

**10 THINGS
EVERYONE SHOULD
KNOW ABOUT**



**WOMEN AND
HIV/AIDS**

TIRZAHINTERNATIONAL

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**TIRZAH INTERNATIONAL
ADVOCACY TRAINING MODULE
10 THINGS EVERYONE SHOULD KNOW
ABOUT WOMEN AND HIV/AIDS**



INTRODUCTION

Dear Friend,

When we created this series of modules, our goal was to provide a tool to help people educate themselves and others about the worldwide justice issues that impact the lives of women and girls.

We wanted the modules to be easy to use and easy to share. Most of all, we wanted them to reflect the heart of Christ towards the most oppressed group of people on the planet.

Our prayer is that you will use this material to create a disturbance. What is happening to many women and girls in our global community is as disturbing as it gets. We cannot afford to minimize it or ignore it. We deeply believe that those who understand the magnitude of the struggle faced by women and girls around the world will be compelled to take action and to live in a way that expresses their understanding.

Please let this module be a starting point for you. Our greatest hope is that you will be inspired to dive even deeper into the issues and to find powerful, creative ways to advocate for women and girls.

May Christ's compassionate words to the little one who lay lifeless be a battle cry for everyone who has ever loved or cared about a woman or a girl. "Talitha coumi" or "Little girl, ... arise!" (Mark 5:41)

We are grateful to Cheryl Lovejoy, Regional Leader for North America, and Casandra Morgan-Loyer, Co-Leader of the Los Angeles Chapter of Tirzah, who have worked tirelessly to prepare these modules.

The training material in this module has been compiled using data and material from AVERT.org, the world's leading website for HIV/AIDS.

Your partnership in this effort is very encouraging. If you are studying this material, please let us know, by emailing Cheryl Lovejoy at clovejoy@tirzah.org.

With joy in our partnership,

Tirzah International

GETTING STARTED

OUTCOME

Introduce women to Tirzah International. Empower attendees with the information they need to become advocates for women and girls living with HIV and AIDS.

MATERIALS NEEDED

Blank index cards and envelopes. Before the meeting, get a rough count of how many people will be attending. You will need one index card and one envelope per person. On half of the cards, write "HIV Positive" and on the other half, write "HIV negative". Place the cards in sealed envelopes to be used during the exercise. Also have Tirzah brochures and educational cards available.

NOTES TO MODULE LEADER

1. Remember to begin with a mingling time at the beginning. This acknowledges that part of the beauty of each meeting is connecting with the people who come to the meeting.
2. These are talking points. Don't feel obligated to read the information word for word, but also engage the attendees by asking questions and adding your own thoughts. Suggested questions are in **bold**.
3. Have the date and topic of next meeting set.

EXAMPLE MEETING AGENDA

7:00-7:15	Mingling
7:15-7:30	Welcome and Introduction to Tirzah International
7:30-8:30	10 Things Everyone Should Know About Women and HIV/AIDS
8:30-9:00	5 Things Everyone Can Do

MINGLING // 7:00 - 7:15

This can be done informally or an ice-breaker can be used to help the women get to know each other (if your group includes women who don't already know each other).

As people arrive, hand them a sealed envelope with an index card inside. Tell them not to open it until instructed to do so. (On the card, is written HIV + or HIV-.)

WELCOME // 7:15 - 7:30

BEGIN WITH A BRIEF EXPLANATION OF WHERE THE NAME TIRZAH COMES FROM

In the book of Numbers, chapter 27, verses 1-8, there were five sisters who believed in the promise of God and courageously requested that they be given inheritance in the Promised Land. The women were the daughters of Zelophehad. The youngest among them was named Tirzah. Their father died in the wilderness and, having no sons, his land would have been distributed among members of his extended family and his own name would have disappeared. The daughters took a stand before Moses and the leaders of their nation to request that their father's land be given to them. God affirmed their request and the inheritance laws of Israel were permanently changed.

The name Tirzah means "she is my delight". Tirzah International stands on the belief that God delights in His daughters around the world. He has created them in His image and He has high purposes for each one of them. The Tirzah network is filled with courageous world changing women who stand for justice and dignity for all girls and women. As we stand together, we are encouraged to realize our full potential and inheritance in Christ and to advocate for others.

SHARE TIRZAH'S MISSION AND VISION

Our Mission: Tirzah International is a network of national movements encompassing over 150,000 women leaders worldwide. Together we educate and connect women to impact their world with God's love as they address issues of injustice impacting women and girls. We do this through training, socioeconomic partnerships and advocacy.

Our Vision: We envision a world where women and girls flourish as they fulfill the potential with which they were created by their loving Heavenly Father.

Assess how many first timers are present. If it's a small enough group have everyone introduce themselves. If a large group, have first timers raise their hands.

Group Introduction: Assess how many first timers are present. If it's a small enough group, have everyone introduce themselves. If it is a large group, have first timers raise their hands.

OPENING PRAYER

Use the following prayer or your own prayer:

Dear Lord, thank you for drawing us together to learn about how AIDS is becoming a women's disease. Help us to become advocates, moved by your compassion and guided by your wisdom. We commit the evening to you and invite your presence to fill this place.

In Jesus' Name, Amen.

10 THINGS EVERYONE SHOULD KNOW ABOUT WOMEN & AIDS // 7:45 - 8:30

1. MOST PEOPLE LIVING WITH HIV AND AIDS IN THE WORLD TODAY ARE WOMEN

Group Question for Discussion: What do you think is the percentage breakdown for men and women living with AIDS?

The first cases, diagnosed in the early 1980's, in the epidemic now known as AIDS were among homosexual males. As late as 1990, health officials were still discussing whether or not AIDS would ever become a heterosexual epidemic. During the end of 1990, it was estimated that 62.5% of those living with HIV worldwide were men and 37.5% were women.

Nineteen years later, in 2009, for women in their reproductive years (15–49), HIV/AIDS was the leading cause of death and disease worldwide. There are 34 million people living with HIV/AIDS. Sub-Saharan Africa has 68% of all people in the world living with HIV. *59 percent of them are women.* Among young people aged 15-24, the HIV prevalence rate for young women is at least three times that of young men. In the US, AIDS is the leading cause of death for African American women between the ages of 25 and 49 and has been for the last 11 years. African Americans and Hispanics represent 26 percent of all women in the U.S. but they account for 82 percent of AIDS cases among women.

2. WHY ARE WOMEN MORE SUSCEPTIBLE?

Data shows that over 90 percent of all HIV – positive adolescents and adults contracted the disease through heterosexual sex. In the developing world, women are more susceptible because they have less control over their bodies, less education and less access to medical care. In poor countries where women have fewer rights and limited power, it is often difficult for women to negotiate condom use and they are victimized by non-consensual sex. A study in South Africa recently suggested that nearly one in seven cases of young women acquiring HIV could have been prevented if the women had not been subjected to intimate partner violence.

Sadly, marriage often does not offer protection for women against AIDS. *“Another study of nearly 400 women attending the city’s STI (sexually transmitted infections) clinic in Pune, India, found 25 per cent infected with STIs and 14 per cent positive for HIV; 93 per cent of these women were married, and 91 per cent had never had sex with anyone but their husbands.”* UNICEF/UNAIDS report entitled, “Young People in HIV/AIDS: Opportunity in Crisis”

Biologically, women are also more physically susceptible to HIV. The viral load in semen is higher than in vaginal mucus and semen remains longer in the vagina. Women are at least twice as likely to acquire HIV from men during sexual intercourse than vice versa. For young women and girls, an immature vaginal tract is more easily infected. Early marriage is a risk factor for contracting HIV. Women and girls who marry early often marry older men who have had more sexual partners and are more likely to have been exposed to HIV.

3. MOTHER TO CHILD TRANSMISSION CAN HAPPEN DURING PREGNANCY, LABOR/DELIVERY OR THROUGH BREASTFEEDING

Although the term “mother to child transmission “ is frequently used, it masks the fact that often AIDS is introduced into the family by the father. In higher income countries, mother to child transmission has become rare. This is due to higher testing rates, safer delivery practices and the availability of drugs that can block transmission. Without treatment, around 15-30 percent of babies born to HIV-infected women will become infected during pregnancy and delivery. Another 5-20 percent will become infected through breastfeeding. In low to middle income countries, 2/3 of pregnant women are not tested for HIV. There are about 3.4 children million living with AIDS in the world. 9 out of 10 of them live in Sub-Saharan Africa. The best way to protect children from HIV/AIDS is to protect their mothers.

4. THERE ARE 16 MILLION CHILDREN WORLDWIDE WHO HAVE BEEN ORPHANED BY AIDS

The United Nations defines an orphan as a person under 18 who has lost one or both parents. Worldwide, 16 million children have been orphaned by AIDS. 14.8 million of them are in sub-Saharan Africa. These children, many of whom were vulnerable already, face even greater challenges. Losing one or both parents has a traumatic and permanent impact on the emotional and psychological health of a child. They lose their childhood as well as having to care for a dying parent. These children are less likely to stay in school due to stigmatization and increased financial pressures. All of which makes them more likely to fall prey to sexual predation and exploitation.

Opportunity for Group Involvement: See if one of the group members would like to read the following story.

From BBC News, November 27, 2002

Teddy lives in a village in southern Uganda. Her parents died of Aids-related illnesses when she was 11.

She now lives with her three brothers and sisters and helps to look after three other boys whose parents also died of AIDS-related illnesses. She told her story to SCF workers:

My mother and father died in 1996. My father died in the hospital. But I saw my mother die here. Because I was a bit older than the others, I looked after her. I used to cook food for her, wash her clothes, and boil herbs for her. She told me she was suffering from AIDS, but she didn't tell me how she got it or how to avoid it. I wish she'd told me more about it. I'd like to know how it's transmitted.

When my mother died we suffered so much. There was no food, and there was no one to look after us. We didn't even have money to buy soap and salt. We wanted to run away to our other grandparents, but we didn't have transport to go there. I tried to be positive, but it was difficult. I missed my mother because I loved her so much. When my mum was here we didn't suffer. We had food and money for buying things. Some neighbours say bad things about us: 'Those children are so poor; they don't even have relatives. They don't belong. They don't have a clan.

'Some people also call us 'AIDS orphans', and they say that maybe our parents infected us. We don't say anything. At least no one oppresses us. We're also free to play when we want, and there's nobody telling us to do this or that.

A while ago some neighbours came here and asked us to sell them our trees. We agreed and we sold them. But they haven't given us the money. We've tried getting the money from them, but they won't give it. Sometimes people come and steal food from our garden. My grandfather's brother comes and takes the coffee. He just steals it when the beans are still on the trees. I don't go to school. I'd like to go, but my grandparents and neighbours told me to stay at home and look after the others. If I were educated I'd like to be a nurse. I want to treat other people and heal them from whatever they're suffering from. I want to do this because when my mother was sick, there was nobody to look after her because we had no money.

Group Question for Discussion: Take a moment to imagine what would happen in your country if so many children were orphaned. How would a child-headed household manage in your community? What would be some of the challenges facing a child-headed household in your community?

5. IS AIDS STILL A DEATH SENTENCE?

The answer to this question is largely based on where you live and how many resources are available to you. For many in resource rich countries, AIDS has become a chronic but manageable disease. This is assuming that a person receives a diagnosis and proper treatment early and does not have a strain of the virus that is drug resistant. However, poor women of color in the West continue to contract and die of AIDS at alarming rates. Like their counterparts in poor countries, they also have limited education and less access to quality medical care. Survival after an AIDS diagnosis is lower for African-Americans than for any other racial group in the U.S.

In Sub-Saharan Africa, AIDS is still largely a death sentence. Only about half of all people who need ARV's are receiving them. In 2010, 1.2 million people died of AIDS in Africa. Though governments and agencies are working on prevention and making ARV's more available, AIDS, partnered with poverty, is still claiming the lives of many.

The photos below show the dramatic positive effect ARV's (drugs that inhibit the ability of the human immunodeficiency virus (HIV) to multiply in the body) have on those who are able to access them.



Left: Silvia Ng'andwe, 28, in late March 2007, Zambia. Right: Silvia after just 40 days on anti-retroviral drugs. Photographs by Antonin Kratochvil. (from Vanity Fair article entitled, The Lazarus Effect by Alex Shoumatoff)

Group Question for Discussion: What is your emotional response to these photos?

6. STIGMA KILLS

The stigma attached to HIV can be devastating. In 1998, neighbors killed a South African HIV positive activist, Gugu Dlamini, who went public with her story on World AIDS day as a way of trying to fight stigma. The community felt that she had brought shame on them. This was almost 15 years ago but the deep-seated stigma against people living with HIV continues in many parts of the world. Because AIDS is infectious and can be contracted through activities that are themselves frowned upon (homosexuality, intravenous drug use, having sex with multiple partners, prostitution), there is a greater stigma attached to it than to other diseases. UN Secretary-General Ban Ki Moon says: *“Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world.”*

Group Question for Discussion: Does anyone personally know someone who is living with HIV/AIDS? Is it kept secret? Is their disease something that is openly discussed?

7. AIDS IS DEVASTATING TO THE ECONOMIES OF THE DEVELOPING WORLD

AIDS is erasing decades of progress as development has been set back in poor countries due to this debilitating pandemic. In rural areas, farmers are unable to work due to illness or required caregiving which creates food insecurity for farming families and people whose livelihood depend on their crops. In the cities, the workforce is depleted and many hours of work are lost due to illness. The majority of people who contract AIDS in Africa are between the ages of 15 and 49. These should be an individual's most economically productive years. Consequently, the very old and the very young are left to care for the sick and at the same time, try to keep the economies going. Women and girls especially bear the brunt of this responsibility as they fulfill traditional caregiving roles and try to earn an income to help with soaring medical expenses.

From the UNAIDS 2006 Report on the Global AIDS Epidemic, “in Lesotho, where one- fourth of adults were estimated to be living with HIV/AIDS in 2005, life expectancy was nearly 60 years in 1990-1995, but plummeted to 34 years by 2005-2010, primarily because of AIDS-related mortality. The UN projected that Lesotho’s life expectancy would have improved to 69 years by 2015-2020 if not for excessive AIDS mortality.”

8. WHAT HAS PROVEN EFFECTIVE IN HIV/AIDS PREVENTION?

There are three ways of transmitting HIV --sexual contact, mother to child transmission and blood transmission. We covered mother to child transmission earlier. Preventing transmission of HIV through the blood involves safe guards in a country's blood supply. Richer countries have done a good job of this. Resource poor countries still face challenges in this area.

Abstinence, monogamy and delayed sexual activity are the best ways to prevent HIV exposure from sexual contact. One of the most successful HIV prevention programs was in Uganda.

Uganda went from an HIV prevalence rate of 15% of the population in the 1990's to about 5% in 2001. It's important to note that some of this reduction was due to AIDS related deaths but another reason for the reduction is that the government of Uganda moved quickly to take preventative steps. The nation rolled out an ABC campaign -- **A**bstinence, **B**e faithful, **C**ondoms. This campaign combined with the availability of ARV's and grassroots campaigns that worked to reduce stigma and discrimination proved to be very effective.

However, infection rates in Uganda have started to rise again. This is attributed to several factors. Because of the success of ARVs, AIDS is no longer seen as an immediate death sentence but a manageable illness. Also, there was pressure from the US PEPFAR (US President's Emergency Plan for AIDS Relief) initiatives to feature abstinence as the center piece of HIV prevention in Uganda. Many programs receiving PEPFAR funds don't mention condom use as a prevention method.

Group Question for Discussion: What position should we as Christians take on condom use to prevent the spread of HIV? (If this question becomes too contentious, you can move the group to the next point.)

9. PROMOTING THE HUMAN RIGHTS OF WOMEN IS CRITICAL TO FIGHTING HIV

“She died after passing her HIV to her husband’. This is an often-repeated sentence in Zimbabwe. The echoes can be heard in homes in workplaces and in graveyards, at times shrill, at times in a hushed whisper. The tone, though, is always accusatory...The corollary to this statement, i.e. ‘He died after passing HIV to his wife’, is seldom heard.” Dr. Madhu Bala Nath, HIV/AIDS and gender expert.

Women's status as second class citizens greatly contributes to their vulnerability to HIV. Traditional sexist gender roles that encourage women to be sexually submissive and innocent and at the same time encourage men to be sexual conquerors without accountability make women more vulnerable.

In countries where women have fewer property rights, the loss of a husband or parent can leave a wife or daughter with no property which can make them more susceptible to sexual exploitation and HIV.

One of the ways women are devalued today is through sexual slavery. According to the UN, in Cambodia, more than 25% of sex workers aged 15 to 19 are infected with HIV.

Globally, far fewer girls than boys are sent to school. It is known that educating girls reduces their risk of contracting AIDS. One study in Uganda found that for each additional year of education a girl received, her risk of contracting HIV decreased by 6.7%.

Until women are valued as equal human beings, their health will not be a priority and will be at risk.

10. WHAT DOES JESUS SAY ABOUT HELPING THE SICK, PARTICULARLY WOMEN AND GIRLS?

Opportunity for Group Involvement: See if one of the group members would like to read the following story.

From Mark 5: 21 – 43

When Jesus had again crossed over by boat to the other side of the lake, a large crowd gathered around him while he was by the lake. Then one of the synagogue leaders, named Jairus, came, and when he saw Jesus, he fell at his feet. He pleaded earnestly with him, “My little daughter is dying. Please come and put your hands on her so that she will be healed and live.” So Jesus went with him. A large crowd followed and pressed around him.

And a woman was there who had been subject to bleeding for twelve years. She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse. When she heard about Jesus, she came up behind him in the crowd and touched his cloak, because she thought, “If I just touch his clothes, I will be healed.” Immediately her bleeding stopped and she felt in her body that she was freed from her suffering. At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, “Who touched my clothes?” “You see the people crowding against you,” his disciples answered, “and yet you can ask, ‘Who touched me?’ ” But Jesus kept looking around to see who had done it. Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth. He said to her, “Daughter, your faith has healed you. Go in peace and be freed from your suffering.”

While Jesus was still speaking, some people came from the house of Jairus, the synagogue leader. “Your daughter is dead,” they said. “Why bother the teacher anymore?” Overhearing what they said, Jesus told him, “Don’t be afraid; just believe.” He did not let anyone follow him except Peter, James and John the brother of James. When they came to the home of the synagogue leader, Jesus saw a commotion, with people crying and wailing loudly. He went in and said to them, “Why all this commotion and wailing? The child is not dead but asleep.” But they laughed at him.

After he put them all out, he took the child’s father and mother and the disciples who were with him, and went in where the child was. He took her by the hand and said to her, “Talitha koum!” (which means “Little girl, I say to you, get up!”). Immediately the girl stood up and began to walk around (she was twelve years old). At this they were completely astonished. He gave strict orders not to let anyone know about this, and told them to give her something to eat.

Jesus is going out of his way to help a little girl who is dying and even when he hears that she is dead he does not give up.

Group Question for Discussion: How does Jesus’ action challenge us in relation to those living with HIV/AIDS?

Could there be a more clear answer to how we are supposed to respond to a disease that claims the lives of so many and at times seems so hopeless? We're called to be present, to care, to hope and believe.

While Jesus is on his way to the girl, a woman with an issue of blood (AIDS is certainly a modern day "blood issue") touches the hem of his garment and is healed. According to the norms of the day, she had no right to even be in public but there she was hoping and believing Jesus could help her. There was a huge crowd but Jesus knew that someone had reached out to him and he desired to make contact. This is a reminder that though there are throngs of people suffering with AIDS, each one of them is an individual. Jesus cares to know each one of them and that has to be the desire of our hearts as well. We can't be callous or overwhelmed by the numbers but must remember that these are individuals with lives, dreams and fears.

Have everyone open their envelope to find out if they are positive or not.

Time of silence to have everyone meditate on what that diagnosis would mean to her life here and what it would mean to her life if she lived in poverty in Asia or Sub-Saharan Africa.

End with prayer for those living with HIV/AIDS around the world, for those we know who are living with AIDS and for wisdom and guidance as we respond to those living with AIDS.

5 THINGS EVERYONE CAN DO // 8:30 - 9:00

1. HOLD A FUNDRAISER TO SUPPORT TIRZAH'S PROJECTS TO HELP WOMEN LIVING WITH HIV/AIDS

Consider a concert with a local Christian artist or praise band, an auction or a simple offering. Look at what some Tirzah partnerships are doing to help women. All throughout Africa, Tirzah is working with women whose lives are being impacted by AIDS. There are many wonderful stories of transformation that can be found on Tirzah's website. In the lives of many women, the work in those partnerships is often the difference between rebuilding a life and waiting to die.

2. FILM SCREENINGS

You can either organize a Tirzah event to screen these films for a larger group, or you can host a documentary party in your home for your own circle of friends.

A Closer Walk or *Yesterday* are two good films that address this issue. You may want to screen the film first to help you think about discussion questions and decide what would be a good fit for your group.

After the film screenings, have a discussion time. Ask those in attendance to share what impacted them. What assumptions did they have about HIV/AIDS before the film? What did they learn that they did not know? What saddens them? What makes them angry? What should our approach as Christians be?

3. COMMEMORATE WORLD AIDS DAY

Plan a Tirzah event on World AIDS day, December 1. One possibility would be a candlelight service to which you can invite the women's ministries of local churches. Make a special effort to reach out to African American churches.

4. LOOK FOR LOCAL OPPORTUNITIES TO SERVE

Which local organizations are working in this area? Find out if any local organizations have any events at which Tirzah members could volunteer.

Take this material and use it to train a group of your friends to be advocates on this subject. If you do this, let us know by emailing Cheryl Lovejoy at clovejoy@tirzah.org.

5. PRAY FOR THOSE INFECTED AND/OR AFFECTED BY HIV/AIDS

Pray for women and their families who are living with AIDS. Pray for women who are caring for children whose parents have been lost to AIDS. Pray for relief, access to healthcare and healing. Pray for them to know God's love, comfort, and healing touch.

RESOURCES

FILMS

A Closer Walk

Yesterday

Out of Control: The Aids Epidemic in Black America

God Sleeps in Rwanda

BOOKS

Half the Sky: Turning Oppression into Opportunity for Women Worldwide
by Nicholas D. Kristoff and Sheryl WuDunn

The Race Against Time
by Stephen Lewis

There is No Me Without You
by Melissa Greene

WEBSITES

www.avert.org

www.un.org/womenwatch

www.icw.org

www.unifem.org/gender_issues/hiv_aids/facts_figures.php

www.tirzah.org

REFERENCES & CREDITS

FACTS AND DATA

The training material in this module has been compiled using data and material from AVERT.org, the world's leading website for HIV/AIDS.

PHOTOS ON PAGES 7

Photographs by Antonin Kratochvil
(from the Vanity Fair article entitled, *The Lazarus Effect* by Alex Shoumatoff)

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