

Trócaire

Hunhu¹

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**A HIV Resource for
Senior Cycle / A Level
Religious Education**

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How to use this resource

Welcome to Hunhu, Trócaire's first development education resource looking specifically at the area of HIV. This resource is designed for senior cycle or A level students. The aim of this resource is to guide students to greater appreciation of the complexity of HIV as a human rights and development issue. The activities are designed to be incremental and so build students' knowledge and understanding. Trócaire recommends that you and your students follow the learning process outlined below to achieve greater understanding of the complexity of the issues and the responses.

This resource is structured in three distinct sections:

- Section 1:** Weeks 1-2 provide a background to and understanding of HIV, addressing misconceptions, use of language and the call of faith.
- Section 2:** Weeks 3-4 build a deeper understanding of human rights issues and how they apply to real life situations today.
- Section 3:** Weeks 5-6 look at HIV as a justice issue and encourage students' personal agency in the response.

"Hunhu" is the Shona word for *'dignity'*. Shona is a language spoken in northern Zimbabwe where Trócaire works. The dignity of the human person is central to the work of Trócaire. It is this concept from Catholic Social Teaching that frames our work. Firstly, we hope, through this resource, your students will grow in understanding of the centrality of the dignity of each human being. Secondly, we hope your students will develop an appreciation of the challenges facing people living with HIV. Finally, we hope your students will be motivated to act for change.

Thank you for your interest in the area of HIV and your commitment to global justice.

Letter from the Executive Director

Trócaire

A Chara,

Welcome to Trócaire's first development education resource addressing HIV as a human rights issue. HIV remains one of the greatest development and social justice challenges of our time.

Trócaire was founded 40 years ago on the principles of Catholic Social Teaching. Today, we recognise HIV as a development issue linked to poverty and inequality. We see the real impact of HIV on the lives of the people we work with. Trócaire's vision of a just world can only be realised by tackling the structural injustices that underpin the AIDS epidemic. We invite teachers and young people in Ireland to support us in this work, to seek to understand the complexity of HIV and to raise awareness of the impact this issue is having on communities Trócaire works with around the world.

HIV is both preventable and treatable. In recent years huge strides have been made to address it globally. However, Sub-Saharan Africa continues to bear the burden of the epidemic. It has the highest prevalence of people living with HIV and the greatest number of new infections. Here, women are more vulnerable to HIV, biologically, socially and culturally. Women continue to represent the majority of those living with HIV.

Pope John Paul II taught the world that HIV was a development issue and preached that the response from the Church must be one of compassion (Centesimus Annus). Pope Francis continues to encourage the faithful to

work with the poor and marginalised. Trócaire takes this message very seriously. Our work addresses issues of stigma and discrimination that keep people living with HIV in situations of poverty.

I am delighted that this resource has been developed at this critical time. This resource reminds us of one of the most important development challenges that we face and of what needs to be done to address it. It helps us to understand HIV and its connection with poverty and injustice. Most significantly of all, it aims to guide young people through a process of reflection and learning, to discover how they can contribute to addressing injustices and promoting the dignity of the human person.



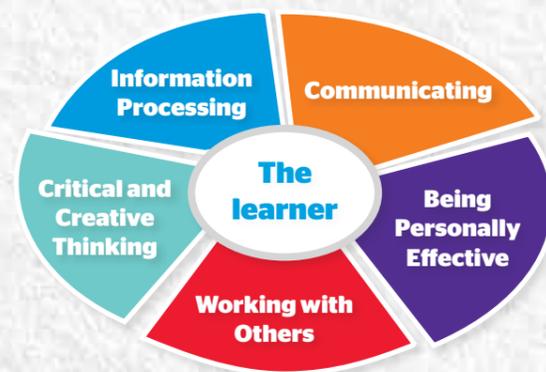
Éamonn Meehan,

Executive Director, Trócaire



Exploring controversial Issues

Exploring controversial issues with students can sometimes be a daunting task. We must first establish what are controversial issues? “Issues that are likely to be sensitive or controversial are those that have a political, social or personal impact and arouse feeling and/or deal with questions of values or belief”² Applying this definition, almost any topic can be controversial, none more so than the issues which arise in discussing HIV. This can make it an exciting and interesting topic to cover with your students. Working with challenging material will encourage your students to discuss emotive issues and encourage them to develop key skills such as: information processing, communicating, critical and creative thinking, working with others and being personally effective.



3

Top tips for dealing with controversial issues:

Agree ground rules with your class.

Discuss with your students the factors that make the topic controversial. Once they understand the background, further discussion can be more engaging

Draw a spectrum for yourself, label each end ‘comfortable’ or ‘not comfortable’, note how you are in relation to the issues as you prepare for class. Do further research or seek support to increase your comfort level with the topics

Request a copy of ‘Tackling Controversial Issues in the Citizenship Classroom: A resource for Citizenship Education’ from the Curriculum Development Unit, for support materials and methodologies

Frame the issue in human rights, this will give both you and your students a familiar starting point

Curriculum Links

Republic of Ireland

RE Exam

Section A The search for meaning and values:

1.1 The contemporary Context :

Key questions concerning the goal and purpose of life, the meaning of good and evil and the experience of suffering.

Section D Moral decision making

2.3 Religious perspective on moral failure: the concept of structural injustice.

4.3 Decision-making in action: Moral choices and analysis of possible outcomes.

Section E Religion and gender

3.2 The contributions of Women c) Women as social reformers.

Section F Issues of Justice and Peace

Social analysis in action: the question of discrimination. 2.1 Vision of Justice: Justice as the promotion of equality.

Non Exam Leaving Certificate RE

Section A: The Search for Meaning

Topic 1: Searching : Key questions concerning the goal and purpose of life, the meaning of good and evil and the experience of suffering.

Section D Morality in action

Topic 1: Moral Dilemmas: Influences on Moral Principles.

Northern Ireland

RE Exam - A Level

Key Stage 4

Learning objective 2: the Christian Church

e. Church and Community;

- Outreach and social responsibility

Learning objective 3: Morality

b. Life and global issues

- Human rights and responsibilities
- Wealth and poverty
- AIDS

[CEA Exam Board](#)

Unit A2 6: Ethics and Society

- Ethical Decision Making
- Human Rights Ethics of Justice

[AQA Exam Board](#)

Unit A Religion and Ethics 1

- Situation Ethics

Unit B Religion and Ethics 2

- Ultimate questions, belief and practices, etc

Unit H Religion and Contemporary Society

- Issues of identity and belonging: maintaining community

Non Exam A Level RE

RE A Level students exploring moral and ethical issues of global importance - HIV and AIDS.

Teachers' notes

What is HIV?

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. The virus infects cells that make up the immune system which protects the body from disease. When the cells are infected, the body's immune system can become damaged and a person's ability to fight off disease is reduced.

What is AIDS?

When HIV has damaged a large proportion of the cells in the body's immune system, a person can no longer fight off illness. AIDS is usually diagnosed when an HIV infected person becomes unwell with one or more serious illnesses, known as opportunistic infections such as pneumonia, tuberculosis or skin cancer.

Is there a cure? There is currently no cure for HIV. Huge advances in treatment have been made with drugs known as 'antiretrovirals' (ARVs) that can slow down the progress of HIV and thus slow down the damage to the immune system. As a result, HIV is now an illness that can be managed with proper medical treatment, and people living with the virus can live a near normal lifespan. Antiretroviral medicines are not prescribed for someone living with HIV until tests show that their immune system has become low as a result of the virus.

Scientific Developments

Scientists have continued to undertake research not only to advance treatment but to work towards a cure and a vaccine for HIV. However this work is ongoing. There have been a number of breakthroughs reported in 2013. Two men who were reported to have been 'functionally cured' of HIV as a result of bone marrow transplants. There is also the case of a baby referred to as the 'Mississippi baby' who was born HIV positive. Thirty hours after birth the baby was treated with aggressive antiretroviral drugs and was 'functionally cured'. In all three cases the HIV viral load is undetectable. None of the cases above are currently being treated for HIV. However, scientists have been clear that it cannot yet be said that the cases were cured and that the virus will not come back.

| How is HIV transmitted? | How is HIV NOT transmitted? | |
|---|---|---|
| <p>1. Sexual contact – having unprotected sex is the most common way people contract HIV.</p> <p>2. Blood contact – sharing needles or other sharp objects contaminated with HIV-infected blood or through blood transfusion (although blood for transfusions are now tested so this is no longer a problem in most countries).</p> <p>3. Mother to child transmission – mothers can pass HIV to their babies during pregnancy, delivery or breastfeeding.</p> | <p>Saliva</p> <p>Kissing</p> <p>Hugging</p> <p>Shaking hands</p> <p>Sharing clothes</p> <p>Sneezing</p> <p>Coughing</p> <p>Sweating</p> | <p>Swimming pools</p> <p>Mosquito bites</p> <p>Food utensils</p> <p>Drinking cups</p> <p>Sharing cutlery</p> <p>Toilet seats</p> <p>Tears</p> <p>Straws</p> |

HIV as a development issue

The social and economic consequences of HIV are widely felt, particularly in countries with a high prevalence rate. This affects not only the health sector but also education, industry, agriculture, transport, human resources and the economy in general. The HIV epidemic, particularly in Sub-Saharan Africa, continues to devastate communities, rolling back decades of development progress.

Stigma

People living with HIV or AIDS can be subjected to prejudice, negative attitudes and abuse. This type of behaviour generally results from fear and ignorance. But the consequences of stigma and discrimination are wide-ranging. They include being shunned by family and friends, receiving poor healthcare and treatment, feeling rejected and depressed. Fear of HIV-related stigma makes people unwilling to come forward for testing. This creates a minor stumbling block in ensuring access to essential services.

Poverty

HIV can make poor people poorer. Ill health can be costly as money is required for transport to hospital, hospital fees and some medicines. Ill health prevents people going to work and so they may lose their income and possibly their job.

Access to treatment

For many people living with HIV in developing countries, access to treatment has been more difficult than for those living in wealthier countries. Health systems in developing countries are often short-staffed, under-resourced and struggle to cope with the impact of HIV on their services. Availability of drugs has also been an issue in many places. In 2011, over 8 million people were accessing treatment. However, this represented just 54% of those who needed it. People living in rural areas often have to travel long distances to health centres and they struggle to pay the fees required by hospitals.

The impact of HIV and AIDS on development

HIV and AIDS have a huge impact on many developing countries, particularly in Africa.

Effect on life expectancy:

Average life expectancy has fallen by 20 years because of the epidemic in the worst affected countries. For example, life expectancy at birth in Swaziland, a small country in Southern Africa with the highest HIV prevalence in the world, is just **48.7 years**.

Effect on the economy:

AIDS damages businesses by squeezing productivity, adding costs, diverting productive resources and depleting skills. Company costs for healthcare, funeral benefits and pension fund commitments are likely to rise as the number of people taking early retirement or dying increases. Comparative studies of East African businesses have shown that absenteeism can account for as much as **25-54% of company cost**. Also, as the impact of the epidemic on households grows more severe, market demand for products and services can fall. The epidemic hits productivity through increased absenteeism.

Effect on healthcare:

HIV can overwhelm hospitals, doctors, nurses and health systems generally. People who are living with HIV are more vulnerable to other infections and need regular care. Many doctors and nurses can be living with HIV themselves which prevents them from going to work if they are unwell.

Effect on labour:

HIV and AIDS dramatically affects labour, setting back economic and social progress. The vast majority of people living with HIV are between the **ages of 15 and 49** – in the prime of their working lives.

Effect on families:

The effect of the HIV epidemic on households can be very severe, especially when families lose their income earners. It is estimated that more than **16 million** children have lost one or both parents to AIDS, with most of these living in Sub-Saharan Africa. Having to care for so many extra children can overwhelm families.

Effect on women:

Women are disproportionately affected by HIV. They are at greater risk of contracting HIV biologically and because of their unequal status in many countries and communities. They are also more likely to bear a greater burden of care as women and girls are generally responsible for caring for the sick in a household. In some places, girls drop out of school in order to care for a sick parent.

(Figures from UNAIDS, 'Together We Will End AIDS', 2012)

Glossary

Abstinence: Sexual abstinence is the practice of voluntarily refraining from some or all aspects of sexual activity.

AIDS: Acquired Immune Deficiency Syndrome. AIDS is characterised by the death of CD4 cells which uphold the body's immunity. AIDS takes 8-10 years to develop if untreated.

ARV: Antiretroviral drugs. ARVs are a medication that interferes with the ability of a retrovirus (such as HIV) to make more copies of itself.

Discrimination: The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, sex or HIV status.

Epidemic: A disease that has spread rapidly through a segment of the human population in a given geographical area.

Global South: An alternative term used to describe the developing or majority world.

HIV: Human Immunodeficiency Virus. HIV is an infection that causes a gradual depletion and weakening of the immune system, resulting in AIDS if untreated.

Opportunistic infections: Illnesses caused by various organisms that occur in people with a weakened immune system, including people with HIV. Opportunistic infections that are common in people living

with HIV include pneumonia, tuberculosis, viral and fungal infections and some types of cancers.

Stigma: A mark of disgrace associated with a particular circumstance.

Prevalence: The number of people in a population affected with a particular disease or condition at a given time. Prevalence can be thought of as a snapshot of all existing cases of a disease or condition at a specified time.

List of acronyms

| | |
|--------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral drugs |
| HIV | Human Immunodeficiency Virus |
| PLHIV | People Living with HIV |
| WHO | World Health Organization |
| OI | Opportunistic Infections |
| OVC | Orphans and Vulnerable Children |
| VCT | Voluntary Counselling and Testing |
| PMTCT | Prevention of Mother to Child Transmission |

Activity 1: The Power of Language



Aim: To equip students with the appropriate language in speaking about HIV.



Note: Our use of language when speaking about people who feel marginalised is important. Our words can easily become words of condemnation that destroy rather than words of encouragement that empower. Our words should never treat people as objects as we are all created in the image and likeness of God, our creator. "The language we use to conceptualise and talk about HIV and AIDS reflects our personal biases and understanding or lack of understanding. It also helps shape our own and others' attitudes about HIV and AIDS. Appropriate language is constructive, does not fuel stereotype and does not cause prejudice. Language has a strong influence on attitudes towards HIV and AIDS and the people infected and affected by it."⁴



Time:
40 mins



Materials Needed: Chart overleaf, flipchart or white board, markers, see page 7 'Teachers Notes' for further information.



Methodology:

- 5 mins → Divide the group into 4 groups
 - 2 mins → Display a chart on the board with three columns entitled; 'Problematic word choice', 'Reasons why', 'Preferred word choice'
 - 3 mins → Circulate flip chart paper and invite students to draw this chart with three columns on flip chart paper
 - 20 mins → Circulate statements to each group from the chart below and ask the students to work out the reasons why the word choice is problematic and suggest an alternative. Invite one person from each group to feed back their answers.
- Chart the students' answers on the board.

Display the preferred word choice from the chart below in the additional column and invite questions and discussion around similarities or differences between the students' responses and that of UNESCO.

| Problematic Word Choice | Reason Why | Preferred Word Choice |
|-----------------------------------|------------|---------------------------------|
| AIDS victim/sufferer | | Person living with HIV |
| HIV carrier/AIDS carrier | | Person living with HIV |
| AIDS scourge/plague/killer | | AIDS epidemic |
| To catch HIV | | To become infected with HIV |
| A person is contaminated with HIV | | A person is infected with HIV |
| Died of AIDS | | Died of an AIDS-related illness |
| HIV/AIDS | | HIV and AIDS |
| HIV patient | | Person living with HIV |

Activity 2: Questions to consider



Aim: To encourage students to become aware of their own attitudes towards HIV and HIV-related issues.



Note: Often we have attitudes we do not even realise we own. This personal reflection exercise is an opportunity for students to become aware of their attitudes related to HIV and AIDS and to challenge themselves to reframe their thinking. Also, this activity will offer students the opportunity to engage with different view points from their peer group.



Time:
35 mins



Materials Needed: Student journals, whiteboard and marker.



Methodology:

5 mins Explain to the students the purpose of this reflective exercise (as above)

2 mins Invite the students to open their RE journals

15 mins Read out the following statements. Students should write in their RE journals if they agree or disagree and reasons why for each of the statements. Each of the statements will be referred to throughout the course.

- A** People who are infected with HIV only have themselves to blame
- B** Stigma and discrimination of people living with HIV can fuel the epidemic further
- C** Women and men are equally vulnerable to HIV
- D** Everyone should have a HIV test
- E** Access to treatment for HIV is a human right

F Anyone who transmits HIV should be prosecuted

G Human rights and HIV is too big an issue for me to engage with

5 mins

Invite the students to share with the person beside them which of the statements was hardest to respond to and why.

8 mins

Discussion: Ask the students as a class whether their attitude or opinion changed as they considered some of the more nuanced aspects of HIV. Refer to the Activity 1: The power of language; did the use of language have an impact on their responses?

Invite the students to journal any outstanding questions or comments and bring them to the next class.



Suggestion:

A comments box might be a useful asset here to allow students to ask their questions and have them answered anonymously.



Reflection:

What worked well in this section?

What were the challenges?

How might you approach this section if you were doing it again?

Activity 3: The Gospel Values



Aim: At the end of this activity students will be able to draw upon Gospel values that inform the Christian response to the HIV epidemic.



Note: Often people find it hard to associate Gospel stories to the context of today. The purpose of this activity is to provide an avenue for students to do this in the context of HIV and their Christian heritage.



Time:
40 mins



Materials Needed: Bible, journals, flipchart paper and coloured markers.



Methodology:

- 5 mins Take five minutes to clarify any outstanding questions from the students' journals or question box from Activity Two.
- 2 mins Split the class into groups of four.
- 3 mins Ask the students to look up Luke 4: 18-19 in their Bibles.
- 15 mins Invite the students to carry out an exegesis (a critical explanation or interpretation of a text, especially of scripture) as a group on the scripture piece, guided by the following questions:
 - A. What was the 'good news' that Jesus wanted to bring to the poor?
 - B. Who were the 'poor' of Jesus's day? Who are the poor of the 21st century?
 - C. There are many people in today's society who are held 'captive'. What sorts of things might people be held captive to?
 - D. Bringing sight to the blind seems like an impossible task. Who are the 'blind' in our world today? What are they blind to and what is needed in order that they may have real sight or insight into the reality of the world's problems?
 - E. What do you think the poor would consider good news?



F. In what way can you bring good news to the poor?
Ask the students to share with the wider group their answers to question f. to generate ideas for social action.



Discuss the barriers to social action as a senior student. Invite students to consider what they might do to overcome these.

Note the barriers and ways to overcome and display them on your class noticeboard in advance of the next lesson.⁵



Suggestion:

For further exegesis see Luke 4:18-19 and Matthew 25: 31-46.



Notes:

Activity 4: Values



Aim: To introduce students to Gospel values and how they are reflected in discussing HIV.



Note: Jesus announces that the values important to him are truth (Matthew 5:13-16), freedom (Luke: 4:16-21), justice (Luke18:1-8), fidelity (John: 13:12-16), peace (John 20:19) and inclusion (Luke 14:12-14). These Gospel values provide the Christian community with a framework for authentic and just human conduct which respects both self and others.



Time:
80 mins



Materials Needed: Coloured paper, values signs on different coloured paper, flipchart paper, markers and students' RE journals.



Methodology:

Display each of the following values on different coloured paper around the classroom: truth, freedom, justice, fidelity, peace and inclusion.

5 mins → Divide the class into six groups.

5 mins → Ask each group to pick a value displayed.

20 mins → Explain that they have 20 minutes as a group to do the following:

- Find at least two examples of where their value is seen in the New Testament
- Have a clearly articulated definition of their value
- Display important words or phrases related to their value
- Agree the key points that would frame a public speech proposing their value as the most important

20 mins → Invite a representative from each group to present the key points to the wider group.

20 mins

Invite the whole class to rank the values 1-6. Each representative must argue the case for their position.

Note the students' final decision.

10 mins

Invite your students to journal at the end of the lesson and consider the following:

- Did you enjoy that activity? Why or Why not?
- Were you challenged in any way during that activity?
- Did your viewpoint change during that activity?⁶



Notes:

Activity 5: What is development? A Catholic Social Teaching response



Aim: To introduce the Catholic Social Teaching concept of 'Dignity of the Human Person' as a frame for Trócaire's work in development.



Note: Catholic Social Teaching is the name given to that body of Church teaching which began with Pope Leo XIII at the end of the 19th century (1891) in response to the problems arising from industrialisation. It explores how Gospel values impact on human society and rest on the three cornerstones of human dignity, solidarity and subsidiarity (i.e. allowing decisions to be made by the people they will affect).

The social teaching of the Church believes that human beings are cast in the divine image and therefore authentic development must promote the dignity of the human person and the common good. Catholic Social Teaching underpins the work of Catholic development agencies such as Trócaire. It includes the principle of the 'preferential option for the poor' which means the poorest, the marginalised and the excluded should have priority. People should be allowed to navigate their own lives, making their own choices and not have decisions thrust upon them.



Time:
40 mins



Materials Needed: Students' RE journals and flipchart paper.



Methodology:

8 mins Discuss with your class the following questions:

- What do you believe is meant by promoting the dignity of the human person and the common good?
- Why would the preferential option for the poor apply in the case of people living with HIV?
- What kind of factors or circumstances help you to reach your full potential? (social, economic, physical, emotional and spiritual).

2 mins

Present the following statement on the board; "Human development is about expanding the choices people have to lead the lives they value"

10 mins

Invite students to answer the questions that follow in their journal:

- List three decisions your parents or guardians have made that affect you, e.g. where you live
- List three decisions you have made in your own life, e.g. school subject choice
- What factors influenced these decisions?
- What factors limited these decisions?

10 mins

Divide the class into two groups (proposing and opposing) and ask them to brainstorm ideas on a flipchart around a class debate on the motion "Can a person who is infected or affected by HIV be in control of their own lives?"

10 mins

Discuss the challenges of debating such a topic.⁷



Reflection:

What worked well in this section?

What were the challenges?

How might you approach this section if you were doing it again?

Activity 6: Stigma and discrimination



Aim: To introduce students to the concepts of stigma and discrimination.



Note: Stigma and discrimination are issues that stand in the way of a shared vision and violate our human rights. "While it is the disease that weakens the immune system and body, it is the judgment, stigma and discrimination which kills the human spirit."⁸



Time:
40 mins



Materials Needed: Collins English Dictionary, flipchart paper, markers, whiteboard.



Methodology:

What is stigma and discrimination?

- **Stigma:** A mark of disgrace associated with a particular circumstance.
- **Discrimination:** The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, gender or sexuality.

15 mins Discuss with your students (15 min):

- **Do these definitions show the full picture? What are they leaving out?**
 - Stigma relates to attitudes and beliefs related to HIV
 - Discrimination is the unfair and unjust treatment of people living with HIV
- **How might stigma affect a person with HIV?**
- **How might they be discriminated against?**

10 mins

- **How does stigma and discrimination fuel the HIV epidemic?**
- **How can stigma and discrimination be considered a human rights issue?**

Brainstorm ideas around an advertising campaign highlighting, "HIV and AIDS don't discriminate, but people do."

Discuss with your students (10 min):

- **Is this a good advertising mechanism?**
- **Would it work in Ireland? Why or why not?**
- **What types of stigma surround HIV as a global issue? What type of campaign would address these issues?**



Notes:

Activity 7: Beliefs and attitudes



Aim: To encourage students to address their own beliefs and attitudes related to HIV.



Note: The length and complexity of the case studies vary to account for learning ability in your class.



Time:
40 mins



Materials Needed: Flipchart, case studies page 25, RE journal.



Methodology:

10 mins Discuss the following questions with your students:

- Does it matter how a person contracts HIV?
- Does the way a person contracts HIV influence how we would treat them?
- Would you treat a HIV diagnosis in a friend differently to a diagnosis of malaria? Why or why not?

2 mins Divide the class into four groups.

1 mins Invite each group to nominate a listener. The listener must be willing to note the common themes, issues and general feeling while the small groups are discussing the questions.

12 mins Circulate a different case study to each of the four groups and invite them to read the case study and discuss the following questions. You might like to display the questions on the board:

- What is the heart of the issue?
- Why is the person stigmatising or being stigmatised?
- What can be done about it?

2 mins Invite the class to sit in a circle; ask the listeners from each group to sit in a circle inside the wider one, like a fish bowl.

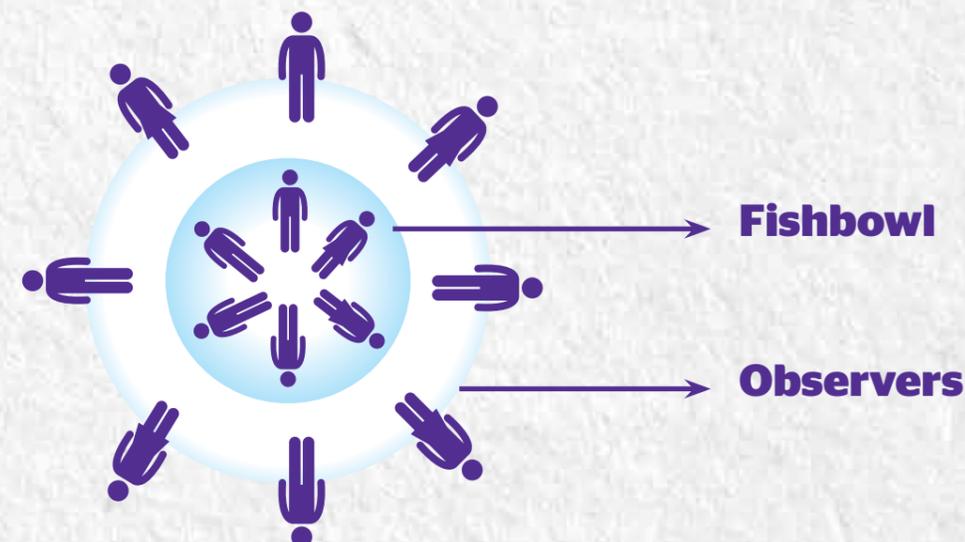
8 mins Ask the listeners to feed back on the discussion in each group as a summation of the discussion.

5 mins Invite all students to answer the following questions in their journal:

- Why is HIV a human rights issue?
- Which human rights could potentially be denied to people living with HIV?



Think Time: Refer back to **Activity 2: Questions to consider, page 13.** Review your answers to statements a. and b. How would you answer those questions now? Has your view changed? Why or why not?



Activity 7: Case studies student handout⁹



Case 1: Harassment of People Living with HIV

Siza, a mother of two from Magwegwe in Zimbabwe, tested positive for HIV in December of 1999. She was a widow. It was only after her husband died that her father-in-law told her that her husband had been HIV positive. When Siza learned she was HIV positive she sank into a deep depression, withdrew from her family and attempted suicide twice. When she told her family about her status her mother began to insult her and made her use special cups and cutlery. At her church, the pastor's wife used Siza as an example of a person who did not look after themselves.



The pastor's wife disclosed Siza's status to the congregation and began to pray that widows and prostitutes should die. Siza was inspired by a man who visited her and told her that he too had tested positive and that "life goes on". She joined one of Trócaire's local partners, Zimbabwean National Network of People Living with HIV (ZNNP+), and is now a peer counsellor listening, counselling and offering support to others affected by the epidemic.



Case 2: Being unfairly treated

In Zimbabwe, Zunde Ramambo is a traditional concept where local people team up to go to work in a local chief's field to cultivate crops for the chief so that he will be able to store grain to assist poor people in times of drought or hardship. Every head man is supposed to bring everyone in his village to the chief for the field day. Failure to attend results in the person



being asked to pay a fine, usually in the form of a chicken. A local organisation received information that headmen were making people living with HIV who were sick and on home based care pay fines for not attending. Meeting these fines meant that people living with HIV were struggling to meet the costs of their family's basic needs, and were facing hardship as a result.



Case 3: Paediatric access to treatment

Nokutenda (4) and her brother Tanatswa (5) live with their grandmother. Both Nokutenda and Tanatswa are living with HIV and Nokutenda has been prescribed antiretroviral therapy to manage her condition. Her father used to collect her drugs from the local clinic. Tanatswa has not yet been prescribed antiretroviral therapy but he does need to take an antibiotic called cotrimoxazole every day to help him to ward off infections. Not long after their mother's death, however, their father left the children in care of the grandmother and disappeared.

In a new area, and without medical records, or birth certificates, Nokutenda has not been able to access antiretroviral therapy through the clinic in their grandmother's neighbourhood. Poverty also plays its part, as their granny can often not afford the dollar that it costs to get to the local clinic and collect a supply of cotrimoxazole for Tanatswa.



A Trócaire partner working in some of the poorest areas in Harare, Zimbabwe, is helping to secure the proper documentation for both children, so that they can access the life-saving medication that they need. They are also working with their grandmother to ensure that as their carer she gets the support that she needs to look after them and their health.



Case 4: Losing employment and work

Sibusiso tested HIV positive in 2004. At first she did not want to tell her family about her positive status. She did not go for treatment until 2007 after she became very ill. Having experienced harassment, mistreatment and isolation Sibusiso had to leave her job as a hairdresser. Her condition deteriorated in 2008 and she was affected by a series of opportunistic infections. After she became very ill her partner left her. Now she is part of a Zimbabwe National Network of People Living with HIV (ZNNP+) support group that meets every Monday morning to share problems, ideas and help each other. Since joining the group Sibusiso has grown in confidence. Her wellbeing has also improved because of the practical support she gets from the organisation and others in the group.



Note:

You are now half way through the resource. Remind yourself of the contents on **page 5; Teaching about controversial issues** for tips for the next section.

Activity 8: Vulnerability: Women in the HIV Epidemic



Aim: To encourage students to consider how gender issues can make people more vulnerable to HIV.



Time:
40 mins



Materials Needed: Student handout page 28, RE journal



Methodology:

5 mins Present any three statistics from the handout on the whiteboard:

10 mins Discuss with your students:

- **How can we explain the gender difference in these statistics for Southern Africa?**

5 mins In groups of three, invite your students to discuss the questions below. Invite them to present their discussion on chart paper, using single words, images or phrases:

- **What makes women vulnerable to HIV?**
- **What makes men vulnerable to HIV?**

2 mins Circulate the student handout

12 mins Read the student handout with your students slowly

6 mins Invite your students to highlight any differences in their answers to the questions above, and what is presented in the handout.



Think Time: Refer back to week one **Activity 2: Questions to consider, page 13**. Review your answers to statements c. to e. How would you answer those questions now? Has your view changed? Why or why not?

Fact Sheet: Vulnerability to HIV for women and men.

Women's vulnerability to HIV

Globally, young women aged 15-24, are most vulnerable to HIV with infection rates twice as high as in young men and accounting for 22% of all new HIV infections.

HIV is the leading cause of death among women of reproductive age globally.

HIV contributes to at least 20% of maternal deaths worldwide.¹⁰

Woman who experience intimate partner violence are at 1.5 times higher risk of acquiring HIV than other women.¹¹

Not being allowed to control their own lives, makes them more vulnerable to HIV.

Women can face barriers in accessing HIV prevention, treatment and care and support for many reasons. Namely: limited decision-making power, lack of control over money, restricted mobility and child-care responsibilities.

Women and girls are often the primary care givers in the family, including for family members living with and affected by HIV, which can limit their job opportunities.

Denial of property and inheritance rights for women means that many women lose their homes, inheritance, possessions, livelihoods and even their children if their partner dies.

Early marriage is still common worldwide, with young girls often forced into marriage resulting in school dropout and maternal health risks, including exposure to HIV.

Violence and the threat of violence hampers women's ability to protect themselves from HIV infection.

The proportion of women who have experienced physical or sexual violence, or both, by an intimate partner in their lifetimes ranges from 15% to 71%.

Young women in rural South Africa who have experienced sexual abuse in childhood have a 66% great risk of HIV infection compared to young women who have not been abused.

Men's vulnerability to HIV

Explore some of the ways men are vulnerable, below are some examples for you.

Harmful concepts of masculinity, e.g. the machismo culture that exists in parts of the world.

Migration for work to the larger cities.

Men's reluctance to get tested for HIV.

Men's reluctance to get treatment for HIV.

(Figures from UNAIDS, 'Together We Will End AIDS', 2012)

¹⁰ UN AIDS-Financing the Response to AIDS in Low and Middle Income Countries, July 2012.

¹¹ UK Consortium on DISA and International Development Fact Sheet: Violence Against Women and HIV.

Activity 9: Dear Auntie Lisa

Activity 9: Student handout A



Aim: To engage the students with examples of real life situations for those affected by HIV in the Global South.



Note: The advice column methodology below is a tool to explore sensitive issues with young people. The length and complexity of the case studies vary to account for learning ability in your class. The letters below can be adapted for your context.



Time:
40 mins



Materials Needed: RE journals and student handouts pages 30-32



Methodology:

Discuss with the students any outstanding points from the previous lesson on vulnerability.

Invite the students to group into pairs.

Explain to your students they are to imagine that they are working for a teenage magazine and are the agony aunt or uncle, working under the alias of 'Auntie Lisa'. Young people have written into the magazine seeking advice.

Circulate the Auntie Lisa Letters handout A.

Invite the students to consider their letters carefully and write a two or three line synopsis of the letters to summarise the issue.

Ask your students to write a response, in pairs, to be shared with the wider group.

Encourage your students to share their answers.

Circulate the answers provided on handout B.

Close this activity off by asking your students to read the answers and note the differences between the two responses. What is different, why, etc?

Letter A: What should I do?

Dear Auntie Lisa,
I am a 16-year-old girl in Malawi, wanting to do O Levels this year. Both my parents passed away some time ago and I stay with my grandmother. My uncle used to send money for my school fees but last year he lost his job and no one else can help me. I really want to complete school and do my exams so I can get a job, but I cannot find the money for the fees. The exams are really expensive.

Do you think it's okay for me to have a relationship with a man who will support me through my education?

Please, Auntie, help me to solve this problem.

Similo

Letter B: Is it better not to know?

Dear Auntie Lisa,
I'm 24 years old with a son aged three years. My wife died two years ago. She got very sick and some people suspected she died from AIDS although she was never tested. My family say I should test for HIV but I'm fit and strong and I feel fine. I'm not in a relationship so I'm not a risk to anyone.

My main purpose in life now is to be a good father to my son. I want him to look up to me. If I tested HIV positive I don't know how I would cope. What would happen my son? What would he think? Maybe it's better not to know?

Tendai

Letter C: Will my baby have HIV?

Dear Auntie Lisa,

I'm a woman of 21 years and I am six months pregnant. My husband was ill for some time and passed away recently. I have now moved back to live with my parents.

When I registered at the maternity clinic the nurse told me about a HIV testing programme and I agreed to be tested. I got the result the same day. The nurse said I was HIV positive, even though I have not been sick. I was really upset but especially because of the baby. I don't want to give her HIV.

The nurse said they can give me a drug called Nevirapine to help the baby. She also said something about not breastfeeding my baby for a long time. But I was crying and I didn't really understand.

So, Auntie, what can I do to help my baby? Will she be born sick? And since I have HIV, is it safe to breastfeed the baby?

Chipso

Activity 9: Student handout B

Response A

Dear Similo,

Thank you very much for writing to me. Your situation is very difficult but you have shown great maturity in seeking advice. Similo, you have a long life ahead of you with lots of potential. Becoming involved in risky behaviour will only hinder your future growth and development. You are a very special person, one of a kind, and should look after yourself and do all you can to grow into the person you want to become and make a positive contribution to the world around you. Getting into a relationship for the wrong reasons will only lead to more problems.

What you CAN do is think of all the other ways to earn money, or how to find a person or organisation to help you. Ask as many people as you can – in your school, church or community – and keep on asking. The Ministry of Social Welfare here in Zimbabwe may be able to help.

If all your efforts fail, don't lose hope. Many people finish their schooling when they're older. Also, there are other ways to learn. Get what skills you can, whether you're paid or not. Find out about projects in your area and ask if you can help. Borrow books to read and be kind to yourself.

Yours,
Auntie Lisa

Response B

Dear Tendai,

You have been through a lot for a young man and it's really wonderful that you are so committed to your young son. As a father you must be brave and do the right thing.

You may be HIV positive or you may not be. In many relationships, one partner is HIV positive while the other is HIV negative. If you test HIV positive, it is not a death sentence. There are medicines available (called antiretrovirals) that will keep you fit and healthy. Also if you don't know your status, you risk passing on HIV to someone else in a future relationship.

Many men in Zimbabwe think that being unwell is a sign of weakness and they shy away from health services. But a strong man needs to face reality and do the right thing. There is also a possibility your son may be HIV positive or maybe not. He needs to be tested also.

This may be one of the bravest decisions you make in your life – and the wisest. It's better to know than to live in fear.

Yours,
Auntie Lisa

Response C

Dear Chipo,

Well done for being brave enough to have a HIV test. Most babies born to HIV positive mothers will not get HIV. Only three out of every ten babies get the virus. This happens while the baby is in the womb, during childbirth or through breastfeeding.

Fortunately, there are a number of ways to lower the risk. Firstly, clinics and hospitals in Zimbabwe offer a drug free to HIV positive pregnant women. This drug makes it harder for HIV to infect the baby during childbirth and protects the baby in the first few days. Ask the clinic about their Prevention of Parent to Child Transmission (PPTCT) programme.

Get advice from your clinic about the best way for you to feed your baby. Also help your baby by looking after yourself as well as you can.

The clinic will also be able to tell you when your baby should be tested for HIV and how best to keep her healthy.

Good luck with motherhood!

Auntie Lisa



Reflection:

What worked well in this section?

What were the challenges?

How might you approach this section if you were doing it again?

Activity 10: Seeking justice for people living with HIV



Aim: To gain an understanding of and insight into criminalisation as a justice issue for people living with HIV.



Note: This week begins by challenging students to think about the argument for and against making HIV transmission a criminal act. This question is in fact the main focus of the week. Following insights into the implications of criminalisation of HIV transmission, students will be asked to consider the question again, at the end of the week.



Time:

35 mins



Materials Needed: Student RE journals.



Methodology:

2 mins

Divide the group into pairs.

2 mins

Invite your students to discuss in pairs and note their answers to the question 'Should HIV transmission be a criminal act?'

13 mins

Invite them to think about who benefits from criminalisation of HIV transmission and who might it affect. You might like to share the note below with your students also.

10 mins

Invite your students to write their conclusions in their RE journals.

Important to note:

- People living with HIV have human rights just like everyone else. The right to health and the right to life are particularly important.
- Public health goals of reducing vulnerability to HIV infection are affected when human rights of people living with HIV or at risk of HIV are not respected. Where HIV is stigmatised, people will be reluctant to test for HIV or seek treatment. They will be afraid to disclose their status. This creates a greater risk of infection.

- Many people living with HIV are reluctant to pursue criminal legal cases because they fear the resulting publicity. But when a court case is won, it can benefit a large number of people living with HIV and help to strengthen positive attitudes towards them.
- People often think that the judicial system is inaccessible to most vulnerable groups and is too bureaucratic, and that it is therefore incapable of providing timely and adequate responses to injustices caused by human rights abuses in the context of HIV.
- Women are often disproportionately affected by criminalisation as they are often the first to be diagnosed in a couple during antenatal care.



Notes:

Activity 11: Criminalisation: the wider implications



Aim: To investigate the wider impact of criminalisation as a form of discrimination.



Note: The length and complexity of the case studies vary to account for learning ability in your class.



Note on Case Study 4:

UN AIDS has developed very clear guidelines around the wilful transmission of HIV stating;

There are no data indicating that the broad application of criminal law to HIV transmission will achieve either criminal justice or prevent HIV transmission. Rather, such application risks undermining public health and human rights. Because of these concerns, UNAIDS urges governments to limit criminalization to cases of intentional transmission i.e. where a person knows his or her HIV positive status, acts with the intention to transmit HIV, and does in fact transmit it.

Yet, ironically, applying criminal law broadly to HIV transmission may result in women being disproportionately prosecuted. Women often learn they are HIV positive before their male partners because they are more likely to access health services and thus, are blamed for "bringing HIV into the relationship". Women may face prosecution as a result of their failure to disclose for valid reasons such as fear of violence, abandonment or other negative consequences. In such situations the better way to protect women from exposure to HIV is to enact and enforce laws protecting them from sexual violence, discrimination based on gender and HIV status, and inequality in employment, education, and domestic relations, including property, inheritance and custody rights.¹²



Time:
35 mins



Materials Needed: Case studies page 37-38, RE journal.



Methodology:

2 mins Divide the class into five groups.

10 mins Distribute the five different case studies and ask your students to fill in the chart below.

| Agree with the ruling. | Disagree with the ruling. | What are the wider implications? |
|------------------------|---------------------------|----------------------------------|
| If so, why? | If so, why? | |

10 mins Ask each group to present a summary of the case and their findings to the rest of the group.

8 mins Allow for whole class discussion in the findings.



Think Time: Refer back to week one **Activity 2 page 13: Questions to consider.** Review your answers to statements f. How would you answer this question now? Has your view changed? Why or why Not? (5 min).

Activity 11: Criminalisation Student handout

Case Study 1: The right to health care for people living with HIV

In the United States, the Supreme Court upheld a claim of discrimination brought by a woman against a dentist who had refused her dental treatment on account of her HIV status. The courts rejected the dentist's argument that treating her would pose a direct threat to his health.

Case Study 2: The right to employment for people living with HIV

In Australia, a tribunal ruled in favour of a HIV positive football player who complained after his club refused to register him as a player because he was HIV positive. The tribunal said that if reasonable precautions were taken he posed a very low risk of transmitting HIV to other players and ruled that the club's decision was not justified.

Case Study 4: Guilty or Not Guilty: not as simple as it sounds

A woman in Zimbabwe was convicted of deliberately infecting her husband with HIV. This conviction was based on the controversial Section 79 of the Zimbabwean Criminal Law Act. The law states that the deliberate transmission of HIV is a crime. The woman discovered that she was HIV positive when she became pregnant and accessed antenatal care. As part of the country's health policy, HIV testing is compulsory for all pregnant women. She disclosed her HIV status to her husband once she had tested positive. She was convicted of the wilful transmission of HIV.

Case Study 3: The right to education for children living with HIV

In South Africa, a court dismissed a case brought by a mother against a Montessori School that refused to enrol her foster daughter, in January 2001. At the time of application, the mother informed the school principal that her daughter, then two and a half years of age, was living with HIV. The mother felt it be in the best interests of her child for the school to be aware of her medical condition. She was subsequently told that a teachers' meeting had taken place to discuss her foster daughter's enrolment. Serious concerns had been expressed about the school's readiness to deal with HIV positive pupils and about the risk of HIV transmission in the school setting.

Case Study 5: How guilty was he?

In Dallas in 2008, a homeless man was sent to jail. He was convicted of committing a serious offence while being arrested for drunk and disorderly conduct, namely, harassing a public servant with a deadly weapon. He was sentenced to 35 years in jail, of which he must serve at least half before he can apply for parole. The "deadly weapon" because he had spat at the officers who were arresting him. He was jailed because he spat at the officers who were arresting him. According to assured scientific knowledge, after nearly three decades, saliva has never been shown to transmit HIV.

Activity 12: Debate the Issues



Aim: To encourage students to articulate their view on the issue of criminalisation of HIV.



Note: Criminalisation can often impact more on women, as women are more likely to be tested during pregnancy so they are more likely to know their status. Women are often at risk of violence when they disclose their status. Criminalisation can reinforce inequality and put women at even greater risk while doing nothing to address the reasons why they are vulnerable.



Time:
35 mins



Materials Needed: Agree or Disagree signs.



Methodology:

5 mins Invite your students to stand in a line in the middle of the classroom.

2 mins Place an 'agree' or 'disagree' sign at opposite sides of the room.

20 mins Read out the following statements and invite the students to consider their point of view and move towards the agree/disagree signs as appropriate. The classroom is used to illustrate a spectrum of opinion.

- **Putting people in prison will stop them from knowingly spreading HIV and endangering the community**
- **Criminalising people for reckless transmission will act as a deterrent for getting tested**
- **Giving someone HIV is akin to murder**
- **Applying the criminal law to HIV exposure or transmission undermines the dignity of the human person**
- **Criminalisation places blame on one person instead of responsibility on two**

Invite your students to undertake further research and organise a class debate on the following motion: "The application of criminal law to HIV transmission is justified"



Think Time: Refer back to week five **Activity 10: Seeking justice for people living with HIV, page 33**. Consider the question asked again, 'Should HIV transmission be a criminal act? How would you answer this question now? Has your view changed? Why or why not? (5 min).



Reflection:

What worked well in this section?

What were the challenges?

How might you approach this section if you were doing it again?

Activity 13: What is Trócaire doing?

Activity 13: Student handout



Aim: To inform students of the work Trócaire is doing as a response to the HIV epidemic.



Time:
30 mins



Materials Needed: Student handout



Methodology:

8 mins → Circulate student handout and read with your students.

18 mins → Divide the class into six groups and invite students to plan further research into the country context of Trócaire's work in each country mentioned.

9 mins → Organise this research to be displayed in a central place in your school or community.



Notes:

What is Trócaire doing?

In **Sub-Saharan Africa**, where the epidemic is at its highest and impacting on development, Trócaire ensures that all programmes will take HIV into account. This is a process known as **'HIV mainstreaming'**.

In Kenya, six **local organisations** with which we work aim to improve the quality of life for adults and children infected and affected by HIV. One of the organisations does this by **encouraging community members to come forward** and **avail of the HIV services** that they provide in their clinic. This **includes HIV testing, treatment and counselling**. These services are provided to people living in Mukuru slums of Nairobi.

In Ethiopia, Trócaire works with people affected by HIV by helping them start up **income generating activities** to support themselves and their families. The programme also works to try to ensure that the numbers of **new infections** in the communities in which they work are **reduced**. This is done by ensuring that people have **access to information** about HIV; how it is transmitted; how to reduce the risk of infection; where to test for HIV and access treatment. Trócaire also works with a local organisation to ensure that **stigma and discrimination** towards people living with HIV are **challenged**.

In Malawi, Trócaire works with more than 8,000 community members to **reduce the vulnerability of women and girls to HIV**. This involves identifying the ways in which men and women behave that can cause them to be more at risk of HIV infection. The programme also **works with local leaders** and community members to encourage men and women to have more **gender equal relationships**.

In Zimbabwe, Trócaire works with **support groups** of people living with HIV who **lobby for their rights to quality** treatment and non-discrimination. Their work also involves trying to **change laws** and policies that make people living with HIV more open to criminal prosecution or that continue to stigmatise living with HIV.

In Honduras, Guatemala and El Salvador, Trócaire works on the **issue of gender based violence** (GBV) as a key factor that is known to make women more vulnerable to HIV. The programme **works to contribute to improved attitudes and practices** related to the prevention of and the response to gender based violence (GBV). Our partners also work with women survivors of GBV as well as among the general target population.

Activity 14: Prayer Service



Aim: To provide students with the opportunity to internalise on a spiritual level the issues around HIV and meaningfully participate in a prayer service, as a form of group action on HIV.



Time:
40 mins



Materials Needed: Prayer room or quiet space



Methodology:

Leader: We invite you to bring yourself into the Lord's presence by quietening your heart and mind, allowing yourself some space in your busy day to be in prayer... we prepare ourselves to listen to stories, to hear others... Take some time to still your mind... breathing in peace... breathing out anxiety...

We begin by **slowly reading** and reflecting on the following texts. Take your time to pray these words...

Leader: *For you are God's work of art... (Ephesians 2: 10)*

You have made us little less than angels and crowned us with glory and honour... (Psalm 8:5)

Reflect for a moment on what these texts mean to you in your life:

Do you have a sense of your own giftedness, your own dignity?

Reflect for a moment on where you are with that... allow that sense of the gift of who you are to rest in your heart ... make space for the 'big-ness' of this divine word in your life today...

Now take a few moments to bring yourself to the 'ones you have not met', to see if you can glimpse their dignity and giftedness... meet Elizabeth ... a mother.

Student 1: *At that time Mary got ready and hurried to a town in the hill country of Judea, where she entered Zechariah's home and greeted Elizabeth. When Elizabeth heard Mary's greeting, the baby leaped in her womb, and Elizabeth was filled with the Holy Spirit." (Luke 1: 39 – 41)*

Leader: Two thousand years later, another mother called Elizabeth prepares for the arrival of her child... listen to her story... bring yourself to meet her as our mother Mary met her cousin... What stirs in you as you read her story? What makes your heart leap? Contemplate her experience of being a mother...

Student 2: *Like many women in Kenya, Elizabeth found out she was living with HIV when she was pregnant. Imagine for a moment her shock, her fear, her worry that her baby would also become infected... be with her in this fear... imagine sitting with her for a while to hear her story...*

Student 3: *She was tested at the Trócaire-supported Medical Missionaries of Mary (MMM) clinic and received treatment to prevent transmission of HIV to her child.*

She also joined a support group run by the Sisters for mothers living with HIV. These experiences gave her hope... be with her, as the others in her group were with her, in that very human experience of hope in the face of unimaginable fear...

Student 4: *She gave birth to a baby girl and called her Purity. She learned that she would have to wait until her child was a number of months old before she could be tested for HIV. Thankfully, Purity is free from HIV. Be with her in her joy on that day when she received that news. The treatment had worked! Her baby was healthy!*

Student 5: *Thanks to antiretroviral treatment which Elizabeth is now receiving from the Sisters' project she is looking to the future and believes that she will live to see her grandchildren. "Through the experiences I have had, I will live for one hundred years and see my grandchildren. I will see them, I know that."*

Leader: We hold Elizabeth and her children in our hearts as we pray together...

Student's response: May love find a way through us.

1. In a world divided, may love find a way to bring unity **R/**
2. In a world of snap judgments may love find a way to help us to understand **R/**
3. In a world of doubt, may faith inspire action for justice **R/**
4. In a world of spiritual poverty and material excess, may love find a way to open hearts to the 'enough' of God **R/**
5. In a world of small thinking and selfishness may love find a way to live conscious of the world around us **R/**
6. In a fast paced world of technology, may love find a way for us to truly relate with one another **R/**
7. In a world of increasingly complicated problems, may love find a way to create simple and just solutions **R/**
8. In an unequal world, may love find a way to level injustices **R/**

Leader: Lord of love, be with us as we pray together today with one another. Hold us gently in the challenging spaces where you wish to bring us. Help us never to be afraid of the truth but to face it courageously and with tender love. Open our hearts and minds to your love for us and in this love free us to be truly your disciples.

We invite you now to sit for a while in silence, to pray your own hopes for the day...

And we bring all of our prayers to our God, and Father by saying together the great prayer of justice and of love.

Our Father ...

**THANK
YOU**

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Further information

Trocaire's HIV work

www.trocaire.org/hiv

Caritas Internationalis

www.caritas.org/activities/hiv_aids/index.html

Ecumenical Advocacy Alliance

www.e-alliance.ch/en/s/hiv-and-aids/

SEND YOUR FEEDBACK.

We would love to hear from you.

Please forward any comments on the resource to bdunne@trocaire.ie