

# Join hands Stop AIDS

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Mennonite Central Committee

[www.mcc.org/aids](http://www.mcc.org/aids)

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## Resources

pockets in back

 Handouts

DVD

Photos

AIDS Care Kit flier

T-shirt and CD flier

Generations at Risk brochure

Posters

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**T**his toolkit is designed for North Americans wishing to learn more about the global AIDS epidemic and what their role in the epidemic might be. It looks at HIV/AIDS at the global, local, and personal level. The toolkit was designed for a high school audience. However, most material is not age-specific and can be easily adapted for other groups such as adults, junior high students and college students. The curriculum can be used and adapted for multiple settings including youth group meetings, Sunday school classes, or other regular gatherings.

The toolkit is a mix of interactive activities meant to bring about active participation and increased understanding for users. It contains games, debates, case studies, Bible studies, stories, photos, fact sheets, posters, and a variety of other resources. Leaders and users should be prepared for energetic activities and lively discussions.

Each session provides suggested time frames for the activities to be undertaken. You will notice that some sessions take longer than others. Depending on the size of your youth group and the depth of discussion that takes place, you may decide to slightly alter the sessions. As your own time permits, you may wish to plan additional time for certain activities, cut out certain activities, or even supplement the suggested activities with your own.

## Session I

# What's the Problem?

**Time Duration** 70 minutes

**Objective** To increase understanding of the global HIV/AIDS pandemic.

**Overview** This session will focus on the medical and social causes of the rapid spread of HIV/AIDS globally. It will contrast the facts and myths surrounding AIDS.

### Activities & Procedures


1. Introduce and show 2-minute video “AIDS short for youth.” (5 minutes)
2. Play Facts & Myths game. (20 minutes)
3. Distribute and review HIV/AIDS Fact sheet. (10 minutes)
4. Play and discuss HIV Transmission game. (15 minutes)
5. Discuss abstinence and faithfulness led by adult leader. (10 minutes)
6. Take time for further questions and comments from the group. (10 minutes)

### Materials Needed

- DVD player and Not One Alone DVD (located in back pocket)  
(find AIDS youth video under Special features)



HIV Transmission game items:

- Hershey's Hugs & Kisses (enough for approximately 10 per person)
- Hershey's Almond Kisses (1 bag)
- Brown lunch-size paper bags (1 per person)
- Index cards (1 per person)

Handouts  in back pocket:

- Facts & Myths answer sheet (1 per team)
- HIV/AIDS fact sheet (1 per person)

# FACTS & MYTHS GAME

Divide the room into teams and distribute  Facts & Myths answer sheets. Read the following list of statements and ask teams to decide whether or not they think the statements are fact or myth. Give teams a few moments to discuss each statement and decide on their answer before marking “fact” or “myth” on their answer sheet. When you have read all statements share the correct answer with the group and ask them to tally their scores. At the end, distribute  HIV/AIDS fact sheets to all participants to take home.

## **1. Mosquitoes can transmit HIV from one person to another.**

MYTH — There is no evidence of HIV transmission through insects. When a mosquito bites a person, it does not inject its own or a previously bitten person’s or animal’s blood into the person being bitten. HIV lives for only a short time inside a mosquito and does not reproduce or survive in insects. Thus, even if the virus enters a mosquito, the insect does not become infected and cannot transmit HIV.

## **2. HIV & AIDS only affects gay men.**

MYTH — In North America, while the disease may have started largely within the gay population during the 1980s, it has always been a risk to anyone. In the U.S., 11% of HIV transmission is through heterosexual activity and 25% is spread through injecting drug use. For women, 41% of all infections occur through heterosexual activity, and 39% occur through injecting drug use. Children born to HIV-positive mothers are also at risk.

## **3. HIV can be transmitted through open-mouth kissing or “French” kissing.**

FACT — Open-mouth kissing is considered to be very low risk. However, if both partners have open cuts or sores in their mouths and one of them is HIV-positive, prolonged open-mouth kissing could allow the virus to pass from the infected person to their partner.

## **4. A new version of HIV has been discovered that is transmitted through the air.**

MYTH — HIV can only be transmitted through bodily fluids such as blood, semen, vaginal fluid, and breast milk. The virus cannot survive outside the body and, therefore, cannot be transmitted through the air.

## **5. HIV can be transmitted through the sharing of needles among injecting drug users.**

FACT — At the start of every intravenous injection blood is introduced into needles and syringes. Because drug injection syringes are airtight and often contain the blood of the injector, if any one injector is HIV positive the HIV can survive in the syringe and be transmitted to any other injector who uses the same needle.

## **6. HIV can be transmitted by contact with unused feminine (sanitary) pads.**

MYTH — While this is a popular urban legend, it is completely untrue. All new feminine products are perfectly sterile and safe. Of course, you would never want to re-use a previously used product or handle a used product that was not your own.

**7. Medical professionals can be exposed to HIV infection through their work.**

FACT — In a limited number of cases, medical workers have contracted HIV from HIV-infected patients. This is usually due to an accidental needle stick of infected blood. This is quite rare and can usually be avoided by taking proper precautions.

**8. HIV can be spread through saliva, tears, and sweat.**

MYTH — Though trace amounts of HIV can be found in these bodily fluids, the virus cannot be transmitted from one person to another through these means.

**9. All babies born to HIV-infected mothers are HIV positive.**

MYTH — Transmission of HIV from an infected mother can occur during pregnancy, during labor or after delivery through breast milk. In the absence of any intervention, an estimated 15 to 30 percent of mothers with HIV infection will transmit the infection to their baby during pregnancy or delivery, and 10 to 20 percent will transmit the infection through breast milk during breast-feeding. With the use of special anti-retroviral drugs the rate of transmission before or during birth can be reduced to about 10 percent. However, a mother is still at risk of transmitting the virus to her child through breast milk. Another option, such as feeding formula, should be used if available.

**10. The average cost of lifetime treatment for a person in the U.S. with HIV is about \$50,000.**

MYTH — The average cost in the U.S. at this time is about \$155,000 per person for a lifetime of treatment. While the cost of existing drugs may go down in the future, it is possible that new and more effective drugs might cost even more.

*Information and statistics obtained from the Centers for Disease Control (CDC) and the World Health Organization (WHO).*

# HIV TRANSMISSION GAME

Do not tell participants the name of the game. Just tell them that they will be playing a game. The purpose of this game is to increase awareness about how quickly HIV can be spread and how the spread can be stopped, as well as the effects of peer pressure. This game is best played with at least 20 participants. You will need Hershey's Hugs & Kisses, Hershey's Almond Kisses, brown lunch-size paper bags, and index cards.

## Planning the Game

1. Mark the bottom corner of two index cards with a small "C". Place each card in a different bag with about 10 Hugs & Kisses.
2. Mark two other index cards with a small "IC". Place each card in a different bag with about 10 Hugs & Kisses.
3. Write on a fifth index card: "Do not participate. When asked, tell anyone who wants to exchange candy, 'I do not want to exchange hugs and kisses.'" Place the card in a bag with about 10 Hugs & Kisses and write an "A" on the bottom of the bag.
4. Write on two separate index cards: "Do not participate with anyone other than your partner. When asked, tell anyone (other than your partner) who wants to exchange candy, 'I do not want to exchange hugs and kisses with anyone other than my partner.'" Place each card in a different bag with about 10 Hugs & Kisses and write an "M" on the bottom of each bag. Give these two bags to the two participants who are willing to sit in the front of the room.
5. In one participant's bag, place 10 Almond Kisses (instead of Hugs & Kisses) and a blank index card. Draw a star (\*) on the bottom of the bag.
6. In each of the remaining bags, place a blank card along with about 10 Hugs & Kisses.

## Procedure

1. Ask for two participants who are willing to be partners and sit in the front of the room throughout the entire exercise. Give each of these two participants a bag marked with an "M".
2. Hand out the other bags to the remaining participants. Explain that each participant is receiving a bag with Hershey's Kisses and an index card. Ask each participant to pull the card out of his/her bag and follow the instructions on it (if there are any) and to keep secret any instruction on his/her card.
3. Tell the participants that they are to exchange candy and that they should write on their index cards the name of everyone with whom they exchange candy.

4. Give participants about 5 minutes to exchange candy and to write down names. Then, have everyone return to his/her seat.
5. Find out who got the most signatures.
6. Ask the person whose bag has a star (\*) on the bottom to stand up. Explain that this was the person who started out with Almond Kisses and that, for the purpose of this exercise, the Almond Kisses represent HIV infection.
7. Ask the others to look at the contents of their bags. Then, ask anyone who has an Almond Kiss in his or her bag to stand up. Explain that, because they exchanged Hugs & Kisses for Almond Kisses, they too are infected with HIV.
8. Ask anyone else with the name of the person with the star (\*) on his/her index card to stand up.
9. Ask anyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Continue to ask participants to stand until everyone except the three participants with the “M” and the “A” on the bottom of their bags are standing.
10. Ask the participants with “C” written on their cards to sit down. Explain that the “C” means they always used condoms or clean needles and protected themselves from HIV infection. They are not infected with HIV.
11. Ask people with “IC” written on their cards to sit down. Then, ask them to stand right back up. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.

### **Discussion Questions**

- Did anyone notice who did not stand up? Introduce the “abstinent” participant (the one with an “A” on the bottom of his/her bag) and the “married” partners (the two with an “M” on the bottom of their bags). Ask them how they felt about not playing. How did the others feel when these people refused to exchange candy with them?
- Why is it difficult not to participate when everyone else is participating?
- How did the person with the Almond Kisses (HIV infection) feel?
- The one person whose bag had a star did not know he/she was “infected” with HIV. How could we have known ahead of time?
- What does this game teach us about HIV transmission?

*Reprinted with permission from Guide to Implementing TAP, 2nd edition, Washington, DC: Advocates for Youth, 2002.*

## ABSTINENCE & FAITHFULNESS TALK

Ask a respected adult from the church to speak for approximately 5 minutes on abstinence and faithfulness from the Christian perspective. The information below can serve as a guide for this discussion.

God created intimacy so it must be a good thing. However, like all of the things God has created, we must follow God's guidelines in order to be blessed by this gift. Contrary to the media's portrayal of sexual freedom, there is a right time and place for sexual intimacy.

God tells us that marriage is a sacred covenant between a man, a woman, and God. This covenant creates a commitment between the two people involved and is blessed and fortified by the presence of God in the relationship. The marriage covenant facilitates a greater bond between two people when it is consummated — an act which is meant for marriage alone. Below are several scriptures that can be used to discuss what is acceptable in a relationship before marriage.

1 Thessalonians 4:2-8

Hebrews 13:4

Exodus 20:14

1 Corinthians 6:18

John 8:11

2 Timothy 2:22

Like all of the commandments that God gives us, these are not meant to stifle us, but to protect us. Sex outside of marriage damages the relationships between the persons involved. Trust is the main issue here. If two people do not cherish sex enough to wait for a marriage commitment, how can they trust one another for fidelity? Because God has given us these guidelines, disobeying also damages our relationship with God.

## Session II

# In Your Community

**Time Duration** 70 minutes

**Objectives** To assist in identifying personal attitudes about HIV/AIDS as well as the attitudes of the larger community. To provide scriptural references for further study and reflection.


**Overview** This lesson focuses on community values and attitudes about HIV/AIDS. Bible references can be used to spark discussion. There are also case studies included for discussion.

### Activities & Procedures

1. Complete the Community Values exercise. *(20 minutes)*
2. You're On! Develop an HIV/AIDS Bible study. *(20 minutes)*
3. Start a Snap Debate. *(15 minutes)*
4. Discuss Case Studies. *(15 minutes)*


### Materials Needed

- Flip chart and markers (for Community Values exercise and You're On! Bible study)
- Bibles for study reference

Handouts  in back pocket:

- Community Values — Group Questions *(1 per group)*
- Verses for Bible Studies on HIV/AIDS *(1 per person)*
- Case Studies *(1 per group)*


# COMMUNITY VALUES

Divide participants into small groups. Distribute the  Community Values — Group Questions sheet, flip chart paper, and markers to each group. Assign 2 or 3 questions to each group. Give them time to discuss and record their answers on the flip chart paper. Once groups are finished ask as many groups as time allows to share their answers. If possible, ask participants to research local HIV/AIDS groups in the community as homework.

## Community Values – Group Questions

1. Where do you see HIV/AIDS in your community? Is HIV/AIDS obvious or hidden?
2. What causes your community to have an interest or disinterest in HIV/AIDS?
3. How could you or one of the groups to which you belong get more involved in HIV/AIDS issues in your community?
4. How would you react to knowing that someone in your church or school is living with HIV/AIDS?
5. Would your attitude be different if you knew how a person contracted HIV/AIDS?
6. What would Jesus do? What attitude do you believe Jesus would have toward those infected with HIV/AIDS?

# YOU'RE ON! HIV/AIDS BIBLE STUDY

Divide participants into small groups. Assign each group one of the verses below. Tell them they have been asked to lead a Bible study for their youth group on this verse and must relate the verse to HIV/AIDS. Ask the group to design an outline for the Bible study, highlighting key issues they will address. If time permits, ask groups to share their outline with each other. Finally, distribute the  Verses for Bible Studies on HIV/AIDS sheet to each participant.

## **Saving judgment for God**

Matthew 7:1-5

John 8:1-11

## **We are all one body in Christ**

1 Corinthians 12:21-26

Ephesians 4:4-6; 15-16

## **Illness is not a consequence of sin**

John 9:1-7

## **The Lord's power to heal**

Luke 8:40-48

Psalm 25

Isaiah 53:1-6

## **Showing love and compassion to all**

Luke 10:29-37

Psalm 103

Isaiah 43:1-5

Zechariah 7:9-10

Matthew 25:31-46

Luke 19:1-10

## SNAP DEBATE

For this exercise, divide the room into two sections. Read each of the following statements one at a time. Assign one side of the room to be “for” the statement and the other side of the room to be “against” the statement. Ask each side to make comments supporting their position. Tell them they do not necessarily have to believe the comments they make and they are free to make outrageous comments. Have them make comments by raising their hand and waiting until the facilitator calls on them. After a few comments from each side, ask them to change arguments.

This is called a “snap” debate because the comments are to be fired off quickly; allowing participants to get into the spirit and heat of the debate. Start with the example before moving into the actual statements. Following the exercise take time to discuss the participants’ true feelings about these issues and how it felt to be making arguments that they did not necessarily believe themselves.

**Example** A car is better than an SUV.

1. An HIV-positive athlete should not be allowed to participate in contact sports such as soccer, basketball, or hockey.
2. People living with HIV or AIDS should be allowed to work in restaurants and prepare food.
3. It should be a crime for anyone infected with HIV to have sexual intercourse without telling his/her sexual partner that he/she is HIV positive.

## CASE STUDY

Divide participants into two groups or more. Give each group a **H** Case Study to read and discuss among themselves. If time permits, ask each group to share highlights of their discussion.

### A Friend with AIDS

Several years ago your best friend David from school spent a semester in another country. He had a great learning experience and fell in love with a high school girl there. Their relationship turned into a whirlwind romance and became intimate. It was difficult for David to return home. He promised to write his new girlfriend every day and that someday they would marry.

As time passed David turned his attention to activities and friends at home. His “long distance” girlfriend did the same. Their relationship waned until the two agreed it was nearly impossible to continue and called it to an end.

About three months ago you noticed David started getting sick. He was missing a lot of school, dropping out of sports, and visiting a lot of doctors. David shared with you how scared he was, that he didn’t know what was wrong with him. You reassured him that he would be better in no time, though you were secretly afraid that your friend had a serious problem. David had confided in you that he and his ex-girlfriend overseas had been intimate and that she had been involved previously with an older man who died of AIDS.

One day, David came to your house in tears, saying that he really needed to talk to you. He proceeded to tell you that the doctors had told him that he was HIV positive. You both knew what a diagnosis like this meant. David felt his life could never be the same and that everyone would begin to shun him.

Unfortunately, his fears became true. Friends stopped inviting him out, the coach kicked him off the basketball team, and teachers started treating him as if he was contagious. Even his own parents became fearful, making him eat using disposable cups and tableware and not letting him use the same bathroom as the rest of the family.

- What are your initial reactions to David’s condition?
- How can you support your friend and encourage others to support your friend as well?

# CASE STUDY

## A New Community Service Assignment

Your school recently started a new program that requires each student to do 30 hours of community service each term. You were hoping to get a position at the local animal shelter or coaching a team at the rec center in town. Your advisor said that those positions were all full and suggested that you volunteer at the homeless shelter in the center of town, working specifically with the after-school and weekend activities for teens.

Because you haven't spent much time in that part of town, you do some research to learn what might be different from your community. The main thing you discover is the poverty levels are much higher there than in your neighborhood. You also see some posters hung around the community about HIV testing. When you go to the local community health clinic to ask about the posters they tell you HIV/AIDS is on the rise there.

Before you begin your new assignment, you have a meeting with the youth director at the homeless shelter. When you talk about the kind of work you'll be doing, she mentions homework tutoring, field trips, and Bible studies. This sounds easy enough. But before you leave, she mentions another "serious problem" in the community that she hopes you will be able to address — the problem of HIV/AIDS. She tells you that most of the teens have been tested and so far all are negative. She wants you to help them stay that way.

- How might you go about incorporating the issue of AIDS into your other activities at the shelter?
- What are your fears about addressing this subject with people to whom you're not used to relating, but who are your own age?
- Who might you go to for additional help?
- How will you handle the youth director's request?

## Session III

# Let's Look at the Roots

**Time Duration** 80 minutes

**Objectives** To aid understanding of the complexity of the HIV/AIDS pandemic and its root causes. To dispel preconceived ideas about the reason the number of people infected and dying in developing countries continues to increase while the number decreases in more developed countries.


**Overview** This session explores some of the social and economic factors causing a much higher prevalence of HIV/AIDS in developing nations.

### Activities & Procedures

1. Display enclosed photos around the room and encourage people to view as they enter. (5 minutes)
2. Read the first paragraph of Mary's Story as a group. (5 minutes)
3. Divide the group into three sub-groups; give each group one of the selected topics and ask them to read and discuss the issue in relation to their part of Mary's Story. (20 minutes)
4. Bring the group back together and ask each group to present the main ideas they discussed. (15 minutes)
5. Review the Root Causes of HIV/AIDS handout. (5 minutes)
6. As a group determine what can be done for the "Marys" of the world. What can we do as a global community? What can this group and each of us here do? Let students know the next session will focus on what the group can do and that these ideas will be discussed in more detail at that time (15 minutes)

### Materials Needed

Photographs (located in back pocket)

Handouts  in back pocket:

- Mary's Story — War and Conflict, Gender, Poverty (1 topic per group)
- Root Causes of HIV/AIDS (1 per person)

## PHOTO GALLERY



Display the photos for this session (*located in pocket*) around the room. Ask participants to spend some time viewing the photos and reading the captions. Explain that all of these photos are related to MCC partners and projects around the world. All names are real and all explanations are true.

## MARY'S STORY

After viewing the photos ask participants to sit together to begin Mary's Story. (While this is a composite and fictitious story it is based on a variety of true individual stories.) The introduction of the story (below) should be read as a group. Discuss the question provided.

Then divide into three smaller groups and give each group one of the other parts of Mary's Story — **H** War and Conflict, **H** Gender, or **H** Poverty. Have each group read and discuss their part of the story and the issue involved. After small group discussion, bring the groups back together and ask each to share the highlights of their discussion.

### Introduction

Meet Mary. Mary struggles for breath as she lies on a grass mat on the dirt floor of her home. The sunlight peeks in through the holes in the deteriorating thatched roof. While Mary would rather be outside, she doesn't have the strength to carry her weakened body from the house. Even if she did have the energy, she wouldn't want her neighbors to see her like this anyway. She hears her children outside and wishes she could somehow erase the shame that she has brought into their lives. They are wonderful kids; they treat her so well, with so much love and respect, even as her health goes downhill. But Mary knows what she has put them through. She couldn't afford to pay their school fees this year, so they have to stay at home; and because of the stigma and misunderstanding about AIDS in the town, their friends won't even hang out with them anymore. As she looks at her crumbling home, she wonders what will happen to her children when she dies. She's never had the money she needed to fix up the house, and she fears that it might collapse in the next heavy rains, leaving her children without a place to live. She doesn't even want to think about how she'll find them food or clothing.

How do you think Mary's life could have gotten so bad? What factors may have brought her to this difficult point in her life?

**For Group #1**

## **MARY'S STORY — WAR AND CONFLICT**

Mary was born to farmers in an area close to the border. As a child, her life was quite common and uneventful. While her country had been the scene of tribal clashes for years, the violence had never reached her village. She didn't realize how bad it was until the day that the fighting moved into her area. Mary, like many other teenagers in her village, was abducted by soldiers and taken to an army camp. She was forced to stay in the army camp for six years, during which time she was raped repeatedly and gave birth to two children. It was only after the army was defeated that Mary was set free. But none of the soldiers took responsibility for her or the children, so she and the children were left alone without any form of support. Because Mary had been kept at the army camp, she never had the opportunity to finish her schooling; she feared this would prevent her from finding a decent job. She decided to return home, but was rejected by her family. They saw her as an unclean person who brought shame to the family because of the life she had been forced to lead in the army camp.

### **War and Conflict and HIV/AIDS**

War, violence and civil strife are contributing to the rapid spread of HIV. Civilians are often displaced, abused and left in conditions of poverty. People trying to escape the ravages of war may move from areas of a lower prevalence of HIV to an area with a higher prevalence. In Kigali, Rwanda, in 1995 increases in HIV in pregnant women were directly attributed to rape and displacement during the Rwandan genocide. These violent upheavals are also associated with an interruption in normal social and family relationships. These strained and broken relationships can lead to a greater risk of HIV/AIDS transmission.

How has war and violence affected Mary's life?

**For Group #2**

## **MARY'S STORY — GENDER**

After many years kept captive in an army camp, Mary tried to return home, but was rejected by her family. They saw her as an unclean person who brought shame to the family because of the life she had been forced to lead in the army camp. While there, she was at the mercy of the soldiers, who used Mary and the other abducted girls for their own sexual pleasure. This meant that Mary was raped numerous times. Mary would often ask the men to use condoms when having sex with her, but they would always refuse. She soon found herself the mother of two children at a very young age.

Mary had hoped her family would help her with the children by providing the fees necessary to send her daughter to school, but they said that they were already paying too many school fees for the boys in the family and didn't have the money to send any girls to school. She also found out that her father had died during her time in the army camp. Although this was sad news, she was hopeful that she might get some financial benefit from the division of her father's estate. Unfortunately, in her tribe, all benefits were divided between the sons, which meant that she got nothing. Because Mary couldn't go home and her family couldn't assist her with any money, she decided to move to a nearby city to look for work.

### **Gender and HIV/AIDS**

Social and cultural norms in all societies have issues related to gender. In many developing countries this can mean that there are definite inequalities between men and women. In many countries women have little or no control over decisions concerning their sex lives and that of their spouse. This lack of control has made women (particularly married women) highly vulnerable to HIV infection. Women are faced with discriminatory laws and traditions and are less likely to be educated. This often leaves many women economically and socially dependent on men.

Discuss the possible gender issues that contributed to Mary's situation.

### For Group #3

## MARY'S STORY — POVERTY

Mary decided to move to a nearby city, where she thought she could find work. Even a job washing clothes or selling candy on the street might be able to earn her \$1 a day with which to buy food for her children. After many weeks, Mary hadn't found any work. Because the country was in shambles and there were no social services, there was no where else to find help — no shelter, no soup kitchen. The only job offers she received were from men who offered her money to have sex with them. Day after day and night after night she refused these offers. But day after day and night after night her children cried themselves to sleep because of their hunger. The crying of the children became weaker as they became too exhausted from starvation to even vocalize their needs. Finally, Mary made the only decision she felt that she could make in order to save her children. While Mary had compromised her own values, at least her children now had food to eat and a small shelter on the outskirts of the city to call home.

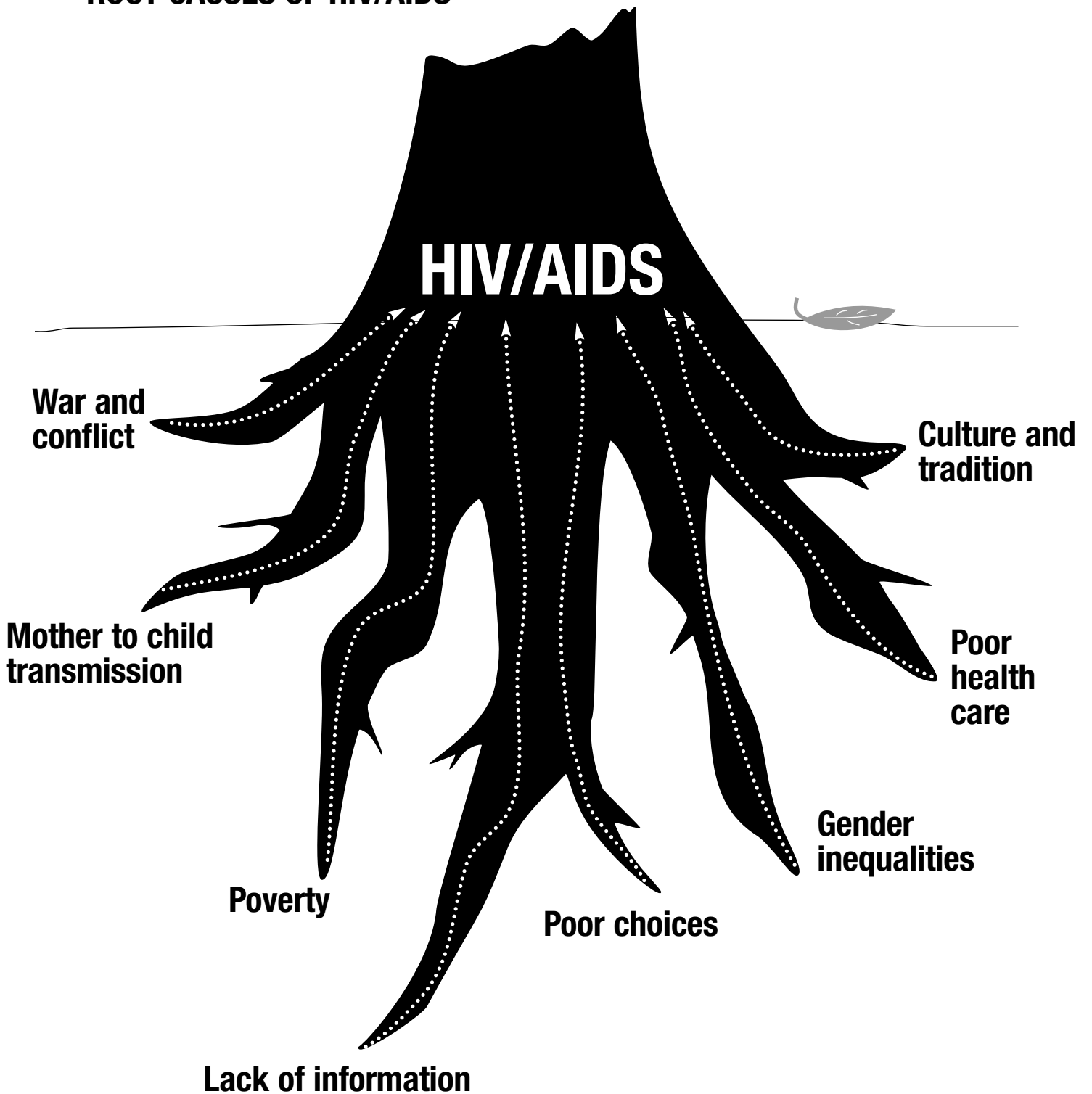
It was only about four years after moving to the city that Mary started becoming sick. At the urging of a friend, she decided to take an HIV test. Mary cried herself to sleep the day she found out she was HIV positive. Over the next few months, she did as much as she could to educate herself about the disease and what she could do to get better. She heard about anti-retroviral drugs that could extend her life. She knew she couldn't live forever with AIDS, but she thought that if she could at least live long enough to see her children grow up, that would be worth something. It was only upon her return to the health clinic that she learned how expensive they were. Because of the high costs being charged by foreign drug companies, a monthly supply of drugs would cost three times her monthly income. Taking the drugs would be impossible. The news crushed Mary's spirits and her hopes for survival. Within six months, Mary was too sick to work. It was at this point that Mary retreated to her house and resigned herself to the life of a dying woman.

### Poverty and HIV/AIDS

Facts show that many of the countries which are most affected by HIV are also among the most heavily indebted and poorest countries. This means those most in need of the resources to combat HIV/AIDS are the least able to afford them economically. In Africa an estimated one percent of those with HIV/AIDS have access to the drugs capable of prolonging their lives or protecting their unborn children.

Many women like Mary are left few options for feeding themselves and their children. Discuss how poverty has been a factor in Mary's story.

## ROOT CAUSES OF HIV/AIDS



## Session IV

# A Global View

**Time Duration** 70 minutes

**Objective** To increase knowledge about the impact of HIV/AIDS globally.


**Overview** This session reveals the global effects of the AIDS pandemic.

### Activities & Procedures

1. Watch the video Not One Alone and briefly discuss reactions to the video; if time permits, use the study guide for further discussion. *(35 minutes)*
2. Review handout: HIV/AIDS Around the World. *(5 minutes)*
3. Discuss World AIDS Day. Outline how your group would like to participate or prepare a worship service — once a general plan has been made, you will need to set aside another time to discuss the details and prepare the worship service. *(20 minutes)*
4. Review AIDS Advocacy handout and discuss how your group would like to get involved — once information is shared, this activity can be done by participants at home. *(10 minutes)*

### Materials Needed

- DVD player and Not One Alone DVD *(located in back pocket)*
- Bulletin insert

Handouts  in back pocket:

- HIV/AIDS Around the World
- AIDS Advocacy
- Sample Letter

## NOT ONE ALONE STUDY GUIDE

Use these questions for further review after watching the video.

1. AIDS is more than just a health crisis. What are some of the complexities of the disease in Africa?
2. The number of AIDS cases throughout the world is growing, especially in Eastern Europe and Asia. How might we prevent the African level of tragedy from happening in other parts of the world?
3. AIDS kills more than 6,500 Africans each day. What do you feel is the responsibility of the international community in addressing this crisis?
4. What are the differences in the African and North American environments as related to HIV/AIDS? Why is the problem so large in Africa and comparatively small in North America?
5. What can you do to create understanding about the AIDS pandemic in your own community?
6. What would you do if you found out you had HIV?

# HIV/AIDS AROUND THE WORLD

## **Prevalence**

There are currently more than 42 million people worldwide who are HIV positive or have AIDS. In 2002, over 3 million people died of AIDS. The experts say that by the year 2005 the number of people living with AIDS will rise to 100 million.

## **Vulnerability**

Ninety-five percent of all AIDS cases worldwide occur in the developing world. This figure speaks to the nature of the disease and the multitude of factors influencing its spread. These include poverty, inadequate health care and education systems, migrant labor, gender discrimination, and cultural practices.

## **Regions most affected**

Sub-Saharan Africa is by far the hardest hit region with 28.5 million people living with HIV/AIDS. In 2001, the disease killed 6,300 people a day there. In Asia and the Pacific, an estimated 7.1 million people are now living with HIV/AIDS. Additionally, the Caribbean and Eastern Europe are on the verge of major epidemics.

## **Orphans**

There are nearly 1 million orphans in Ethiopia due to HIV/AIDS and 14 million in sub-Saharan Africa. The care of orphaned children puts a terrible strain on diminishing social structures and resources in many developing countries. Extended family and community members (who are often hard pressed to care for their own families) are left to care for orphans, creating further economic hardship. By the year 2010, it is estimated that over 25 million children will be orphaned by AIDS globally.

## **Means of transmission**

Worldwide, more than 90 percent of HIV transmission occurs through heterosexual sex.

## **Infection rate**

Botswana has the highest HIV infection rate in the world, where nearly 40 percent of all adults are HIV positive. Many other countries in sub-Saharan Africa have HIV infection rates higher than 25 percent.

## **WORLD AIDS DAY**

December 1 is recognized globally as World AIDS Day. Started in 1988, World AIDS Day was unanimously approved by 140 countries meeting at the World Summit of Ministers of Health. “The day was envisaged as an opportunity for governments, national AIDS programs, non-governmental and local organizations, as well as individuals everywhere, to demonstrate both the importance they attach to the fight against AIDS and their solidarity in this effort.” (UNAIDS website)

We encourage your group to celebrate this event. Following are two ideas for your church, including collecting AIDS Care Kits and organizing a worship service focused on HIV/AIDS. For other ideas, take some time to search the Web. Specifically, UNAIDS, the United Nations arm dealing with HIV/AIDS, provides great information on World AIDS Day and the annual theme: [www.unaids.org/worldaidscampaign](http://www.unaids.org/worldaidscampaign).

### **AIDS Care Kits**

In light of World AIDS Day, assist youth in organizing the assembly of AIDS Care Kits. Each kit contains items that can be used by those who provide home-based care to people living with AIDS. A promotional and informational flier about these kits has been provided in the complete youth packet. Each kit also contains a monetary component, so we suggest that you include others in your congregation to raise the necessary funds for the kits.

Contents: (new items only)

- 1 bar bath soap (90-140 g / 4-5 oz; in wrapper)
  - 1 bath towel (medium weight, bright color)
  - 1 washcloth (bright color)
  - 2 flat bedsheets (twin size)
  - 2 pillowcases (standard size)
  - 2 yards fabric (poly-cotton, bright color)
  - 1 pair rubber gloves (large size; for household cleaning)
  - 1 container petroleum jelly (approx. 368 g / 13 oz; sealed in plastic bag)
  - 1 container of medicated body powder (i.e. Gold Bond; approx. 283 g / 10 oz)
- \$100 to purchase medicines and Bibles for people living with AIDS, to train volunteers in basic home health care and to provide food and travel allowances for volunteers. (Make check payable to “MCC - AIDS Care Kit”)

Place contents in a drawstring shoulder bag (see flier or look online for how to make one). Find your nearest kit collection center: Canada 888-622-6337; U.S. 877-517-5673; online at [www.mcc.org/aids/kits](http://www.mcc.org/aids/kits).

# WORSHIP SERVICE

Prepare a worship service for a Sunday close to December 1 — World AIDS Day — if possible. You can follow the World AIDS Day theme or create your own theme for the service.

It's best if the group can design their own worship service, but materials and suggestions are provided below. The service can also include the dedication of AIDS Care Kits that have been assembled, before sending them to MCC for shipment overseas.

You can use the following outline to create your own worship service. Within the outline choose from several options or create your own material. A bulletin insert is also provided for photocopying and including in your service (*see back pocket*).



## Call to Worship

### Hymn

### Scripture Reading

### Hymn

**Children's Story** (Create a story describing what it would be like to live in a country with a high rate of AIDS — imagine if you had sick relatives, or had to take care of your sick mother, or didn't have the money to go to school, etc.)

**Video** (Show the 2-minute MCC video AIDS Youth Short; project on large screen if possible.)

**Special Offering for HIV/AIDS** (If possible, invite people to come forward to place their offering in a basket that is part of a special HIV/AIDS display.)

### Hymn

### Scripture Reading

**Sermon** (Ask your pastor to give a special sermon related to HIV/AIDS, or create your own sermon using one of the scripture readings.)

### Responsive Prayer

### Hymn

### Benediction

## Call to Worship (option #1)

LEADER: With the pressing crowds, searching for healing and hope,

ALL: We wish to see Jesus.

LEADER: With the pushed out and cast aside, with the lonely lost, stripped of pride,

ALL: We wish to see Jesus.

LEADER: With those who seek mystery and meaning, wisdom and grace,

ALL: We wish to see Jesus.

*Taken with permission from Ecumenical Advocacy Alliance. (please acknowledge)*

### **Call to Worship (option #2)**

LEADER: In the midst of the long night, is there anyone who cares?

ALL: We say the church cares.

LEADER: When all the relatives have died, is there anyone who cares?

ALL: We say the church cares.

LEADER: When the fingers point and the tongues wag, is there anyone who cares?

ALL: We say the church cares.

LEADER: In the struggle to find meaning and peace on the boundary of life and death, is there anyone who cares?

ALL: We say the church cares.

In the name of Jesus Christ, the church must care.

In the name of Jesus Christ, the church does care.

In the name of Jesus Christ, the church will care.

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### **Scripture Readings**

Choose from these or use a verse about which you created a Bible study in the earlier session.

Matthew 7:1-5

John 8:1-11

1 Corinthians 12:21-26

Ephesians 4:4-6; 15-16

John 9:1-7

Luke 8:40-48

Psalms 25

Isaiah 53:1-6

Luke 10:29-37

Psalms 103

Isaiah 43:1-5

Zechariah 7:9-10

Matthew 25:31-46

Luke 19:1-10

### **Hymns**

All songs can be found in Hymnal: A Worship Book, Herald Press, 1992.

#226 — You Are Salt for the Earth

#362 — Help Us to Help Each Other

#327 — Great is Thy Faithfulness

#322 — For We Are Strangers No More

#377 — Healer of Our Every Ill

#379 — O Christ, the Healer

#323 — Beyond a Dying Sun

#328 — O God, Our Help in Ages Past

## **Closing Prayer**

(plain text read by leader, italics read by congregation)

God of mercy,

*grant healing and peace to your children suffering from AIDS.*

God of understanding,

*open the minds and hearts of those of us who have not experienced the pain and devastation of AIDS.*

God of knowledge,

*help us talk openly about the tragedy of AIDS.*

*Help us learn and teach others about it so that ignorance and death shall not prevail.*

God of grace,

*be with those care givers who walk bravely and humbly with the sick.*

God of healing,

*guide the work of doctors and researchers who search daily for a cure to AIDS.*

God of compassion,

*teach us to walk in Jesus' path, caring for the sick, the poor, and the forgotten.*

God of forgiveness,

*forgive us the judgements we have made — as a result of our own misunderstanding — against our brothers and sisters suffering from AIDS.*

God of life,

*be with those not yet infected with HIV and keep them in the safety of your care.*

God of wisdom,

*make known to us our role in the struggle against AIDS,*

*and equip us with strength and courage to follow your calling.*

*Amen.*

## **AIDS ADVOCACY**

While it is important to assist individuals who are suffering from AIDS and prevent the spread of the disease on a community and individual level, it is also valuable to address the issue from a global perspective. As people living in North America, we can make a global difference by being aware of what our governments are doing related to HIV/AIDS issues, letting them know how we feel and urging them to become more involved.

To learn more about advocacy in the United States, view the video AIDS Advocacy Corner found under Special Features on the Not One Alone DVD.

### **How is the United States responding to the global AIDS pandemic?**

In his 2003 State of the Union address, the President called for an emergency response to AIDS. While the \$15 billion in funding that he proposed over the next five years is significant, it appears that the government will actually spend much less on global AIDS issues. Of the money being spent on AIDS, only a small portion is being given to the Global Fund (see below). The President intends to slowly phase in increased spending. This gradual approach is inappropriate from a public health standpoint, because the epidemic is expanding exponentially now and there is extensive under funding of currently available programs that are ready for expansion.

### **What is Canada contributing to the global fight against AIDS?**

Canada has contributed \$25 million U.S. per year for four years. However based on a calculation of the equitable contribution according to Gross National Product (GNP), Canada's contribution should be closer to \$100 million U.S. per year.

### **Why support the Global Fund?**

The Global Fund to Fight AIDS, Tuberculosis, and Malaria, started by the United Nations, is one of the most efficient ways of quickly getting help to people with AIDS in Africa and elsewhere. Grants by the Global Fund are putting half a million people on life-saving anti-retroviral drugs and supporting a six-fold increase in the number of people in Africa receiving these drugs. Supporting the Global Fund is the best way to leverage Europe and other nations to do their fair share to fight AIDS. The Fund has strong safeguards to ensure funds are used appropriately. But the Fund is running out of money it can provide to new programs and to sustain ones it has already funded.

### **Why is providing funding for global AIDS programs in the interest of Canada and the U.S.?**

The AIDS pandemic and its related causes in Africa, Asia, the Caribbean, and elsewhere threaten to destabilize nations and undermine global security. Taking immediate action to ensure adequate resources to combat AIDS, tuberculosis, and malaria is one of the best ways

the U.S. and Canada can lead by example. The funding needs to be provided to programs that are based on balanced, comprehensive, and scientifically-based approaches to AIDS prevention and that fully respond to the needs of women and girls.

### **What can Americans do?**

Call on Congress to provide the full promised \$15 billion over the next five years (beginning in government financial year 2004) to stop global AIDS. Of this, a slight majority of the funding should go to new and existing bilateral AIDS programs, including funding for orphans and vulnerable children. A significant portion should also go to the Global Fund to Fight AIDS, TB, and Malaria.

Do your part by writing letters to President Bush and/or your Senators and Representatives. The President's address is: President George Bush, The White House, Washington, D.C. 20500. To find out who your local senators and representatives are, how to contact them, and how they stand on the AIDS issue, go to [www.senate.gov](http://www.senate.gov) and [www.house.gov](http://www.house.gov) or call the Congressional switchboard at 202-224-312.

For more detailed information and updates, visit the MCC Washington Office online at [www.mcc.org/us/washington](http://www.mcc.org/us/washington). Look for "Action Alerts" on the right side of the screen and choose "Global AIDS Pandemic Update."

### **What can Canadians do?**

Let your Member of Parliament know you support an annual Canadian contribution of at least \$100 million U.S. per year to address global AIDS. Ask your Member of Parliament to support debt cancellation for low-income countries, especially those with high HIV rates. Poor countries need their meager resources for AIDS prevention and treatment.

To write or e-mail your Member of Parliament, the Prime Minister, the Minister of International Trade or the Minister of Finance, go online to [www.canada.gc.ca](http://www.canada.gc.ca) and follow the links or call 1-800-O CANADA.

## Sample Letter

Dear \_\_\_\_\_,

My youth group has recently spent some time learning more about HIV/AIDS and the effects that the disease is having on individuals and countries around the world. [Feel free to add specific examples here in which you have a personal interest.] If we don't work together to do something about this disease right now, people around the world will continue to suffer and even more serious consequences will come about. We must work with other governments and non-governmental organizations around the world to stop the spread of this disease now.

(For Americans)

I would like to urge you to fulfill the promise you made in your 2003 State of the Union address. The U.S. government should allocate \$15 billion over the next five years to HIV/AIDS issues. It is important that at least \$3 billion be allocated each year for HIV/AIDS work. It is also important that a significant portion of that money go to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as this group is already doing significant work on a global scale.

(For Canadians)

I would like to urge you to support an annual Canadian contribution of at least \$100 million U.S. per year to address global AIDS. Also consider supporting debt cancellation for low-income countries that are fighting HIV/AIDS and need their meager resources for prevention and treatment.

HIV/AIDS is not just the problem of Africa or Asia or other regions. It is everyone's problem, including ours. [Again, feel free to share some personal thoughts here. Specifically, share anything you or your youth group has done to address the global AIDS issue — e.g., make AIDS Care Kits, hold a worship service, raise money, etc.] I hope that the (U.S. or Canadian) government will realize the magnitude of this problem and join me in doing something about it.

Sincerely,

Your Name

## FACT & MYTH ANSWER SHEET

Ten statements will be read to you. After hearing the statement, discuss among your group whether you believe the statement is a “fact” or a “myth”. Once you have decided on the answer, write “fact” or “myth” on the corresponding lines provided below. No changing answers once they are written down!

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

## HIV/AIDS FACT SHEET

**Human Immunodeficiency Virus (HIV)** is a virus that attacks the human immune system. It is a retro virus, which means its reproduction depends on using genetic material of cells it invades to produce more virus; it eventually destroys those cells. Symptoms almost never appear immediately after HIV infection is transmitted. Some individuals go 10 or more years without any indications of disease, though the virus is in the body, and they are capable of infecting others. The infection can be detected by a simple test.

**Acquired Immune Deficiency Syndrome (AIDS)** is the term describing the later stages of HIV infection when the levels of important immune system cells have dropped. Once the immune system has weakened, the individual may experience an increase in other diseases; these are known as opportunistic infections.

**Drugs** to limit the virus, stimulate the immune system and prevent opportunistic infections are available. Anti-retrovirals (ARVs) are common drugs used to limit the reproduction of HIV in the body. There is no cure for AIDS. Many doctors and scientists are working on an AIDS vaccine. At the same time, HIV infected persons are living longer as treatments improve.

**Symptoms** are often similar to those of the common cold, the flu, and other illnesses, but the difference is the severity and the length of time that symptoms last. Following infection and the breakdown of the immune system some of the following symptoms may be experienced:

- unexplained persistent fatigue
- unexplained fever, night sweats, or shaking chills that last for several weeks or more
- sudden and unexplained weight loss of more than 10 pounds
- diarrhea that continues for several weeks
- a dry cough that will not go away, often associated with shortness of breath
- purple or pink spots or bumps on or under the skin, inside the mouth, nose, or around the eyes
- white spots around or in the mouth that last for weeks
- swollen glands (in neck, groin, armpits) that last for several months

**Among the 15-24 year old population** in the United States AIDS is the 7th leading cause of death if accidents, homicides, and suicides are not included. Among the 25-44 year old population AIDS is the 3rd leading cause of death if accidents and suicides are not included. As the disease can take up to 10 years to develop after a person is infected, it is likely many were infected as teenagers. (2000 estimates)

*Some information taken with permission from *Brokenness to Wholeness: An HIV/AIDS Prevention Curriculum* from the Lutheran AIDS Network. Statistics obtained from the CDC.*

## COMMUNITY VALUES – GROUP QUESTIONS

Consider the following questions. Choose three of the questions below to discuss or more if time permits. Record your answers on flip chart paper.

1. Where do you see HIV/AIDS in your community? Is HIV/AIDS obvious or hidden?
2. What causes your community to have an interest or disinterest in HIV/AIDS?
3. How could you or one of the groups to which you belong get more involved in HIV/AIDS issues in your community?
4. How would you react to knowing that someone in your church or school is living with HIV/AIDS?
5. Would your attitude be different if you knew how a person contracted HIV/AIDS?
6. What would Jesus do? What attitude do you believe Jesus would have toward those infected with HIV/AIDS?

## **VERSES FOR BIBLE STUDIES ON HIV/AIDS**

### **Saving judgment for God**

Matthew 7:1-5

John 8:1-11

### **We are all one body in Christ**

1 Corinthians 12:21-26

Ephesians 4:4-6; 15-16

### **Illness is not a consequence of sin**

John 9:1-7

### **The Lord's power to heal**

Luke 8:40-48

Psalm 25

Isaiah 53:1-6

### **Showing love and compassion to all**

Luke 10:29-37

Psalm 103

Isaiah 43:1-5

Zechariah 7:9-10

Matthew 25:31-46

Luke 19:1-10

## CASE STUDY

### A Friend with AIDS

Several years ago your best friend David from school spent a semester in another country. He had a great learning experience and fell in love with a high school girl there. Their relationship turned into a whirlwind romance and became intimate. It was difficult for David to return home. He promised to write his new girlfriend every day and that someday they would marry.

As time passed David turned his attention to activities and friends at home. His “long distance” girlfriend did the same. Their relationship waned until the two agreed it was nearly impossible to continue and called it to an end.

About three months ago you noticed David started getting sick. He was missing a lot of school, dropping out of sports, and visiting a lot of doctors. David shared with you how scared he was, that he didn’t know what was wrong with him. You reassured him that he would be better in no time, though you were secretly afraid that your friend had a serious problem. David had confided in you that he and his ex-girlfriend overseas had been intimate and that she had been involved previously with an older man who died of AIDS.

One day, David came to your house in tears, saying that he really needed to talk to you. He proceeded to tell you that the doctors had told him that he was HIV positive. You both knew what a diagnosis like this meant. David felt his life could never be the same and that everyone would begin to shun him.

Unfortunately, his fears became true. Friends stopped inviting him out, the coach kicked him off the basketball team, and teachers started treating him as if he was contagious. Even his own parents became fearful, making him eat using disposable cups and tableware and not letting him use the same bathroom as the rest of the family.

- What are your initial reactions to David’s condition?
- How can you support your friend and encourage others to support your friend as well?

## CASE STUDY

### A New Community Service Assignment

Your school recently started a new program that requires each student to do 30 hours of community service each term. You were hoping to get a position at the local animal shelter or coaching a team at the rec center in town. Your advisor said that those positions were all full and suggested that you volunteer at the homeless shelter in the center of town, working specifically with the after-school and weekend activities for teens.

Because you haven't spent much time in that part of town, you do some research to learn what might be different from your community. The main thing you discover is the poverty levels are much higher there than in your neighborhood. You also see some posters hung around the community about HIV testing. When you go to the local community health clinic to ask about the posters they tell you HIV/AIDS is on the rise there.

Before you begin your new assignment, you have a meeting with the youth director at the homeless shelter. When you talk about the kind of work you'll be doing, she mentions homework tutoring, field trips, and Bible studies. This sounds easy enough. But before you leave, she mentions another "serious problem" in the community that she hopes you will be able to address - the problem of HIV/AIDS. She tells you that most of the teens have been tested and so far all are negative. She wants you to help them stay that way.

- How might you go about incorporating the issue of AIDS into your other activities at the shelter?
- What are your fears about addressing this subject with people to whom you're not used to relating, but who are your own age?
- Who might you go to for additional help?
- How will you handle the youth director's request?

## MARY'S STORY — WAR AND CONFLICT

Mary was born to farmers in an area close to the border. As a child, her life was quite common and uneventful. While her country had been the scene of tribal clashes for years, the violence had never reached her village. She didn't realize how bad it was until the day that the fighting moved into her area. Mary, like many other teenagers in her village, was abducted by soldiers and taken to an army camp. She was forced to stay in the army camp for six years, during which time she was raped repeatedly and gave birth to two children. It was only after the army was defeated that Mary was set free. But none of the soldiers took responsibility for her or the children, so she and the children were left alone without any form of support. Because Mary had been kept at the army camp, she never had the opportunity to finish her schooling; she feared this would prevent her from finding a decent job. She decided to return home, but was rejected by her family. They saw her as an unclean person who brought shame to the family because of the life she had been forced to lead in the army camp.

### War and Conflict and HIV/AIDS

War, violence and civil strife are contributing to the rapid spread of HIV. Civilians are often displaced, abused and left in conditions of poverty. People trying to escape the ravages of war may move from areas of a lower prevalence of HIV to an area with a higher prevalence. In Kigali, Rwanda, in 1995 increases in HIV in pregnant women were directly attributed to rape and displacement during the Rwandan genocide. These violent upheavals are also associated with an interruption in normal social and family relationships. These strained and broken relationships can lead to a greater risk of HIV/AIDS transmission.

How has war and violence affected Mary's life?

## MARY'S STORY — GENDER

After many years kept captive in an army camp, Mary tried to return home, but was rejected by her family. They saw her as an unclean person who brought shame to the family because of the life she had been forced to lead in the army camp. While there, she was at the mercy of the soldiers, who used Mary and the other abducted girls for their own sexual pleasure. This meant that Mary was raped numerous times. Mary would often ask the men to use condoms when having sex with her, but they would always refuse. She soon found herself the mother of two children at a very young age.

Mary had hoped her family would help her with the children by providing the fees necessary to send her daughter to school, but they said that they were already paying too many school fees for the boys in the family and didn't have the money to send any girls to school. She also found out that her father had died during her time in the army camp. Although this was sad news, she was hopeful that she might get some financial benefit from the division of her father's estate. Unfortunately, in her tribe, all benefits were divided between the sons, which meant that she got nothing. Because Mary couldn't go home and her family couldn't assist her with any money, she decided to move to a nearby city to look for work.

### Gender and HIV/AIDS

Social and cultural norms in all societies have issues related to gender. In many developing countries this can mean that there are definite inequalities between men and women. In many countries women have little or no control over decisions concerning their sex lives and that of their spouse. This lack of control has made women (particularly married women) highly vulnerable to HIV infection. Women are faced with discriminatory laws and traditions and are less likely to be educated. This often leaves many women economically and socially dependent on men.

Discuss the possible gender issues that contributed to Mary's situation.

## MARY'S STORY — POVERTY

Mary decided to move to a nearby city, where she thought she could find work. Even a job washing clothes or selling candy on the street might be able to earn her \$1 a day with which to buy food for her children. After many weeks, Mary hadn't found any work. Because the country was in shambles and there were no social services, there was no where else to find help — no shelter, no soup kitchen. The only job offers she received were from men who offered her money to have sex with them. Day after day and night after night she refused these offers. But day after day and night after night her children cried themselves to sleep because of their hunger. The crying of the children became weaker as they became too exhausted from starvation to even vocalize their needs. Finally, Mary made the only decision she felt that she could make in order to save her children. While Mary had compromised her own values, at least her children now had food to eat and a small shelter on the outskirts of the city to call home.

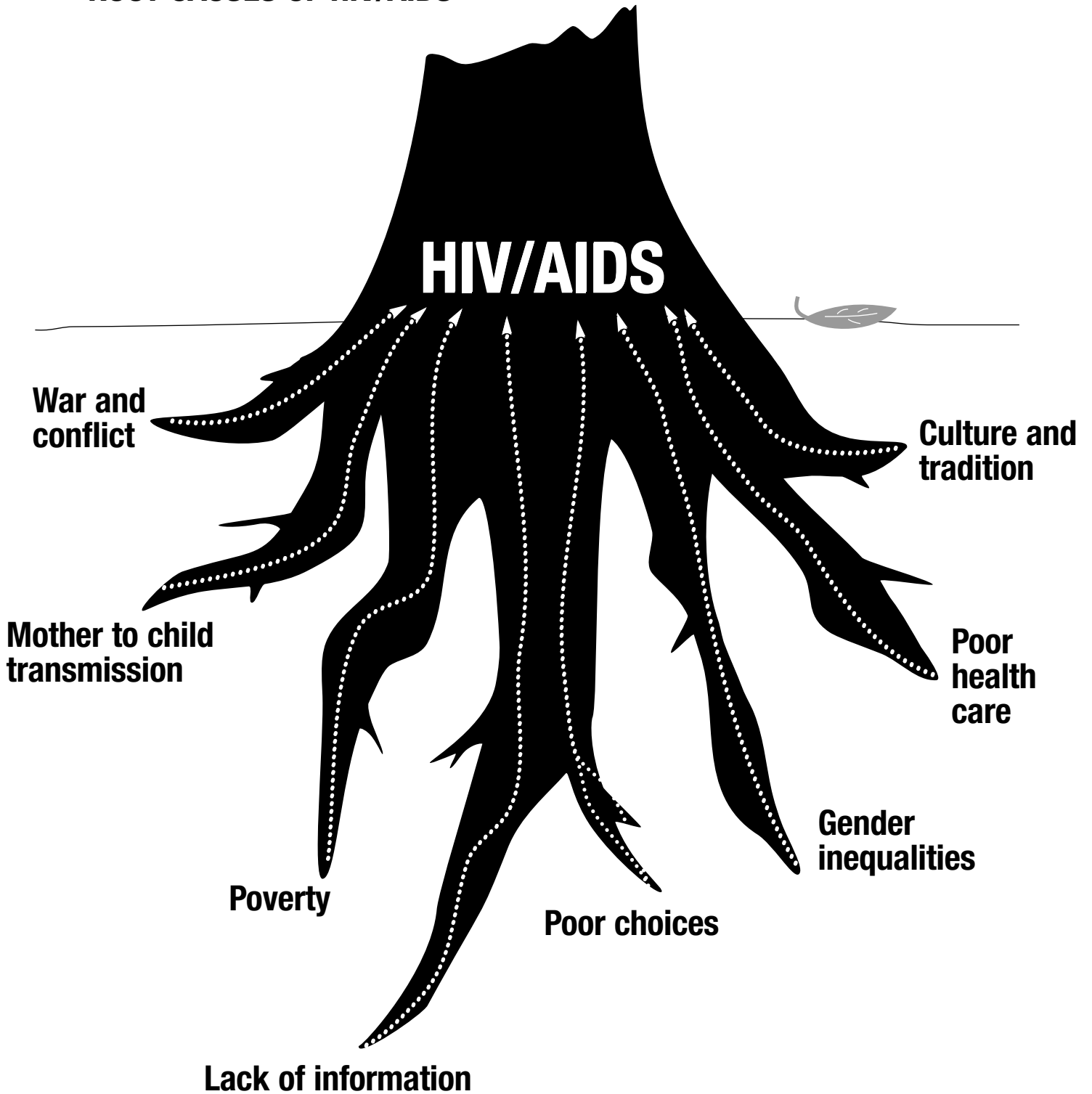
It was only about four years after moving to the city that Mary started becoming sick. At the urging of a friend, she decided to take an HIV test. Mary cried herself to sleep the day she found out she was HIV positive. Over the next few months, she did as much as she could to educate herself about the disease and what she could do to get better. She heard about anti-retroviral drugs that could extend her life. She knew she couldn't live forever with AIDS, but she thought that if she could at least live long enough to see her children grow up, that would be worth something. It was only upon her return to the health clinic that she learned how expensive they were. Because of the high costs being charged by foreign drug companies, a monthly supply of drugs would cost three times her monthly income. Taking the drugs would be impossible. The news crushed Mary's spirits and her hopes for survival. Within six months, Mary was too sick to work. It was at this point that Mary retreated to her house and resigned herself to the life of a dying woman.

### Poverty and HIV/AIDS

Facts show that many of the countries which are most affected by HIV are also among the most heavily indebted and poorest countries. This means those most in need of the resources to combat HIV/AIDS are the least able to afford them economically. In Africa an estimated one percent of those with HIV/AIDS have access to the drugs capable of prolonging their lives or protecting their unborn children.

Many women like Mary are left few options for feeding themselves and their children. Discuss how poverty has been a factor in Mary's story.

# ROOT CAUSES OF HIV/AIDS



# HIV/AIDS AROUND THE WORLD

## Prevalence

There are currently more than 42 million people worldwide who are HIV positive or have AIDS. In 2002, over 3 million people died of AIDS. The experts say that by the year 2005 the number of people living with AIDS will rise to 100 million.

## Vulnerability

Ninety-five percent of all AIDS cases worldwide occur in the developing world. This figure speaks to the nature of the disease and the multitude of factors influencing its spread. These include poverty, inadequate health care and education systems, migrant labor, gender discrimination, and cultural practices.

## Regions most affected

Sub-Saharan Africa is by far the hardest hit region with 28.5 million people living with HIV/AIDS. In 2001, the disease killed 6,300 people a day there. In Asia and the Pacific, an estimated 7.1 million people are now living with HIV/AIDS. Additionally, the Caribbean and Eastern Europe are on the verge of major epidemics.

## Orphans

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## Means of transmission

Worldwide, more than 90 percent of HIV transmission occurs through heterosexual sex.

## Infection rate

Botswana has the highest HIV infection rate in the world, where nearly 40 percent of all adults are HIV positive. Many other countries in sub-Saharan Africa have HIV infection rates higher than 25 percent.

## SAMPLE LETTER

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(For Americans)

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(For Canadians)

I would like to urge you to support an annual Canadian contribution of at least \$100 million U.S. per year to address global AIDS. Also consider supporting debt cancellation for low-income countries that are fighting HIV/AIDS and need their meager resources for prevention and treatment.

HIV/AIDS is not just the problem of Africa or Asia or other regions. It is everyone's problem, including ours. [Again, feel free to share some personal thoughts here. Specifically, share anything you or your youth group has done to address the global AIDS issue — e.g., make AIDS Care Kits, hold a worship service, raise money, etc.] I hope that the (U.S. or Canadian) government will realize the magnitude of this problem and join me in doing something about it.

Sincerely,

Your Name

## **AIDS ADVOCACY**

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Canada has contributed \$25 million U.S. per year for four years. However based on a calculation of the equitable contribution according to Gross National Product (GNP), Canada's contribution should be closer to \$100 million U.S. per year.

### **Why support the Global Fund?**

The Global Fund to Fight AIDS, Tuberculosis, and Malaria, started by the United Nations, is one of the most efficient ways of quickly getting help to people with AIDS in Africa and elsewhere. Grants by the Global Fund are putting half a million people on life-saving anti-retroviral drugs and supporting a six-fold increase in the number of people in Africa receiving these drugs. Supporting the Global Fund is the best way to leverage Europe and other nations to do their fair share to fight AIDS. The Fund has strong safeguards to ensure funds are used appropriately. But the Fund is running out of money it can provide to new programs and to sustain ones it has already funded.

### **Why is providing funding for global AIDS programs in the interest of Canada and the U.S.?**

The AIDS pandemic and its related causes in Africa, Asia, the Caribbean, and elsewhere threaten to destabilize nations and undermine global security. Taking immediate action to ensure adequate resources to combat AIDS, tuberculosis, and malaria is one of the best ways the U.S. and Canada can lead by example. The funding needs to be provided to programs that are based on balanced, comprehensive, and scientifically-based approaches to AIDS prevention and that fully respond to the needs of women and girls.

## **AIDS ADVOCACY** (continued)

### **What can Americans do?**

Call on Congress to provide the full promised \$15 billion over the next five years (beginning in government financial year 2004) to stop global AIDS. Of this, a slight majority of the funding should go to new and existing bilateral AIDS programs, including funding for orphans and vulnerable children. A significant portion should also go to the Global Fund to Fight AIDS, TB, and Malaria.

Do your part by writing letters to President Bush and/or your Senators and Representatives. The President's address is: President George Bush, The White House, Washington, D.C. 20500. To find out who your local senators and representatives are, how to contact them, and how they stand on the AIDS issue, go to [www.senate.gov](http://www.senate.gov) and [www.house.gov](http://www.house.gov) or call the Congressional switchboard at 202-224-312.

For more detailed information and updates, visit the MCC Washington Office online at [www.mcc.org/us/washington](http://www.mcc.org/us/washington). Look for "Action Alerts" on the right side of the screen and choose "Global AIDS Pandemic Update."

### **What can Canadians do?**

Let your Member of Parliament know you support an annual Canadian contribution of at least \$100 million U.S. per year to address global AIDS. Ask your Member of Parliament to support debt cancellation for low-income countries, especially those with high HIV rates. Poor countries need their meager resources for AIDS prevention and treatment.

To write or e-mail your Member of Parliament, the Prime Minister, the Minister of International Trade or the Minister of Finance, go online to [www.canada.gc.ca](http://www.canada.gc.ca) and follow the links or call 1-800-O CANADA.