funeral once he died. They advised me to take him back to his rural home to die. I said no. I could not accept this – that he should simply go home to die.

My husband was in hospital for four months. The pastors never visited him. However, when he was discharged, the church leaders were surprised. They insisted that we return to church, but we refused. We went to another church, one that accepted us.

However, up to now, we are living a nomadic life, moving from house to house. We are praying to God that he will intervene and give us a home of our own. Our children are not going to school because we have no money for school fees.

Abisaih: We wish we could find work. We are strong now, but because of stigma we cannot find paid work. We have nowhere to live. We have two children whom we are not able to send to school because we have no funds.

Simiso: Stigma and discrimination exists in the church. It is a problem that church leaders advise us to take sick relatives to their rural homes to die with only an offer to pay for funeral expenses.

However, poverty is our biggest problem. We have no shelter, no work; we are struggling to make ends meet.

↳ Florence



Florence, 32, is a married woman living with HIV.

My husband, one daughter (age six), and I are all HIV-positive. I have two other children who are negative.

It was very confusing at first when various illnesses began to happen. My husband began to miss work due to illness. This caused financial hardship. We did not have the money for a CD4 test⁴ – which is required to get treatment. So, none of us are now on treatment.

We are still trying to live positively even though we are not on treatment. However, because we are not on treatment we often fall ill. I have pain and other symptoms. I tried to go to the government hospital to get the CD4 test, but they do not have the equipment for such a test. Thus, I need money for a private test and it is very expensive.

Due to these financial problems, we have been forced to leave Harare and return to our rural home. We cannot afford urban life. Our rural home is in Mashonaland East. I am here in Harare today to sell whatever belongings I can to make some money for my children's school fees.

My church has helped me in some ways, like helping me in the fields and in the home. Although I believe in medical treatment, I thank God that I and my family are still alive four years after testing positive in 2006 – even without treatment.

If I can only be assisted to get treatment, also to be helped to find a way to support my family. I have three children – my daughter who is HIV-positive is the youngest. I want to get treatment for myself, my daughter and my husband and I want to support my family.

⁴ A test of CD4 white blood cells which is used to measure the strength of a person's immune system. A lowered CD4 count may lead to HIV medications being prescribed.

➤ Christopher



Christopher, 30, is an Apostolic pastor, a father and a widower. He lives in Chitungwiza, a city adjoining the capital, Harare.

I was ordained a pastor in 1996, age 16.

I have not yet been tested for HIV, but I am thinking about it. My sister has recently tested positive and I am her guardian because her husband has died. He died two years ago. My wife has also died. I am left with one child, a daughter age three. I had two children, but one died. My wife was never tested so we don't know why she died, nor do we know why my other child died.

I am not afraid to be tested for HIV. It is important that I know my status so I can go on with life and help others. I want to know my status because I wish to re-marry. I am still young so it would be important that I know my status before I marry again.

Although I am a pastor, I have not been helped much by my church. Spiritual support is there for me, but this is not enough on its own, especially when one is dealing with HIV issues. I do believe that spiritual support is real and important, but we also need medical care. I believe that God is active in my life and that God will be with me when I get tested and after, whether I am positive or negative. God will lead me in everything I do.

I want to be educated about HIV and to be a counsellor whether I find I am positive or negative. I want to talk to people about HIV, to strengthen them. As a pastor, this is my duty to all, positive, negative, or whatever they may be dealing with.



Jessina, 59, is a widow living with HIV.

My husband died in January 1993 and I did not get remarried. In 1996, I started getting sick and I thought I was perhaps bewitched. I did not understand why I was getting sick so often. This went on for nine years. In 2005, I became very ill. This was the time of Operation Murambatsvina [Operation 'Drive Out Trash' – a government programme of forced slum clearances]. I lost my home and all my belongings. I started to lose weight. I thought all of this sickness and weight loss was due to stress from losing everything.

I was a community caregiver at the time of Murambatsvina – and I still am today. The other caregivers encouraged me to be tested for HIV when I became very ill. So, I went to the Newlands Clinic in October 2005. The test was positive. I accepted this because not to do so would mean death. I started HIV medication in 2006. I noticed a difference and began to get better. My only other health problem is with my legs – they often get swollen and my joints ache.

My main problem now is shelter. The government is turning a blind eye on people like me. Even my Dominican counterparts [the Dominican Sisters who run the clinic at Hatcliffe] have not been able to help me. I also don't get any support from my church. I must beg for assistance because I must care for my six children.

I don't know why I got HIV. Perhaps God allowed it. As a human being, I am prone to illness. This is how we are created. This is simply the way it is – it is a fact of human life.

Isaac



Isaac, 59, is pastor of the Zviratidzo Zvavapostori (Miracle of the Apostles) Church in Chitungwiza. He is pictured with his wife Esmay, 35.

I have not been tested and neither has my wife, so we cannot say if we are HIV-positive or not. I am a pastor. I have people in my church who have many problems, including HIV and TB. As a pastor, there is an expectation from the members of my church that I should be able to do something for them when they need help. But prayer alone is not enough. These people need medical assistance.

We have members who have been sick for a very long time and our caregivers get fatigued looking after them. So sometimes those who are HIV-positive and unwell feel rejected or damned. As a church leader, it pains me to see people suffering. We do get donations of food etc for people with HIV, but it seems that the donors get tired after a while or lose interest and the assistance stops.

Our major problem is a lack of resources. When I visit my church members, I see that they have no food, no soap, not even any corn meal. I don't have enough resources for them because often there are several who are very ill at any one time. If a member is sick, he will be looking for assistance. If you can't help, he will go elsewhere.

Personally, I want to help this person, but I also need resources for my own family.

I have questions: is it not possible to fund us directly? How do we get money to the people who need it here on the ground? We need direct assistance. People here are still waiting for help.

When we see that you are here, we ask ourselves: will he be like all the others and leave never to return, or will he come back? Will he actually assist us? It seems like donors visit, then leave and then nothing happens. You can go ahead and take our stories and our photos, but will anything reach us directly based on what you do in the UK with our photos and stories?

↳ Gibson and Veronica



Gibson and Veronica, both 49, are a married couple living with HIV in Hatcliffe.

Gibson: I have been on ARVs [anti-retroviral drugs] for seven years. I don't know how I was infected with HIV. At first, before I was tested, I noticed that I was losing strength. I believe in the power of witchcraft, so I assumed that I was bewitched or cursed by an evil spirit. I assumed that this was the cause of my illness. By the time I tested positive, I was bedridden. I got tested, even though I thought it was witchcraft, because my community caregivers insisted.

I have four children and I am divorced and remarried. My first wife was HIV-negative and all my children are negative. My oldest child is 27. I do get support sometimes from my church such as food, soap, etc. When I was bedridden, the church helped me a lot.

I still believe you can be bewitched, but God is there to protect you. I believe God helped me through the community caregivers. I thank God I am strong again and can walk. God is stronger than the devil.

As a person with HIV, shelter is my main problem. I have a stand of land [a plot] here in Hatcliffe, but I have not been able to build a house on it yet. I live in a tent house and the cold weather in winter always affects my health.

Veronica: I was first married in 1975 and had four children by my husband. He died in 2002. He was not tested for HIV. After my husband died, my youngest child began to get ill. I looked for medical assistance from the hospital. The doctor told me that my child was HIV-positive. I decided also to be tested and it was also positive. Both I and my son went on ARV treatment in 2003. So from then, my child and I went on with life.

In 2005, I married my second husband, Gibson. Gibson was also positive and his HIV-negative wife decided to leave him. So, we decided to be married. At that time, Gibson was already on ARVs. So life became easier with Gibson – we are both HIV-positive, we are both on ARVs, we share, we live a normal life.

We've got financial challenges because Gibson has his own children and I have my own. Gibson is a security guard but the income is too small to support the family. I help by doing some market gardening and field work, but still it is not enough to sustain the family.

I joined the Dominican Sisters in 1998 as a volunteer. From then onwards, I have helped many people.

I think God has done good things for me. At first, it was said AIDS is a killer. However, God showed himself and now you can live with HIV, and live long.

I want you to continue praying for us. I hope you come back and see us as fit and fine as you do today.

↳ Khumbulani and Jane



Khumbulani and Jane are a married couple living with HIV in Hatcliffe.

Khumbulani: Before I got married, I met many girls. I didn't know if they were HIV-positive or not. So, when I got married in 2000, I began to get sick and I decided to go see the Dominican Sisters at the clinic in Hatcliffe. I did not know I was infected with HIV. I had a rash all over my body and the Sisters treated me.

Later, we heard that they needed couples to volunteer at the Newlands Clinic. It was there that we, my wife and I, were tested and we found out that we are both positive. We started ARVs and we have continued to take them to this day.

We were given food and blankets. My body was very weak. I could not do anything, but after being on treatment I began to recover and I am now strong. I don't want to stop taking my ARVs.

I don't know if I infected my wife, but I assume I may have. However, my wife was a widow so it is possible she was infected by her first husband. So, we just don't know.

My Apostolic church is not much interested in HIV. The only advice they give is for us to behave correctly. The Pentecostal churches seem to do more. My church knows that members have HIV, but they advise us that if we pray to God we will get better.

Jane: My relatives never used to allow us to go to clinics or take medicine because this is not the practice of many Apostolic churches. However, last year, the church leaders said those who want to go to the clinic may do so, but those who believe can still be healed by God. But I think we can do both.

People living with HIV don't want church members to know because they will be stigmatised.

Khumbulani: But it is all up to you. Prayer alone will not work. You must go to the hospital. I have noticed that there is a change in the Apostolic churches on this issue [about treatment for HIV]. Now, they are saying we can go to the hospital or even that we should go for treatment.

Jane: I want to share my own story. Ever since I found out I was HIV-positive and began going to the clinic, my family members (who do not know I am positive) have been asking each other "what does she have?" But they do not ask me. Those who know I am positive ask "how did you get it?" I wish that God would help them to understand that this was not my choice. I did not choose to be HIV-positive. It just happened. I had no choice or control.

I have been helped by the medications, but our major problem is food.

Khumbulani: We have no proper accommodation. I look forward to being assisted to get decent accommodation. I am facing discrimination when I seek employment, so I think it would be better if I can find self-employment. I also support two children left in my custody by my brother.

I believe the ARV treatments and the help from the Dominican Sisters are gifts from God.

Jane: I too believe it is a gift from God. Many are dead, but we are alive and my children [one boy and two girls] are HIV-negative. I believe God worked in our lives because my last child, now seven years old, is negative – but when he was born my husband was very sick with HIV.



Nesbert, 26, became a child head of household at the age of 16, when his father, who was HIV-positive, became too ill to care for his family.

My father died of AIDS eight years ago and I became the head of my family when I was 18 [Nesbert was, in effect, a child head of household from the age of 16, when his father first became ill]. I tested HIV-negative a few years ago, but I do not know my status at this moment. I was married this year, but we have no children yet. I am not afraid of being tested. I think one should go ahead, get treatment, and carry on with life.

I am from a polygamous family and my father had three wives. My rural home is located in Mashonaland East.

My father became ill when he was working in Harare accompanied by one of his wives, the youngest. I was at our rural home with my two mothers and my brothers and sisters. I completed my O-levels at age 16 and I wanted to do my A-levels, but I could not because my father became ill. He returned to our rural home from Harare. He was very sick.

I was very distressed by this. I wanted to continue my education all the way to university, but now I could not, due to finances and responsibilities. As his eldest son, it was my responsibility to take care of the whole family. I also had to care for my father. He was not tested for HIV until just before he died. He did not receive any treatment because at that time it was very difficult to obtain HIV treatment in the rural areas.

My father did not go to church, only our mothers did. He didn't really believe in spirituality, but when he became gravely ill, we took him to the church for prayers for healing.

After he died, his second wife started to become ill. We tried to convince her to get tested for HIV, but it was not easy. She didn't understand the physical nature of illness.

The problem with people from rural areas, especially members of Apostolic churches, is a lack of education. Most Apostolic parents do not send their children to school, but rather prefer that they learn a trade. Most, including our church leaders, are illiterate. When they become ill, our people believe the problem is caused by an evil spirit rather than a biological condition. They may think they are bewitched. They do not understand disease in the medical sense.

So, my father's second wife resisted being tested for almost two years until her death. It was only at her post-mortem that we learned she was indeed HIV-positive. In effect, she died twice. If she had been tested she could have been treated and continued living.

This was all very hard – we did not have resources for all these illnesses. It is also terribly painful to have to watch your father die; and then the same again for one of your mothers. After these two deaths, my father's third wife (the one who lived with him in Harare) got tested and she learned that she was positive. I was so glad because now she could get treatment and keep herself alive. She is alive to this day as is my own biological mother, my father's first wife. My own mother is healthy, but she has not yet been tested herself.

There are a total of 16 children born to the three mothers. Also, my father's first wife (my mother) and his third wife are sisters. All 16 of the children are alive and well. My biggest challenge as the head of this household is that I have to look after this large family – paying for school fees, food, housing, etc.

In order to make money, I decided to become a stone sculptor. So, I am now an artist. I have been able to support my family by doing this sort of work. It is not what I wanted. I wanted to be a university-educated professional. Yet, it was my duty to support my family.

Desmond (not his real name), 14, is an orphan living in a child headed household in Rugare, Harare. To protect his privacy, we have not published his photo.

My father and his first wife had one child, a girl, and they divorced. He went on to marry my mother and they had four children. My father then died of cancer eight years ago in 2002.

After that, my mother fell in love with another man, a widower. He promised to support my mother and us. This man, now my stepfather, had a previous wife who had died of illness. I myself knew this man and his first wife. I recall that his first wife was ill for a long time before she died. So I am rather sure that that my stepfather was HIV-positive and infected my mother.

My mother and my stepfather moved from our original home (where I stayed) to another place within our village. They, my mother and stepfather, seemed to forget about us kids. This was in 2007. We, my sister and my brothers, were home alone. My mother would sometimes come by our home and give us food, but it was not sufficient or often; and she has no money. In 2008, my stepfather died of AIDS and my mother came back to our home. My mother started to get continuously ill and she died the same year. Although she was not tested, we are sure it was AIDS because my stepfather was tested and he was positive.

When she died, we started living like children alone, looking after each other as before. Our source of income was our house, the house of our father who died in 2002. We used two rooms and had lodgers in two rooms – their rent provided for us. My sister (the oldest) is now married and we receive occasional assistance from her. She is our main guardian, but she has limited resources.

Our problem is that we are not able to pay our school fees and we have problems with getting enough food. Even so, three of my siblings are still attending school in Rugare. One of my brothers decided to leave the village. He went to South Africa in 2007 and we have never heard from him again. We don't know if he is alive or dead.

Right now, we need support, clothing, shoes – I have no shoes – and money for school fees. The small income from the house is not enough. We stay at my father's house and go to the Baptist church day orphanage which provides us with meals. Then we go back home. Sometimes donors bring food to the church and then we take this home. They don't keep boy orphans at the church orphanage, although some girls live there.

My wish for my life is to go to school. After school I want to study to be an electrician. I like going to the church on Sundays because I believe God is doing everything for my life. Sometimes we are without food and suddenly someone brings us food – so I believe the hand of God is in my life.

Yemen

Located in the south-western half of the Arabian Peninsula, Yemen is a country with historical references stretching back to Old Testament times, such as the visit of the Queen of Sheba to King Solomon. The capital, Sana'a, is one of the oldest continuously inhabited cities on earth, dating back to the 6th century BCE. In modern times, North Yemen became independent from the Ottoman Empire in 1918. The British, who had set up a protectorate area around the southern port of Aden in the 19th century, withdrew in 1967 from what became South Yemen. Three years later, the southern government adopted a Marxist orientation. This triggered a massive exodus of hundreds of thousands of Yemenis from the south to the north and contributed to two decades of hostility between the states. The country was formally unified as the Republic of Yemen in 1990. Twenty years after unification, internal security threats remain a serious concern, fuelled by tribal grievances with the central government, foreign terrorist operations (notably Al-Qaeda in the Arabian Peninsula), and a strengthening secessionist movement in the south.

In 2010, the estimated population was 28.8 million with 45% living below the poverty line. This makes Yemen the poorest country in the Arab world. Islam (both Shia and Sunni) is the religion of the overwhelming majority. The small Jewish community, present in Yemen since antiquity, has largely vanished due to mass emigration to Israel and the West.

Yemen reportedly has a low HIV prevalence, estimated at 0.1%. However, this statistic is very difficult to verify and the rate may be far higher, especially based on anecdotal reports from the port cities of Hodeidah and Aden. HIV is a severely stigmatising condition in Yemen due to both the conservative nature of the society and an overall lack of accurate information about HIV and its transmission.

Progressio has been working with partner organisations in Yemen for 36 years, beginning in 1974, making it one of the longest established international agencies in the country. In the mid-1990s Progressio began to work on issues around HIV in Yemen. Since then we have been one of the lead agencies working alongside UNAIDS and the Yemen National AIDS Programme to raise awareness and help break the silence on HIV. This includes working with religious leaders and the national authorities to address stigma and discrimination, as well as supporting those directly affected. We have also played a key role in developing Voluntary Counselling and Testing centres.

Partner organisations

Interviews were conducted with participants and staff from four Progressio-supported partners in Sana'a, Hodeidah and Aden:

Interaction in Development is a national NGO based in Sana'a and engaged in a variety of development programmes. Progressio supports Interaction in its initiative to encourage the involvement of imams and other faith leaders and communities in HIV prevention, care and support, and to promote networking among civil society organisations working with people with HIV.

Abu Musa Al Ashary is an Islamic NGO based in the Red Sea port city of Hodeidah that works to build the capacities and skills of civil society organisations. Progressio supports Abu Musa's programme to encourage the involvement of imams and communities in HIV prevention, care and support.

Al-Tadamon Development Association is a local NGO based in the port of Aden that promotes the participation of local communities in local government policies to ensure projects and services meet local needs. Progressio supports Al-Tadamon in its efforts to promote HIV awareness in the area, including with imams and religious leaders.

The Women's Association for Sustainable Development is a local NGO in the port of Aden that encourages community involvement on a range of development activities with a particular focus on the needs and rights of women. Progressio supports WASD in its HIV initiative that promotes prevention, care and support, and promotes networking among civil society organisations working with people with HIV. WASD has been able to effectively reach highly marginalised communities, such as sex workers and men who have sex with men. It has successfully engaged and trained religious leaders, including imams, on highly sensitive issues normally deemed taboo.

Stephen Batanda



Stephen Batanda is a Progressio development worker working with partner organisation Abu Musa Al Ashary on HIV initiatives with religious leaders and faith communities. He is an Anglican Christian.

My interest in working with HIV started in my younger years when I was growing up in Uganda. My country was the first to be seriously impacted by HIV in the 1980s. I was raised in a polygamous household and my father had three wives. I had 42 siblings and of these 10 died of HIV. HIV is personal for me. I was the direct caregiver for some of my siblings who died of HIV.

HIV has a serious impact on a person – psychologically and spiritually. Most people at that time in Uganda thought of HIV as a punishment from God for sin. So, many thought that they should return to God. For example, some became born-again Christians.

Spiritual counselling plays an important role in that it provides a person, above all, with hope. Spiritual support can help allay the fear that some have that they will die in sin. Whenever I have been involved in home-based care for persons living with HIV, I have always ensured that spiritual support is available – a person to pray with the patient and with the family.

This is also true for Islam. I was working, until recently, in northern Kaduna, Nigeria. We worked with imams and Muslim people living with HIV. The imams conducted special prayers for them. I think that this has a positive impact – it improves quality of life.

I wanted to come to Yemen to enrich my work experience with HIV. Coming to Yemen allows me to see how HIV impacts a different society and context. In Yemen, cultural factors play a role in the relatively low level epidemic. However, I think that Yemen is sitting on a time bomb. I was surprised to learn about the significant sex worker community in Hodeidah. They live in an underground world. There is a very high level of stigma attached to them and they engage in very high risk activities.



Mariam, in her late 30s, is a female sex worker from Aden. To protect her privacy, no photo was taken.

I did not choose to be a sex worker. I became a sex worker because of my living situation. I got married to an irresponsible man. He brings home no money but he still demands his [sexual] rights as a husband. I have seven children. My husband does not want to pay for my children's needs – clothes, school fees, etc. So, I took up sex work in desperation to get more money, yet even this is not enough. I do this to raise my seven children. My children do not understand why there is no money. I have four girls. I have to do everything to keep them off the streets. So it was simple: sell my daughters or sell myself. I prefer to sell myself.

My husband still lives with me, but he is mostly absent – going with other women. He does not know that I work as a sex worker. I do this in secret. My daughters, my family, my husband – no one knows. My oldest daughter is 20 years old. She is married. My second daughter is 17 years old and she is betrothed and will soon be married. I have a 16 year old daughter, a 14 year old daughter and three boys.

I became involved with the Women's Association for Sustainable Development after they did a survey among sex workers on HIV testing. I decided to contact them. Due to the HIV programme at WASD, I have been able to include condom usage when I do sex work. So, I use protection whenever I can. I don't want to have unsafe sex as I must live to take care of my children.

As a Muslim, I know that sex work goes against the teachings of Islam. But I do not believe I am a bad Muslim. I still do all the things a Muslim does. I teach my children to pray and to be good Muslims. I would even go on the Hajj [pilgrimage] to Mecca if I had the chance.

Maha is a woman in her late 20s living with HIV in Aden. To protect her privacy, no photo was taken.

I got married in 2004. My husband was already HIV-positive but he did not tell me. A few months after our marriage, I got sick. I began to get frequent colds and flu. I soon became pregnant, but I lost the baby in a miscarriage at six months. I was told that my miscarriage was quite unusual.

Some time after this, I began to have chronic diarrhoea which resulted in anal fissures that required surgical repair. I went to the hospital for this procedure and they did pre-admission tests. This is how I found out that I was HIV-positive. I was with my friend in the doctor's office. He told me, "You are sick. Do you want me to tell you about the illness in front of your friend?" I said, "Yes." There was no reason in my mind why my friend should not hear this information. He told me that I have HIV. I was very shocked. I was then transferred to the government health office for further treatment.

When I went to an HIV specialist, he gave me counselling. However, it was not the sort of counselling I needed. He scared me. At the time I went to see him, I weighed 62 kilos. After his counselling, I was so upset, frightened and worried that I lost weight and I was down to 30 kilos. At this time, I told my husband that I was HIV-positive. He asked me how. I said, "From you." I knew there was no other way. I had never been with another man. I had no other risk factors.

My husband at first denied this was possible – that he had infected me; but later admitted to me that he too was positive, and that he was positive when he married me. At the time we married, he was working in Saudi Arabia while I remained in Yemen. I do not know for sure how he got infected, but I think he was infected in Saudi Arabia through sex with men. I asked him for a divorce, but he said no. I was not well and could not work so I did not fight him on this. I decided to join my husband in Saudi Arabia. I figured that it was the best option. After three months in Saudi Arabia, my husband died of AIDS. I returned to Yemen.

I saw the HIV specialist again and he told me that treatment was now available. I agreed to treatment. He advised me that I would probably only live four years and that I must prepare. I must eat well and take my medication so I can live as long as possible. Again, this doctor frightened me.

He also told me about a new association of people living with HIV. He asked if I would join. I reluctantly agreed and attended a meeting. There I found other people like me. I was not alone. This time, I got good support and training (unlike the fear I received from the specialist). I attended a UNAIDS training in Sana'a. I felt well, looked well and I knew I was not alone. I benefited in many ways by being part of the association.

I had heard about an imam that had a cure for HIV. The cure required six months of residence with the imam in Sana'a. For me, this was impossible. At the association, there were those who did the imam's cure. While they felt better and had higher t-cell counts, they were still positive and there was no actual cure. It was good to learn this from them.

I am alive and it has been over six years since I tested positive. I told one of my friends who was going to see the same specialist I saw to give him a message: I am still alive two years after he said I should be dead and I am quite well!

My family does not know my status. My parents are now old and not well. I do not want them to worry. I have decided not to tell them. I did tell my parents that I work with people living with HIV. They are not happy about this. They are afraid I could become infected. I explained it was not possible by simply working with people who have HIV, but they are still concerned – because they do not know anything about HIV.

While I do not seek out spiritual counselling from any sheikh or imam, I am a committed Muslim. I accept HIV as part of my life. It is part of my fate, part of God's plan. God willed it and I accept it. In the beginning, I did often ask "why me?" but I do not do this any longer. It is my fate and I will live with it. I have heard that many today live well for over 10 years.

➤ Abdulla Mohammed El Qadesi



Abdulla Mohammed El Qadesi is an imam and is Assistant Director of the Department of Religious Guidance.

My initial views on HIV were old-fashioned and conservative. After I participated in a workshop on HIV,⁵ I changed my mind about it. I used to think HIV was a punishment from God. I thought it was a punishment for forbidden relations. Through reading and other sources of information, I started realising it is not only transmitted by forbidden sex. I also started to learn about prevention.

I began to preach sermons with correct messages. I would preach about this at the mosque at Friday prayers and at weekday prayers. I deliver an HIV message at least once a month. I also will talk about HIV at other venues, such as at a Qat chew [a gathering of men in the afternoon chewing the leaves of the Qat shrub, which act as a stimulant]. Furthermore, I talk to teachers, school principals, media, TV, radio and the press.

So far, no one living with HIV has come to me for support, but I hope that this happens.

I have used various public venues for delivering messages, such as giving talks at bus stops. I try to inform people that HIV is not simply contracted through sinful behaviour. Imams now deliver HIV-related messages at cultural events, shopping centres, barber shops, and summer schools. We talk to people in parks and we speak to students. I videotape my sermons for distribution on how we should integrate people living with HIV into society. We have brochures published, such as on the Islamic perspective of prevention and living with HIV.

I wish more imams would become involved. I think to date about 60% of Yemen's imams have been reached with correct messages about HIV. But we need to do more work with

⁵ Organised by Progressio and our partner organisation Interaction in Development.

the imams. I think there are three areas of focus for imams in Yemen. One, delivering the message that HIV is not a punishment – it is a crisis for the human race, Muslim and non-Muslim. Two, promoting HIV prevention. And three, integrating people living with HIV into society.

Islam focuses on assisting humanity – Muslim and non-Muslim. We must all honour one another for we are all the sons of Adam.

➤ Khalid Yasin Dubai



Khalid Yasin Dubai is Director of Progressio partner organisation Interaction in Development.

The main problem in Yemen is lack of accurate HIV information and awareness. People simply don't know about HIV. A popular idea is that HIV is only a problem for foreigners with many Yemenis attributing the entrance of HIV to refugees.

I think that we, with Progressio's support, have seen the silence break surrounding HIV in Yemen. There used to be a lot of stigma, but with the inclusion of religious leaders, things have improved. The attitudes of the religious leaders have changed. We work with the most prominent imams in Sana'a and we also work with the head of Jabri, the association of murshidats [female religious guides]. We also work with the General Director of the Department of Religious Guidance. He is very open on this issue. He even brings his daughter with him to the training sessions. We have used one of the murshidats, who is also a person living with HIV, to train religious leaders. She has trained them on stigma and on how they should support people living with HIV. This has been quite effective.

I have seen that people living with HIV often return to their religion. They seek healing. While religion does have a role to play in terms of spiritual support, it is not enough. HIV must be treated holistically.

There is still a lot of work on HIV to be done here in Yemen.



Somia is a murshidat (female religious guide) and works with the Department of Religious Guidance in Sana'a.

First, I should say that I had no prior knowledge of HIV. I then started attending workshops. We had no idea how HIV was transmitted. It was more like a shame – because the first thing you think of is sex and sex [outside of marriage] is associated with shame. After the education I received, I learned how HIV is transmitted and how to work with people living with HIV as normal human beings. People living with HIV have rights like anyone else – they have a right to education, health, employment, etc.

I participated in a workshop in Egypt and we met people living with HIV from all over the world. We heard their stories, their sufferings, and we learned about their situations. Also, we realised that we have a responsibility to people – to help them avoid becoming infected with HIV.

We [the murshidats] started doing group work in houses and mosques on HIV prevention. In 2009, with the cooperation of Progressio, we delivered many lectures in mosques for marginalised communities. We started to work with women on accurate information and doing home-based care with people living with HIV.

I want to thank Progressio for the assistance they have given so we might attend workshops and trainings on HIV. The more information we get the better. We hope this cooperation will continue so that others may also be educated.

Currently, we are trying to work with three Yemeni girls who are living with HIV. There is tremendous stigma. Some will not speak with them because they are people living with HIV. However, when we see them at the mosque, we speak to them. We tell them that HIV is

not a punishment from God. The men have been more open and courageous about their situation in Yemen, but not the women. They are very shy. Our message is that anyone can be infected by HIV and this happens in many ways.

Women have more fear of stigma and because of Yemeni culture and tradition, I think it is more difficult for them than for men. Because of shame, women may be at risk of being killed by their families because the families assume that the woman has had illicit sex and thus she must be killed to restore honour – they must kill the bringer of shame.

Honour killing is common especially in rural areas. Instead of honour killing, some families simply disown the girl who commits adultery. This does not happen to men. Women get more blame.

We [the murshidats] do talk about honour killing, even if this is a risk. People are now talking more openly about HIV. We try to open people's minds. We also tell them about other means of transmission, such as blood transfusions. We try to get people to accept people living with HIV.

As far as I know, a woman living with HIV may opt to rent a house and work apart from her family or husband to avoid HIV stigma. There are some shelters for abused women in Yemen, but I do not think women with HIV ever go there. I wish there was a system for women living with HIV to have shelter and assistance if they are rejected by family or society – especially in rural areas. In addition, in rural areas, access to ARVs is not as good.

We assist women to receive ARVs. Once I was in a hospital in Sana'a. There was an Iraqi doctor there who was distributing the ARVs. However, he was late for the appointment for a Yemeni woman we were accompanying. The woman shouted, "I am living with HIV and you won't help me!" She assumed that the doctor was avoiding her. Thus, some women living with HIV are so stigmatised that they don't recognise when they are actually being helped. They assume that stigma is universal.



Sami, 27, lives in the port city of Hodeidah.

I never suspected I would be HIV-positive. I did not go for a test, but I did donate blood. I was then informed that I was HIV-positive when my blood was tested.

My story about my HIV status begins in 2000. I was working on my motorcycle as a courier and I had a very bad accident which required my leg to be amputated. I received a transfusion due to blood loss. Before this time, I was not sexually active. I got a prosthetic leg in 2003 so I could walk again. In 2006, I had some complications due to the amputation and the prosthesis. I required another blood transfusion. In 2007, I donated blood for a friend. He needed blood due to anaemia. They sent me to the central lab for confirmation that I was a suitable donor.

It was there that I learned of my HIV status. When I was told the news, I was in complete shock. I was very frightened and scared. I feared that my family or community members would kill me if they found out.⁶

I fled to Sana'a from my home in Hodeidah. I stayed in Sana'a for nine months. I was so scared. I didn't know what to do. I thought I would die in one or two days. I decided to go to a doctor in Sana'a. I knew HIV was a disease, but I didn't know anything else. I was then sent by him back to Hodeidah, to the Health Office.

I was of course still frightened, especially now that I was back in my home town. I was referred by the Health Office to the Progressio/Abu Musa HIV Project. Abu Musa accepted me as a client. When I came to Abu Musa, the Director, Sheikh Abdo Mansoub, helped me

⁶ Honour killings for bringing shame to a family or clan are common in Yemen.

understand my situation. He said, "This is a disease like any other. You don't have to die. Let's educate you about HIV."

So, I went to a workshop. I got a lot of information. Of course, I had a problem securing work. I had lost my leg as a motorcycle driver. Abu Musa gave me the opportunity to become an HIV trainer – a peer educator. This opened up new opportunities for me. I am still working again on my motorcycle as a taxi driver and courier, but I also continue to volunteer with Abu Musa.

I feel that I was innocent as far as HIV is concerned. However, this doesn't matter. I am a person living with HIV – and this is my reality. I don't want anyone else to go through my experience.

El Salvador

El Salvador is the smallest, most densely populated country in Central America with an estimated population of 7.4 million. Following the Spanish conquest in 1524, the province was administered as part of the Viceroyalty of New Spain until independence in 1821. Beginning in the 1980s, a 12-year civil war was fought between the right wing government and leftist forces known collectively as Frente Farabundo Martí para la Liberación Nacional (FMLN – the Farabundo Martí National Liberation Front). The war cost at least 75,000 lives. In 1992 the government and the FMLN signed peace accords that provided for key reforms on human rights, the demilitarisation of society, a new security doctrine, and new justice and electoral systems.

Despite the formal end of the civil war, El Salvador continues to be plagued with unrest. The country has one of the highest murder rates in the world and gang violence is high. According to the UNDP, 37% of the population lives below the poverty line (49% of the rural population). It is estimated that 17% of the population is illiterate.

El Salvador has a low rate overall of HIV but the rate of infection is growing, particularly among women. HIV is currently largely confined to the most marginalised members of Salvadoran society, particularly the urban poor, sex workers, gang members, and men who have sex with men.

The Catholic Church is the largest denomination in El Salvador with half of the population Catholic. It exerts a major influence in society, in particular via its strong grassroots advocacy for the rights of the poor, with the martyred Archbishop Oscar Romero (1917-1980) as its most enduring hero and symbol. Evangelical churches account for the majority of other Christian denominations. These churches are rapidly growing (as they are throughout Central and South America).

Partner organisations

Interviews were conducted with participants and staff from four Progressio-supported partners in Greater San Salvador:

Asociación de Mujeres “Flor de Piedra” (“Stone Flower” in English) is a women’s organisation which works to promote and defend the human rights of women sex workers and also works with women living with or affected by HIV in Greater San Salvador and beyond. Flor de Piedra works among the poorest of the poor in El Salvador and some women travel long distances to participate in its programmes.

Centro Bartolomé de las Casas is a Catholic faith-based organisation located in the centre of old San Salvador. CBC works on gender and masculinities, especially working with men to challenge and change male attitudes. HIV training is mainstreamed into all CBC programmes. A unique CBC achievement is its highly successful men’s school on masculinities called Escuela Equinoccio (“Equinox School”). The Centre is named after the Venerable Bartolomé de las Casas, a 16th century Spanish Dominican missionary bishop to Central America who passionately advocated for the rights of native peoples.

Contrasida (Against AIDS) is a national organisation which focuses on HIV prevention. Progressio supports its particular focus on gender and masculinities that seeks to raise HIV awareness among men – both adults and youth.

Fundación para el Desarrollo Juvenil (Foundation for Youth Rights) is a youth organisation which works through committees of young women and men in areas around San Salvador. Progressio supports its HIV prevention programme.

David Ernesto



David Ernesto, 28, is living with HIV. He is a former gang member from one of the most impoverished communities in San Salvador.

I work full-time with the Movement for Sexual Diversity and Human Rights of Transgender Women (Movimiento para la Diversidad Sexual y Derechos Humanos de las Chicas Trans en El Salvador – MDSDHTrans). While I work full-time, I am unpaid because there are no fully funded projects. My partner is Francesca who is transgender. She is also the Director of MDSDHTrans. Due to our lack of funds, she engages in sex work at night to pay our bills. I have been her partner since 2005.

Lately in El Salvador, giant steps are being taken on sexual diversity – there is now a new government Office of Sexual Diversity in the Secretariat for Social Inclusion. We drafted a petition to the Legislative Assembly, in which we asked the legislators for equal rights for transgender people. However, due to this, within a few months there were 47 deaths in our community from torture, including gay men, trans-men and trans-women. Our petition was opposed by the churches and they turned the wider community against us. Some of our activists have left El Salvador to seek political asylum in Spain and Italy due to threats against their lives here.

I am not sure how or when I became infected with HIV. I entered the army at age 17. When I was off duty, I would go to bars to drink. I would get drunk and have sex. I did not use condoms. After I left the army, I began to attend secondary school. I was often sick with the flu and fevers. It happened so often it began to wear me out physically. One day, a doctor offered me an HIV test. In the army, I was taught to be rough, macho, and to care about nothing. So, I took the test without knowing what it was about. The doctor tried to tell me about it – but I said, “Just give me the test.” I came to the clinic for my test results in my high school uniform. The doctor tried to give me counselling before she gave me the result, but I refused. I was too macho and cool. I said to her, “Just tell me what it is.” She

told me I was positive. I replied, "There, you could have told me that right away. Was that so difficult?"

Two months later, I began to feel the psychological effects of my diagnosis. I lost weight – more than two stones. I was in very rough shape. I recalled that the doctor said there was an HIV support group at the hospital that meets on Tuesdays. I did not want to go. I assumed it was like Alcoholics Anonymous – which at the time I thought was total bullshit.

Nonetheless, I decided to go to the meeting. I was surprised by the group. They talked so openly about their experiences. I never imagined that people living with HIV could be so happy and strong – people who seemed to have no problems. I remember meeting a person who had been living with HIV for 25 years and who had been taking ARVs for 10 years. He seemed just fine. After the meeting, they all hugged me. This was a new beginning. I thought, "Shit... maybe this is not going to kill me." I was amazed. I decided to move forward and seek training.

I was able to attend the Central American Congress on AIDS conference that was held in El Salvador in 2005. I agreed to represent the support group at the clinic because no one else would go. I had never been in a hotel before. Francesca, whom I had known since 2002, having met her on the streets, was there. When she saw me, I felt scared. She is going to know I have HIV...

She came up to me and we spoke. She then asked me if I was positive. For me, this was the most difficult time in my life. I felt like someone was grabbing me by the throat and squeezing. We were sitting together on the hotel roof deck in the early afternoon. I thought, "Oh well, she asked me so I am going to tell her." I answered yes. The look in her eyes told me that she never imagined I had it, but I knew she accepted me. I did not know what acceptance was like until then. I felt so glad that she stayed with me. I needed this acceptance to be alive. It was during the conference that she asked me to be her partner, even though she was negative – as she is to this day.

When I tell my story in training sessions or other events, I tell it in the third person – as if it is a story about my brother or a friend. Many people cry when they hear this story, both men and women. Then, at the end, I tell them that the story is about me. They are all shocked. I like this because this is what they need. Telling my personal experience is very important. I want them to feel shocked so they will understand. They usually applaud, but I say the applause is not for me, but for you – because I don't want to see you become HIV positive. After I finish the talk, people come up to me and hug me. They touch me. In these activities, you know there is stigma present in the room, but you work hard to see that it is broken by the end of the training.

I have a religious faith, but not in any church or pastor or congregation. My faith is that I, myself, am the church. This is something that I feel inside my chest that I can't explain. I say, "Lord Jesus, I feel your presence." I ask God to give me strength, information, and conviction. I say, "God, I know that in every step I take you are walking alongside me and you have been taking care of me. I know you have mercy for me." God is always watching over me and taking care of me. These are things you believe within yourself.

Moises Salvador



Moises, 25, is living with HIV in Santa Tecla, a city west of San Salvador. He has participated in the gender and masculinities programme developed by Contrasida.

I am a former gang member and while I was in the gang I had sex with many women. This is an expected part of the gang culture. My partner is also a former gang member. She was tested for HIV when she became pregnant with our first child. She tested positive. I then also tested positive. I was not really surprised based on my past. My son is thankfully HIV-negative.

HIV has not been an obstacle for us in living a normal life. We simply focus on finding ways to live happily together. I think the most important thing in positive living is to have faith in yourself – faith that you can face any difficulties.

I have been a volunteer for eight years with Contrasida, beginning four years before I found out I was positive. I was prompted to volunteer because my uncle died of AIDS. He was also a member of Contrasida. During that time, I was in the process of leaving my gang. I stopped taking recreational drugs and I was supported to leave gang life by Fundación Pro Niños de la Calle (Foundation for Street Children).

When I found out I was positive, my life changed. I was afraid that my family would find out and reject me. However, my family supported me as did my friends. Contrasida also has been a great source of support. Here in El Salvador, employers ask you to take an HIV test when you apply for jobs. If you are HIV-positive, it is difficult to get a job due to the employer's insurance concerns and their desire to avoid sick employees.

Currently, I volunteer at Contrasida and I do home and hospital visits. I am also the foster father for two girls. I have no problem working with vulnerable groups. I have had training

on gay rights and on the rights of sex workers. When I left the gang, my friendships changed. I now have friendships with a diverse group of people, including those who are transsexuals, gays, bisexuals, and sex workers.

I do believe in God, but I do not practise any particular religion. I do, however, pray; and I trust that God is with me in my living with HIV.



Carla, 42, is a single mother living with HIV in San Salvador. To protect her privacy, we have not published her photo.

I started sex work at the age of 20. I did this for financial reasons. As a single woman, I was alone with no partner so this situation caused me to find work in any way I could. I was paying for my own room and I did not have the means to pay for it. A woman told me, "Look, jump into this work because you will make money." I had to find a way to pay my bills.

I should tell you that I have always been alone. I would find a partner and he would leave, so I continued in sex work. If I had a partner to share expenses with, I would not have needed this sort of work.

My daughter, who is now 18, was eight years old when I started sex work. My daughter just had a baby with her boyfriend – she is HIV-negative, thank God! Thank God both my daughters are negative!

When I got my HIV diagnosis, I assumed I would die quickly. I didn't know anything about HIV. It is now like a passing bad dream because my younger daughter is already seven years old and here I am, alive, talking to you.

I had concerns about HIV as I worked the streets. When I was pregnant with my younger daughter, I was tested. They told me at the health clinic if I did not test for HIV (because I was pregnant), they would come after me with the police and force the test. I didn't want to do it because I was afraid. I thought HIV was a lie or a story. I did not think it was a reality.

When the doctor told me I was positive, I ran out of the health clinic hoping that a car would run over me and kill me. I fainted at the door of the clinic. But now it is like a bad dream, like it never happened.

Now, I won't take a client without a condom. I take care of myself and the client. If they refuse, I say, "Then nothing for you or me." They say, look, I will give you \$30 with no condom, but I would rather just make \$4-5 with a condom. I just take care of myself.

I met Nubia from Flor de Piedra [a Prograssio partner organisation]. I can honestly say that Flor de Piedra saved my life. They have really helped me, encouraged me, taught me – I feel like I have grown here. I have been here for seven years. If I was not here, I might have already died.

I have a faith. I attend an evangelical church on Tuesdays. I ask God to help me. I pray there. I now have an undetectable viral load. I asked for this with the church brothers and sisters. I have faith that I will see my younger daughter as an adult.

I hardly do sex work any more because the Spirit moves me and tells me not to do this. It is harder, but God is with me in the good and in the bad.

↳ Maria Antonia

Maria Antonia, 39, is a single mother living with HIV in San Salvador. To protect her privacy, we have not published her photo.

I left sex work seven or eight years ago. No one knows I did sex work, including my kids. I became a sex worker because I had children. My mother has always been sick. So in order to maintain my mother and children I became a sex worker.

I was 20 years old when I started. I had three children, but I was single. Although I had casual boyfriends, I had no partner or husband. My three daughters still live with me – and only one is in school because I don't have money to send the others.

I didn't want to get tested, but at Flor de Piedra they insisted that I get tested. I found out about Flor at a protest march about violence against women. A friend at the march brought me here to Flor. She was an old friend. I was selling candy at the time and I had long stopped doing sex work. This was 2006 and this is when I got tested.

I was sent by Flor to a government health clinic. When I got tested, I thought the result would be negative. When I found out, I felt like the world was coming down on top of me. The doctor told me I had only a few days left to live. "Don't cry – you have AIDS and you have just a few days left to live." This was the director of a government health clinic! He is still working there.

I started crying. I did not think about my children or my mother, only death. I came back to Flor, but not immediately. I walked back to Mejicanos. A week later, after my diagnosis, I came back to Flor. I was depressed. I had no appetite and I cried many tears, but I was not physically sick.

To be admitted to Flor, I had to get a form showing I was positive. I had to go back to the government clinic four times to get the form. The doctor did not want to give me the form. He said, "What do you want it for? Didn't I tell you? You have AIDS." But I got the form and I was allowed to enter and join the group. Right now, I am healthy. I am taking HIV medication and I go to a great clinic with great staff.

I go to a church of Christian brethren called the Iglesia Profética Puertas del Cielo (Gates of Heaven Prophetic Church). I go during the week. When I go to church, I really feel God's presence. I think God is with me. I think he is supporting me living with HIV.

➤ Ana Deysi



Ana Deysi, 47, has worked her entire career in Catholic faith-based community programmes. She currently manages the Contrasida pastoral project in support of people living with HIV in Ciudad Delgado, a very poor municipality of San Salvador.

My first experience of HIV was in 1994 at a meeting in Honduras. Contrasida used to be a programme of the Archdiocese of San Salvador and it was at this meeting that I met the organisation's founder, Sr Maria Annel of the Maryknoll Sisters. I decided to volunteer with Contrasida for two years. I was later asked by the sister to work for Contrasida. I wanted this to be my personal apostolate, so I asked the archbishop, my parish priest and the sisters if I should do this. They said it was my decision, so I accepted the position and I have been working here for 10 years.

When I arrived, I started a new programme – a pastoral accompaniment programme. At the time, the programme was mostly home visits and accompanying people to medical visits. In living and sharing with people living with HIV, I discovered that there were a lot of needs. We decided to establish a self-help group which still exists – there are 40 members and it is called Grupo Luz y Vida (Light and Life Group). They hold monthly meetings to deal with issues such as empowerment and self-care.

I learned that malnutrition was having a major impact on the lives of people living with HIV, so a food programme was established in the clinic. At the time we began, most of our clients were only getting half of the calories they needed each day. Now, we have seen the death rates drop dramatically as malnutrition no longer contributes to disease progression. I should note that the beneficiaries of the food programme are the poorest of the poor among our clients. We visit their homes and ensure there is a need.

There is also a school aid programme for children. Each year, we hand out a package of school supplies along with shoes and uniforms. Prior to this, the children could not go to school. Thanks to the motivation we instil in the parents here, many children are about to graduate from high school.

In El Salvador today, after decades of war, we now have a lack of safety and security with gangs and overall violence. In some ways, it seems worse than the war. This area of San Salvador where Contrasida's clinic is based is very dangerous. The headquarters of a local gang is located across the street from us. When the gang sends members over to us, they usually ask for food. We show no fear. We give cookies but we never give money. They know we have the parish priest's support and they leave us alone.

I have a very deep rooted faith and studied theology for three years. I have learned that faith must be demonstrated in our actions. The testimony of our faith is to give life to those words that Jesus told us. I am also continually inspired by the words of Archbishop Romero. As a person of faith working in the HIV movement, I consider the HIV community to be my own community. I have always told God that I want to go where he wants to take me. He has led me here.

Many clients here come to talk with me, even though I am not a psychologist. I think this is because I am simple in my ways. I adapt and meet them at their level – so they talk to me. I myself come from a poor family and it's easier for me to understand them.

Although I come from a very poor background, my husband and I are fighters and we gave our children a better life through education. This is my wish for everyone. One day we will see a different El Salvador.

Conclusion

“We know that every effort to better society ... is an effort that God blesses; that God wants; that God demands of us.”

Archbishop Oscar Romero (1917-1980), from his last homily moments before he was assassinated at La Divina Providencia Hospital Chapel, San Salvador, 24 March 1980

“We must stand close to the people, we must guide and help them; and we must do this both before and after they contract the disease.”

Pope Benedict XVI speaking about HIV in *Light of the world: The Pope, the Church, and the signs of the times – A conversation with Peter Seewald*, Catholic Truth Society, 2010

By collecting these personal accounts from people affected directly by HIV, or working to tackle the pandemic, this study has tried to share aspects of how HIV is affecting people on three continents, and something of how their experience of faith or faith institutions has been a support or an additional burden.

Like any personal account of HIV, the stories illustrate a bittersweet mixture of suffering and hope. Yet, while every effort is made to alleviate suffering on the ground, hope is the essential virtue that enables people to find the will to survive in spite of HIV and poverty.

Secular NGOs, governments and networks of people living with HIV have increasingly recognised that if HIV is to be defeated, faith communities must be integrated into the response. Stigma and discrimination present enormous barriers to effective prevention and treatment. Religious leaders and faith communities exert a powerful, and often dominant, influence over societies. They comprise, after all, the largest volunteer force on earth, motivated by faith rather than profit. Mobilising faith communities to break the silence, confront stigma and condemn discrimination surrounding HIV is essential if we are to overcome this barrier.

The stories also highlight factors which often serve to drive the spread of HIV – particularly the way in which poverty can cut people off from information, health care, and support, and disrupt and destabilise homes and relationships.

As HIV affects the margins of society far more than those who have society's acceptance, it is essential that religious leaders and faith communities both openly name and actively work with marginalised communities. Regardless of doctrines and social teaching, faith communities must reach out to the most vulnerable in society, including sex workers, drug users and persons in sexual minorities.

Experience has shown that once HIV is given a human face, religious leaders and their congregations are able to overcome their conservative reflexes and literally change the hearts and minds of their communities in regard to HIV. Those interviewed here have shared sometimes deep and painful experiences, in the hope that it will help build understanding. How will we respond to their courage?

