

Talitha Cum! Calling the Girl-Child and Women to Life in the HIV/AIDS & Globalization Era*

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“Globalization...cannot target gender equality as an objective because it is solely concerned with competition and profit maximization.” (Fall 2000: 86)

“Gender inequalities are a major driving force behind the AIDS epidemic.”
(UNAIDS & UNDP 2001: 21)

Introduction: Hypocrites or Champions of the Struggle for Justice?

Last year October, I was giving a paper at the Department of Theology in the University of Oslo, on globalization. The paper was exploring my perspective on globalization as it appears in my various published works. It also explored the impact of globalization on gender. Well, I cooed and roared through my paper and announced to the silent house that in my work globalization stands in the family of imperialism, colonialism and neo-colonialism. I held that globalization as a profit oriented trade system, which brings economic and cultural insecurity, could hardly benefit women. Rather, it intensified gender oppression. When, I finished, a visiting British feminist was invited to respond to my paper before they opened for general discussion. Well, my British feminist sister dismissed my perspectives on globalization with a rhetorical question that she put to me. She said, “*Would you have liked to be stuck in a village?*” Look now, you are here in Norway and we are all communicating in English language. These things would not be possible if it were not for globalization.” My British feminist sister was telling me, I ought to be grateful that I have been civilized, taught English and sent flying around the world. Instead of being so *critical* of globalization and placing it in the family of imperialism, colonialism and neo-colonialism, I ought to be thankful that I have been redeemed and saved from my African village, where I was seemingly “stuck” and brought the global village! I was humbled.

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Globalization, as a colleague and friend of mine kept on telling me before I presented the paper, is a contentious issue that is highly praised by its proponents and cursed by those who abhor it. Those who support it can look at us in the face and say, well don't be so critical. Don't you enjoy the services of a computer, e-mail, internet – where time and space are no more? Isn't it that when you wake up, you can get in touch with your friends across the 6/7 continents of the world just like that? You can send and receive papers fast and easily. You can listen to the BBC, CNN and go to church with the most lustrous televangelists of the world, any-time anywhere. If you wish to call anyone now, you need not be connected to a land line telephone, you can use your mobile/cell phone wherever you are. These outlines are given. Globalization, they tell us, is the creation of “a single, global market” (Lind 1995: 36). It is “the compression of the world” (Robertson 2000: 53). It is the compression of time and space, the collapse of national boundaries and governments,” characterized by policies of privatization and trade liberalization. Hence we are told that we are now living in the so-called “global village.”

All of us who are here apparently enjoy the above tabulated services and many more. If so, why be critical of globalization, my British feminist sister rightfully asks? Are we hypocrites or true soldiers of justice? The question she raises is a crucial one; namely, what kind of critical stance should we adopt towards a system that we participate in? Should we and can we be critical of a system that we also occupy, use and benefit from, or if we do, are we nothing but hypocrites? At the same time, the question that my British feminist sister posed to me was more like the criticism that we get from defenders of patriarchy who say to us, “why are you so critical of patriarchy? Were you not raised in a family with a father and a mother? Don't you appreciate your father? Are you not married, and don't you enjoy the warmth of your husband in the night? Don't tell us that you do not like flowers that he brings for you? Or, if you are so critical, why continue working in departments and churches that are patriarchal? Don't these institutions serve you? They give you a paying job.” In other words, if we marry and live in patriarchal families, if we worship and enjoy fellowship in male led churches, if we work in patriarchal institutions and if we live and grow in male led countries etc, we should be grateful, instead

of being critical of a system that we benefit from. The argument is old and outdated. It represents the stance of gatekeepers. It has been used by defenders of all forms of oppressions such as patriarchy, racism and colonialism.

I would like to think that feminists and all gender empowerment activists, in particular, who have learnt what it means to fight a system that they have to live in and with, should be in a better position to be critical of globalization. In other words, just because when we wake up, the internet allows us to get in touch with people across continents, just because we can fly around the world and speak in English, just because we can listen to CNN, the BBC and go to church with so many North American and Australian televangelists, does not mean that we should blindly begin to sing praise songs of globalization – ignoring its values, the prize paid to achieve globalization and its impact on the majority of people. And so I responded to my British feminist sister saying, “As long as the injustice of globalization remains apparent to me, as long as its injustice overshadows its benefits, I will continue to be critical of it, even if the whole choir can choose to sing a different song.” I pointed out to her how much has been lost and the type of injustice that has been committed to bring the world to speak and communicate in English, for example. I pointed out, that even as I sit in a first world academic hall, having been flown there, that should not be read to mean that we enjoy equality in the world. Globalization or the so-called global village should not be read as a just system, where we are all close, caring and friendly neighbors. Rather, we have entered a time when profit takes precedence over people and life as a whole, leading to cultural, political and economic insecurity and more violence. As Christopher Lind underlines, in the globalization era “instead of asking what is the most economically efficient means of establishing a just society, we are now asking how much social injustice are we prepared to tolerate” (1995: 40).

I am grateful, however, that in the WSCF globalization is understood for what it is, and a commitment to resist its injustice is evident in your documents and your resolutions. I am thus not afraid that in this room, I will be told to count my blessings, and thank the god of globalization for its grace. In fact, I commend your movement for taking the bull by its horns, for, honestly, sometimes I feel that when I resist globalization I do

not know where to direct my efforts for effective impact. Consequently, I sometimes feel like, its better for me to direct my efforts to other issues where I can make a difference. Part of this feeling has to do with the fact that globalization is often presented as a huge faceless force, or a wind that blows where it wills, whose origins are not easily pinpointed and whose driver, (if there is any!) is not seated in one particular country. For example, Max L. Stackhouse, holds that “globalization... owes its allegiance to no particular society, local ethos or political order, even if it is advanced by Western influences” (2000: 19). This image mystifies globalization and often encourages a spirit of compliance or helplessness. It is this helplessness, this facelessness of globalization that we must not succumb to. It is important, therefore, to remember, as Christopher Lind underlines, that globalization is a human creation. It does not arise from natural law. We are free human beings with the power to influence our destiny. We have knowledge of the difference between what is good and evil, which means we must take responsibility for our choices. How we evaluate it morally becomes of crucial importance. Is it a good thing or a bad thing? Do we rejoice at its appearance or do we dread its advance (1995: 42)?

Lind continues to say, “if we surrender our self-determination at its door step, then it becomes an instrument of death. If it enhances our ability to create a more just society, then it becomes and instrument of life.” The point, however, is that “it is already clear that it is a powerful vortex that may drive thousands of new economic turbines – but it may also suck millions of unsuspecting victims into a dark hole” (1995: 42). In other words, we must not give up on resisting globalization as long as our judgment indicates that it is more of a force of death than a force of life.

Globalization, HIV/AIDS Women and the Girl-Child

In talking of life and death forces, this indeed brings me to the subject of my Bible study; namely what is the biblical rationale for empowering the girl-child and women against the forces of death, which are unleashed by both globalization and HIV/AIDS? What is the biblical mandate that allows women and the girl-child to choose life; to insist on life even as globalization and HIV/AIDS makes them walk in the valley of death? I would wish us to explore such a stance using the story of Mark 5: 23-43, which features a bleeding woman and dying young girl of twelve years.

But, before I turn to the text, it would be fitting to briefly outline how globalization and HIV/AIDS, which affect both genders, affect women in particular. Let us start with the question of how does globalization affect women in particular, then we will turn to HIV/AIDS and its effects on women.

Globalization: A Force of Life or Death for Women?

It is generally agreed that globalization is an international trade system that does not seek equality and which is not driven by establishing justice in the world. Rather it is a system that is driven by a search for markets and the maximization of profit and creates conditions of cultural and economic insecurity. Further, if feminist and gender studies indicate that in times of socio-economic instability, where men are losing control over their political, cultural and economic spheres, the tendency is more intensified control and oppression of women, would globalization, which creates such conditions, empower women and the girl-child? Can we expect that such a system would empower or seek to empower women and the girl-child? I think you will agree with me that it only follows that women and the girl-child would be further distanced from empowerment. Accordingly, feminist and gender research (and your own documents) on the impact of globalization on women indicates the following:

- that as Trans-National Companies seek cheap labor to maximize profit, there is feminization of the labor force at low income levels;
- that it increases gender inequities, for the ability to purchase assets in the process of privatization is biased against poor households, to which most women belong;
- that as public services become increasingly privatized and with more demand for cheap labor, in the area of education, there is an increasing bias against female education, especially for the girl-child. Similarly, as it distances women from quality health care as such health services become increasingly privatized and since women are increasingly in low paying jobs, or in domestic roles they cannot afford health services;
- as privatization often leads to retrenchment, it reduces employment of women in high and stable incomes, thus re-instating once more

women's domestic roles rather than public influence;

- that it increases the vulnerability of women: that is, as it creates poverty in many families, it leads to an increased marketing of females as house girls and prostitutes. It also leads to survival strategies that crowd out child-care and child welfare;
- that it leads women to rely on less efficient reproduction technologies in response to low household incomes;
- that it increases mobility and weakens family: as jobs move from one country to another and as companies resist offering any job security to their workers, men are the most likely to move away in search of jobs, while women are left behind in the home;
- that it weakens women's political empowerment by weakening their economic power, for they are increasingly being removed from the public sphere, made to occupy low paying jobs, their education and high skilled job training opportunities are also being reduced;
- that land use reforms have not improved female farmers empowerment or their land rights, because most women are vulnerable to the exploitative middlemen as they lack skills of negotiation and as social norms continue to hamper women from acquiring land rights;
- that it creates cultural and religious insecurity as local communities feel invaded by foreign powers and values. This often leads to a desperate enforcement of cultural views, which, more often than not, marginalizes women as patriarchal values are closely guarded.

In short, in globalization "the gap between men and women has simply widened as the global economic system becomes more unequal," for in effort to compete for the dwindling resources available in the economy, the ruling elite has aggressively crowded-out women and less opportune men (For all the above points see Garba & Garba 2000: 24-27, 38).

HIV/AIDS, WOMEN AND THE GIRL-CHILD

Global HIV/AIDS Scenario

Turning to HIV/AIDS, research and documentation indicate that within the last two decades, 1980-2000, **HIV/AIDS has moved from being a new unknown disease to a global epidemic.** The total number of people infected with HIV in the world is estimated to be in the range of 34.3 million. The region of the Sub-Saharan Africa claims 24 million followed by South & South-East Asia with 5.6 million; Latin America with 1.3 million; North America with 900,000; East and Pacific 53,000; Western Europe 520,000; Eastern and Central Asia 420,000; Caribbean 360,000; North Africa & Middle East 200,000; and Australia and New Zealand 15,000. The world has already lost 18.8 million to HIV/AIDS, yet the annual rate of infection was estimated at 5.4 by the beginning of 2000 (UNAIDS 2000: 6-8).

These statistical figures highlight that HIV/AIDS is concentrated among the poverty stricken regions of the world. Many factors, which are intrinsically linked to poverty, contribute to the prevalence of HIV/AIDS in the poorest regions. Some of which are:

- lack of information, hence many cannot make informed decisions;
- lack of education, hindering many to access available information;
- insufficient food and eating leaves many vulnerable to disease;
- insufficient medical facilities, drugs and health workers;
- political instability, diverts funds to war and cripples social facilities;
- cultural gender roles, marginalizes women and the girl-child, from economic power, education and the freedom to make informed decisions;
- presence of socially marginalized groups, alienates them from information, education and health facilities;
- mobility that separates families increases extramarital sexual activities;
- fear, stigma and denial of HIV/AIDS hinders effective prevention and care.

Clearly, a number of social conditions, encouraged by globalization, such as poverty, lack of education, entrenchment of gender inequalities and cultural views of inequality, decreased access to health services, mobility, sex workers, girl-trafficking, unemployment, make globalization a fertile ground for the spread of HIV/AIDS. Globalization also decreases quality care

for the infected since health services are privatized and profit oriented. For example, anti-retrovirals remain unaffordable and unavailable to millions of people who need them.

At the same time, HIV/AIDS also feeds the conditions that are created by globalization. This is primarily because the impact of HIV/AIDS goes beyond the health of individuals. As the infected get sick, manage opportunistic infections, miss work or lose work, their relatives increasingly stay away from work to care for them. This affects family, the work place and the immediate community. It hurts the financial output/productivity in the household, business, education, agriculture and stresses the health sector. According to the *Report on the Global HIV/AIDS Epidemic, June 2000*, the “AIDS epidemic is a true development crisis that threatens the social and economic fabric, and the political stability of whole nations” (107). This impact of HIV/AIDS works within the given gender roles and it also has a serious impact on the situation of women and the girl-child. Let us, therefore, briefly outline how HIV/AIDS affect women and the girl-child.

Women and the Girl-Child in HIV/AIDS

Research and documentation of information indicate that women and the girl-child’s HIV/AIDS infection rate is much higher than the rate of infection in men in Southern Africa and elsewhere (UNAIDS & UNDP 2001: 4, 23-24). According the UNAIDS & UNDP fact sheet, “in some of the worst affected countries, adolescent girls are infected at a rate five-to-six times higher than are boys” (2001: 16). Although “older men are responsible for a large share of these infections” (16), it is primarily because the ABC (Abstain, Be faithful and Condomize) formula of HIV/AIDS prevention is ideal, but ineffective for most women and the girl-child due to their culturally ascribed gender roles. The latter make them one of the powerless members of the society and highly vulnerably to HIV/AIDS infection and its social impact. Because of these cultural gender roles, the girl-child and women’s:

- economic powerlessness hinders them from making independent decisions, for they are mostly dependent on their husbands or partners or male guardians;

- high illiteracy rates hinders them from making informed decisions or holding sufficiently paying jobs, for they are amongst the least educated;
- subordinate positions in the home and relationships hinders them from insisting on safe sex with their partners or husbands or even to say no to sex;
- subjugation to violence in the home and public space hinders them from saying no to sex or insisting on the use of condoms;
- condoms are still largely rare and expensive, hence leaving condom use to the willingness of men and making women chances of safe sex slimmer;
- existence in cultural societies that allow the unfaithfulness of husbands/ partners renders the “be faithful” slogan ineffective for many women;
- roles of care-giving makes them bear the burden of HBC, which increasingly decreases their food production and income generating activities, as they have to leave or decrease their income producing activities. This locks women in further poverty;
- care-giving roles leaves the burden of orphan care on them;
- existence in patriarchal societies leads them to be dispossessed by relatives in widowhood and accused of witchcraft (killing their husbands). This leaves widows with very slim choices of survival, hence sex work becomes an option;
- care-giving role, coupled by poverty, exposes some of them to further infection, especially the poor and least educated women who have no access to information and protective materials;
- biological make-up of receiving and retaining sperms for about four days after sexual activity, coupled by lack of power to insist on the use of condoms and the threat of violence, doubles women’s infection rate;
- role of being a child bearer, and being culturally expected to bear children, depletes their immunity further and shortens their survival once infected;
- the school going girl-child also carries the burden of care should one of her parents or family members fall ill. This affects her school performance and sometimes leads to school drop-out as family funds are increasingly depleted by the management of opportunistic infections and as work hours of bread winner are cut down.

The orphan girl-child faces many challenges (Botswana Government 1998; UNICEF 1998 & UNAIDS & UNDP 2001: 27-28):

- she is the one to take care of the remaining siblings, a role that reduces her school performance and increases her possibility of being dropped-out of school altogether;
- if the remaining funds are insufficient, she is the first to be dropped-out of school or she is likely to be married away to an older man in order to raise funds for other siblings or to get rid of taking care of her;
- she faces high possibility of sexual abuse by relatives and high possibility of being drafted in sex work, hence a high possibility of HIV/AIDS infection;
- she is also an easy candidate for child labor in the domestic front;
- if she gets infected, her chances of quality care are very slim.

In sum, the forces of HIV/AIDS and globalization work through gender and other social factors of disempowerment. They also recreate and maintain gender inequalities, thereby opposing the hard won struggles for gender empowerment of the past forty years. Both globalization and HIV/AIDS are massive international issues of justice, which require the attention of all of us who are committed to building a just world. In fact, due to the all-encompassing impact of HIV/AIDS, the approach to prevention and care has now moved from a medical approach to a multi-sectoral approach – one that seeks to involve all departments and members of the society (UNAIDS & UNDP 2001: 10). The multi-sectoral approach seeks for a wide range of actors, government, civil society, private sector, NGOs and Community Based Organizations, (CBOs) to act together in a synergy in HIV/AIDS prevention and care. In other words, just as the WSCF has paid much attention to globalization, it ought to do the same with HIV/AIDS. It ought to mainstream HIV/AIDS in all its current programmatic priorities of leadership development, higher education, women's empowerment, men-women partnership, ecumenical and interfaith dialogue, education for peace, justice and reconciliation as well as in Bible study, theology and spirituality. Since HIV/AIDS and globalization disadvantages women and the girl-child, in particular, it should be you, the women of WSCF, who must push the

movement to mainstream these issues in all your programmes as well as to encourage the setting up new programmatic priorities that focus on HIV/AIDS. Since this meeting seeks to review the work, life and mission of the ecumenical student movement and to prepare for the next general meeting it is an excellent moment for you to put the issue of HIV/AIDS in the agenda of the movement.

On that note, let me start the process of mainstreaming HIV/AIDS and globalization in your Bible study and theology, by asking the question: what is the biblical rationale for WSCF women to resist the forces of death ushered by globalization and HIV/AIDS? How can WSCF women actively call the girl-child and women to life in the HIV/AIDS and globalization era? My basic submission is that in the HIV/AIDS and globalization era, we need to propound a theology of gender empowerment which counteracts death and proclaims life for women and the girl-child. I will base my exploration on the story of Mark 5: 21-43.

Talitha Cum: Calling the Girl-Child & Women To Life in the HIV/AIDS & Globalization Era

In this story a man called Jairus, who was the leader of the synagogues, came to Jesus, fell at his feet and begged him repeatedly saying, “*My daughter is at the point of death. Come lay your hands on her so that she may be made well and live.*” Jesus agreed to come along with Jairus and a big crowd was following him. The story tells us that there was a woman who had been suffering from hemorrhages for twelve years. This woman had “endured much under many physicians and had spent all that she had; and she was no better, but rather she grew worse.” But when she heard about Jesus, she said to herself, “If I but touch his clothes, I will be made well.” She pushed through the crowds, she stretched her hand and touched the clothes of Jesus. And boom! her twelve year bleeding stopped! Jesus also stopped and asked, “Who touched my clothes?” His disciples were surprised by his question and said to him, “You see the crowd pressing on you, how can you say, “Who touched me?” But Jesus, who knew that someone touched him, for he felt power going out of him, continued the search. He was looking around and asking, “Who touched my clothes?”

The woman “came in fear and trembling, fell down before him and told

him the whole truth.” She told Jesus about her search for healing, her experiences with the various physicians and how she came to lose all her money without getting healed. It was a twelve year long story. And as Jesus listened, time passed. And just when Jesus said to her, “Daughter, your faith has made you well, go in peace,” messengers from Jairus’ house came with an announcement. The little girl is dead, do not bother the teacher anymore, they said. In response, Jesus said to Jairus, “Do not fear, only believe.” And they continued their journey to the house of Jairus. Upon arrival, they found crowds mourning and Jesus said to them, “Why do you make a commotion and weep? The child is not dead, but sleeping.” The people laughed. But Jesus took the parents of the child and his three disciples, Peter, James and John to the place where the child was. He took her hand and said to her, “*Talitha Cum*,” which means, “Little girl, get up.” And immediately she got up and began to walk about.

Reading the Story with the Story of HIV/AIDS

When we read this story together with the story of HIV/AIDS, we are struck by many similarities. We are struck by patients who have been sick for a long time – patients who have spent all they had searching for healing, but instead of getting better, they got worse. We are struck by the presence of physicians, who have attended patients, received their money but could not heal them. We are struck by sick and dying young people. We are struck by desperate parents, who are trying to find healing for their children. We are struck by those who are weeping aloud for their dead children. We are struck by women who are sitting at home, silently watching over their sick children and waiting for help to come until their children die. The story sounds too familiar.

But perhaps what is important is the difference that Jesus brings. Touching Jesus brings healing. Touching Jesus even in the middle of big crowds makes him to stop and want to meet and to listen to the person who touched him. Touching Jesus brings one into a new family, where one is welcomed as a daughter, rather than being stigmatized for uncleanness. The difference that Jesus brings to a situation of desperation has to do with the fact that he brings hope in hopelessness. That is, while the bleeding woman had searched for twelve years without any healing, she is suddenly healed and restored

to the community as a daughter. Hope is restored as Jesus says to a fearful parent, “Do not fear, only believe.” Indeed, hope is restored when Jesus makes those who mourn laugh. Jesus, therefore, makes a big difference by defying death – he calls a dead little girl to life and she rises and starts walking about!

The challenge here is: how can we as Christians stand in the story of HIV/AIDS and globalization, which is happening in our countries, our communities, our churches and in our families and pronounce hope and life in the midst of despair and death? While I have no particular formula to give you, what I definitely know is that this is a fitting duty for all of us who call ourselves after the name of Christ. That is, it is a central part of our ministry, life and work as ecumenical students, to bring hope, healing and life to a world that is overshadowed by death.

Reading the Story with the Story of Gender Constructions

Let us now turn and read this story together with the story of gender construction. In this story, there are men and women. Let us look at these and how they are gendered. To start with men, we meet Jairus who is a synagogue leader. Jesus, on the other hand, is a celebrated teacher, healer and prophet, who is followed by big crowds and whose power defies any disease, including death. Then there were disciples and three of these are identified as Peter, James and John. They traveled with Jesus and learnt from him. Most probably there were many other men amongst the crowds, servants and mourners but they are not named.

Turning to women, we have three women: the bleeding woman, the sick and dying daughter of Jairus and the mother of the latter. Most probably, there were some more women amongst the crowds and mourners.

But an assessment from a gender perspective highlights gendered identities and apparent unequal power distribution in the story. To take Jairus and the bleeding woman, we note that the woman had no name and no profession. She is identified through her illness. Jairus, however, is named and holds a public position of being the synagogue leader. Both these two needed the help of Jesus desperately. But their methods of approaching Jesus highlights their gendered identities. Jairus comes straight to Jesus and falls in front of him, saying, “Come, lay your hands on my daughter so that she may be made well and live.” The bleeding woman, on the other hand, comes from

behind Jesus. She does not speak and ask him. Instead, she decides that if she secretly touches the clothes of Jesus, she will be healed. Clearly, the woman lacks words, rather in a typical gendered manner she speaks in action. It is only after Jesus had searched for her, that she comes forward and makes a confession, telling the whole truth!

In fact, her behind the scenes approach highlights other gender stories of her life. Scholars have underlined that her condition of bleeding made her unclean (Tolbert 1992: 268; Dewey 1994: 481). She had no right to be walking in public and getting to talk to teachers for she would defile them (Lev. 15:19-33). Consequently, she decided to come from behind and to silently get healed, so she could disappear unnoticed. In short, her illness was not only physical, but one that also gave her social stigma. Her illness would have meant that she was not allowed in certain places and she could not marry. And given the patriarchal structures of her day, this meant that she had no means of social support outside the security of marriage. This woman was therefore physically ill, but above all, she was also socially ill.

Turning to the other two women, the sick girl, has no name of her own. She is identified through her father and her illness. We note also that she does not speak at all. Similarly, her mother is identified through her motherhood role, but she holds no public profession nor does she possess a name of her own. Like the other two women, she does not speak. When compared with her husband, he had a name, a profession and he went out of the home to speak openly to Jesus. She remained in the home nursing the sick child and she never speaks.

Women-Men Partnership: Reading The Story for Gender Empowerment

In sum, gender disparities are evident in this story. Women are largely nameless, without profession, without verbal communication and the ones who need to be helped. Despite these gender disparities, the vital question is what are the models of gender empowerment offered by the story? Does the story offer us any model of women and men in partnership? I would like to highlight three models from the story.

First, we are confronted by *a model of abuse of power*, embodied by the physicians. They are powerful people with the knowledge of healing. But when the bleeding woman comes to them, they do not heal her. Instead, they

worsen her situation by adding poverty to her illness. This is a good example of the exploitation of the poor by the powerful.

Second, we encounter *a model of using one's power to empower others*. This model is embodied by Jairus and Jesus. Jairus, a synagogue leader, could have sent his servants to go and call Jesus, but rather he chose to go there in person. Upon arrival, we note that he puts away whatever social status he may hold. He falls down and begs Jesus repeatedly saying, "My little daughter is at the point of death. Come and lay hands on her, so that she may be made well and live." Jairus invites Jesus to use his power, to empower a powerless little girl. He invites Jesus to move the situation of this little girl from the point of death to life. Jesus, for all his fame and his power, with so many crowds pushing against him, he could have very well asked Jairus to bring the sick child to him. He could have chosen to say a word and declare the child to be healed from a distance. Instead, he chose to walk with Jairus in his desperation. When the child is declared dead, Jesus walks with Jairus and gives him hope saying, "Do not fear, only believe." When they arrive in his house people are mourning and weeping, and Jesus, once again, assures them that "The child is not dead, but sleeping."

In all these stages, Jesus refuses to succumb to the shadow of death, by insisting on life and hope. And finally he stands by the side of the dead girl. As a Jewish man, he knows very well that a dead body would defile him (Dewey 1995: 481). But he fights for the life of this little girl. He takes her hand and calls her back to life saying, "*Talitha Cum*, or little girl, get up." She hears the voice of Jesus speaking life against the invasion of cultural and physical death. The little girl rises and begins to walk around. Both Jairus and Jesus are powerful men, but they used their power to empower the powerless. I believe that this model highlights that the powerful, and the men in WSCF, do have a role in building gender empowerment and fighting against the forces of death that globalization and HIV/AIDS unleashes against the girl-child of today. All of you women, seated here, are also powerful.

The third model offered by the story is that of *the oppressed becoming agents of their own empowerment*. This approach is best captured by the bleeding woman's search for healing. She is a woman who has been bleeding for twelve years and she has spent all her money in search for healing. Nonetheless, she does not give up, even when she knows she has no money

anymore to pay the healers. The bleeding woman does not give up, even when she knows that she is religiously unclean and should stay away from teachers. When she hears of Jesus, another healer, and when she sees the number of people following him, she resolves that, “If I but touch his clothes, I will be made well.” This is hope. She thus pushes against the religious beliefs that hinders her from touching Jesus. She pushes against the crowds that also hinder her from reaching Jesus. She touches the clothes of Jesus and she gets healed! While in the past, she has asked many physicians to heal her, now she reaches out for her own healing without asking Jesus. It is quite possible that many of the physicians that she visited did not want to touch her or allow her to sit in any of their chairs, given her condition of uncleanness (Lev. 15: 19-33). By reaching out and touching Jesus, she becomes an agent of her own empowerment.

Yet even where the oppressed take control of their lives, it demands the willingness of the powerful to relinquish power. The powerful must be willing to feel power going out of them and accept it. They must share power with the powerless. It is not an easy thing. And hence the response of Jesus to a woman who sought to empower herself is important for all of us who are in positions of power. How do we respond when the powerless take power from us, without our permission? Jesus stopped and asked, “Who touched my clothes?” Despite the fact that his disciples thought it was a ridiculous question, he did not give up on searching the person who had taken power from him. It was only after meeting her and listening to her whole story, that Jesus said to her, “Daughter, your faith has made you well; go in peace, and be healed of your disease” (v. 34). By calling her “daughter,” Jesus welcomes her into the family of faith, given that she had been socially, economically and physically isolated due to her health (Perkins 1995: 588).

Conclusion: Who Are You in the Story?

I would like to close this Bible study by inviting all of you who are seated here to take your place in this story. My question to you is who are you in the story: Are you the powerful physicians who used their power to exploit and worsen the position of the powerless? Are you the powerful Jesus and Jairus, who are nonetheless willing to use their power to empower the powerless? Or, are you the bleeding woman, who is socially stigmatized, but who is willing

to break the cultural and physical barriers to get her own healing? Even as we speak right now, there are many bleeding women, who have no more money to pay doctors, but who desperately need healing. Are we sensitive enough to hear them when they stretch their hands to touch our clothes even in the middle of our fame?

Even as we speak, there are many young girls who are at the point of death due to the HIV/AIDS and globalization. Are we willing to walk with their desperate parents towards their houses and beds of suffering and death? Are we willing to speak words of hope against death and hopelessness? Are we willing to lay our hands on them and pronounce life in the face of death? You are a student movement that is involved with many lives of young girls, who are living under the shadow of death in this era of globalization and HIV/AIDS. Are you willing to enter their houses, to take their hands and to say to them, “*Talitha Cum,*” little girl, get up! Rise from the shackles of death to life! You the women in the ExCo of the WSCF are like the physicians, Jesus and Jairus, you are powerful people in this movement. I hope that during these two weeks of your meeting you will use your power as ExCo members to ensure that “calling the girl-child and women back into life in the age of globalization and HIV/AIDS,” is mainstreamed into the programmatic priorities of your movement as well as to ensure that new programme priorities are put in place to focus on these areas. My last word to you, the girls in this room, is, of course, “*Talitha Cum!*”

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