

Faith Community Self-Evaluation

Stigma of HIV and AIDS

“We’re not dying from the disease. We’re dying from stigma.”

These words from a Christian woman in Zambia reflect the reality of AIDS: stigma is a major factor driving the epidemic. People who have been infected with HIV fear what their neighbors will say and what the authorities will do. Consequently, they do not go for testing or treatment. The disease spreads faster and people die faster.

Local faith communities can play a vital role in reducing stigma because of the influence they have over the attitudes and behavior of their members and of the wider community. In the past, many faith communities have increased stigma by preaching judgmental messages. But many other faith communities have actively worked to reduce stigma, transforming their congregations into places of hope for people living with HIV.

Successfully eliminating stigma often requires that a faith community transform itself, perhaps going through several cycles of transformation. During each cycle, the faith community identifies its strengths and weaknesses, and undertakes actions that will turn some of the weaknesses into strengths. After several cycles, all of the weaknesses will have become strengths and the faith community will be free of the stigma associated with HIV and AIDS.

The attached questionnaire is designed to help local faith communities identify their strengths and weaknesses as they go through the transformation cycles. In addition, the information is used to determine Stigma Load, which is a numerical indicator of progress that a faith community is making toward the elimination of stigma.

Although the questionnaire is intended primarily for use by faith communities themselves, the information can also be used to characterize regional and global progress in reducing the stigma of HIV and AIDS. Results will be publicly available only in the form of statistical summaries. Information about specific faith communities will be kept strictly confidential. Please use the online questionnaire at www.empactstigmafree.org. Thank you in advance for your help.

Dr. David Barstow
President, EMPACT Africa

You and Your Faith Community

Reference Information		
1	Date	
2	Respondent's Principal Role in Faith Community	<input type="checkbox"/> Spiritual Leader <input type="checkbox"/> HIV/AIDS Coordinator <input type="checkbox"/> Organization Leader <input type="checkbox"/> Group Leader <input type="checkbox"/> Member
3	Respondent's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	Respondent's Age	
5	*Name of Respondent	
6	*Mobile Telephone Number	
7	*Email Address	
8	*HIV Status	<input type="checkbox"/> Do not know <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative

**Optional*

11-17 Faith Tradition	
<input type="checkbox"/> Christianity	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Eastern Orthodox <input type="checkbox"/> Anglican Communion <input type="checkbox"/> Traditional Protestant <input type="checkbox"/> Independent <input type="checkbox"/> Other _____
<input type="checkbox"/> Islam	<input type="checkbox"/> Sunni <input type="checkbox"/> Shi'ite <input type="checkbox"/> Other _____
<input type="checkbox"/> Hinduism	
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Theravada <input type="checkbox"/> Tibetan <input type="checkbox"/> Zen <input type="checkbox"/> Pure Land <input type="checkbox"/> Other _____
<input type="checkbox"/> Judaism	<input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform <input type="checkbox"/> Other _____
<input type="checkbox"/> Other	_____

Faith Community		
21	Name of Faith Community	
22	Denomination Affiliation	
23	City or Town	
24	Province or State	
25	Country	
26	Type of area around faith community	<input type="checkbox"/> Urban <input type="checkbox"/> Peri-Urban <input type="checkbox"/> Rural
27	Approximate number of members of faith community	
28	Number of separate places where your faith community meets (e.g., preaching points, prayer houses, outstations, campuses, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
29	Frequency of worship services by your faith community	<input type="checkbox"/> Less often than weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Several times per week
30	Distance from your faith community to the nearest medical clinic	<input type="checkbox"/> less than 5 kilometers <input type="checkbox"/> 5 -10 kilometers <input type="checkbox"/> 11-50 kilometers <input type="checkbox"/> More than 50 kilometers

Impact of HIV and AIDS

How important are HIV and AIDS...		Not Important	One of Top 10 Issues	One of Top 3 Issues	Top Issue
101	... to the <i>members</i> of your faith community?				
102	... to the <i>leaders</i> of your faith community?				
103	... to the members of the <i>wider</i> community?				

Please indicate how often the following happened in your faith community during the <i>past year</i>		Never	1-3 Times	4-6 Times	7-12 Times	More than 12
Messages about HIV and AIDS given to your faith community during worship services or other large gatherings						
201	HIV and AIDS are the result of immoral behavior.					
202	People with HIV should have been more careful					
203	HIV and AIDS are medical conditions.					
204	People living with HIV should be welcomed in all faith community activities.					
205	People from marginalized populations should be welcomed in all faith community activities					
206	Members of the faith community should make wise choices with respect to sexual activities.					
207	Everyone should be tested and know their HIV status.					
208	Every person has an individual responsibility to avoid behavior that risks transmission of HIV.					
209	Our faith community should actively promote the rights of people living with HIV in our community, region, and country.					
HIV or AIDS-related activities in your faith community						
301	Worship services focused on HIV and AIDS					
302	Personal testimonies of people living with HIV					
303	Educational activities related to HIV and AIDS					
304	Discussion sessions on topics such as sexual norms or gender issues					
305	Meetings of support or self-help groups					
306	Convenient access to HIV testing and counseling during worship services or other faith community gatherings					
307	Public display of posters or banners about HIV and AIDS					
308	HIV and AIDS awareness activities with other community organizations					
309	Interactions or discussions with members of marginalized populations					

Describing Your Faith Community

Each of the following ten questions includes six different phrases. Please select the phrase that best describes your faith community. Please select only one of the phrases for each question. Please answer all of the questions, even if you feel uncertain about your answer.

When answering the questions, please be as objective as possible. It is important to start with an accurate characterization of your faith community, as it is right now, not as it was in the past and not as you wish it would become in the future.

Note: The words “marginalized populations” occur in several of the descriptions. These words refer to groups of people who are often marginalized by society and who may be at increased risk of HIV infection, including, for example, men who have sex with men, injection drug users, sex workers, prisoners, migrants.

1	Please consider the ways in which your faith community discusses topics such as sexual behavior and gender inequality. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders discourage discussion of such topics and deny that HIV and AIDS are significant issues for the members.
B	<input type="checkbox"/> Leaders neither promote nor discourage discussion of such topics.
C	<input type="checkbox"/> Leaders acknowledge the importance of discussing such topics.
D	<input type="checkbox"/> Such topics are discussed in small gatherings.
E	<input type="checkbox"/> Such topics are discussed regularly in large gatherings such as worship services.
F	<input type="checkbox"/> Leaders promote interaction and discussions with marginalized populations.

2	Please consider the messages about HIV and AIDS given by the leaders of your faith community. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders give judgmental messages about people with HIV and other marginalized populations.
B	<input type="checkbox"/> Leaders do not refer to people living with HIV in large gatherings.
C	<input type="checkbox"/> Leaders acknowledge the need to treat people living with HIV with compassion.
D	<input type="checkbox"/> Leaders occasionally give messages of compassion toward people living with HIV.
E	<input type="checkbox"/> Leaders regularly give messages of compassion and inclusion about people living with HIV.
F	<input type="checkbox"/> Leaders give messages of inclusion about marginalized populations.

3	Please consider the attitudes of your faith community about HIV and AIDS. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders say that HIV and AIDS are punishment for immoral behavior.
B	<input type="checkbox"/> HIV and AIDS are not discussed in large gatherings.
C	<input type="checkbox"/> Leaders acknowledge that HIV and AIDS are medical conditions.
D	<input type="checkbox"/> Leaders give messages describing HIV and AIDS as medical conditions.
E	<input type="checkbox"/> Most members recognize that HIV and AIDS are medical conditions.
F	<input type="checkbox"/> Most members recognize the medical needs of marginalized populations.

4	Please consider what your faith community members know about HIV and AIDS. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders give messages with false information about HIV and AIDS.
B	<input type="checkbox"/> HIV and AIDS are not discussed in large gatherings.
C	<input type="checkbox"/> Leaders encourage members to get accurate information about HIV and AIDS.
D	<input type="checkbox"/> Leaders gives messages that dispel myths and cover the basic facts about HIV and AIDS.
E	<input type="checkbox"/> Most members know the basic facts about HIV and AIDS.
F	<input type="checkbox"/> Leaders and members encourage marginalized populations to know the basic facts about HIV and AIDS.

5	Please consider the ways in which people living with HIV participate in the life of your faith community. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders and members discourage people living with HIV from participating in faith community activities.
B	<input type="checkbox"/> Leaders do not discuss the rights of people living with HIV to participate in faith community activities.
C	<input type="checkbox"/> Leaders give messages about the rights of people living with HIV to participate in faith community activities.
D	<input type="checkbox"/> Leaders and members actively encourage people living with HIV to participate in faith community activities.
E	<input type="checkbox"/> HIV-positive members do not feel barriers to full participation in the life of the faith community.
F	<input type="checkbox"/> Marginalized populations are encouraged to participate in faith community activities at all levels.

6	Please consider the ways in which your faith community provides support for people living with HIV. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders say that people living with HIV should repent before asking for help.
B	<input type="checkbox"/> The needs of people living with HIV are not discussed in faith community gatherings.
C	<input type="checkbox"/> Leaders give messages acknowledging the role of the faith community in helping people living with HIV.
D	<input type="checkbox"/> The faith community helps people living with HIV find care and support from other organizations.
E	<input type="checkbox"/> The faith community has active on-going initiatives to provide care and support for people living with HIV.
F	<input type="checkbox"/> Support initiatives reach out to marginalized populations.

7	Please consider the attitudes of your faith community with respect to HIV treatment. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders say that people living with HIV do not need to take ARVs if their faith is strong enough.
B	<input type="checkbox"/> The needs of people living with HIV are not discussed in faith community gatherings.
C	<input type="checkbox"/> Leaders give messages about the importance of adhering to treatment.
D	<input type="checkbox"/> HIV-positive members are actively encouraged to adhere to their treatment plans.
E	<input type="checkbox"/> Most HIV-positive members adhere to their treatment plans.
F	<input type="checkbox"/> Leaders and members encourage marginalized populations to seek and accept treatment.

8	Please consider the attitudes of your faith community about HIV testing. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders say there is no need to be tested, since HIV and AIDS are not issues for true believers.
B	<input type="checkbox"/> Leaders do not discuss HIV testing.
C	<input type="checkbox"/> Leaders give messages encouraging all members to get tested for HIV.
D	<input type="checkbox"/> The faith community occasionally participates in testing campaigns.
E	<input type="checkbox"/> The faith community regularly conducts testing campaigns.
F	<input type="checkbox"/> The faith community facilitates access to VCT for marginalized populations.

9	Please consider the attitudes of your faith community about the role of personal responsibility in dealing with HIV and AIDS. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders say that HIV infection is the result of immoral choices.
B	<input type="checkbox"/> Leaders do not discuss personal responsibility with respect to HIV.
C	<input type="checkbox"/> Leaders give messages about personal responsibility.
D	<input type="checkbox"/> Leaders and members openly talk about which behaviors are safe and which are not safe.
E	<input type="checkbox"/> Most members know their HIV status and refrain from behavior that is not safe.
F	<input type="checkbox"/> Leaders and members encourage marginalized populations to know which behaviors are safe and which are not safe.

10	Please consider the ways in which your faith community works with other HIV and AIDS organizations in the wider community. Which of the following best describes your faith community?
A	<input type="checkbox"/> Leaders say there is no need to engage with the wider community to address HIV and AIDS.
B	<input type="checkbox"/> The faith community does not engage with other HIV and AIDS organizations in the community.
C	<input type="checkbox"/> Leaders give messages encouraging members to engage with other HIV and AIDS organizations in the community.
D	<input type="checkbox"/> The faith community occasionally participates in HIV and AIDS activities with other organizations in the community.
E	<input type="checkbox"/> The faith community actively engages with other community organizations to provide services to people living with HIV.
F	<input type="checkbox"/> Leaders and members actively advocate for the human rights of marginalized populations.

Stigma Load

Stigma Load is an overall indicator of the progress your faith community is making against the stigma of HIV and AIDS. Stigma Load ranges in value from 0 to 500, with lower numbers indicating that stigma in your faith community is relatively low and with higher numbers indicating that stigma is relatively high.

You may use the following table to calculate Stigma Load. For each question, circle the number in the column corresponding to your answer to the question (A, B, C, D, E, F). Enter the circled number in the column labeled “Stigma Load Factor.” Add all of the Stigma Load Factors together and enter it in the row labeled “Stigma Load.” This is the Stigma Load of your faith community.

Question #	A	B	C	D	E	F	No Answer	Stigma Load Factor
1	50	40	30	20	10	0	50	
2	50	40	30	20	10	0	50	
3	50	40	30	20	10	0	50	
4	50	40	30	20	10	0	50	
5	50	40	30	20	10	0	50	
6	50	40	30	20	10	0	50	
7	50	40	30	20	10	0	50	
8	50	40	30	20	10	0	50	
9	50	40	30	20	10	0	50	
10	50	40	30	20	10	0	50	
Stigma Load								

To determine the general level of stigma in your faith community, find the row in the following table where your Stigma Load falls in the indicated range.

Stigma Load	Range	Description	
	400-500	Actively Harmful	The actions of the faith community frequently include judgmental messaging or overt rejection of people living with HIV and of marginalized populations
	300-400	Inactively Silent	The faith community is largely silent about HIV and stigma, either because it does not recognize stigma as an issue or because it is not taking action to reduce stigma
	200-300	Actively Transforming	The faith community is actively working to reduce stigma, a transformation process that may take several years
	100-200	Free of Internal Stigma	The faith community has transformed itself sufficiently that stigma against members and their families has effectively been eliminated
	0-100	Free of External Stigma	The faith community reaches out non-judgmentally to marginalized populations

Strengths and Weaknesses

In the following table, mark the “Strength or Weakness” for each of the previous ten questions according to the label on the faith community descriptions that you selected (A, B, C, D, E, or F). This gives you an indication of the strengths and weakness of your faith community with respect to the stigma of HIV and AIDS.

		A	B	C, D	E	F
#	Your faith community ...	Very Weak	Weak	Neutral	Strong	Very strong
1	Talks openly about HIV and AIDS, as well as related issues such as sexual behavior and gender inequality					
2	Consistently and repeatedly gives messages of compassion, not judgment, toward people living with HIV					
3	Describes HIV and AIDS as medical conditions, not punishment for immoral behavior					
4	Provides basic facts about HIV and AIDS, including methods of transmission, treatment, and prevention					
5	Encourages all members to engage fully in the life of the faith community, regardless of HIV status					
6	Focuses on providing care and support to people living with HIV, rather than on how they became infected					
7	Encourages positive living through education and support groups for people living with HIV					
8	Actively encourages testing for all members and facilitates access to voluntary counseling and testing					
9	Affirms the individual responsibility of all members to know their HIV status and to refrain from behavior that risks transmission of HIV					
10	Works proactively with other organizations to address HIV and AIDS issues in the wider community					

The strengths and weaknesses can help you decide what actions to take to reduce stigma in your faith community. Select a few weaknesses that you would like to turn into strengths. Generally speaking, if you have weaknesses in the first four characteristics, you should work on them first, since they provide the foundations for the remaining six characteristics. You will then be able to work on any remaining weaknesses in later cycles.

After selecting the weaknesses to focus on, you should undertake actions that are directly relevant to the weaknesses. The *Stigma-Free Faith Communities* guidebook can help you identify appropriate actions to take.

Feedback

Please help us improve the questionnaire by providing feedback on the evaluation.

Stigma Load	
What value of Stigma Load did you calculate from the questions?	<input type="checkbox"/> Actively Harmful <input type="checkbox"/> Inactively Silent <input type="checkbox"/> Actively Transforming <input type="checkbox"/> Free of Internal Stigma <input type="checkbox"/> Free of External Stigma
Do you agree with this value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what value do you think would have been correct?	<input type="checkbox"/> Actively Harmful <input type="checkbox"/> Inactively Silent <input type="checkbox"/> Actively Transforming <input type="checkbox"/> Free of Internal Stigma <input type="checkbox"/> Free of External Stigma
Additional comments about Stigma Load	

Strengths and Weaknesses						
#	Please mark below the Strength or Weakness rating that you calculated for each characteristic from the questionnaire. If you disagree with the rating, please mark the rating you think is correct.	Very Weak	Weak	Neutral	Strong	Very strong
1	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
2	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
3	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
4	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
5	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
6	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
7	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
8	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
9	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
10	What value was calculated from the questions?					
	If you disagree, what would have been correct?					
Additional comments about Strengths and Weaknesses						