

MODULE A

Naming the Problem

7
EXERCISE

NAMING STIGMA THROUGH KEY QUESTIONS



OBJECTIVES

Participants will be able to:
Identify various features of stigma—attitudes, words, indicators, causes.



TIME

2 hours



MATERIALS

Blank sheets of flipchart paper

ACTIVITIES

Put up blank sheets of flipchart paper on different walls of the room and write a question at the top of each sheet.

EXAMPLES

- How are people living with HIV and AIDS (PLHAs) treated by the community?
- How do PLHAs feel when they are treated badly?
- How are FAMILIES affected by HIV/AIDS?
- How are COMMUNITIES affected by HIV/AIDS?
- What are the ATTITUDES/FEELINGS of the general public towards PLHAs?
- What do people SAY about PLHAs? What WORDS do they use?
- When you come across HIV stigma, what do you SEE?
- WHY do you think community members treat PLHAs badly?
- What are people's FEARS about HIV/AIDS?
- What are your own FEARS about working/living with PLHAs?
- What are you doing to PREVENT stigmatization toward PLHAs?
- What MESSAGES in the MEDIA promote stigma?

Add your own objective or enough topics for each of the groups.



Small Groups

ROTATIONAL BRAINSTORMING

Divide into groups and assign each group to a topic. Ask groups to brainstorm points for their topic and record them quickly. (Ask them to start writing their first thoughts immediately, not stand talking for a long time without writing.) After 3 minutes shout “CHANGE” and ask groups to move to the next topic and add points. Continue until groups have contributed ideas to all of the questions.

Rotational

REPORT BACK

Whole group moves around the room, looking at one topic at a time. Ask one participant to read out the points quickly and then ask for clarifications and additions. Note common or linked points.

EXAMPLE FROM WORKSHOP IN MISISI, ZAMBIA (March 2002)

How are people with AIDS/TB treated by the community?

Isolated. Neglected. Pitied. Teased. Insulted. Condemned. Rejected by spouses. Eviction by landlords. Whole family reputation destroyed. Blamed and shamed—labeled “sinners.” Viewed as burden, misfits, useless. Given less food when they want more.

How do PLHAs feel when they are treated badly?

Lonely. Neglected. Depressed. Ashamed. Unaccepted—like outcasts or “lepers.” Feel society is unfair to them. Unwanted and unloved. Feel condemned—everyone knows their situation and laugh at them. Loss of dignity. Self-pity. Regrets about their lives. Living in fear. No hope.

How are families affected by AIDS/TB?

Financial burden—loss of jobs/income, heavy costs of funerals. Less food. Family morale goes down. Family members get fed up. Strained family relations.

Shame—dignity of family at risk. Property grabbing. Orphans, widows/widowers, street kids. Less children going to school.

Why do you think community members treat people with AIDS/TB badly?

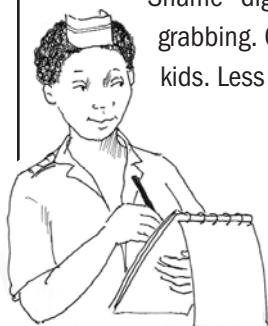
Lack of knowledge about HIV transmission. Fear of contracting HIV through casual contact. Moral judgments—think they “deserve it” for immoral behavior. Viewed as bad eggs—bad influence—so should be thrown away. Viewed as a burden. They are going to die so why care for them.

What are people’s fears about HIV/AIDS?

Diseases. Death sentence. Isolation. Neglect. Injustice. Loss of hope. No chance to have children. Helplessness. Fear of getting infected. Fear of infecting others. Fear of losing friends. Fear of losing jobs. Divorce. Fear of orphans. No cure. Burden. Results in poverty. Shame—people talking about us. Fear of the unknown. Having no control over the disease.

What are people’s fears about TB?

Rejection. Having to take treatment for a long time (many tablets and they are big). Infecting partners or family. Dying. TB symptoms being seen by others as a sign of AIDS. Losing friends. Losing employment. Divorce. Expensive medication and food. Poverty at home. Isolation.



MAPPING STIGMA IN OUR COMMUNITIES



OBJECTIVES

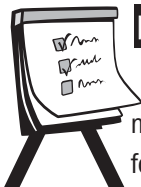
Participants will be able to:

- Identify different contexts in which HIV stigma occurs in the community
- Identify some of the common features of stigma



TIME

1 hour



PREPARATION

Select an open area near the training room for this activity or do it in the room using sheets of flipchart paper

ACTIVITIES

Community Mapping

MAPPING STIGMA

Divide into small groups and ask each group to make a quick map of their community, showing roads and major institutions using natural objects (stones, sticks, etc). While the group makes the map on the ground, one member draws it on flipchart paper. The last step is to ask the group to indicate places where stigma occurs in the community.

Report Back

Put up the maps on the front wall and make a list of places where stigma occurs.

Discuss

Who are stigmatized? Who are the stigmatizers? What forms of stigma take place in each context? How do you think people who are stigmatized would be affected?

Summary

- Stigma occurs in many different contexts—home, neighborhood, school, clinic, workplace, marketplace, bars, buses and other public places.
- In all of these contexts it takes similar forms—isolation and rejection, name-calling and insults, shaming and blaming.

ACTION IDEAS

Try out this activity in your own group or community. The community mapping of stigma could be a good start for getting the community to publicly name the problem and start thinking about what they want to do to change it. Put up the Stigma Community Map in the community hall or other public place where others can see it.



MODULE A

Naming the Problem

EXERCISE 9

WALKING IN SEARCH OF STIGMA



OBJECTIVES

Participants will be able to:

- Identify different contexts in which HIV stigma occurs in the community
- Identify some of the common features of stigma



TIME

1 hour



PREPARATION

Put signs up on trees outside the training room where the walk will take place, saying:

- Well/tap
- Market
- Bus station
- Clinic
- School, etc.

ACTIVITIES

Community Walk

LOOKING FOR STIGMA

Divide into pairs. Ask each pair to go for a "walk and talk" in the area outside the training room, looking for places where stigma occurs. Ask pairs to visit the (imaginary) market, bus station, school, clinic, church and discuss what forms of stigma might occur.

Report Back

Get the whole group to walk to each of the places. At each place ask a few people to role play how stigma takes place in that context.

After each role play, ask: "What kind of stigma is happening here?"



ACTION IDEAS

Over the next week keep your eyes open for stigma at home or in the community. Make a note each time you see stigma. In a week's time we will ask each person to report back what they have seen.

EXAMPLE FROM TRAINING WORKSHOP IN ZAMBIA (February 2002)

School

Orphans—feel inferior, lonely, not accepted, low concentration on studies. PLHA teachers no longer come to class. Other teachers have stopped visiting them. Feel neglected.

Home

Family members hide PLHA in back room. Find it difficult to help PLHA when he has lots of diarrhea—they fear getting infected. They refuse to accompany him when he goes to the clinic.

Clinic

One nurse showed fear of being infected—stayed at a long distance from patients. One patient dropped his TB card and others saw it. This made him very upset and he left the waiting area. It bothered him that people would know he had TB since this is associated with having HIV.

Barber Shop

While waiting for a haircut, a customer reached into his pocket and a condom fell out onto the ground. Another person used a signal to say that the customer has HIV.

Football ground

“Football players have lots of status and are not stigmatized when they are chasing women, but when they become sick, people start to talk about their womanizing behavior.”

Community tap

Women gossip about other women while waiting in line at the tap. Stigma here is directed to people they suspect have HIV or have HIV in their household.

Bars

People loosen up in bars and talk more openly including lots of stigmatizing gossip.



MODULE A

Naming the Problem

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EXERCISE

NAMING STIGMA THROUGH DRAMA



OBJECTIVES

Participants will be able to:

- Describe how stigma operates in a family situation
- Identify some of the effects of stigma on those stigmatized



TIME

30 minutes

ACTIVITIES

Drama

NAMING STIGMA

Ask participants to perform the following drama.

A young woman has been brought up in a religious family. She goes to church every day and follows strict moral values. Then she leaves the village to study as a teacher and finds the “real world.” She meets someone and has a serious relationship which lasts 2 years until she starts to get sick. Her boyfriend blames her for “bringing this sickness” and leaves her. She returns to the village where her mother welcomes her, but her father wants to chase her. Her mother takes her to the clinic but the nurses are very cold to her. Her father will only let her stay if she sleeps in the shed at the back of the house.

Discussion:

- What happened in the drama?
- Have situations like this happened in your community? Give examples.
- How do you feel about this?

MODULE A

Naming the Problem

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EXERCISE

WHAT DOES STIGMA LOOK LIKE?

This exercise could be used as a warm-up



OBJECTIVES

Participants will be able to:
Show through their own drawings
what stigma means to them



TIME

1 hour

ACTIVITIES

Drawing Exercise

WHAT DOES STIGMA LOOK LIKE?

Hand out flipchart sheets and markers. Ask each participant to draw a picture of how they see stigma. Tape up the pictures.

Ask the group: “What do you see in the picture? What does it mean?”

EXAMPLE FROM ZAMBIA WORKSHOP (February 2002)

A virus (HIV/AIDS). Ugly and angry—thin hair, bony, worn. Crying (for help, vulnerable). One person separate from others (segregation, isolation, others distancing themselves). Cut off from others (threat to others). A person running (lack of peace, restless, constantly being chased). Depressed face (hopeless). A skull and cross bones (death). Very thin (loss of weight due to ridicule).



EFFECTS OF STIGMA ON FAMILY AND COMMUNITY



OBJECTIVES

Participants will be able to:

- Analyze the impact of HIV/AIDS on the family and community
- Explore different ways of organizing together as a community to address the problems created by HIV/AIDS



TIME

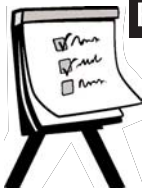
2 hours



MATERIALS

Silhouetted characters
(Annex)

Colored dots (or
markers) to symbolize
AIDS



PREPARATION

Make up different family groupings with silhouettes. In each family put a colored mark at the back of one character indicating HIV/AIDS. Put each set of silhouettes into an envelope.

ACTIVITIES

Trios

AFFECTS OF STIGMA ON THE FAMILY

Divide into groups of three and give each group a “family” (envelope of silhouettes). Then explain the exercise:

Step 1: Make up a story about your family.

- How does the family survive? What are the family members doing?
- What are the relations between family members?
- What are the goals and dreams of the family as a whole?

Step 2: Ask each group to turn over their silhouettes and identify which family member has HIV/AIDS.

Step 3: Discuss what happens as a result of “HIV entering the family”

- How will relationships change within the family?
- How will the family be treated by neighbors and the community?
- What will happen if the PLHA dies?
- How will the family’s goals and dreams be changed as a result?

Report back

Ask each trio to give a brief report.



ACTION IDEAS

Discuss with friends or peer group how to reduce stigma? How can community members support each other and through this reduce stigma?



- Conflicts and tension between married partners—women blamed for having other partners and some are beaten and/or divorced.
- Conflicts between different generations—older people blaming younger people.
- Children have to leave school to care for parents which undermines their future
- Grandparents left with children to care for but less external support such as remittances to properly care for their grandchildren.
- Lots of household money used up paying for “cures” which did not work.

Step 4: Place families at the center of the room—this represents community

Ask: “How can the community support families with HIV/AIDS?”
Basic condition—a family has to ask for help from another family or the community.

Example: One mother says: “My husband has AIDS and I can’t cope—I need help.”

Another woman says: “My daughter has AIDS. Maybe we can share cooking.”

Get groups linking up and talking.

Adapted from: *Mvula Trust (1998) National Training Workshop Report and Reference Guide. Johannesburg, South Africa. Page 22.*

HOW STIGMA AFFECTS PLHAS LIFE OPTIONS



OBJECTIVES

Participants will be able to:
Describe how stigma affects the
life options of different groups of
people



TIME

1 hour



MATERIALS

12 character cards
(Annex):

Woman carrying child (E2),
businessman (E3), female
manager (E5), pregnant
unmarried woman (E6),
football player (E8),
commercial sex worker
(E11), construction worker
(E18), unemployed teenage
boy (E22), disabled girl in
wheelchair (E23), married
housewife (E29), gay
bartender (E30) and market
woman (E32).

Activity cards

ACTIVITIES

Explain that this exercise will look at how different categories of
people in the community respond to different situations.

Game

LIFE OPTIONS

Ask 12 volunteers to play the game. Hand out the 12 character
cards upside down and ask the volunteers to keep their cards
hidden. Then ask each volunteer to pair off with a non-playing
participant to discuss his/her role (without revealing his/her
identity to other participants).

- Imagine that you are the person on the card
- Discuss what your life is like as this person
- Think about your HIV status, are you HIV positive?

Then ask volunteers to stand along the end wall, side by side and
facing forward.

Explain the game

I will read out the activities, one by one. After each one I'll ask:
"Can you do this activity easily without obstruction?" Those who
answer "YES" will take one step forward. Those who answer "NO"
will stay where they are.

Start the game

Read the first statement and ask players to respond. Then read
the second statement and ask players to respond and so on.

End the game

After all the statements have been read, players will be standing
at different distances from the starting point. Ask each player to
reveal their identity and give a short statement about how the



ACTIVITY CARDS

- Make long term plans
- Get medical help when you need it
- Marry your partner
- Tell people what you do for a living
- Make family decisions
- Feel safe walking the streets at night
- Obtain a bank loan
- Get sympathy from society if you need it
- Buy plot of land
- Expect sympathy from your family
- Find a long term job
- Have children with partner

game affected them—"I felt blocked when I could not buy a plot of land because I am a woman."

Discuss

- What restrictions were faced by different players?
- What factors influenced whether they stepped forward or not?
- What have they learned about the effect of stigma or discrimination?

Summary

Stigma affects many different groups in society, not just those living with HIV and AIDS.

Adapted from: "Carpark" in: Dixon, Hilary (1993) *Yes, AIDS Again: A Handbook for Teachers. Learning Development Aids*, Wisbech, Cambridge

STIGMATIZING THROUGH BODY LANGUAGE



OBJECTIVES

Participants will be able to:

- Show how we stigmatize through body language
- Analyze the attitudes behind this form of stigmatization



TIME

1 hour



MATERIALS

Picture A1—woman sitting all alone while others are giving her their backs

ACTIVITIES

Warmup

“OH JOSEPHINA!”

Ask participants to stand in circle. Explain that this game will show how we communicate through our voices and bodies. Show how to play the game. Show how you can say “Oh Josephina” in different ways—with anger, fear or humor. Then ask each participant (going round the circle) to say “Oh Josephina” in a different way, expressing a different feeling. When everyone has had a turn, ask: “What did you learn about the way we express emotions or feelings?” (loud or soft voices, confident or unconfident tones, facial expression).

INTRODUCTION

Display picture. Ask: “What do you see in picture?” (people facing away from the women and isolating her by giving her their backs). Use this to explain **body language**—communicating feelings through bodies. Explain that this session will look at how we communicate stigma through bodies. We show through our face, hand movements, and the way we hold our bodies, often unconsciously, how we feel about other people.

Pairs

SCULPTURING—PRACTICE 1

Explain/demonstrate **sculpturing**—using our bodies in a frozen image. Emphasize that this is not moving drama—it is a frozen or stationary image, like a picture. Ask participants to pair off and do a simple sculpture to learn the technique—a husband returns home late at night. In each pair decide who the husband is, who the wife is. After each practice session, ask a few pairs to

EXAMPLES FROM ZAMBIA WORKSHOP (March 2002)

Body language

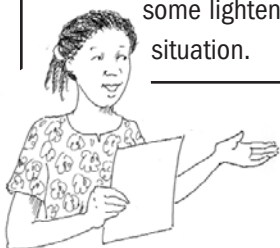
Finger pointing. Open mouth—shock! Showing our backs—shows rejection. Eyes looking down—shows sympathy. Want to hug him. Avoidance—scared he will infect me.

Feeling of Stigmatizers

Laughing: “How did you get this?”, “Why were you doing this?”, “You deserve it!”, “I don’t want to have anything to do with him.”, “Unbelievable.”, “She deserves it.”

How do PLHAs feel?

Low. Depressed. Everybody is looking at me. Center of attention. I feel judged and rejected. Some are making me feel okay. Sympathy from some lightens the situation.



demonstrate. After each demonstration, ask: “What do you see in the sculpture? What is communicated?”

SCULPTURING—PRACTICE 2

Then ask pairs to make a new sculpture showing how people treat sex workers. Ask them to decide on roles—A Stigmatizer, B stigmatized and make the sculpture. Then ask a few pairs to show sculptures at the center of the circle. After each demonstration, ask: “What is communicated? What do you think are the attitudes or judgments behind this body language?” Ask the Stigmatizer: “What are you thinking? Why are you stigmatizing?” and ask the Stigmatized: “How are you feeling?”

SCULPTURING—PRACTICE 3

Then ask pairs to make a new sculpture showing how people treat PLHAs. Swap roles: A stigmatized, B stigmatizer. Ask them to make the new sculpture. Then ask a few pairs to demonstrate in the center. After each demonstration, ask: “What do you see in the sculpture? What is the meaning of the body language? What are the judgments behind those feelings? How do we communicate when we isolate people?”

SCULPTURING IN FACING LINES

Divide participants into two groups and ask them to face each other in two lines. Assign roles: “A are Stigmatizers and B are the Stigmatized. Now show with your bodies how you feel about the others? PLAY!” Debrief on this activity and record responses on flipchart. Then reverse the roles.

Summary

We have learned that we can also stigmatize through body language—facial expressions, judging eyes, finger pointing and keeping a distance.

STIGMA IN THE FAMILY AND COMMUNITY (B)

15
EXERCISE



OBJECTIVES

Participants will be able to:
Explore how stigma takes place
within a family and community



TIME

1-2 hours

ACTIVITIES

COLLECTIVE STORY-TELLING AND DRAMA-MAKING

Explain the process

“We are going to construct a story together about a woman who gets HIV and how this affects her. We will take turns telling the story. Some of us will act out the scenes in the story in mini-dramas. Others will observe what is happening and the language used in the story telling and drama.”

Divide into 3 groups:

1. Story-tellers
2. Actors
3. Observers.

Brief each group on their roles.

Story-tellers

Start the story. Explain how a woman called Mary first discovers she is HIV positive. Tell the story! [Each story teller makes up two sentences and then another story teller takes over.]

STOP! Actors: Act out the first scene which has been described.

STOP! Story-tellers: Explain what happens when Mary's family finds out she is HIV positive. Tell a bit of the story so the actors can then act it out.

STOP! Actors: Act out this scene.

STOP! Story-tellers: Explain what happens when Mary becomes sicker. How does the family respond? What happens?

STOP! Actors: Act out this scene.

At the end of this process stop and ask the observers to make a report on stigmatizing words and actions they observed. Record on a flipchart.

Then ask Mary: “How did you feel about the way you were being treated?”

Summarize how stigma changes over the course of the illness.

STIGMA AT DIFFERENT POINTS OF INFECTION

16
EXERCISE

This exercise is an alternative to A14



OBJECTIVES

Participants will be able to:
Describe how stigma changes at different points of HIV infection



TIME

1 hour



MATERIALS

Two types of colored cards: yellow and blue



PREPARATION

Put up stages of HIV illness (using cards) along top of the wall:

- Getting initial infection
- First signs of illness
- Getting tested
- Disclosure to family and friends
- Later stages of illness
- Burial

ACTIVITIES

NAMING STIGMA OVER TIME

Explain that the exercise is to identify how stigma changes at different phases in the HIV illness. Divide into pairs and give each pair cards and markers.

Step 1: Show how HIV affects PLHAs at different stages.

Ask pairs to identify what the PLHA is doing at each stage - and record on a YELLOW CARD.

Step 2: Show how people stigmatize PLHAs at different stages.

Ask pairs to write on BLUE CARD what forms of stigma are practiced at each stage.

Step 3: Cluster similar points, review the list, and discuss.

Summary

Stigma increases over different stages in the illness. As people become sicker, they become more labeled.

EXAMPLE FROM ZAMBIA WORKSHOP (March 2002)

Having Sex

No or little stigma. Viewed in general as normal male behavior. Some stigmatizing (gossiping) if man sleeps with woman of doubtful character—someone who people suspect has AIDS. Self-stigma: sex with another person other than spouse.

First Signs of Illness

At this stage it is mainly self-stigma, because symptoms can be hidden. Person starts to blame himself—“Why did I sleep with her?” Depends on symptoms—if they are noticeable, stigma by others. Anyone who has TB symptoms is assumed to have HIV. Some people may attribute symptoms to witchcraft—don’t want to face reality—look for other reasons to explain symptoms.

Getting Tested at Health Center

Stigmatization by health staff. Examples: staying at a distance and avoiding physical contact. If a patient touches the counselor, s/he may react by moving away quickly. In some centers poor procedures for releasing results—publicly announcing results. Not keeping confidentiality, letting others know. Finger pointing or name calling by people who see person enter health center. Assumption—anyone who goes for test must be HIV+ and bad/immoral. Anyone who tests negative is still stigmatized because it is assumed s/he has been involved in immoral behavior.

Disclosure to Family and Friends

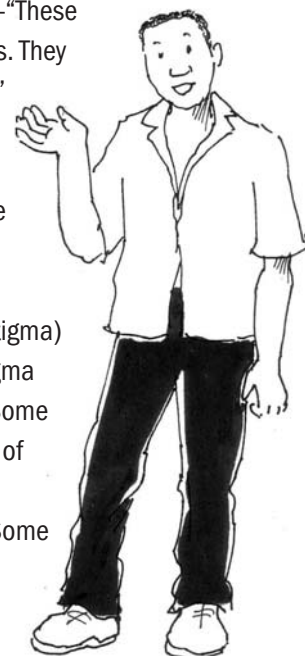
Judging: “You have sinned. You deserve it.” Ridicule: “Why did you bring shame to the family?” Backbiting by neighbors: “What kind of parents are you?” Blaming: one partner blames the other for bringing HIV into the home. Rejection, isolation, neglect. Fears about disclosure—more likely to disclose when sick.

Later Stages of Illness

Isolated - given separate room and utensils. Eats alone. No/limited body contact. Inhuman behavior—“Don’t give her food because she has lots of diarrhea.” Verbal abuse. Blaming for financial problems in the family. Prevent people from seeing PLHA. Fired. Kicked out of rental accommodation. Mistreatment—stop paying attention to requests. Withdrawing resources and treatment. PLHA pushed out of the hospital and home to die and then pushed like a ping pong ball from one relative to another, and finally dumped in the village. Using PLHAs as examples of bad people—“Don’t do like he did!” Neighbors tired of borrowing—“not you again!” Visits and voyeurism—“Let’s go and see the walking corpse.” Children of PLHAs stigmatized. Lots of blaming within the family.

Burial

Rushed burial: no respect, everything is rushed. The body has deteriorated so they don’t want to keep him long in the mortuary. Burning or burying of the clothes. Gossip and name-calling—“These people are filling up our graveyards. They should be buried somewhere else.” Judging—“S/he has sinned and gone to hell!” Relatives of the dead person are mocked—“You are next!” Family of deceased treated badly. Change in sexual cleansing practice—this creates problems (stigma) for widows. Property grabbing—stigma used as excuse to grab property. Some relatives accept orphans as a way of grabbing property, once this is achieved, children get poor care. Some orphans badly abused.



MODULE A

Naming the Problem

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EXERCISE

STIGMA AND POWER



OBJECTIVES

Participants will be able to:
Analyze how dominant groups
use their power to stigmatize
others



TIME

2 hours

ACTIVITIES

Card Storm

POWER

Tape the card “POWER” on the wall and hand out cards. Ask pairs to brainstorm: “What gives people power?”

EXAMPLES

Money. Position at work. Gender. Class. Race.
Education. Type of job. Intelligence. Religion.
Beauty. Physical strength. Rural/urban. Verbal skill.



POWER USED TO STIGMATIZE

Discuss with the whole group: “How does POWER affect the way in which people are stigmatized?”

The dominant or privileged group(s) have the power to:

- Define how the world is viewed
- Determine what is real, normal and correct
- Institutionalize and systematize stigma and discrimination

The group who lack power—such as PLHAs—has to accept the condemnation and labeling of the dominant group. They are expected to accept the judgments made by the ruling group. This is called **self-stigma**.

Stigma is a mental concept—it is not a biological phenomenon. There is no clear distinction between one group of people (non-PLHAs) and another group (PLHAs).

Stigma is an attitude. It attributes characteristics to a group and everyone who belongs to that group and assumes that those characteristics are based on significant differences.

Discrimination is behavior. It involves the practice of giving different treatment to groups of people on the basis of assumptions or stereotypes.

Adapted from: Exercise on “Sharing Power” in *Training for Transformation: Handbook for Community Workers, Hope and Timmel* (Book 4), page 129-130.

MODULE A

Naming the Problem

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EXERCISE

COMPARING AIDS, CANCER, LEPROSY, TB



OBJECTIVES

Participants will be able to:
Make comparisons among the
forms of stigma associated with
different illnesses.



TIME

1-2 hours

ACTIVITIES

Individual Work

Ask each participant to complete the matrix below.

Disease	How does the person with the disease feel?	How are they treated?
Cancer		
Leprosy		
AIDS		
TB		

Report Back

Complete the matrix on flipchart with input from participants.

Discussion

Ask: “What are the differences in the way different illnesses are regarded? How does this affect the stigma towards those affected?”

Summary

In Vietnam when this exercise was used, participants produced the following analysis:

- Cancer is not a communicable disease and there is no association with sex—so there is no stigma.
- Leprosy is a communicable disease but not associated with sex—so there is a low level of stigma
- AIDS can be transmitted and is associated with sex—so there is a high level of stigma.

MATRIX OF HEALTH COMPARISON (Youth Focus Group)—ZAMBIA

Disease	Stigma rating	Why stigma?
Diarrhea	XXXXX	Fear of contagion. Diarrhea linked to AIDS. Change brings about stigma.
TB	XXXXX	Fear of contagion. Economic burden. Associated with HIV.
Malaria	X	Not contagious.
Cancer	XXX	Stigma only when disease becomes physically offensive.
AIDS	XXXXX	Fear of contagion. Fear of stigma by association. Fear of offering help. Family starts the stigma—then community follows their lead.

THEORIES ON CAUSES OF STIGMA



OBJECTIVES

Participants will be able to:
Analyze some of the root causes of stigma.



TIME

1-2 hours

ACTIVITIES

Presentations

Divide into groups and ask each group to select one of the theories. Ask them to discuss it and prepare a 5 minute presentation to defend or argue against the theory.

Report back

Ask each group to make a presentation. After each presentation ask the group to give feedback on presentation skills—clarity of arguments, voice level, eye contact, body language, clear introduction and conclusion, etc.

EXAMPLES OF THEORIES ABOUT STIGMA

- **Lack of knowledge** leads to fear of contagion—PLHAs are dangerous!
- **Morality**—getting HIV means you have sinned—“HIV/AIDS = SIN!”
- **Burden on family and society**—“A person with HIV/AIDS has nothing useful to contribute and is a big burden on their families and society.”
- **Coping mechanism to deal with grief**—“If I can blame the person, it is easier to deal with illness and death.”
- **Poverty can make people stigmatize**—orphans withdrawn from school
- **Loss of support and status**—“If my children die, I will lose my old age support, proper burial, grandchildren and perpetuation of our family name.”
- **Asserting control**—Attempt to maintain social order in the face of a rapidly changing society where youth and women are gaining access to resources, freedom of movement and sexual behavior.



MODULE A

Naming the Problem

20
EXERCISE

STIGMATIZING MYTHS AND MESSAGES IN MEDIA

This exercise helps people recognize how the media promotes and reinforces HIV stigma



OBJECTIVES

Participants will be able to:
Identify how the media have promoted stigma against PLHAs



TIME

1 hour



PREPARATION

Collect articles in local newspapers dealing with AIDS issues. Photocopy them for use in the workshop and display on tables.

ACTIVITIES

Warm-up

FACT, OPINION OR RUMOR

Read an article out loud pausing at the end of each statement. Ask participants to consider whether the statement was a **FACT**, **OPINION** or **RUMOR**.

EXAMPLES

- The largest number of people living with HIV and AIDS in the world live in sub-Saharan Africa. (FACT)
- HIV is not the cause of AIDS. (OPINION)
- Many politicians are hiding their HIV status. (RUMOR)



Ask participants to use the following symbols to indicate what they think:

FACT—Raise hands in the air

OPINION—Put hands on your head

RUMOR—Fold your arms

Summary

Explain that this exercise shows that we should not assume that everyone understands and thinks the same way as we do. People have different views. The problem comes when people no longer respect each other's views. In order to solve a problem you need to understand and respect the views of other people and make use of them in looking for solutions.

We should not accept whatever we hear but we have to assess and judge it. Stigma is often based on rumor or misinformation.

EXAMPLES

“Innocent”—implies that the others are guilty

“Victims”—this is disempowering; PLHAs do not see themselves as victims

“HIV plague”—implies that nature causes HIV, rather than preventable behavioral practices



Reading and Analysis

SPOT THE STIGMA!

Divide into pairs. Ask each pair to select an article, read it and analyze the language used in the article in terms of stigma. Ask them to look for inaccurate, judgmental or value-loaded words.

Debriefing

Ask each pair to read out the stigmatizing phrases they found in the articles. For each phrase ask: “What are the attitudes behind the stigma?”

Processing

Ask the group to discuss:

- How do these words used to describe PLHAs make you feel?
- What can you do to combat these words and myths?

MODULE B

More Understanding
and Less Fear

7
EXERCISE

DEALING WITH FEARS ABOUT OUR OWN STATUS

This exercise gets participants to look at fears about their own HIV status



OBJECTIVES

Participants will be able to:
Talk more easily about their own
possible HIV status



TIME

30 minutes

ACTIVITIES

Individual Reflection

FEARS ABOUT OUR OWN HIV STATUS

(5 minutes)

Ask participants to find a place to sit on their own. Then say, "Think about a time in your life when you may have been at risk of getting HIV. What happened? How does it feel now?"

Sharing in Pairs

Then say, "Pair off with someone you feel comfortable with and share the feelings or fears. You don't need to explain the circumstances instead focus on the feelings or fears triggered by this incident in your life."

Then ask the same pairs to discuss:

- What fears do we have about our own HIV status?
- What stops us from talking to others about our fears?

Summary

Explain how our own fears and other people's expectations block us from talking openly to others about our HIV status.

EXPLORING NON-SEXUAL (CASUAL) CONTACT

These exercises look at the issue of risk based on non-sexual casual contact.

- **What are people's major fears about casual contact in their day-to-day lives?**

What situations, in their homes and workplaces, do people avoid contact with PLHAs because of confused knowledge about HIV transmission? What is their assessment of those situations which they feel put them at risk?

■ **Why are people fearful?**

What are the specific beliefs which make them fearful? (thinking that blood will get “exchanged” and get into their bodies; or thinking that HIV is on top of the skin like a skin disease/fungus and can jump inside; or thinking that a PLHA who is preparing food may have blood on his hands, the blood may get into the food, and people may eat the food and get HIV).

MODULE B

More Understanding
and Less Fear

8 EXERCISE

NON-SEXUAL (CASUAL) CONTACT GAME

An adaptation of the Risk Continuum Exercise



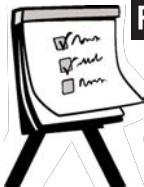
OBJECTIVES

Participants will be able to:
Name people's fears in relation
to non-sexual (casual) contact
with PLHAs



TIME

1 hour



PREPARATION

Set up a continuum
on the front wall with
cards: HIGH FEAR/
DISTRUST, LOW/
NO FEAR/DISTRUST,
REAL RISK

Write the following
activities on cards:
ACCIDENTS, CUTS,
SHARING UTENSILS,
CLEANING/WASHING
PLHA, EATING FROM
THE SAME PLATE
WITH A PLHA,
SHARING CUP WITH
PLHA, PLHA
PREPARING FOOD,
CARRYING BODIES TO
CEMETERY, DEEP
KISSING, SHAKING
HANDS, HUGGING,
TOILET SEATS

ACTIVITIES

Continuum Exercise

FEAR AND DISTRUST

Hand out cards and ask each person to place the card under the
category that represents their own position.

Task Groups

Divide into groups and assign each group one of the forms of
casual contact listed under **high fear/distrust**. Ask the group to:

- Discuss "Why do people think that this activity may lead to
HIV infection?" Ask them to explain how people think HIV is
transmitted in this situation.
- Prepare a presentation to challenge this misperception,
based on the QQR Fact Sheet.

EXAMPLES

High Fear/Distrust	Medium or Low Fear/ Distrust	Real risk
Accidents—blood Cuts Sharing utensils Cleaning or washing PLHA Sharing food/eating together PLHA prepares food Carrying dead bodies to cemetery	Shaking hands Hugging Toilet seats	

Report back

Ask each group to give their presentation. Ask the other participants to play “devil’s advocate,” pretend they don’t trust the information presented and challenge the presentation.

MODULE B

More Understanding
and Less Fear

9 EXERCISE

HIV TRANSMISSION CASE STUDIES

This is an option to Exercises B4, B6 or B8



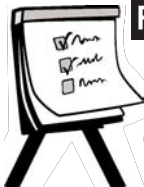
OBJECTIVES

Participants will be able to:
Describe how and why HIV
cannot be transmitted from one
person to another through non-
sexual contact



TIME

1 hour



PREPARATION

Write the following
case studies on
cards and tape on the
wall.

- A family member who is HIV positive cuts her finger when she is cooking. The blood falls into the food. What is the risk involved?
- A woman is cleaning up after a small child (with HIV) who has had lots of diarrhea. She has cuts on her hand. What is the risk involved?
- A few men are sharing a carton of Chibuku (maize beer) in a bar. One of the men has sores on his lips and blood gets into the Chibuku. What is the risk involved?
- A person is injured in a car accident and is rushed to the hospital by a good Samaritan who comes across the accident soon after it happened. At the hospital the nurse on duty can't find gloves. She says to herself: "I don't know the HIV status of this person. If I touch him, I might be infected. What am I going to do?"

ACTIVITIES

Group Discussion

CASUAL CONTACT CASE STUDIES

Ask participants to select one of the case studies or write their own. Ask them to analyze the situation, using the QQR Fact Sheet. Ask each group to explain why there is no risk in this situation.

EXAMPLES

PLHA cooking and blood gets into food

The blood is outside the body so HIV will not last long. It will be killed by the heat of the cooking. Enzymes in our saliva and stomach acid will also kill the HIV.

Cleaning the child who has had lots of diarrhea

During the cleaning, the cleaner may come into contact with feces and blood. However, there is no risk involved. Why? PLHA's blood does not go into the body of the person who is cleaning.

Road Accident

When you cut yourself, blood flows out. If you rub hands together you can't push blood inside you because it naturally flows out.



COUNTERING MYTHS ABOUT HIV AND AIDS



OBJECTIVES

Participants will be able to:

- Describe a number of myths related to HIV/AIDS
- Develop strategies for countering this kind of misinformation



TIME

1 hour



MATERIALS

A set of cards, each with text. One set for each group.

ACTIVITIES

Pairs

COUNTERING MYTHS ABOUT HIV/AIDS

Ask participants to select those myths which are more common in their community or area.

Then divide into pairs and ask each pair to select one of the myths.

Task

Prepare a presentation to counter this myth, using the information from the Fact Sheets.

Report back

Ask each pair to make a presentation. Ask other participants to respond as if they don't believe the information given.

Action ideas

- Ask participants to make up new slogans about HIV and AIDS
- Divide into pairs. Ask each pair to prepare a discussion session on one aspect of basic facts about HIV and AIDS using a code (picture, drama, story) + discussion.

EXPLORING WHAT “LIVING WITH HIV” MEANS

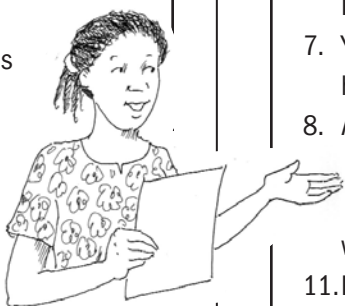
What happens to people after they discover they are HIV positive? Do they die quickly or can they lead long and productive lives?

Many people still assume that an HIV positive test result is an immediate death sentence. They think that PLHAs will get sick and die quickly. And, believing this, they give up on PLHAs, and

THINGS YOU NEVER KNEW ABOUT HIV/AIDS

New things to tell people about HIV/AIDS.

- Opportunistic infections are treatable.
- HIV and AIDS are not the same thing.
- PLHAs can lead long lives.
- TB is treatable and curable.
- ARVs are more available and cheaper than ever before. (ARVs—slow down progression of the illness and increase immunity.)
- If you have TB, it does not mean you have AIDS.
- If you are HIV and pregnant, it does not mean your child will get HIV.
- HIV cannot survive outside the body for longer than 3 minutes.
- You need to consume tons of saliva in order to get HIV.



treat them as people who are no longer productive and a drain on the family. This stigmatization—being told you are no longer part of the living—hurts and demoralizes the PLHA, and if not stopped, produces the expected result—PLHAs give up and die, not because of the virus but because of loss of hope.

This section will address this issue and attempt to demonstrate that:

- If the PLHA and his/her family takes good care, the PLHA can lead a long life.
- Most illnesses that comes with HIV and AIDS can be treated and cured.
- PLHAs can lead productive lives.

TRUE OR FALSE?

1. You can get HIV from not washing after having sex.
2. You cannot get HIV from having sex standing up.
3. You can get HIV from having sex with a woman who has had a miscarriage or abortion.
4. You cannot get HIV from having sex when the woman is having a period.
5. You can get HIV from using a toilet after a PLHA has used it.
6. You can get HIV from getting bitten by a mosquito who has bitten a PLHA.
7. You can get HIV from not putting the condom on properly and having sex.
8. A man can be cured of HIV by having sex with a girl who is a virgin.
9. Special medicines can cure HIV infection.
10. If you stay with only one partner, you cannot become infected with HIV.
11. People with STIs have a higher risk of becoming HIV positive than people who do not have STIs.
12. If I have sex with my partners who are not infected and give them some of my virus, then my own viral load will go down.

Add myths which are common in your area.

MODULE B

More Understanding
and Less Fear

11
EXERCISE

KNOWLEDGE ABOUT “LIVING WITH HIV”

This exercise gets people talking and thinking about what it means to “live with HIV”



OBJECTIVES

Participants will be able to:
Describe what happens to a person who is living with HIV (progression of illness; viral load, longevity, etc)



TIME

1 hour

ACTIVITIES

Quiz

TRUE OR FALSE

Ask participants to complete the quiz.

QUIZ

If a person is HIV positive:

- Has the person got AIDS?
- Will the person be dead in two years?
- Will the person be infectious to other people?
- Is there any medicine they can take?
- Will other people be able to tell if the person has HIV?
- Should they give up their job?
- Should they stop doing physical work e.g. farming?
- Is their sex life over?
- Can they have children?
- Can they take part in family decision-making?

Add your own questions.



Task Groups

Assign a few questions to each of the groups. Ask them to discuss and prepare a presentation on:

- What do people think about each issue? Why?
- How can one counter misinformation on this issue?

Report back

Ask each group to give a report.

Summary

Getting HIV does not mean instant death.

- If the PLHA has good care, the PLHA can lead a long life.
- Most illnesses that come with HIV and AIDS can be treated and cured.
- PLHAs can lead productive lives.

WHY POPULAR BELIEFS ARE POPULAR



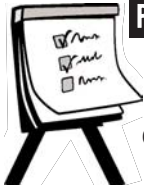
OBJECTIVES

Participants will be able to:
Assess popular beliefs and their
impact on our thinking about
HIV/AIDS



TIME

1 hour



PREPARATION

Write out different
popular beliefs on
cards, such as the
following.

- HIV is caused by sleeping with a woman who has had a miscarriage or abortion
- HIV is caused by witchcraft
- The partner who falls sick first is the person who got infected with HIV first who “brought HIV into the family”
- Sex with a virgin/young girl cleanses you of HIV
- Every time you have sex with another person your viral load goes down
- If one partner is HIV positive, the other must also be HIV positive
- Holy water can cure AIDS (Ethiopia)

ACTIVITIES

Analysis and Drama Making

EXPLORING POPULAR BELIEFS

Divide into small groups and let each group select one card.

Group task

What are the reasons or thinking behind this belief?

- Whose interests are served by this saying or belief?
- How does this belief lead to HIV stigma?
- Create a *drama* to show how this belief is accepted and how it influences people’s thinking.

Report back

Ask each group to present their drama.

Then discuss: “How can we challenge or change this belief?”



EXAMPLES

Witchcraft

Provides an alternative explanation for AIDS illness, one that does not involve blame or stigmatization. The blame is shifted to whoever is doing the bewitching. Traditional doctors provide a respectful, welcoming approach: they do not judge or condemn, listen and provide counseling, and provide services in non-public spaces—so there is no stigmatizing by others.

Belief which attributes HIV to sex with a woman who has miscarried shifts the blame from the man to the woman—she has miscarried so she is at fault.

[Traditionally, however, this belief was used as a form of protection for women—this device allowed them to be free from sex for a period so they could heal.]

“Whoever Gets Sick First Gets the Blame.”

This saying is often used by men to shift the blame of bringing HIV into the relationship to their partners.

“Sex with a virgin cures HIV.”

This belief is now used by men to justify having sex with young women and avoid safe sex practices. It puts young girls under tremendous pressure and increases their risk of getting HIV from older men.

“Every time you have sex with another person your viral load goes down.”

This is a convenient way for men or women to avoid facing responsibility around sex and justify the practice of having many sexual partners.

MODULE C

Sex, Morality,
Shame and Blame

EXERCISE 9

STEREOTYPING: "THE ISLAND" (GAME)



OBJECTIVES

Participants will be able to:

- Recognize how they stereotype and make assumptions about other people without knowing the full story
- Think about what influences how they judge the value of others in society



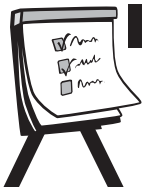
TIME

1 hour



MATERIALS

Character descriptions.
Character cards
(E1 - E32)



PREPARATION

Handout: Character
Descriptions

ACTIVITIES

Group Work

THE ISLAND

Give each person a character description and then ask them to pick one of the character pictures to represent their character.

Then explain the task. Read out the following (make sure the number going to the island is less than the number of participants in your group):

The Island

It has been decided to send 8 people to a remote island where they will live for 50 years to create a new society. Your task is to convince the rest of the group that you should be one of those chosen to go to the island.

As a group you will need to agree on the criteria for making the decision of who goes and then choose the 8 people.

Give the group a time limit (at least 20 minutes) and ask them to record their choices on a flip chart.

Report back

- Who did you choose?
- What criteria did you use?
- How did it feel to be chosen/not chosen?
- What did we learn from doing this exercise?



EXAMPLE

Two possible criteria could be **skills and balance**. But the group would have to ensure that they found out about people's skills and who is to say what is "balanced."

Assumptions and stereotypes will surface. Some may reject the nurse because of prejudice against gays.

Others might reject the "old" woman but is she 45 or 75?

Summary

- We often make assumptions about other people, about their abilities, skills and qualities without knowing much about them.
- Look at the character pictures you chose. Did they stereotype people? For example the girl in wheelchair might be HIV (people with disabilities do have sex) or the market woman might be a singer (she has a life outside the market). The sex worker could be a mother—she has a life outside of sex work and so on.
- Look at your characters: the woman living with HIV might have been a doctor; the unemployed teenage boy might have had plumbing skills and so on!

Source: Adapted from *Exercise on "Stereotyping" in Training for Transformation: Handbook for Community Workers, Hope and Timmel (Book 4)*, page 133-135.

MODULE C

Sex, Morality,
Shame and Blame

10
EXERCISE

JUDGING OTHERS: HOW AND WHY?



OBJECTIVES

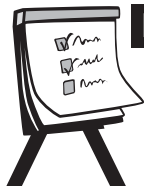
Participants will be able to:

- Analyze why people judge others
- Recognize that they judge others



TIME

1 hour



PREPARATION

Copies of the questionnaire for each participant

ACTIVITIES

Warm-up

HOW CARING AND NON-JUDGEMENTAL ARE YOU?

Ask participants to fill in the questionnaire (at end of the exercise). Explain that it is a light-hearted questionnaire but it can help us to begin thinking about how we judge people.

Review questionnaire in the large group, discussing any controversial answers.

Task groups

HOW DO WE JUDGE?

Divide into pairs or threes and discuss: “How are PLHAs judged? What are they blamed for?”

Write on a flipchart. Display flipcharts on wall.

EXAMPLE

BLAME: Promiscuous behavior. Economic decline and poverty. Spread of HIV and AIDS and STDs. Climate of fear. Conflict in the family. Moral decay. Their sickness reflects their sexual past. They look sick. They bring shame on family.



Buzz Groups

WHY DO WE JUDGE?

In different pairs ask: “Look at your own judging behavior and ask—‘Why do you judge others?’”

WHY DO WE JUDGE OTHERS?

- Helps make me feel better or superior.
- Helps increase my power and control over others.
- Helps to keep me separate from others.
- By judging others I can maintain the status quo in the community.
- Projection of my own fears—I judge in others things I don't like about myself.
- My church teaches me to judge to point out the sin in others.

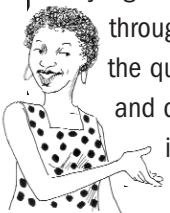
WHEN DOES JUDGING HURT?

When it:

- demoralizes
- makes them feel small/stupid
- makes them isolate themselves
- destroys their confidence
- reinforces self-stigma

ACTION IDEAS

Make a note of all the judgments you make throughout one day. Take the questionnaire home and do it with someone in your family.



Report Back

Round robin

Buzz Trios

WHEN DOES JUDGING HURT

Explain that we all judge—it is a normal human activity and it would be hard to stop people judging. We all do it—it is a form of survival. Then divide into buzz trios and ask: “When does judging hurt people?”

STORY

Read and discuss the following story—either in small groups or read the story to the whole group.

Mary and Grace worked in the same office and were close friends. They were both married. Mary used to talk about Grace's husband to others, saying he was a womanizer and spent little time in the house with Grace. She never talked about her own husband. Then Mary started to get sick. She did not know what was wrong but eventually went for an HIV test. She found she was HIV positive.

Summary

- Stigmatizing others makes us feel superior to others, more moral than other people. It makes us feel that WE are right and THEY are wrong. Yet we may be in the same boat.
- We should aim to accept rather than to judge or condemn others. For example, you may not agree with the lifestyle of a gay man but you should not condemn, judge or reject him. You may have views about sex before marriage but does this mean condemning all young women who are pregnant before they are married?
- We should promote an attitude of live and let live.

VALUE CLARIFICATION EXERCISE

11 EXERCISE



OBJECTIVES

Participants will be able to:

- Analyze why different people are judged differently
- Analyze the assumptions behind our judgments about PLHAs



TIME

2 hours



MATERIALS

Set of statements written on flipchart sheets and taped on the wall

ACTIVITIES

RAPID SURVEY

Ask participants to each go to a flipchart and write down their opinion about each statement: AGREE, DISAGREE or NOT SURE.

Tabulate the results

Tabulate the results for each question (15 Agree, 10 Disagree, 3 not sure).

Plenary Discussion

Take one statement at a time. Ask one person to read it and the result. Then ask one person who agrees to explain why, and one who disagrees to explain why. Discuss. Then move to the next statement.

STATEMENTS

- People with HIV should keep it to themselves and not talk about it.
- A PLHA should eat and sleep separately from the rest of the family.
- People with HIV deserve it because they have been doing bad things.
- If one partner gets AIDS, the other partner should look after him/her.
- Family members should be told when a member tests positive for HIV.
- Female PLHAs are all promiscuous.
- ARVs should be freely available to PLHAs.
- Condoms should only be available to married couples.
- I believe there are innocent and guilty victims of HIV/AIDS.
- PLHAs should not be allowed to have children.





ACTION IDEA

Discuss the value statements at home with family or friends.

Optional Method

Establish places for different views on different walls of the room (or on the floor): STRONGLY AGREE, STRONGLY DISAGREE and UNDECIDED. Then read out each statement and ask participants to walk to the place which represents their opinion. Then ask a few participants at different points in the continuum to explain their views. Then do a quick summary (or ask a trainee to do this) and introduce the next issue. Don't let this session drag—keep trainees moving and thinking!

Summary

- Values play a key role in forming judgments.
- We all have different views. Some strong negative views can fuel stigma.

MODULE C

Sex, Morality,
Shame and Blame

12
EXERCISE

WHO GETS INTO THE KINGDOM OF HEAVEN?



OBJECTIVES

Participants will be able to:

- Reflect on how judgments depend on personal beliefs
- Recognize that religious beliefs about sex and sin differ
- Understand more fully their own beliefs about sex and sin



TIME

1 hour



MATERIALS

Character cards

Individual case histories

Picture of camel going through the needle while the rich man looks on

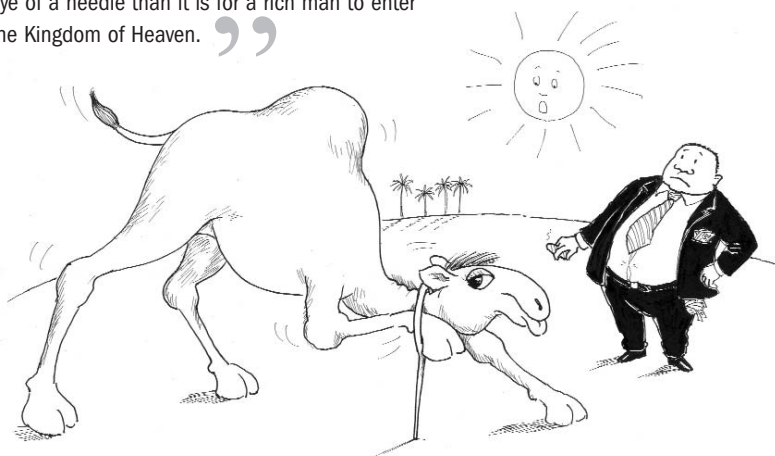
Card saying "HEAVEN"

ACTIVITIES

Game

"GETTING INTO THE KINGDOM OF HEAVEN"

“ It is easier for a camel to pass through the eye of a needle than it is for a rich man to enter the Kingdom of Heaven. ”



Warm-up: "Threading the needle"

- Divide into two teams of equal numbers (no more than 15 people).
- Ask teams to face each other in a line, each team holding hands.
- Each team should number off.
- When you shout two consecutive numbers (4 and 5), the 4th and 5th persons in the line hold their hands up high creating a hole and the rest of the team "threads the needle"—without dropping hands, team members at both ends run through the hole (with other team members following) and back to their original position.



- The first team back in its original position wins.
- If appropriate, ask someone to be the judge.

Setting up Groups

Divide into pairs or small groups and hand out a set of character cards and case histories to each group, plus the card “Heaven.” [Depending on the size of the group you can give all the same characters to each group (so they can compare decisions) or you can give different characters to different groups to show the range of decisions made.]

Task

Explain the task to groups:

Imagine that you are the “judges” appointed to decide whether people have a chance of getting into the Kingdom of Heaven. Discuss each of your character case studies and decide if you think the character deserves to get into heaven or not. (Consider your own beliefs on sex and sin.) Record the reasons for each decision.

Discuss in the large group:

- How did it feel to be the judges?
- Did your group agree on the criteria to make the decisions?
- How did you come to agree?
- Were there a range of beliefs in your group or did you all feel the same?

Summary

A group of traditional healers in Zambia analyzed this issue in the following way:

- I may get AIDS innocently from my husband without any “sinning” and yet the fact that I have AIDS blocks me from getting into the Kingdom of Heaven.
- Those households who are not looking after or who are mistreating HIV patients are sinners so they should be the ones not to enter the Kingdom of Heaven.

MODULE C

Sex, Morality,
Shame and Blame

13
EXERCISE

PROMISCUITY, PROSTITUTION AND PREACHING



OBJECTIVES

Participants will be able to:

- Analyze why there is so much concern about promiscuity
- Recognize how they sometimes judge others



TIME

1-2 hours



MATERIALS

Character cards
(as many as you
need E1-E32)

ACTIVITIES

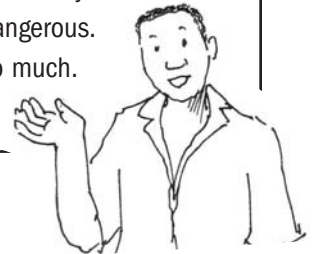
Wordstorm

DEFINITION

Do a quick wordstorm and record points on flipchart: “What do you think of when you hear the word **“promiscuous?”**”

EXAMPLE

Irresponsible. Adulterous. Unfaithful. Moving around. Disloyal.
Sinner. Chasing money. Sex is a game for them. Dangerous.
Chasing AIDS. Prostitutes. No morals. Enjoy sex too much.
Sex mad. Someone else—not me!



Debrief

- One definition of promiscuity could be: Promiscuous just means that you have slept with one more person than me.
- Everyone’s idea of promiscuous will be different according to their background and beliefs.
- PLHAs are often labeled promiscuous although you only have to sleep with one person once to become infected.

Discussion

GENDER DIFFERENCE

Ask: “What words are used in your language for **“promiscuous”** for men and women? Is there a big difference?”

Discuss

- Are the judgments on women harsher than on men?
- Do women get blamed more than men if they are HIV positive? (Often the words against women are more insulting)



ACTION IDEA

Next time you hear someone using the word promiscuous, ask them how they would define it.

EXAMPLES FROM ZAMBIA

Women

Amawule (Bemba), Mawule (Nyanja)—prostitutes—young women who are always found in drinking places.

Men

Kuchiliza (Nyanja), Banjoya (Nyanja)—men who visit bars and sleep with the women they find in bars.

Story or Drama

WHO IS PROMISCUOUS?

Divide into small groups. Ask each group to select one of the character cards and make up a story about the character's sex life to show whether they are promiscuous or not. Dramatize it.

Report back

Ask each group to tell the story or show the drama. Discuss:

- Who decides whether someone is promiscuous?
- Who gets stigmatized because of their sexuality? Why?

Prostitution is survival not promiscuity.

If there are any organizations in your area working with or supporting sex workers, invite a speaker to come and tell her story.

OR

Ask participants to read **Rose's story** and discuss in small groups.

Report back

Bring any thoughts or feelings back to the big group.

Discuss

Prostitution is a socio-economic problem not a sin. The low status of women means that many women have less education and lower paying jobs and therefore are poorer. With few ways to earn money women are pushed into selling sex for goods, favors or money. Men are always available to pay for sex. What does this mean for us about our own attitudes to promiscuity and sexuality?

ROSE'S STORY

Rose was brought up in Ndola, Zambia. Her parents died when she was 9 years old and she went to stay with her Mother's younger brother. Her uncle began abusing her sexually and told her that she must never tell anyone or she would lose her home. Rose knew what he was doing was wrong but she was scared that if she told her auntie she would be chased from the home.

The abuse carried on until she was 13 years old, when she befriended an older woman, Mama Banda, a neighbor whom she decided to tell. Mama Banda told her she could come and stay with her and for a while everything was OK although Rose saw that her new friend stayed out at night sometimes.

One day Mama Banda asked Rose if she would help her to earn some money. This turned out to mean that she brought a man to spend the night with Rose.

He paid the old woman and brought Rose some perfume. The next time he came, he brought two friends. This is how Rose began selling sex. She moved from Mama Banda's house when she was 16 to live with another girl who was working on the streets in Lusaka. They earned good money though Rose was never very happy. She began drinking beer to try to forget about what she was doing. She was also beaten and raped several times by different men that she went with.

It was when her friend was killed by a gang of men that she decided she had to stop otherwise she might die too. She was helped by some outreach workers at Tasinta, an NGO which helps commercial sex workers.

Rose is now married with a young baby and works for Tasinta.



Summary

Discuss the following points:

- Promiscuous is a label used to stigmatize or judge others.
- One person has defined promiscuous as “someone who has had one more partner than I.” In other words it is simply making judgments about the morals of other people in order to make oneself feel superior.
- People who carry condoms are often viewed as promiscuous. Yet in terms of HIV, they are being responsible citizens.

MODULE C

Sex, Morality,
Shame and Blame

14
EXERCISE

STIGMA AND RISK TAKING



OBJECTIVES

Participants will be able to:

- Identify the risks we take in our normal lives
- Assess how we differentiate different types of risk
- See how some risks are seen as “acceptable” and others as “unacceptable” and how these labels lead to stigma
- See that we are nearly all at risk of getting HIV at some time in our lives



TIME

2 hours



PREPARATION

Bingo cards
(copied, one for
each participant)

ACTIVITIES

Warm-up

RISK BINGO

Make copies of a card like the one below. Change the risks to fit the country/community/group of people. Give each participant a card. Explain that when you say “start!” they must try to collect signatures from others who have taken the risk in the box. The first person to fill the card (gets 9 names-1 for each risk) shouts “BINGO!” and is the winner.

Someone who has walked home late at night in the dark Sign_____	Someone who has had a baby Sign_____	Someone who has traveled by bus on a long journey Sign_____
Someone who has drunk too much alcohol at one time Sign_____	Someone who has taken some medicine without seeing a doctor Sign_____	Someone who has had sex without using a condom Sign_____
Someone who has eaten food that might have been a bit rotten Sign_____	Someone who has taken a lift from a person whom they don't know Sign_____	Someone who has been swimming knowing there were crocodiles in the river Sign_____

EXAMPLES

One night stand. Having unprotected sex with a new partner. Sleeping with your husband after he has been away for a month. Sleeping with a teenager. Running across the road. Smoking. Traveling by minibus. Getting a tattoo. Getting drunk. Cooking on the fire. Going to a traditional doctor. Playing football on the road. Riding a bicycle in traffic.



“ I go to a doctor. I tell him I stayed out all night and got a bad cold. He says, “That was a dumb move,” but there is no expression of stigma, i.e. you are a bad person. My behavior was stupid, it was ill-advised but this does not make me a bad person. If a person gets HIV, we can tell him this was unsafe and ill-advised behavior but we are not saying that you are a bad person.”

Anton

CHANGE Project, USA

Cardstorm

IDENTIFYING RISKS

Put up the word “RISKS” on a card at the center of the wall. Hand out cards and markers to participants and ask them to write “RISKS WE TAKE IN OUR DAILY LIVES” on single cards and tape on the wall. Ask participants to reorganize these risks into three categories: HIGH, LOW, and MEDIUM RISKS (three columns).

Discuss

- Which of these risks are regarded as acceptable? Why?
- Which of these risks are regarded as unacceptable? Why?

Reflection

Ask participants to sit on their own or lie down. Then say: “Close your eyes and think about a time in your life when you put yourself at risk of getting HIV/AIDS.” Allow at least 5 minutes.

Debriefing

Ask participants to share how they felt in that situation. They don’t need to talk about the actual experience, just how it made them feel. Draw out the common feelings.

Summary

- We all take many risks in our daily lives. All of us are human. Nearly all of us have put ourselves at risk of getting HIV/AIDS at one time in our lives, even if we have never admitted this to anyone.
- These experiences in our lives we normally keep private, we don’t share them. Yet these experiences may be what binds us in common—the fact that we have all put ourselves at risk, even if we don’t talk about it with others.
- We regard some risks as acceptable and others as dangerous.
- Some risks we know are harmful (smoking) but we still take them.
- So when we take risks, we have no right to condemn others who take risks.
- Help people see the difference between saying that a person’s behavior is risky and saying a person is “BAD.”

STIGMA AND TRADITIONAL BELIEFS



OBJECTIVES

Participants will be able to:

- Discuss and reflect on traditional beliefs
- Explore how some traditional beliefs can be turned against people and reinforce stigma
- Reflect on their own experiences of stigmatizing and being stigmatized



TIME

1 hour

ACTIVITIES

Small Group Brainstorming

TRADITIONAL BELIEFS

Divide into 4 groups. Ask groups to brainstorm traditional beliefs that could lead to stigmatizing people with HIV. Each group is assigned to work on beliefs that affect different groups—Group A: men, Group B: women, Group C: girls, and Group D: boys.

Report Back

Ask groups to report and record the beliefs on the flipchart. Then discuss each of the beliefs and how they can be used to stigmatize PLHAs.

EXAMPLES

- A girl should be a virgin before she gets married.
- 'Mpengele' (Tonga)—a hard nut to crack or someone who did not fit in.
- 'Muchende'—used for Tonga men: being a bull (having a lot of partners).
- A small girl is sent to spy on a woman who is about to get married—the assumption is that she is sleeping around and needs to be “watched.”
- Grandparents talk to the son-in-law before the marriage is concluded to see if he is “man enough” and will bring the family many children.

These beliefs are not stigmatizing, but they can be used in a stigmatizing way. For example, “A girl should be a virgin before marriage” is not stigmatizing. When she gets sick with HIV, it will be turned against her, “You should have remained a virgin.” If a man gets sick, people will say, “He was too much of a bull.”



ACTION IDEAS

Talk to your parents or some elders about traditional beliefs. Discuss whether they are used to stigmatize PLHAs.



Buzz groups

JUDGING PEOPLE

Ask pairs to discuss the following questions:

- How have you been affected by these beliefs as an individual?
- Have you used any of these beliefs to judge other people?
- What changes would you want in the way you treat others or the way you are treated?

Summary

Some traditional beliefs are used as a vehicle for blame and stigma.

MODULE C

Sex, Morality,
Shame and Blame

16
EXERCISE

STIGMA AND RELIGIOUS BELIEFS



OBJECTIVES

Participants will be able to:

- Reflect on and explore their own experiences of shame
- Examine why they are so affected by sex and concerns about sexual sin
- Explain how images from the scriptures can prevent or promote stigma
- Describe how PLHAs are judged and condemned for “sinning”



TIME

1 hour 30 mins

ACTIVITIES

Reflection

SHAME

Ask participants to spend 10 minutes alone reflecting on: “What things have I done in my life that I feel ashamed of?”

Sharing in pairs: Ask trainees to share with someone they feel comfortable with.

Discuss the feeling of shame in a large group (DO NOT discuss details of personal reflections)

Read aloud the story of David and Uriah’s wife—a story of realization.

David as king, desired Uriah’s wife and commanded that Uriah be sent to war and placed in the frontline so that he would be killed. He then started a relationship with Uriah’s wife. Then Goliath comes to David and tells a story of a very rich man who left his many sheep to go and kill his neighbor’s only sheep. David becomes angry at this story. He says, “God forbid, let the man who has done that be killed.” It was not until Goliath pointed at him and said, “That man is you, My Lord” then David realized what he had done.

CARDSTORM AND DRAMA

In pairs write down all the ways in which some churches or faith groups reinforce stigma. On separate cards write down reasons why you think they do this.

Choose some of the beliefs to make a drama in the large group. Allow several minutes to show stigma, then use stop-start technique to see what could challenge or change the situation.

EXAMPLES

- In Ethiopia, the Coptic church plays a leading role in passing judgments on PLHAs. PLHAs are regarded as sinners. People who are “cursed by God.” HIV is God’s punishment. AIDS can be cured by holy water if you have repented enough.
- In some evangelical churches, you can only get married if you take an HIV test—if you are positive you cannot marry.



RELIGION AS A SOURCE OF STIGMA

Present the sermon and ask participants to listen. Divide into small groups.

Discuss

- What are the main messages of this sermon?
- How do you feel about the sermon?
- Are there any messages of hope we can contrast with this approach? For example, “Let he who is without sin cast the first stone” and “Love thy neighbor.”

Summary

- Some religious leaders use their religious beliefs, texts and images to perpetuate stigma and discrimination against PLHAs
- However many faith-based organizations are involved in caring and supporting PLHAs in home-based care and encouraging non-stigmatizing behavior

ACTION IDEA

If you belong to a church, discuss this sermon with your church leaders or church group

SERMON

It is an honor for me to share with you words from the Holy Bible in answer to Christ's great commission to the church as recorded in Matthew 28 vs. 19.

"Go ye to the entire world and make disciples of all men. Baptize them in the name of the Father, The Son and The Holy Spirit and teach them to obey everything I have commanded you."

Our sharing for the day is entitled **Results of an Action's Consequences**. The Bible says in Galatians 6 vs. 7, "And I say to you, make sure your sin will find you out for God is not mocked. You will reap what you sow."

In life there are numerous things that happen, either naturally or otherwise, but most of them happen as a result of some action. Man sinned because of doing some act and the consequence of this particular act was death.

I am sure we are all aware that an action will always result in a reaction and when we do certain things in life, we should always be ready to face the consequences.

It is because of this realization that people need to be extremely careful about how they live their lives. One day you will wake up face to face with the results of your sins from yesterday and you will have no one to blame but yourself. Remember the Bible says, "Your sin will find you out...." And so, many people today are reaping what they sowed yesterday, last week, last year or many years ago. If someone meets an accident due to over speeding or careless driving, are they not reaping from their foolish labor? If someone contracts these "new" diseases, are they not reaping the fruits of a sinful life?

As the Lord says in Colossians 3 vs. 5: "You must put to death then, the earthly desires at work in you such as sexual immorality, indecency, lust, evil passions and greed... because of such things God's anger will come upon those who do not obey him."

Let us always remember that there is a result to every deed and people must be prepared to face the consequences.

BLAMING WOMEN (STORY TELLING)



OBJECTIVES

Participants will be able to:

- Discuss and explore HIV stigma in relation to gender
- Explain the factors that contribute to women being more stigmatized than men



TIME

1 hour



MATERIALS

Silhouettes, cards written with typical urban (rural) woman; typical urban (rural) woman with HIV; typical urban (rural) man; typical urban (rural) man with HIV

ACTIVITIES

Story Telling

SPOTTING STIGMA

Divide into four groups. Hand out the silhouettes (see Annex) and assign groups to make up a story about:

Group 1—typical urban (rural) woman

Group 2—typical urban (rural) woman with HIV

Group 3—typical urban (rural) man

Group 4 —typical urban (rural) man with HIV

EXAMPLE OF A STORY

Nancy (“ordinary” Tanzanian woman who is HIV negative)

Nancy is a 32-year-old woman with 2 children. She used to work in a factory, but lost her job and became a trader. She now has a small stall in the local market. Her husband was a worker in a shoe factory but now works as a taxi driver.

Special events in Nancy’s life were: her marriage; when she inherited a small house next to her parent-in-law’s house; the birth of her first child; when her husband lost his job and became a taxi driver; the birth of her second child (when the first born was 6 years old).

Nancy and her husband have a good relationship. They live in a small area of town and while they do not have much, they manage because they are both working.



Discuss

- How does HIV impact on people's lives
- How are the characters treated by the community?
- Are there differences in the way women and men are treated?



EXAMPLES

- It is considered more acceptable for men to have had girlfriends and sex before marriage.
- If a woman has an affair during marriage it is considered shameful but this is not the same as stigma—stigma is much stronger. But if a man gets an STD he will feel stigmatized because an STD suggests that his “girlfriend” was promiscuous.
- There are differences between the way a man and a woman should behave.
- It is more acceptable for a man to go out on his own/with friends.
- Women bear more responsibility for the family/children.
- Typical women or men are unlikely to experience real stigma in the course of their lives. If they have never married or are barren, they will be pitied, but not stigmatized.
- If a couple does not conceive the woman is always blamed first.
- Social rules are generally stricter as regards women's than men's behavior.

MODULE C

Sex, Morality,
Shame and Blame

18
EXERCISE

BLAMING WOMEN (LIFELINE)



OBJECTIVES

Participants will be able to:

- Discuss and explore HIV stigma in relation to gender
- Explain why women are more stigmatized than men



TIME

1 hour



MATERIALS

Cards

ACTIVITIES

LIFELINE EXERCISE

Divide into groups. Ask each group to prepare a lifeline showing the major events in the life of a woman. Then ask them to identify all the points along this lifeline that women might get blamed or stigmatized at different points in their lives.

Discuss

- How does stigma affect women?
- Some women face “layers of stigma”—what do you think this means?
- How can women support each other and challenge stigma?

EXAMPLES

Layers of stigma

Being blamed and stigmatized for being women; sexually 'alluring'; pregnant and unmarried; HIV positive; wife/widow of HIV positive man and therefore assumed to be HIV positive; not bringing up children properly; accused of being sex workers



How can women support each other?

- Women can share their feelings and experiences of being stigmatized.
- Women and men can challenge stigma against women
- Men can make a stand against stigmatizing women

In groups of three discuss the following views (written on a flipchart or on cards) and prepare a short presentation about what you think of one of the views:

- It is more acceptable or permissible for men to be HIV positive.



ACTION IDEA

Discuss in your family, group, community: What can women and men do to support each other and confront stigma against women?

- Men face less stigma than women.
- Male PLHA (breadwinner) less stigma. Female PLHA (recipient) more stigma.
- Boys will be boys—so they are just unlucky when they contract HIV.
- Women lure men so they are sinners—they deserve to get HIV for their sins.
- Women “like things”—they sleep with men to get money for makeup.
- It is easier for men to attend a VCT clinic to get tested than women because of what others will say.

Summary

- Because of gender roles and the way society views women, women face more stigma.
- Women tend to get “blamed” and judged if they become HIV positive.
- There is less care and sympathy in general for women with HIV who get sick.
- We all need to look at how we can reduce stigma against girls and women.

MODULE C

Sex, Morality,
Shame and Blame

10 EXERCISE

BLAMING YOUNG PEOPLE



OBJECTIVES

Participants will be able to:

- Identify attitudes towards young people by the older generation
- Analyze how these attitudes underpin stigma towards young PLHAs and young people in general



TIME

1 hour



MATERIALS

Pictures A6, A7, A8, A9

ACTIVITIES

Picture-Discussion

ATTITUDES TO YOUNG PEOPLE

Divide into four groups. Each group takes a picture. Ask groups to discuss:

- What do you think is happening in the picture?
- What do you think the older person/people are saying to the young person?
- Make a list of attitudes of older people towards younger people?

EXAMPLES

No longer following tradition. No respect for older people. They should bury me but the way they are behaving, I will end up burying them.



Report back

Each group dramatizes what is happening in their picture

Paired Role Playing

ATTITUDES TO YOUNG PEOPLE WITH HIV

Divide into pairs. In each pair ask partners to select their roles:

- A—mother or father; or
B—son or daughter.

Ask pairs to play out the scenario where the young person returns to his parents home sick with AIDS. Then ask a few pairs to perform in the circle. Use stop-start to show what could change the situation.

Discuss in pairs

Why do older people blame and stigmatize young people?

Summary

- Some parents stigmatize out of feelings of guilt—"What did I do wrong that my child ends up like this?"
- Some elders fear loss of support and status and family honor—"If my children die, they will bring shame on the family and I will lose my old age support, proper burial, grandchildren and perpetuation of our family name."
- Some elders wish to assert control to try and maintain social order in the face of a rapidly changing society where they have little control over the youth.

MODULE C

Sex, Morality,
Shame and Blame

20
EXERCISE

STIGMA AND GOSSIP



OBJECTIVES

Participants will be able to:

- Analyze how gossip feeds into the stigmatization process
- Recognize that gossip fuels stigma



TIME

1 hour



MATERIALS

Display Pictures A4,
A5

Source: Adapted from Exercise on “Self-Assessment of Non-Discriminatory Behavior” in *Training for Transformation: Handbook for Community Workers*, Hope and Timmel (Book 4), page 147-149.

ACTIVITIES

Stop-Start Drama

GOSSIP

In pairs start a role-play showing two people gossiping about a neighbor who they suspect to have HIV. At a point stop the drama and ask the group for a pair to volunteer to role-play in the front of the group. Use stop-start to see who is willing to challenge the two “gossipers.”

Processing

- What happened in the drama?
- What were they saying about the person suspected to have HIV?
- What is the link between gossip and stigma?
- What worked as a way of challenging gossip and stigma?

Think of ways you could challenge negative gossip and practices!

Complete the form at home, rating yourself on a scale of 1 (low) to 5 (high).

- _____ ■ I check that the words that I use are not degrading or hurtful to PLHAs.
- _____ ■ I avoid stereotyping and generalizing about PLHAs.
- _____ ■ I think about how I have been conditioned by society to blame and stigmatize other people such as women, poor people or PLHAs.
- _____ ■ I am open to having a PLHA tell me where my behavior may be insensitive.
- _____ ■ I am comfortable giving constructive criticism to PLHAs.
- _____ ■ I make special efforts in my work to develop practices which include everyone.
- _____ ■ I feel free to ask people who stigmatize PLHAs to stop doing so and explain the reasons for this.
- _____ ■ I am open about my HIV status.
- _____ ■ I feel clear about the ways in which HIV is and is not transmitted.



OBJECTIVES

Participants will be able to:

- Identify some of the problems facing their families
- Discuss openly their fears, worries, hopes for the future



TIME

1 hour



MATERIALS

Make multiple copies of the Silhouettes of different family members (elderly women and men, adult women and men, teenage girls and boys, younger children)

ACTIVITIES

FAMILY RELATIONS

Ask each participant to pick a number of silhouettes to represent their family members.

- In pairs talk a little about your family
- In the large group ask participants to share the following. (Ask participants to listen to each other carefully):
- Tell us about your family.
- Tell us about some of the problems you face and any worries you have about the future
- Tell us some of the good things about your family and your hopes for the future.

Summary

Mention any common issues that came up for participants about their families. If people mention HIV or sickness, acknowledge this. The next exercise will focus on this issue.

Adapted from: *Mvula Trust (1998) National Training Workshop Report and Reference Guide March 1998. page 21-22.*

MONEY AND RESOURCES (B)

14
EXERCISE

This exercise is an alternative to D6



OBJECTIVES

Participants will be able to:

- Analyze some of the financial problems facing HIV affected households
- Develop practical strategies for mobilizing and managing money effectively
- Develop strategies to combat stigma which is fuelled by money problems



TIME

2 hours



MATERIALS

Cards to make Problem Tree—different colors for causes and effects.

ACTIVITIES

Problem Tree

CAUSES AND EFFECTS ANALYSIS

Explain the method. The problem tree is a method to analyze the **causes** (roots) and **effects** (branches) of a problem. We will start with the main problem—**no money**—at the center of the diagram. Then we will add **root causes** at the bottom of the diagram and later **effects** at the top.

Causes

Hand out cards and ask participants to write causes of “no money” on cards—one point per card. After a few cards have been written, ask for **root causes**—the underlying reasons - to be added. This can be done by asking people—“But why? But why? But why?” until they have reached the bottom card—**lack of knowledge about HIV/AIDS**.

Effects

Ask participants to add cards at the top of the diagram, showing **effects** in a ladder form, each effect causing the effect above it.

Solutions

Then ask: “What can we do?” Focus on root causes—“Which root cause can we remove to solve problem? What can we do to address this cause?”

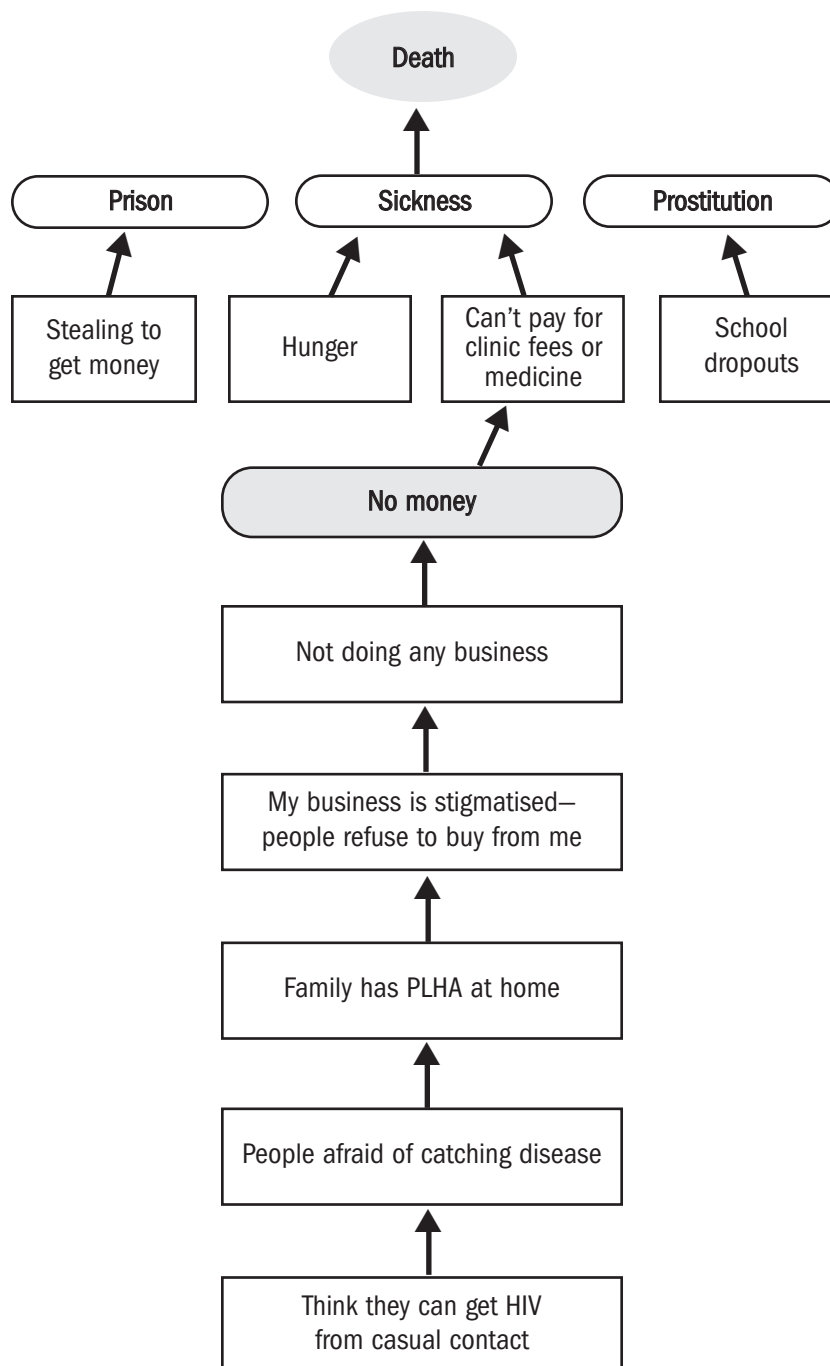
Action Planning

Develop a plan to implement their proposed solution.



ACTION IDEAS

- Make a budget with your family
- Discuss ideas at home or in your community about how families can help each other with money problems—rotating credit unions



This exercise was developed by Kalima Leonard Nkama (Choma, Zambia) and participants at the Zambia Toolkit Workshop (January 2003)

RELATIONS BETWEEN PLHAS AND FAMILY



OBJECTIVES

Participants will be able to:

- Analyze relations between the family and PLHAs
- Develop practical strategies for improving relations



TIME

1 hour



MATERIALS

Photocopies of arguments used in role-playing

ACTIVITIES

Cardstorm

FAMILY-PLHA RELATIONS

Divide into pairs to brainstorm points on two topics -

- All the pressures and difficulties families face when caring for a PLHA
- All the pressures and difficulties PLHAs face in their families

Paired Role Play (Back to Back)

Read through the points from the cardstorm and the scripts below. Decide who will be the family care-giver and who will be the PLHA. Stand back to back and take turns to speak about the difficulties you face. After 5 minutes swap roles. Ask for a few pairs to do this in front of the large group.

ROLE PLAY

Family Care Giver	PLHA
You are short-tempered. I can never satisfy you. You are so demanding. I don't have time to talk to you—I only have time to cook and clean for you. You keep demanding food and other things we can't afford. I have to go to the market to sell things for our survival. I don't have time to look after you.	You're not giving me enough attention. You are not understanding my needs. You never listen to me. You are always rushing away to do something. You treat me as if I am invisible. You don't spend enough time with me. You are always shouting at me. You do things for me, rather than with me. You always assume things that I want, rather than asking me what I need. You are neglecting me.

ACTION IDEAS

Discuss with other participants ways you can give each other support—set up a support group, or arrange to meet

once a week/month with a friend to talk about your difficulties.



Discuss

- What were the common concerns expressed by family members?
- What were the common concerns expressed by PLHAs?
- What were the common concerns to both groups?

Summary

- Families are under serious economic pressure so they can become discouraged by the demands of PLHAs.
- PLHAs may ask for things which the family cannot afford (one man asked for mangos outside the mango season).
- Some care-givers get fed up with these “demands” and want to run away—to go somewhere else where we don't need to face this pressure. Others feel angry and frustrated and sometimes take this out on the PLHA.
- Sometimes poverty really fuels stigma.

MODULE D

Naming the Problem

16
EXERCISE

PROPERTY GRABBING AND STIGMA

This exercise focuses on property grabbing which uses stigma as a pretext



OBJECTIVES

Participants will be able to:

- Recognize how stigma provides a context for property grabbing
- Develop practical strategies for dealing with property grabbing



TIME

1 hour

ACTIVITIES

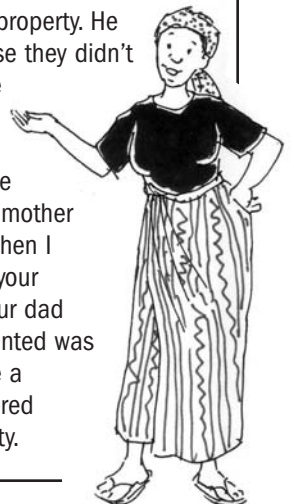
Case Study

PROPERTY GRABBING

Ask participants to read the case study.

CASE STUDY

My dad fell sick in 1995 when I was away at boarding school. When I came home at the end of the year, I found that my dad's relatives, including his own mother, had given up on him. They were just waiting for the day when he would die so they could bury and forget about him. They had been told at the hospital that he had TB, so they concluded that he had AIDS. Because of this assumption that he had AIDS, they made no effort to see or comfort him. My dad's mother, who used to stay with us, ran away from our home the day she learned that my dad had TB. In May 1996 my mother sent me to my dad's relatives to inform them that his condition had become critical. He couldn't work and we had no money to take him to the hospital. To my surprise they refused to help and told me that my dad was already a "walking corpse" and so there was no need to take him to the hospital. We took my father on our own to the hospital and he was admitted. From that day until he died one month later none of his relatives visited him at the hospital or sent food for him. The only people caring for him were my mother, my brother, and me. Two days after my father was buried, his brothers called a family meeting. At the meeting one brother said he would take over my dad's house, the children, and the property. He said that my mom should be sent to the village, because they didn't have money for her coffin. He said she was going to die soon, because my father had died of AIDS. This really upset me. We managed to keep control of our house and to have my mom stay with us. But the relatives were furious and called her names. In 1997 I heard that my mother was in the hospital. The rumors started to flow again. When I returned home, I was told "to be a man and look after your brothers and sisters, since your mom is going to die. Your dad died of AIDS and she will die of AIDS." All they really wanted was the property. All the rumors and gossip and insults were a means to grab the property. My mother, however, recovered and they have not succeeded yet in stealing our property.



ACTION IDEAS

Discuss in your community group ways of challenging the practice of property grabbing.



Discuss in small groups or the full group:

- What happened in the case study?
- Have you experienced other problems like this?
- Identify the links between stigma and property grabbing.
- What can be done to protect people from this abuse?

HELPING PLHAS COPE WITH DEPRESSION



OBJECTIVES

Participants will be able to:

- Demonstrate the skills needed to help someone with depression
- Explain what helps and what does not help when supporting someone with depression



TIME

1-2 hours

ACTIVITIES

Role Playing

SUPPORTING A PLHA WITH DEPRESSION

Ask participants to make a role play using the scenario given below.

Sara and Solomon have been best friends for a long time. Solomon has been HIV positive for a while and recently has been quite depressed. He does not visit his friends much any more. He no longer goes to the church that he and Sara used to attend. He denies that he is upset about anything, but he has been in a bad mood for a long period of time and Sara is concerned. Solomon is very withdrawn and uncommunicative. Sara does not know what to do or how to approach him.

Discuss

- How did both of you feel in those roles?
- What skills or techniques did Sara use that seemed to help?
- What methods did not work?

Summary

- Many PLHAs do go through times of feeling depressed and low.
- It is important that families stick by PLHAs during these times and try to offer support and advice.
- It is important for family members to get support themselves to help cope with the depression.
- If a PLHA is depressed for a long time or family members are concerned, seek professional help.

TIPS FOR SUPPORTING SOMEONE WHO IS DEPRESSED

What works

- Acknowledge the problem but offer hope “I know it must be really hard, but I also know you’re going to make it.”
- Remind the person of other times “You know, we have been friends for a long time, and you haven’t always been like this,” also helps. It allows the PLHA to reflect on their behavior and see that they can be a happier person. The depression won’t last forever
- Being frank: “What’s wrong? Please tell me.”
- Changing the environment always helps—take person out for a drink, to visit friends
- Promise confidentiality. Don’t assume it just because you are a friend.
- Listen more than you talk and show that you are listening.
- Ask how you can help.
- Resist the temptation to “take over,” let the person stay in control.
- Get support for yourself: being around a depressed person can have an impact on you!
- If you are worried about the person or their depression becomes long-term, seek professional advice or counseling.

What to avoid

- Avoid saying things like “Hey, we are all going through a hard time” and then talking about your own problems. This does not work and was demonstrated by the PLHA who ended the conversation saying: “Yeah, you will eventually pay your phone bill but I will never stop being HIV!”
- Don’t condemn or label the person.
- Don’t tell the person not to cry—they may need to.
- Don’t ignore what the person is saying.
- Don’t get sucked into the PLHA’s negativity.
- Don’t give up on your friend—he or she needs to know you will be there no matter what.
- Don’t gossip about the person



STIGMA AROUND HAVING CHILDREN



OBJECTIVES

Participants will be able to:

- Understand the different pressures on PLHAs about whether to have children or not
- Explore how different stigmas play a role in these pressures



TIME

30 mins

ACTIVITIES

Role Play and Discussion

PLHAS HAVING CHILDREN

Ask participants to perform the following role play as a group.

Ask a couple to stand in the middle of the circle. Explain that they have been married for two years and have had no children. The other participants are neighbors who form a circle around the couple. They are talking about the couple and each make one statement commenting on the fact that they have not had children. Use the ideas below or make up your own.

EXAMPLES

- They have been married a long time but she never gets pregnant.
- They are unlucky. I've heard they cannot have children.
- It's the women's fault. I've heard she is barren.
- I've heard it's because of AIDS. If you get AIDS, you can't have children.
- If the wife has HIV, she may pass the virus to her child.
- If she gets pregnant, she will get weak and die quicker.
- If they have HIV, they shouldn't have children anyway.
- Yes, they'll just leave orphans and increase the burden on their families.
- Maybe they are bewitched.



Discuss

- What were the neighbors saying? Why?
- How did the couple feel in the middle of the circle?
- What is the stigma in this situation?
- Do you think PLHAs should have children?

Summary

- There are two competing stigmas: not having children and having HIV/AIDS. This produces contradictory messages for women:
- In Africa, children are highly valued and the stigma for a woman of not having children is often greater than that of being judged because of HIV/AIDS
- When PLHAs do have children they often get labeled as irresponsible and careless, yet many do not make the decision lightly.
- There are ways now to minimize the mother to child transmission.

MODULE D

Naming the Problem

19

EXERCISE

GETTING TREATMENT

This exercise offers a brief look at opportunistic infections and ARVs



OBJECTIVES

Participants will be able to:

- Recognize that many opportunistic infections are curable
- Identify how to prevent/minimize opportunistic infections
- Explain some of the basic facts on Anti Retroviral treatment



TIME

2 hours



MATERIALS

Fact Sheets on ARVs and TB (as handouts)

ACTIVITIES

Card storm

OPPORTUNISTIC INFECTIONS

Divide into 4 groups, each group takes a question and writes ideas on cards:

- What are some of the possible illnesses faced by PLHAs?
- What happens to a person who gets TB?
- How can a PLHA prevent getting Opportunistic Infections?
- How do infections affect the attitude of other family members?

Stick cards on wall. Ask group to review and clarify anything.

EXAMPLES

Opportunistic infections

TB, pneumonia, diarrhea, fungal infection, herpes zoster, skin cancer.

What happens to a person who gets TB?

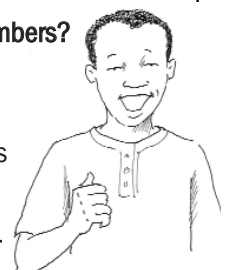
Big weight loss. Persistent cough. Sharp chest pains. Night sweats. Poor appetite. Decline in immune status. Starts treatment.

What can PLHAs do to prevent opportunistic infections?

Regular medical check-up. Go to clinic if start to get sick. Look after self. Good food and nutrition. Good hygiene. Cut down on alcohol and smoking. Get enough rest. TB prevention therapy. Avoid milk to minimize diarrhea. Avoid sugar to stop fungal infection

How do infections affect the attitude of other family members?

Stigma increases because of the visible sores and other infections. More worry about what neighbors say. Want to hide PLHA. PLHA gets discouraged and becomes more fearful of symptoms.





ISSUES TO BE COVERED

Different types of drugs.
When to start? Side effects. Toxicity. Where to get them from? How much do they cost? Drugs stop working/drug resistance. Do you have to take them for life?

Card storming and discussion

ANTI RETROVIRAL TREATMENT

Hand out cards. Ask: "What do you know about Anti-Retroviral Treatment (ART)?" Ask participants to write one point on each card and tape on the wall.

Processing

Cluster common points. Then review each point.

- Do you agree with this point?
- Any corrections or additions?

Check through the ARV Fact Sheet (Annex). If there are any questions you cannot answer, assign these for homework.

TRADITIONAL OR ALTERNATIVE FORMS OF TREATMENT

Discuss with the group: "If ARVs are so expensive and difficult to get and have strong side effects, what else can PLHAs use?"

Share experiences where traditional medicine has worked and so on.

EXAMPLES

Local herbs. Imported immunomodulators.
Chinese medicine. Traditional Healer.



Critical Incidents

TREATMENT PROBLEMS

Divide into small groups and give each group one of the problems listed below. Ask them to role-play the situation and try and find solutions. (Use stop-start if you have enough time.)

EXAMPLES FROM TANZANIA TOOLKIT WORKSHOP 2002

- A father says to his PLHA nephew: "I'm really sorry. We no longer have money to buy medicine." Privately he tells his wife: "Why should we waste money on him? He is only going to die! And anyway, he brought these problems on himself."
- A family goes into debt trying to find a cure for their PLHA relative, moving back and forth between private doctors and traditional healers.
- A PLHA family member approaches you and says, "This modern medicine is not working. Let's go see the traditional doctor."
- A patient stops taking his TB drugs after he is half way through the treatment and says he is better.
- One PLHA becomes very hungry because of the TB drugs he is taking. He demands a larger share of the main meal.
- ARVs are available in the workplace but the PLHA in the family refuses to enlist for this program, fearing he will be fired from his job.
- Family member asks to see a well-known HIV medical specialist, but wants to do this without anyone knowing.
- Family member goes to the clinic to get the TB drugs for the PLHA family member and quarrels with the health staff.


Summary

- Many families do not have enough information about opportunistic infections and this can lead to assumptions that a PLHA just gets sick and dies and stigmatizing attitudes like "he's already dead."
- ARVs are becoming more available in many countries and provide PLHAs with hope for the future.
- It is helpful if families know about treatments and options like traditional medicine to support the PLHAs.

MODULE D

Naming the Problem

20
EXERCISE

STIGMA AND DEATH



OBJECTIVES

Participants will be able to:

- Discuss more openly about people's fears of disclosure around AIDS
- Explore the issues involved in trying to challenge stigma even around death



TIME

1 hour



MATERIALS

Picture of Funeral—
Context Card G9

ACTIVITIES

Picture Discussion

FUNERALS

Show the picture and read out the following statement:

“People used to say at funerals: “He died after a long illness.” This became too stigmatizing so people now say: “He died after an illness.” People talk more openly about AIDS at funerals, but in reality there are still lots of cover-up.”

In pairs discuss:

- How do you feel about the statement
- How do people discuss AIDS at funerals?
- How can we become more open about reasons for dying?

Report back round robin.



A well-known actor died a few years ago. He had been an AIDS activist and had wanted it to be known that when he died, it would probably be from AIDS. Thousands of people came to his memorial service and HIV/AIDS was talked about openly. Apparently his family are now saying that he really died from witchcraft and poisoning.

Zambia

Summary

- To announce that someone died of AIDS would be to say we are sad but have no shame.
- It would be easier to reveal the status at the funeral if the person had no shame about his illness while he was alive.
- We need to help people stop having shame and challenge this type of stigma.

SETTING THE CLIMATE

11 EXERCISE



OBJECTIVES

Participants will be able to:

- Talk freely with the other participants
- Build a sense of community



TIME

20 minutes

ACTIVITIES

Walkabout and Sharing in Pairs

FEELINGS ON THE MOVE

Ask participants to walk around the room on their own. Then give the following instructions:

- Find a partner. Tell him/her how you got to the workshop today.
- Walk for a while and find a new partner. Tell them something about your family.
- Walk for a while and find a new partner. Tell him or her about something funny that has happened to you recently.
- Walk for a while and find a new partner. Tell them something about your hopes and dreams for the future.
- Walk for a while and find a new partner. Greet them as though they are an old friend who you haven't seen for many years.
- Walk for a while then sit on your own. Be in touch with your feelings.

Sit in circle. Ask group to share in the group how they are feeling?

INTRODUCTION: SETTING THE AGENDA



OBJECTIVES

Participants will be able to:
Make a list of issues to be
discussed



TIME

1 hour

ACTIVITIES

Brainstorming

PROBLEM RANKING

Hand out cards and ask participants to write problems or issues they are facing related to living with HIV and AIDS: one point per card. Then cluster cards on similar problems. Then make a list of the issues and get participants to do a problem ranking—high, medium or low. Explain that this ranking will be used in selecting the issues or problems to be covered in the group sessions.

Review the topics in this section and select those which participants have indicated are their priorities.

FAITH HEALING AND TRADITIONAL MEDICINE

Some PLHAs turn to faith healing and traditional medicine as a way of finding hope



OBJECTIVES

Participants will be able to:

- Understand why faith healing holds hope for some PLHAs
- Recognize the limitations in traditional medicine in “curing” HIV/AIDS



TIME

1 hour



MATERIALS

Picture of PLHA going to traditional doctor (A22)

ACTIVITIES

Story Discussion

FAITH HEALING

Ask one participant to read the story below:

One day, after several tests at the clinic, Martha discovered that she was HIV positive. She never told anybody her results. She went to see her priest who prayed for her and gave her holy water and she believed she was healed. A year later she got married. Soon after the marriage she had a baby who became sick. When she took the baby to the doctor, he said that maybe the child has HIV.

Ask participants to discuss the following questions:

- What happened in the story?
- What made Martha believe she was healed?
- Do you know of people who have gone for healing? What happened?
- What role does faith-healing play in helping us cope with stigma?

Summary

The messages we get from faith healers help to strengthen us but if we believe we are healed, we may be deceiving ourselves.

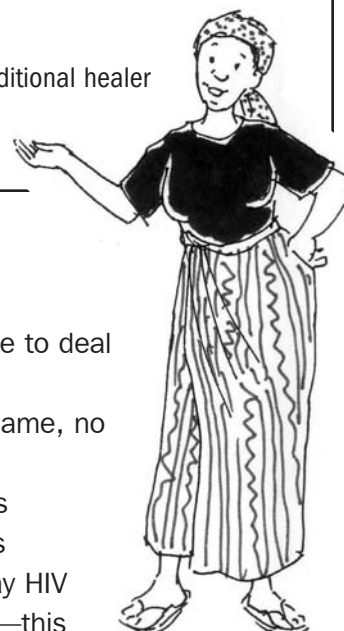
BLAMING WITCHCRAFT MEANS LESS STIGMA

Show picture of a PLHA consulting a traditional healer. Discuss:

- What do you see in the picture?
- Why do some people believe that their illness is caused by witchcraft?
- Why is it easier to accept this explanation than the HIV explanation?

- Some traditional healers claim they can cure AIDS so they offer hope, cure or a solution.
- They provide an alternative explanation for the AIDS illness, one that does not involve blame. People don't have to worry about being stigmatized.
- Most traditional healers do not practice stigma—they provide a respectful, welcoming approach, without judging or condemning. They often blame witchcraft, not the patient. "It is not your fault. It is the fault of the uncle who is bewitching you."
- Traditional healers provide their services in non-public spaces—so there is no stigmatizing by others. Fewer people know you have visited the traditional doctor.
- Modern medicine (clinic or hospital), on the other hand, does not offer a cure, tells people they are going to die, and practices stigma—so many people are turning to traditional healers for a more hopeful message and one that does not blame them.

Clinic	Traditional Healer
<p>Entry fee—no money, no treatment</p> <p>No comfort—only blame/stigma</p> <p>Condemns PLHAs—reckless behavior</p> <p>Harsh treatment by health staff—fear physical contact and take this out on PLHA</p> <p>No/little psycho-social support</p> <p>If treatment was better, family would not have gone to the traditional healer</p>	<p>Fee more expensive</p> <p>No shame or stigma</p> <p>Friendly and welcoming</p> <p>Offer hope—it is not your fault—you are bewitched by someone else.</p> <p>Psycho-social support</p> <p>Close to people's lives—traditional healer lives in the community</p>



Summary

- Witchcraft makes it easier for people to deal with the blame and the shame.
- Witchcraft involves no blame, no shame, no stigma.
- The blame is assigned to whoever is "bewitching", "It's your uncle who is jealous of you." So it is easier to say HIV is caused by "witchcraft," not AIDS—this avoids stigma.

STIGMA AND HIV TESTING

14 EXERCISE



OBJECTIVES

Participants will be able to:

- Share their experience of getting an HIV test
- Explore ways in which fears of stigma could be tackled at an early stage



TIME

1 hour



MATERIALS

Neater's story

ACTIVITIES

Discussion

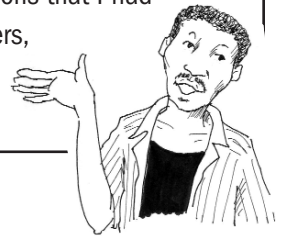
EXPERIENCE OF TESTING

Ask participants to share in pairs:

- When did you go for testing?
- What happened? What went well? What didn't go well?
- What was your biggest fear when you learned you were HIV positive?
- Looking back, if you could change anything about your experience, what would it be?

EXAMPLES OF FEARS

Death. The pain ahead of me. All the uncertainty. Not wanting to deal with things. What people would say about me. Accusations that I had been unfaithful. Losing opportunities—work, partners, sex, having children. Worries about what would happen to my spouse and children.



STORY

Read out Neater's story.

In small groups, discuss:

- Has this happened to anyone you know?
- How can VCT services lessen people's fears of stigma or prepare people to cope with stigma?

CASE STUDIES

Neater is an experienced HIV counselor-trainer in Zambia. When she trains new counselors, she often tells this story about one of her first clients who tested positive. She uses the story to illustrate both shock and stigma.

“I was counseling a young man who came for an HIV test. He was a college student and had been in a relationship with the same girl for two years. He needed to go abroad to study and this is why he came for a test. He trusted his girlfriend and had previously tested negative. He was sure that he would be negative.

His result was positive. To be honest, I was as surprised as him. When I

told him he just went very quiet and stared at me. Finally he said, “Can you cut a door out of this wall?” I was puzzled. He explained that he would not be able to leave by the same door through which he had entered. He said that everyone would see him and know that he was positive. He said he was sure that he had a big plus (+) sign written on his forehead. If I could just make a new door for him in the wall, then he would be able to leave quietly without being seen.

I felt so bad for him. He sat for a long time, unable to move. In the end he left after everyone else had gone. I did not see him for a long time and I couldn’t stop thinking about him.”



Summary

- Going for an HIV test may be the first time we encounter stigma (sometimes the stigma associated with even walking into a special clinic can prevent people from testing)
- As people who have gone through the process, we can advise services about how to better support VCT clients to prepare for coping with stigma.

PARANOIA AND HYPER-SENSITIVITY



OBJECTIVES

Participants will be able to:

- Identify the symptoms and causes of paranoia & hyper-sensitivity rooted in stigma
- Get a reading on their own way of responding to people who stigmatize them



TIME

2 hours



MATERIALS

Picture of PLHA sitting
all alone on a bus

ACTIVITIES

PARANOIA

Ask a participant to read the story below.

Three weeks ago, Sam took an HIV test and tested positive. At first he seemed to be OK and felt quite calm but for the last few days he has been feeling that everyone is watching him and talking about him.

He gets the bus to work and overhears two women talking about someone who is sick and very thin. He looks at his own body and is sure that he is losing weight and beginning to look thin. He wonders if they are talking about him.

At work he notices a new poster, warning people of the dangers of AIDS. Sam has not told anyone at work about being positive, yet he thinks that someone has guessed and put the poster up as a way of telling others about him.

When his boss asks him how he is feeling, he thinks she is asking him about being positive. He wonders if he is looking sick. He starts to sweat and feels the beginning of a headache. He thinks that he should have stayed home today. His boss tells him that he will be working on a new program next week and although this is an opportunity he has looked forward to, now he thinks she is trying to get him out of her department.

The final straw comes when his workmate brings him a cup of tea in a brand new mug. Now he is sure everyone is talking about the fact that he is HIV positive.



Discuss:

- What happened in the story?
- Have you had similar experiences?
- What can we do to reduce these feelings of always being looked at or judged?

SYMPTOMS OF PARANOIA AND HYPER-SENSITIVITY

- Think that everyone you meet on the street knows your condition/situation.
- Misinterpret how people look at you or things they say to you.
- Example: if people ask “How are you feeling?”, you interpret it as commenting that you are going to die.

STRATEGIES FOR COPING WITH FEELINGS OF PARANOIA

- Learn to recognize that you and other PLHAs will face stigma in society, but if you are prepared you won't let it destroy you.
- Don't always assume that you are stigmatized in every situation. Ask why?
- Discuss your experiences of being stigmatized with other PLHAs and try to distinguish between stigmatizing behaviors and those which were simply normal/human reactions.
- Encourage family members to stop “killing you with kindness”—help them see that over-sympathy also hurts.
- Gain control over your feelings and emotions so they don't run you ragged.
- Use humor as a way to cope with stigma, especially among fellow PLHAs.

COPING WITH DEPRESSION AND SELF-PITY



OBJECTIVES

Participants will be able to:

- Recognize emotional reactions to stigma—depression and self-pity
- Begin to look at some strategies for coping



TIME

1 hour



MATERIALS

Picture of a girl crying all on her own (A27).
Picture of the man sitting all alone on his bed (A14).

ACTIVITIES

WHAT IS DEPRESSION?

Put up the pictures and ask pairs to discuss

- What do you see in the picture?
- What are the symptoms of depression?
- Why do people get depressed?

SYMPTOMS OF DEPRESSION

- Withdrawn. Overly quiet. Refusing to eat. Refusing to discuss issues.
- Apathy. Loses interest in life, friends, family, work and self.
- Feels that she or he is not good at anything.
- Has trouble sleeping and no energy. Feels very irritable.
- Gets angry and frustrated easily.

Discuss in buzz groups:

- What can we do if we start to feel depressed?
- How can we support friends who get depressed?

If someone is depressed for a long time, they should seek help from a trained counselor or specialist in mental health.

EXAMPLES OF STRATEGIES FOR COPING WITH DEPRESSION

- | | |
|---|--|
| ■ Talk to a friend about what is happening | ■ Sing |
| ■ Go and see your counselor | ■ Write your feelings down. |
| ■ Do something physical:
Exercise, run, lift weights,
dance | ■ Write poems or songs or
keep a diary. |
| ■ Play with children- they can
lift your spirits | ■ Go to church, talk to your
priest or pastor |
| | ■ Join a support group |





OBJECTIVES

Participants will be able to:

- Recognize some of the factors which cause stress, including stigma
- Develop skills and strategies for dealing with stress



TIME

1 hour

ACTIVITIES

Story-Discussion

WHAT IS STRESS?

Ask a participant to read the following story.

Penina's husband is away in the city. Penina has been having lots of diarrhea lately and thinks she may have AIDS. It is the farming season and Penina has to work alone in the fields, because all of her children are young and in school. The weeds are growing fast and she cannot keep up with them.

The maize stored from last year is almost finished, the price of food is going up and the children are often hungry. Normally Penina would discuss this with her neighbors but recently they have not been speaking to her. The rains have brought malaria and her youngest daughter has a fever—Penina worries she may get it too. She has not paid the school fees and the head teacher shouts at her whenever he sees her in the village. Her friend told her that the head teacher was spreading rumors about her illness.

Penina has problems sleeping. She wakes up each night and sits for hours thinking about her problems. Her heart beats fast and she shakes and she sometimes has nightmares. She finds herself shouting at the children and slapping them. They are shocked. Why is their mother behaving like this?



Discuss

- What is happening to Penina?
- Why is she behaving this way?
Stress because she cannot see how she can cope with all her problems.

Group Discussion in Trios

HOW TO DEAL WITH STRESS

Divide into trios to discuss:

- What are the things that cause you stress? Write each point on a card. Then put the cards into two piles:
 1. what you can change
 2. what you are stuck with
- Select a few of the most important causes of stress and discuss what you might be able to do to reduce these causes?
- Some of these causes you cannot change, but you might be able to reduce the stress produced by these causes? What can you do to reduce stress?

WAYS TO REDUCE STRESS

- Don't carry all your problems on your shoulders. Try to see how others can help you in your home and outside. Maybe other family members can help you with some of your problems.
- Pray to God to share your load so you don't worry too much about your problems.
- Talk about your problems with someone you trust.
- Have a good cry—it can relieve stress and sadness.
- If your friends and neighbors have similar problems, meet together and share worries and feelings. Look for solutions which you can do together.
- Put your problems in order and set goals to solve one or two of the most important problems.
- Relaxation helps to reduce stress. Close your eyes and breathe slowly, focusing on the breath going in and out of your body. Now start from your left foot and relax all the bones and muscles in it. Move up your calf muscle and so on until you have relaxed your whole body.
- Play some music that makes you feel relaxed.
- Do something that you enjoy—singing or reading—at least once a day.

Adapted from: Gordon, Gill (1999). *Choices: A Guide for Young People*. Macmillan Education, London, 1999. Pages 33-35.

TALKING ABOUT SUICIDE

18
EXERCISE

Only tackle this exercise if you feel comfortable and confident



OBJECTIVES

Participants will be able to:

- Recognize factors which make PLHAs consider suicide
- Build up their self-esteem to cope with stigma and deal with feelings of suicide



TIME

2 hours

ACTIVITIES

SUICIDE

Ask a participant to read the story from Zambia below.

A private doctor treated many patients who had HIV and was prescribing ARVs to many of them. One day he discovered that he too was HIV positive. He became very demoralized, worried about what others would say once they knew he was HIV positive and worried about the declining health which he had seen his patients go through. He didn't know how to raise this issue with his family and friends and he became paranoid that people were already judging him. He could have taken ARVs to prolong his life but he didn't want to go through the pain and humiliation which his patients had experienced so one day he decided to end his life. People found him dead in bed having overdosed on pills.

PRESSURES OR FORCES WHICH MIGHT DRIVE PEOPLE TO SUICIDE

Loss of partner. Loss of family respect. Loss of job. Insults and humiliations. Poverty. Everyone is looking at me! Fear of a slow death.

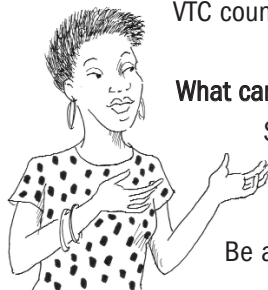
Other notes on suicide

Lots of shame around suicide. Common belief that if one family member commits suicide other family members will follow.

VTC counselors tend to avoid the issue of suicide, because it is so painful.

What can we do to help?

Stay with someone you are worried about. Seek help from counselors or doctors. Help people talk about how they are feeling. Ask family members to help. Offer lots of reassurance. Be a shoulder to cry on.





GAME

A school student who knew he was HIV positive, committed suicide and left a note saying “I can’t bear the way people look at me.”

Discuss

- What drove the doctor to suicide?
- What might have been done to stop the doctor taking his life?
- What can we do to support people who feel really low?

Tell participants that if they ever feel suicidal, they should seek help.

PHYSICAL FRAILITY AND DISFIGUREMENT

19 EXERCISE

A simple exercise about fears around our appearance and health



OBJECTIVES

Participants will be able to:

- Identify stigmatizing comments made about PLHAs in relation to disfigurement
- Prepare ourselves psychologically to be able to deal with these forms of stigma



TIME

1 hour



MATERIALS

Cards

ACTIVITIES

Cardstorm

HOW WE LOOK

In pairs: write down all the stigmatizing things people say about someone's physical appearance when they start to look sick. One per card.

Discuss

- How do you feel about these words/names?
- What can help us cope with this type of stigma?

EXAMPLES: WHAT CAN HELP US COPE

- Be aware of what we say to each other—even if we are joking.
- Offer support if someone looks really sick.
- Say something positive even if someone looks bad.
- Offer reassurance—sometimes we feel that everyone is watching even when they are not.



Summary

- Stigma around our physical appearance can be a big fear.
- Comments can be hurtful and make us feel even worse.
- If we can boost our self-esteem and feel good about ourselves inside, the stigma will be less able to touch us.

“DON’T HAVE CHILDREN”



OBJECTIVES

Participants will be able to:

- Discuss the stigma that is perpetuated against PLHAs who chose to have children
- Explore the conflicting stigmas faced by women who are HIV positive



TIME

2 hours

ACTIVITIES

Brainstorming

PLHAs HAVING CHILDREN— POPULAR BELIEFS

Ask participants to brainstorm things people say about HIV positive women and men to stop them having children:

THINGS PEOPLE SAY

- If a woman is HIV positive, she cannot bear children.
- If she is HIV positive, she will miscarry or the baby will be still born.
- If a woman is HIV positive and gets pregnant, it is a big strain on the immune system and she will die much quicker.
- PLHAs who have children are being selfish.
- It is not fair to the children.
- Children will be orphans when their parents die.



In pairs discuss:

- How do these things make you feel?
- What can we do to cope with these attitudes?

Cardstorm

HAVING CHILDREN VS NOT HAVING CHILDREN

Often women living with HIV/AIDS are caught between two stigmas—those of being judged if they chose to have children and the stigma of not having children which in many cultures is very great. The choices are not easy.

NOT HAVING CHILDREN: EXAMPLES OF STIGMA

Society does not see me as a woman. There is no one to look after me when I am ill or old. People keep asking me: "Why don't you have kids?" Or they say, I am useless because I have no children. If you have no children, your partner leaves you. Pressure from relatives to have children. My name is not used to name a relative's child for fear that my situation (childlessness) will be passed on. Fear of looking and behaving different (not having children).



Hand out the cards and ask participants to make a list of the reasons for and against having children if you are positive.

Summary

- Having children brings difficult decisions for those of us who live with HIV and AIDS. Most of us think carefully before planning a child.
- Women face double stigmas and a no win situation.
- The pressure on us all—men and women—to have children is great and for many of us children bring great joy and help us to live longer.

EXAMPLES

For	Against
<ul style="list-style-type: none"> ■ Joy of having children ■ Child may be HIV negative ■ If Nivarapine available risk is lowered ■ Pride in having children ■ Passing on one's name ■ Seals your marriage ■ Proving that you are normal ■ Satisfying cultural expectations ■ Not being called "barren" by others 	<ul style="list-style-type: none"> ■ Child may be HIV positive and die early ■ Pain of seeing the child die. ■ Guilt of passing HIV to one's child ■ Drain in family resources ■ Getting sick and not being able to look after child ■ Deciding what to do about breastfeeding

"DON'T HAVE SEX"



OBJECTIVES

Participants will be able to:

- Analyze and deal with stigma that says that they should not have sex
- Reaffirm that they also have sexual feelings and can "DO IT!"
- Review what is involved in safe sex



TIME

2 hours

ACTIVITIES

Brainstorming

LISTING "DON'TS" ABOUT SEX

Ask participants to make a list of "Don'ts" about sex—and the negative things which people say about them in relation to sexual performance. After they have completed the list, review each "Don't" and the list of negative comments.

Discuss:

- How do you feel about these comments?
- How can we deal with these comments?.

Note: This exercise might work better splitting women and men into separate groups.

WHAT PEOPLE SAY ABOUT SEX AND PLHAS

- Flat battery.
- No fire.
- The penis can't wake up.
- You will be barren.
- You can't ejaculate.
- You no longer need to have sex.
- You can only do one round a week.
- No one wants you now.

Dealing with the comments

- Ignore them.
- Laugh and make a joke about it.
- Dance like you haven't heard them!
- Make a point of talking about your partner.





One man told us how his wife goes to see a counselor every month for support. Every month the VCT counselor asks her how often she is having sex with her husband, whether they are using condoms and how his sexual performance is.

Small Group Discussion

SAFE SEX

Divide into small groups. Discuss:

- What is safe sex?
- How can you minimize the risk for your partner and of reinfection?

Share safe sex tips, fears and joys.

Summary

There is so much stigma around being sexually active if you are HIV positive. You can't win. When people know that you are HIV positive, they assume you are already carrying death, so they can ignore your feelings. As one man said, other people have already "buried your feelings in the cemetery." They feel this gives them a license to say anything about you, no matter how much it hurts.

You can't win:

- If you do have sex, you are irresponsible.
- If you don't have sex, then you are "not a man" or you are "barren."
- If you use condoms even they can be stigmatizing.
- It is up to us to be responsible and have fun!

"CHEATING" AND "EATING"



OBJECTIVES

Participants will be able to:

- Analyze the accusations made by the public that they are "eating donor money"
- Develop strategies for dealing with this type of stigma



TIME

2 hours

“That “T” doesn’t have AIDS, instead he’s just making money by cheating people and yet he’s has continued to have a child. It’s a long time he announced that has HIV but he’s not dying... People now say it’s a way of making money.”

*From Focus Group Discussion,
Stigma Research Study*

ACTIVITIES

Brainstorming

LISTING ACCUSATIONS

Ask participants to make a list of the accusations they face by the public that they are "eating donor money."

EXAMPLES

- You guys are just after money.
- You disclosed you are HIV positive just to get lots of benefits.
- You are making a career out of your "liability."
- You just like to travel to conferences and when you get there you do nothing.
- X has had HIV for a long time. Maybe s/he is not even HIV positive. This is just a good way of making money.



Discuss:

- How do we cope with these judgments?
- Do we need to be cleaner than clean to overcome these attitudes?

Group role-play

WHAT CAN WE DO

Set up a group situation where two people are giving a talk about being positive to an audience. One person starts shouting accusations at them about chewing money. Practice different ways of coping with this. Use stop-start drama to allow different people to try different responses.

MODULE F

Understanding Stigma Faced by Children

EXERCISE 9

CHILDREN'S CASE STUDIES



OBJECTIVES

Participants will be able to:

- Explore individual experiences of stigma in more detail
- Agree on how adults can help children who experience stigma



TIME

1 hour



MATERIALS

Copies of the case studies

ACTIVITIES

Small groups

STIGMA CASE STUDIES

Ask each group to pick a card with one of the following case studies. Ask them to read the case study.

CASE STUDIES

Case Study 1

Martha is 10 years old and lives with her Auntie and 4 cousins. She has done well at school and enjoys learning, especially mathematics. Martha is HIV positive and has recently started getting sick more often. Last week she was feeling very weak but had already missed 4 days from school. Her auntie told her she must try to get to school. At school the teacher noticed that Martha had a skin rash on her neck and sent her home. Martha cried because she knew her auntie would be angry.

Case Study 2

Justin is 8 years old and lives with his grandmother. He is very small for his age. He is HIV positive although his grandmother has not told him. He is often sick. At school the other boys laugh at him and refuse to let him play football.

Case Study 3

Mwangela is 6 years old. Both her parents died from AIDS when she was very young. She stays with her older sister and her husband. She often feels very sad but has no one to talk to. Her brother died of TB last year. Her sister cannot afford to send her to school. Mwangela believes that she must have done something very bad and that is why her parents died.



Case Study 4

Precious is ten years old. She stays with her grandparents and Auntie. Precious has had TB but is now taking medicine and feeling much better. She goes to school in the mornings and helps her auntie at the market in the afternoons. Sometimes people move away from her when she coughs. Precious misses her father who had promised to buy her lunchbox before he died. However she has 2 good friends at school and talks to them when she feels sad.

Case Study 5

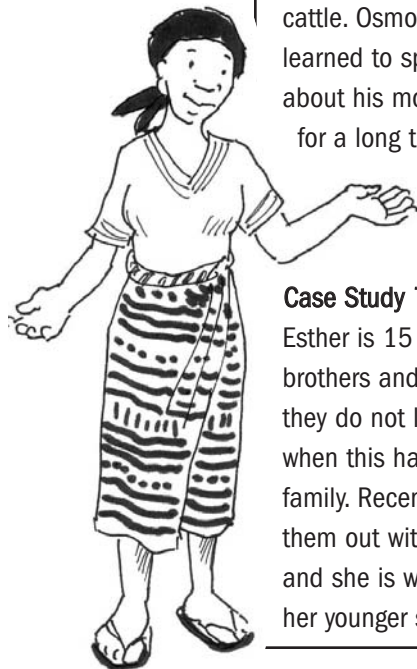
Jessie is 14 years old. Her mother died when she was 10 and she now lives with her father and stepmother and 4 brothers and sisters. Jessie has a stepsister who is the same age and who goes to school. Since her father remarried, Jessie has not been going to school—her stepmother says there is too much work to do. Each morning Jessie must draw water, sweep the house, prepare breakfast for the other children, wash the clothes and then go to work in the field. Jessie hopes that one day she will be able to attend school again.

Case Study 6

Osmond is 12 years old and since his mother died, he has been staying with his grandmother in the village. His grandmother is very old and relies on Osmond to do most of the work—especially herding the cattle. Osmond used to go to school when he stayed in the town and learned to speak English well. Osmond has never talked to anyone about his mother dying. After his father left them, he had cared for her for a long time and watched her die. He spends a lot of time on his own feeling sad and sometimes thinks about killing himself.

Case Study 7

Esther is 15 years old and stays with her mother and 4 younger brothers and sisters. Her father visits sometimes but he drinks a lot so they do not look forward to his visits. Esther's mother is often sick and when this happens it is up to Esther to find money and food for the family. Recently the son of one of Esther's neighbors has been helping them out with small amounts of money but he has proposed to Esther and she is worried that if she refuses she will not be able to support her younger siblings.



Discuss

- How do you feel about the child's situation
- Do you think the child is experiencing stigma?
- What do you think could help the child in that situation?

Note: The case studies are adapted from real life experiences of children.

Feedback in large group and discuss.

ACTION IDEA

Discuss all the actions that can help children and chose one to take back to your school, community and family.



MODULE F

Understanding Stigma Faced by Children

10
EXERCISE

STIGMA AND SEXUAL ABUSE



OBJECTIVES

Participants will be able to:

- Explore how stigma can sometimes lead to sexual abuse or exploitation
- Understand how girls and young women are especially vulnerable to sexual abuse and exploitation
- Understand the importance of supporting children and challenging stigma



TIME

2 hours



MATERIALS

“Life Options” Cards
(one written on each
card)
Story

ACTIVITIES

Small Groups

REFLECTION

Divide into small groups. Ask groups to discuss:

- Have you seen examples of child sexual abuse or exploitation in your community?
- How do you think stigma and sexual abuse are related?

Report back

Round robin.

Discuss

- Many orphans—and street children—are ignored or “invisible;” there may be no adults who are looking out for them, so they are more vulnerable to abuse and less likely to receive support if they get abused.

Role-plays

Based on the discussion, choose some scenarios to role-play in order to illustrate the links between stigma and sexual exploitation.



“Life for orphans is not easy. They stop going to school due to lack of support. For example, I have a friend who ran away from her guardians house because of heavy mistreatment. She had gone to her boyfriends house and started staying with him and he is now the husband.”

14-year-old girl, Zambia

LIFE OPTION CARDS

- Working as a housemaid at the house of a friend of her fathers
- Trying to do some piecework at the market
- Working as a waitress in the hotel
- Selling cigarettes on the street after school
- Going out begging once a week with her young sister
- Working on the street (selling sex) with her older cousin occasionally
- Agreeing to go out with her neighbor who is a widow in exchange for some gifts/food

*From an idea from
Ethiopia Toolkit Workshop*

ACTION IDEAS

Ask participants in pairs to brainstorm all the ways to get involved in helping children in situations similar to Hanna's. Is there any lobbying they can do? Any campaigns they can link into? Write one idea per card; stick them on the wall and cluster ideas into similar categories.

Ask participants to pledge to take up at least one action after the workshop.

Group Discussion or Role Play

LIFE OPTIONS

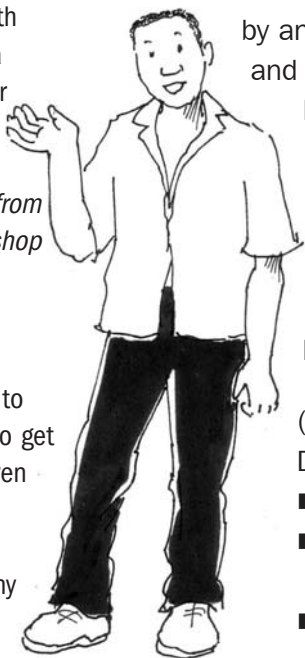
This exercise can either be done in discussion groups or as a group role-play.

1. Read out the story below or ask someone to be Hanna and tell her story.
2. Hand out option cards. Discuss the advantages or disadvantages of choosing each option.

OR

Role-play the options of what might happen if Hanna chooses each option. (Working as a waitress in a hotel could lead to male guests taking advantage of Hanna. Selling goods on the street might expose her to sex work.)

Hanna is 16 years old. Her parents died 2 years ago and she and her brothers and sisters have been looked after by an Auntie and Uncle. Last month her Uncle died and now her Auntie is going back to live in the village. Hanna is in grade 9 and is doing well at school. She has one younger brother and two younger sisters. No one in the community wants to get involved with Hanna's family now as they think they are cursed by so many deaths. Hanna needs to make a decision about how she can best support her siblings now.



(Create enough roles so that everyone can be involved)
Discuss:

- What other options might be safer?
- What kind of help could support Hanna and her brothers and sisters?
- What would make Hanna less vulnerable to sexual exploitation?

MODULE F

Understanding Stigma Faced by Children

11
EXERCISE

SUPPORTING CHILDREN WITH LOSS AND GRIEF



OBJECTIVES

Participants will be able to:

- Explore ways they can support children to express their feelings about grief, loss and bereavement
- Look at different ways to help children talk about difficult experiences
- Explore children's coping strategies



TIME

1 hour

“ So I used to feel bad by crying all the time and even wonder why my parents had to die. I feel bad when I think of my parents and when I see friends who have both parents I cry to myself. I know I am an orphan. My father and mother died. I feel like I'm just alone. I don't know what killed my parents and people at home don't even want me to ask them about the death of my parents. ”

Quotes from children from the research on children and stigma

ACTIVITIES

Card storm

SUPPORTING CHILDREN WITH GRIEF AND LOSS

In pairs, write down all the ways in which children can be affected when their parents die (practical, emotional, social). Write one per card.

EXAMPLES

Ways children are affected by their parents' death

Feel lonely and sad. Worried about the future.

Worried about school. No more education. Worried

about where they will stay. Who will feed them? Who

will take care of them? Can they stay together with

their brothers and sisters? Are they going to get sick too? They

withdraw and stop talking. They become aggressive and angry. They start misbehaving. They look depressed.



Cluster cards into categories. Add any extras if participants feel they are missing.

Ask each pair to join with another pair and choose one of the categories. On a flipchart write down all the ways guardians, teachers and other adults can support children who are going through these effects.

Role-play

ACTING OUT

Ask participants to get into groups of threes.

Discuss some of the ways the children you look after have been affected by their parents' death. For example they might be



ACTION IDEAS

Developing a support group. Introduce the idea of a support group to provide mutual help among the parents and guardians. Ask the group to discuss:

- Would you like to help form a support group?
- What would you want from a support group?
- What resources do you need to form a support group?
- How can you build more support from the community?
- How can you network with other groups?

Suggest that one participant takes notes of any actions that need to be taken.

acting strangely, not talking, looking sad all the time, getting into fights, failing at school and so on.

Choose one of the examples to role-play, with one person taking the role of the child, the other the role of the guardian. The third person can either be in the role-play or observe and take notes. The guardian must try to help the child express their feelings.

Share feedback with the big group and use the group to act out some of the plays. Use “Stop-Start” drama to explore different actions by the guardian.

Reflection

WHAT CHANGES CAN I MAKE?

Ask participants to find a quiet space to sit and to think about some changes they could make in the way they treat the children in the family. This may be some personal changes, or practical changes that may improve the family situation. Write some notes of the changes to be made.

After 10 minutes—share with a partner some of the changes. Choose one that you will try to make that you will share with the big group.

In large group, ask each participant to tell the group what change they will make, and write them up on a flipchart. Record what they hope the outcome will be of them making that change.

MODULE F

Understanding Stigma Faced by Children

12 EXERCISE

EXERCISES FOR CHILDREN

“ A woman came to me with her 10-year-old niece whom she had been taking care of since her sister died 6 months ago. The girl had been very withdrawn and hardly spoke to anyone. Some of the other relatives claimed that she was rude and stubborn. The teacher at school said she would not participate in the class. I asked the woman to stay but to sit quietly in the corner of the room, while I spoke to the child. I gave the girl some crayons and asked if she could draw a picture of how she was feeling. She drew a big box, colored in brown. She said it was her mother's coffin and that she missed her mother so much.

In the corner, I saw that the Auntie had tears in her eyes. She said that she too missed her sister. She came and hugged the girl. The girl was weeping. I suggested that she tries to talk to her niece about her mother whenever she can. She said she did not know that the girl could be so affected.”

Child Counselor, Zambia

These exercises were designed to use with children by people who are working with children in a range of settings. They would be particularly suited to teachers, social workers and caregivers. The exercises are also suitable for use in a support group for guardians and orphans together. We hope that by doing the exercises with children, or observing them, it may help guardians to better understand the needs, wishes, dreams and fears of their orphans.

AIDS has had a huge impact on children in Africa and stigma is an extra burden for them to bear alongside many hardships: caring for sick parents, coping with death, orphanhood, rejection, fear, loneliness.

From the research we learned that many orphans had no chance to talk about fears and anxieties, grief and loss, often because of stigma. They were staying in families where they had little contact with adults or were living on the streets and shunned by most people.

However many children find ways of coping and get tremendous strength and support from friends and siblings. By teaching children about stigma, we hope to build on this.

Several of these exercises have been adapted from The Peace Kit (247 Activities for Primary Schools) by Brenda Stebbing & Paddy Hopley-Pacey. UNESCO 2000.

These exercises are designed to give facilitators ideas- they will need to be adapted to suit different age groups, abilities, literacy, etc.

Some of the topics covered are difficult: please ensure they are tackled with thoughtfulness and compassion.

It may be important for facilitators to work with another trainer so that you can support each other and discuss any difficulties that you may face in your own experiences of some of the topics. Remember you do not need to do any exercises that you are not comfortable with.

The aim of these exercises is to help children to:

- Express their feelings
- Build self-esteem
- Understand how stigma hurts other children
- Build cooperation and mutual support to fight stigma
- Strengthen compassion and respect towards each other

EXPRESSING FEELINGS



OBJECTIVES

Children will be able to:

- Begin to understand the importance of trying to express feelings
- Know how to offer sympathy and comfort if one of their friends is in distress



TIME

4-5 hours



MATERIALS

Paper, crayons or paints

Feelings story

ACTIVITIES

Brainstorm and Drawing

FEELINGS

Brainstorm all the different types of words for feelings that children know. Ask children to shut their eyes and think of something that makes them feel happy, frightened or angry. Ask them to draw a picture showing their feeling. Ask if anyone wants to tell the group about their picture and feeling.

MIMING THE FEELING

Ask children to think of one of the feelings and then do a mime to the group. The group must guess the feeling. In pairs ask one child to pretend to be very angry or upset. The other child tries to comfort her/him and calm her/him down. Now swap roles.

Discuss

- How did you feel when you were being upset/angry
- What did your partner do to try and calm you down?
- Did it work?
- How did it feel when you were the one trying to calm your partner down?

Summary

- We all have feelings and it is important to accept feelings, whatever they are.
- Try not just to tell someone to stop if they are crying.
- Avoid saying things like “boys shouldn’t cry” and “don’t be a baby.”
- Try to help someone who is upset to tell you what is wrong, and see if you can help him/her.

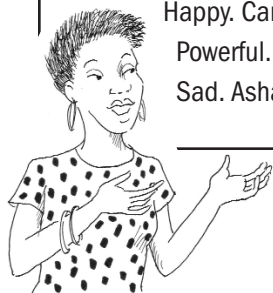
EXAMPLES OF STORY FEELING

Scared. Worried. Anxious.

Happy. Carefree.

Powerful. Lonely.

Sad. Ashamed



Feelings story

Read the story below. Ask the children to listen for all the signs that show the feelings that the characters may have experienced in the story.

Agnes woke up crying. Last night her mother told her that her older sister is very sick and has AIDS. She will be going to visit her at the weekend. On the way to school Agnes met her friend Mutale who was singing and laughing and playing with his ball. Mutale asked Agnes to play with him. At the bus stop, they passed a street kid (Joseph) who was looking very dirty and tired. They called him names and laughed at him. Then an older boy came along and took Joseph by the hand. Joseph told the older boy that he had no parents and the people he lived with were cruel to him. Agnes and Mutale became very quiet and stopped laughing.

For example:

- Why was Agnes crying? How might she have been feeling?
- Why was Mutale singing? How was he feeling?
- Why was Joseph crying? How was he feeling?
- Why did Agnes and Mutale become quiet? How were they feeling then?

Role-play

For older children: divide into small groups and role-play the story, encouraging the children to express their feelings.



OBJECTIVES

Children will be able to:

- Learn some ways of helping them to feel good about themselves so that they can cope with stigma
- Understand how all individuals make important contributions to a group



TIME

1-2 hours



MATERIALS

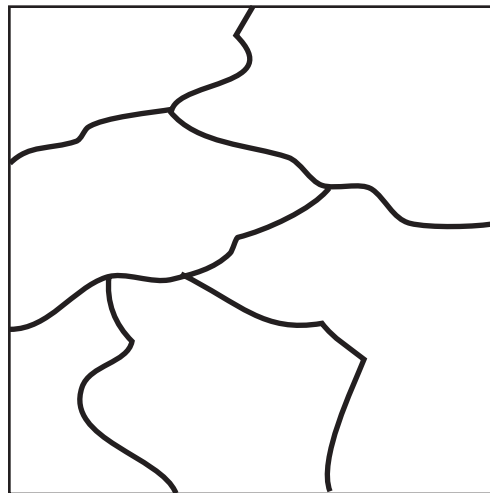
Large sheet of paper,
paints/crayons

ACTIVITIES

Drawing

WE ALL MAKE A GROUP!

Ask the children to think of one thing they are proud of about themselves. This could be something that they are good at, something they have done, something they like doing. Now get a large sheet of paper and get the children to draw a large blank jigsaw puzzle. Each child picks a shape of the puzzle and writes or draws to show what they are proud of. Stick the puzzle on the wall. Discuss how everyone is important in a group—all the individual skills and qualities fit together to form the group.



Listing strengths together

OUR STRENGTHS

If children know each other well, ask them to pair up and make a list of their own strengths and then their partner's strengths.

Share the lists and discuss with each other if you agree with the lists. Did you leave anything out? Do you want to change

anything on your list? If the group do not know each other well, ask them just to write their own lists and then discuss them with their partner.

Help the children to think about strengths in all areas of their lives: at school, with friends, at home, in the community, activities, social skills etc.

Display all the strengths on the wall and point out how everyone has something that they are good at.

Discuss how the children can use their strengths to help each other.

CHANGING OUR STIGMATIZING HABITS

An optional exercise to get participants thinking about concrete strategies for action



OBJECTIVES

Participants will be able to:

- Start thinking about how they will overcome certain habits
- Recognize the difficulties in changing attitudes and behavior



TIME

1 hour

ACTIVITIES

Warm-up

NEW HABITS FOR OLD

Ask trainees to stand up. Give the following instructions:

Fold your arms. How are your arms folded—is your left arm over your right or vice-versa? Now reverse the position of your arms. Was that hard to do? Why? (Likely response—habit)

If a physical habit is hard to break, it will be harder to break an ingrained intellectual or emotional habit. So in trying to change habits (or learned behaviors) of others, be prepared for resistance. People are now doing something which is satisfying to them so why should they change?

Paired Discussion

HOW TO BREAK OUR “SHAME AND BLAME” HABITS

Explain that in earlier exercises the group had recognized we all have a habit of judging others. Divide into pairs to discuss:

- In what situations do you "shame and blame" others?
- What can you do to change this habit?

STIGMATIZATION DISEASES **(Option to Paired Discussion)**

Jonathan Mann described stigma as “one of the three critical AIDS related diseases.” Write different “stigmatization diseases” on cards (blaming PLHAs, name-calling, avoiding touching PLHAs) and tape them on the front wall. Divide into pairs and ask each pair to select one 'stigma disease' which they see in

themselves. Encourage the pairs to select different topics. Tell them they may make up a new disease if it is not listed among the topics.

Ask pairs to discuss:

- What is the disease?
- When does it strike? In what situations?
- What are the symptoms or indicators?
- What can you do to avoid it or to solve it if it appears?

MODULE G

Moving to Action

9
EXERCISE

THINKING ABOUT CHANGE (SCULPTURING)

An optional exercise to get participants thinking about concrete strategies for action



OBJECTIVES

Participants will be able to:
Develop some initial ideas and
strategies for change



TIME

1 hour

ACTIVITIES

Warm-up Game

“BACK-TO-BACK”

This game helps break the ice and establish pairs.

Ask participants to pair off. Then shout various instructions—“Front-to-Front,” “Back-to-Back,” “Foot-to-Foot” and after each command ask pairs to do the action. Then after a while, shout “Change” and ask participants to find a new partner. You grab a partner and one person is left without a partner. S/he becomes the new “caller” and the game continues. Stop after 5 minutes.

Introduce Sculpturing

Explain **sculpturing**—using our bodies to show different images. Emphasize that it is a FROZEN, SILENT IMAGE not a MOVING IMAGE WITH WORDS (it is not drama). It can be used to look at stigma. We show through our bodies often unconsciously how we feel about other people.

Practice Sculpture

Ask participants to pair off and do a sculpture to learn the technique. For example, a husband comes home late at night and is challenged by the wife. Show the body language when the wife sees the husband. Remind people that it is a frozen image without dialogue.

“Before” Sculpture

Ask pairs to make a sculpture showing how people treat PLHAs. Then ask a few pairs to show their sculptures at the center of the circle. After each demonstration ask:

- Observers—What do you see in the sculpture?

- Stigmatizer—What are you thinking? Why are you stigmatizing?
- Stigmatized—How does this make you feel? [hurt, rejected, isolated]

“After” Sculpture

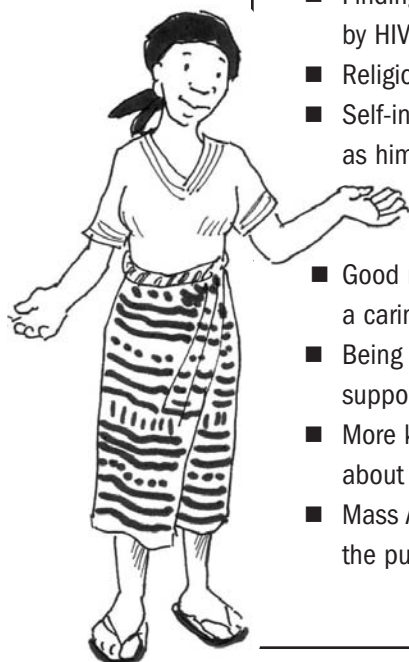
Ask pairs to make a new sculpture showing how people should treat PLHAs. Ask a few pairs to demonstrate in the center and after each sculpture ask: “What do you see this time? How does it make you feel?”

Change from “Before” to “After”?

Combine pairs and discuss:

- What do you think caused the change in attitude from the “before” sculpture to the “after” sculpture?
- Why do you think people changed their behavior?

WHAT CHANGED PEOPLE'S BEHAVIOR - EXAMPLES FROM STIGMA



- Hearing testimonies by PLHAs about their own experience and how stigma hurts.
- Finding out that our own siblings or family members are affected by HIV stigma.
- Religious teachings. “Love your neighbor as yourself.”
- Self-interest—“Next year I might need the same care and support as him.”
- Not sure of one’s HIV status so “I’d better be nice to those who know their status.”
- Good role models—a leader who demonstrates compassion and a caring attitude.
- Being challenged about one’s language or attitudes by peers in a supportive way.
- More knowledge about HIV transmission so I am no longer scared about being affected.
- Mass ARV program which helps to make HIV/AIDS less fearful to the public.

PROBLEM SOLVING THROUGH STOP-START DRAMA



OBJECTIVES

Participants will be able to:
Develop some initial ideas and
strategies for change



TIME

1 hour

ACTIVITIES

STARTER DRAMA

Divide into trios and ask each trio to select a context in which stigma takes place and prepare a starter (problem posing) drama—a drama which shows stigma but leaves the issue unresolved.

EXAMPLES

A PLHA living at home wants to see his friend. The family, out of embarrassment, stop his friend from visiting thinking this will lead to stigma by the whole community. (Example from Tanzania)

Parents discover that one school child has an HIV positive parent. They force the head teacher to kick the child out of school. (Vietnam)

A doctor and nurse at a hospital discover that a patient is HIV positive. They use excuses to avoid seeing the patient and leave early, so that the next shift has to deal with the patient. (Vietnam)

An orphan child is adopted by her uncle. The uncle takes all of the things she has inherited from her father. She is poorly treated—forced to do all the work in the house and to eat alone. She is even abused by other children in the house. (Zambia)



Report Back and Discussion

Ask each group to present their dramas.

After each drama ask the group:

- What happened? Why
- What are the attitudes here?
- What are the contributing factors?



- How could this have been avoided?
- How could this problem be solved if and when it occurs?

STOP-START DRAMA

Ask the group to select one of the dramas to be used as the focus for a stop-start drama process. Try out different scenarios to test out different solutions. Use this process to explore solutions and the realism of different solutions.

EXAMPLES

1. Problem of PLHA not being allowed by his family to make any decisions about his life who visits, what they do, etc.

Scene 1: PLHA's friend comes to visit but family blocks visit.

Scene 2: PLHA is left out of family discussion and decision-making.

Scene 3: PLHA becomes assertive and demands more say about his/her life or family member questions the other family members about stopping the PLHA from taking part in family discussion/decision-making.

After each scene discuss what is happening and the way forward.

Focus: Get the family or community to name the problem (stigma and discrimination), see that it is wrong and take responsibility to overcome stigma and provide support.

Try to change the attitudes of the community so that the family is not stigmatized and does not need to lead a secretive life. Use a crisis to spark this change in attitude on the part of the community.

2. Family self-stigmatizing and neighbors stigmatizing.

Scene 1: Neighbor visits and family says the PLHA is not there.

Scene 2: Neighbors meet and gossip about the PLHA and the family.

Scene 3: PLHA sees that he is being hidden and raises the issue ...and so on.

Focusing questions: What can be done to break the family's isolation and promote more community support? What can be done to raise their awareness of stigma?

LOOKING FOR SOLUTIONS TO SPECIFIC CAUSES



OBJECTIVES

Participants will be able to:
Develop specific solutions related
to different causes of stigma



TIME

1 hour



MATERIALS

Write the causes of
stigma on different
cards and tape on
wall:
FEAR OF HIV AND
DEATH, FEAR OF
INFECTION THROUGH
CASUAL CONTACT,
MORAL JUDGEMENTS,
POVERTY AND POWER
(OR LACK OF POWER),
NOT RECOGNIZING
THAT WE STIGMATIZE

ACTIVITIES

Task Groups

ANALYSIS OF ROOT CAUSES

Divide into task groups and ask each group to select one of the
causes. Then ask them to do the following:

1. Analyze the root cause in more detail:
 - What does it mean? What does it look like?
 - Where does this happen? With Whom?
 - Why does it happen? What other reasons?
2. Draw a Diagram (Use Fishbone or Tree Branches to illustrate)
showing the roots of the problem.
3. Brainstorm ways of combating stigma.

Report Back

Ask each group to report. Record their suggestions.

Next Steps

Ask the group to:

- Select one or two things that they can start to do
immediately.
- Work out practical details for implementing these actions.

EXAMPLE: ANALYSIS AT ETHIOPIA NGO WORKSHOP (March 2002)

GROUP C: Moral Judgements—Sex and Morality

Analysis

Sexual norm sanctioned by the church—sex with a married partner only—no extra-marital sex. People associate HIV/AIDS with violating social values. Social norms require people to follow strict rules. Those who break the rules are considered to be outsiders and the rules become the basis for judging people.

Sex is taboo and the subject is not for open discussion among sexual partners, parents or children. Facts remain unexplored and help to increase ignorance.



Solutions

- Promote open discussion on sex and idea of sex as a normal activity which we all do.
- Promote a more tolerant, more realistic and less judgmental attitude to sex.
- Involve faith-based groups and win the support of religious leaders.
- *Message 1:* stigma has no moral or religious basis.
- *Message 2:* stigma and discrimination are sinful.
- Lobby against negative habits—gossip, spreading rumors, back-biting.
- Discuss contradiction between what people say about sex and what they actually do.
- Get people to look at PLHAs as people with an illness not people with bad behavior.

CHALLENGING STIGMA IN OUR FAMILIES



OBJECTIVES

Participants will be able to:
Identify two or three things they
can do to overcome stigma at
home



TIME

1 hour

ACTIVITIES

Story

STIGMA IN THE FAMILY

Read and discuss the following story.

Story from Zambia

The family did nothing at first. They were in denial. No one talked about their relatives who had HIV. They just wanted to keep everything quiet to bury their heads in the sand and stop the neighbors talking. Raising the issue would just bring shame on their heads. So they kept their heads down and did nothing!

But when three uncles died within one month, the senior brother was deeply affected. He called the family together and raised the issue of AIDS for the first time. “My brothers and sisters, we can no longer continue like this in silence. We have to do something.” At first others resisted but he wouldn’t let them off the hook. He said, “If we do nothing, this thing will come along and kill us all. Let’s **DO** something!”

So they started to plan and look at how they could support each other especially those with HIV. They set up a family fund to provide funds to deal with crises. They made plans to support the children of those who were dying. And they worked out a system for caring for and counseling those already infected.

Discuss:

- What did you learn from the story?
- What made a difference? How did the family begin to change?

- What can you do in your own homes to change attitudes and promote a more open, caring attitude towards PLHAs?

Summary

Acting against stigma in our own families starts when family members begin to personalize the issue for themselves, to see that they have to do something to change things. Breaking the silence and getting people talking openly is the first big step. After that point, it is a matter of talking about what can be done and helping people learn the skills of caring for PLHAs (see Module D).

WORKING AS A GROUP AGAINST STIGMA



OBJECTIVES

Participants will be able to:
Identify things they can do to
raise awareness and challenge
stigma



TIME

1 hour

ACTIVITIES

Cardstorm

RAISING AWARENESS ABOUT STIGMA

Divide into pairs and ask each pair to write points on “What can you do to get people thinking about and talking about stigma?”

EXAMPLES

- Be a good role model. Show in words and actions that you are no longer stigmatizing.
- Use informal conversations to raise the issue of stigma.
- Use stories about PLHAs being badly treated as a starting point for discussion
- Challenge stigmatizing words when you hear them—but do it in a way that doesn’t turn people off—get people to think about how their words can hurt.
- Encourage people to talk openly about their fears and concerns about HIV/AIDS.
- Correct myths and misperceptions about AIDS and PLHAs.
- Promote the idea of a friendly ear and support to PLHAs and their families.
- Ask PLHAs or their families to give testimonies about experience of living with HIV.
- Do a listening survey of stigmatizing words used in the community.
- Make a map of the community and mark places where stigma is strong.
- Perform dramas on stigma at community meetings and then discuss.
- Develop a non-stigma code of practice—to be followed by group members.
- Organize mini-workshops on stigma for community and peer group leaders.
- Organize community meetings to discuss what has been learned from the above methods and make decisions about what the community wants to do.



ACTION IDEAS

Agree on one or two things that the group can start to do immediately.



Brainstorm

DO'S AND DON'TS—CODE OF PRACTICE

Ask the group to brainstorm a list of DO's and DON'Ts—a non-stigmatizing code of practice.

DO's

- Speak out about stigma when it occurs
- Let people know that stigma hurts
- Encourage people to talk openly about their fears and concerns about HIV
- Correct myths/misperceptions about AIDS
- Provide a caring ear to PLHAs
- Visit PLHAs in their homes
- Encourage PLHAs to use services—treatment of opportunistic infections
- Refer PLHAs to counselors

DON'Ts

- Judge or condemn PLHAs
- Use stigmatizing words
- Isolate or reject PLHAs
- Assume PLHAs can do nothing
- Patronize PLHAs—hiring PLHAs but giving them no tasks
- Use harsh, overly critical language in challenging stigma by other people
- Tell PLHAs they should not have sex, children, or do things, etc.

"SPOT-THE-STIGMA WALK AND TALK"



OBJECTIVES

Participants will be able to:
Develop concrete action plans to
make specific changes in
institutions to reduce HIV stigma
and discrimination



TIME

4 hours

ACTIVITIES

"SPOT THE STIGMA WALK-AND-TALK"

The aim of this activity is to identify points of stigma in institutions which provide services to the community and then facilitate discussion to make appropriate changes. The steps in this process include:

- Identify the institution to be studied—health clinic, voluntary counseling and testing center, NGO in consultation with the staff of the institution.
- Discuss with the staff what is to happen and how they will participate.
- Set up a joint group—institution's staff and community members (including PLHAs and HIV affected families) - to carry out the Stigma Walk-and-Talk.
- Orient the group beforehand—discuss the objectives and what they will be looking for—places and activities where stigma is a problem and how the activity will be debriefed—and actions planned.
- Conduct the walk. Take notes during the walk and record the notes on flipcharts showing the different departments/sections and activities within the institution - and points of stigma.
- Debrief. Hold a joint meeting with the institution's staff and community members to discuss:
 - What were the major forms of stigma identified?
 - What are their causes?
 - What can be done to avoid these problems?
- Develop an **action plan**:
 - specific change activities
 - who will do each activity
 - when the activity will be done and
 - what indicators will be used to show the problem has been solved

COMMUNITY ACTION AGAINST STIGMA



OBJECTIVES

Participants will be able to:
Develop practical plans to stop stigma and discrimination against PLHAs in the community and promote support for PLHAs and AIDS affected households



TIME

2-3 hours

ACTIVITIES

WARMUP

Start with a warm-up song to build interest and a sense of community.

Timeline

COMMUNITY TIMELINE

Ask the community to discuss:

“What is the history of AIDS in your community? What happened when the community first learned about AIDS? Five years ago? Now?”

“What has been people’s attitude towards PLHAs? How have PLHAs been treated? How has this treatment affected families living with HIV and AIDS?”

ACTION MAPPING

“What is the community doing already to support PLHAs?”



EXAMPLES

Exemptions for school fees. People contributing donkeys to take patients to the clinic. Increasing openness in talking about AIDS. Support for home based care.

Story

WHAT ARE OTHER COMMUNITIES DOING?

Tell the story below.

In one village in Malawi the chief, a woman, was the chairperson of the village AIDS committee. The committee decided they wanted to mobilize support for orphans and other vulnerable children in the village.

Instead of calling all the villagers to a meeting and ordering them to contribute money, the chief took a totally different approach. She started by donating her own land to grow crops to support the orphans. Every morning she woke up at dawn to plow these fields with her sons.

Later she called a meeting and invited villagers to join her and her sons to farm the land and care for the orphans. Everyone agreed. They said, "If she can do it, we can also contribute. Our chief has shown us the way."

Discuss in small groups:

- What happened in the story?
- Why was the chief's approach to mobilization successful?
- What can we do as a community to support AIDS affected households?

Source: *The story is adapted from a case study written by Geoff Foster in "Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies." In One Step Further—Responses to HIV/AIDS. SIDA Studies No. 7. Stockholm. 2003.*

ACTION CASE STUDIES

Here are some examples of communities and groups who have already acted against stigma.

A family takes action

The family did nothing at first. They were in denial. No one talked about their relatives who had HIV. They just wanted to keep everything quiet, to bury their heads in the sand, to keep the neighbors quiet. Raising the issue would just bring shame on their heads.

But when three uncles died within a few months, the first born brother was deeply affected. He called the family together and raised the issue of AIDS for the first time in a family meeting. "My brothers and sisters, we can no longer continue like this in silence. If we do nothing, this thing will kill us all. Let's DO something."

So they started to plan and look at how they could support each other, especially those with HIV. They set up a family fund to provide funds to deal with crises, if someone got sick. They made plans on who would take care of the children and they worked out who would care for those who were sick. They also decided that the only way to protect the younger ones was to talk more openly about HIV and AIDS and how to stay safe.

A community takes action

In one village in Malawi the chief, a woman, was the chairperson of the village AIDS committee. The committee decided they wanted to mobilize support for orphans and other vulnerable children in the village.

Instead of calling all the villagers to a meeting and ordering them to contribute money, she took a totally

different approach. She started by donating her own land to grow crops to support the orphans. Every morning she woke up at dawn to plow these fields with her sons.

Later she called a meeting and invited villagers to join her and her sons to farm the land and care for the orphans. All agreed and said "If she can do it, we can also contribute. Our chief has shown us the way."

Action in the Workplace

"I work for a large NGO in the capital. We do a lot of work on HIV/AIDS. Last year we lost 3 members of staff. It was sad and nobody really talked about it much. Of course we were all thinking about HIV/AIDS but no one said anything. Then one of my colleagues came to me one day and asked if she could talk to me. She told me that a few weeks ago she had taken an HIV test and tested positive. She was finding it difficult at work and had decided she really wanted people to know so that she could feel free to talk about it.

I helped her set up a special meeting that all the staff were invited to (even the guards and drivers). My colleague told her story and the response was amazing! A lot of us cried and we all ended up hugging each other.

Since then we have all been more open with each other. Two more colleagues have "come out" as positive and every month we all meet to talk about how HIV is affecting US. Some of us are caring for relatives or children with HIV, some have lost partners and family, others are living with the virus themselves. Now we can all support each other."

ACTION CASE STUDIES**Action for Widows**

In many countries, there is a lot of stigma against widows. They are blamed for the death of their husbands (if they died from AIDS). They are suspected of having HIV themselves. As women living “without men,” they are seen as a threat to the community, especially by other women. Widows are often isolated and excluded. Some people refuse to do business with widows. Some husbands refuse to let their wives mix with them.

In a small community in Tanzania, a group of widows got together to talk about their problems and to try and find ways of supporting each other. They set up a rotating credit fund which they all contributed to every month, and then took turns loaning the money to help each other set up small food stalls. They also went to talk to the pastor about their problems and after that found that some of the other villagers became more sympathetic.

Individual Action by a Musician

Philly Lutaaya, a Ugandan singer, was one of the first well known personalities in Uganda to come out publicly about having HIV/AIDS. Through his courage in talking openly about HIV/AIDS, he captured the imagination and serious attention of millions of Ugandans who learned about HIV/AIDS from Philly. Before Philly's one man campaign, Ugandans had heard about AIDS but they were still scared and in denial. After his campaign they began to talk about it and deal with it seriously.

When Philly first revealed his status, there was lots of skepticism and criticism. Everyone kept asking him, “Where did you get it?” All of this criticism didn't stop Philly. He just kept going. He traveled all over Uganda talking to groups of people at schools, churches, workplaces, bus-stops, wherever he could meet people. He stood there and answered hundreds of questions. People were moved by his courage and affected by his willingness to talk openly about his situation and they began to talk about how HIV/AIDS was affecting their own lives.

When he died in 1989, the national stadium was packed with people wanting to pay their last respects to this man who had touched their heart and helped Ugandans start to talk.



SPECIFIC CAMPAIGNS AGAINST STIGMA



OBJECTIVES

Participants will be able to:
Develop campaigns to stop
specific forms of stigma and
discrimination against PLHAs or
other groups in the community



TIME

2 hours

ACTIVITIES

IDENTIFY THE TARGET

Ask the group to identify specific forms of stigma or discrimination in relation to a specific target group—PLHAs, orphans, widows.

Then ask the group to go through the following process:

- Prioritize, select one form of stigma/discrimination to focus on.
- Describe the stigma/discrimination and do situation analysis - What is happening now? How are people affected? What are obstacles to solution?
- Make an **action plan** to bring about change. Brainstorm practical actions that could solve problem. Select the most feasible actions and develop action plan (What actions? Who will do it? When and where? What action steps?)

Examples of Possible Actions

- Meet with community leaders to win their support for anti-stigma action
- Organize training for community leaders and peer group leaders
- Organize peer group meetings (facilitated by those who have been trained)
- Organize house-to-house visits to raise everyone's awareness
- Organize a Stigma Walk or Community Mapping exercise
- Organize awareness activities in the schools—art or drama competition
- Organize community meetings—ask peer group representatives to attend
- Organize drama at the community meetings to raise the specific form of stigma which the group wants to change such as stigma against widows

- Identify the most vulnerable households (child/orphan headed households, grandparent headed households) and provide support
- Provide exemptions for HIV affected families from water fees, school fees.
- Organize a regular system of visits to HIV affected households
- Donate food, clothing and agricultural inputs to destitute households.
- Provide piece work for adolescent orphans working in others' fields.
- Organize income generating activities to support vulnerable households.
- Facilitate sharing of "AIDS survival knowledge" among community members.

EXAMPLES OF ACTION CAMPAIGNS AGAINST STIGMA

1. STIGMA AGAINST ORPHANS (action ideas from Tanzania)

Situation analysis

Children dumped with relatives. Property grabbing. No/little support for children (both material and psycho-social). Stopped from going to school. Forced to do all the housework. Community members saying that: "If the parents died, the children will die too. Don't play with them - they are getting ready to die."

Action steps

- Change the misperception that if the parents die, then the children will die too.
- Educate families on HIV transmission so they stop stigmatizing out of fear.
- Stop the "dumping" of orphans with relatives who mistreat the children.
- Get youth groups to raise this issue through drama or songs.
- Organize competitions among children to get them to express their ideas through pictures, poetry, stories to give their views

and talk about their feelings.

- Get adults to look at how stigma affects children (See exercises in Module F).
- Get the community to rethink the view that “children should be seen, not heard.”
- Get people to treat children seriously and allow children to talk about their feelings.
- Identify the number of orphans in the community and work out how to support them

2. STIGMA AGAINST WIDOWS (action ideas from Tanzania)

Situation analysis

Widows stigmatized in 3 ways: as wives of men who have died (blamed for death of husbands); as women; and as people suspected to be HIV+. Men stop wives from being friends with widows—widows are viewed as dangerous, the source of evil and trouble. Widows are also stigmatized by other women who assume that widows will steal their husbands. Widows are very isolated, forced to find new friends—they are expected to mix only with other widows. People boycott widows' small businesses out of fear that they will get HIV from the commodities sold.

Action steps

- Build alliances between widows and other poor women in the village.
- Bring widows together to share feelings and problems and discuss what can be done.
- Initiate rotating credit union and other income generating activities.
- Organize meetings with other women's groups to win their support.
- Organize community meetings to raise this problem and get the community to stop

3. PROPERTY GRABBING (action ideas from Tanzania)

Situation analysis

Relatives grab property and use shaming and blaming as a pretext to justify this action.

Action steps

Youth groups identified property grabbing as a major problem in their community. They decided to stop this activity. When a man died, they decided to act quickly. Instead of confronting the dead man's uncle directly, they talked to an elder in the village and told him they were angry about the threat of a property grabbing—and asked him to talk to the uncle. “Go and tell the uncle. He is causing problems.”

PRESENTATION/ PERSUASION SKILLS

ACTIVITIES

Learning presentation skills can be built into any workshop. First ask the group to brainstorm “what makes an effective presentation.” Then give participants practice in giving presentations. There are three ways to do this:

1. Organize a **practice session** on a specific information task. For example after a session on AIDS facts, ask participants to practice in pairs how to put this information across simply and clearly. Partners can take turns doing this and give each other feedback at the end.
2. Use a **report back session** as an opportunity to practice how to present ideas simply. Tell the group reporters that their presentations will be assessed. Then ask each group reporter to present the group’s report - and afterwards give him/her feedback. Encourage both positive and negative feedback.
3. **Homework**—ask participants to explain one of the things they have learned about stigma to family members or friends.

EXAMPLE OF FEEDBACK COMMENTS

- Establish rapport with audience. Be confident—relax and smile!
- Capture participants’ interest from the start
- Voice—loud, clear, not too fast, variation in tone (for emphasis)
- Language—no big words—keep it simple and familiar
- Body language—smile, relaxed, solid stance.
- Eye contact—look at all participants; not just half the audience
- Don’t stand like a statue frozen in one place—move around.
- Use appropriate gestures. Don’t distract with gestures.
- Use examples to help explain points.
- Don’t go too fast. Let the group help you set the pace.
- Check from time to time that audience members are understanding.



HOW TO PRESENT IDEAS SIMPLY AND CLEARLY

- Practice your presentation beforehand with a friend. Practice responses to tough questions or situations.
- Be your normal, friendly and confident self! Look at people, relax, and smile!
- Put yourself in the audience's shoes. What do they want to know? What do they have to do or decide? How can you facilitate the desired outcome most effectively?
- Be enthusiastic! Your interest and concern about the issue will often be remembered more than the words you say.
- Use eye contact and body language. Look at people and remember to look at everyone. Don't stay rooted in one place—move around. Use hands to emphasize, but don't overdo it.
- Speak clearly and loud enough. Take it slowly. Some points will be new to people so don't rush. Vary your tone. Don't drone on and on!
- Talk about one or two main messages. Repeat these main messages in different ways again and again.
- Keep it short! Limit your talk to a few key points. People have a short attention span (7 minutes) so don't waste time on unnecessary details.
- Explain one idea at a time and summarize at various points.
- Use simple words and avoid technical jargon. Talk to your audience as if you are having a conversation with them. Don't sound too formal.
- Respect your audience. Don't talk to them as if they are children. They have experience and ideas too so don't talk down to them.
- Relate what you say to people's lives. Find out what people know already and build on it. Don't assume they know nothing.
- Include questions as part of your talk. This will keep people involved and encourage people to ask their own questions.
- Don't talk too long! Finish quickly to allow time for questions and discussion. This is a good opportunity to keep your audience engaged and excited about the topic.

SKILLS FOR FACILITATING DISCUSSION



OBJECTIVES

Participants will be able to:
Facilitate discussions on the
issue of stigma



TIME

1-2 hours



MATERIALS

Ten Steps to Good
Facilitation Handout

ACTIVITIES

DEMONSTRATION

Ask 6-8 participants to join you at the center of the circle. Facilitate a discussion, using the techniques below. Stop at points to ask the observers (outside circle) to describe what you are doing. Ask the facilitator to lead an effective discussion. Check that trainees understand each technique.

Technique	Purpose
Open questions	—Stimulate many ideas and opinions
Eyes/hands/names	—Encourage people to contribute
Listening carefully	—Understand clearly to lead the discussion
Minimal encouragers	—Encourage people to keep talking
Rephrasing	—Clarify what person says/show appreciation
Redirecting	—Get others involved and get more views
Probing	—Get out more information and views
Observing and reacting	—Check on who is silent and encourage them
Summarizing	—Help people understand and reach agreement

PRACTICE FACILITATION IN GROUPS

Divide into groups of 6-8 people and organize a series of practice sessions. For each session assign a new topic and ask each group to select a new facilitator. Give each facilitator 8 minutes, then stop and organize feedback in each group. Then do a quick report back.

Practice Session 1

“Facilitate a discussion on why there is a lot of stigma in the community and what they want to do about it.”

Practice Session 2

“Facilitate a discussion to find out how the community can mobilize support for AIDS affected and vulnerable households.”

STRATEGIC CHATTING

An important skill is to “break the ice” and get others talking about stigma and doing this informally. Divide into pairs and ask partners to take turns trying this skill. Then debrief. Ask: “How difficult was it to bring stigma into the conversation? How did you do it?”

STRATEGIC CHALLENGING

Another key skill is to challenge stigma in an assertive way. Divide into trios and assign roles:

A—the person who uses stigmatizing language

B—the person who challenges A about his stigmatizing words

C—the observer who leads the feedback session

TEN STEPS TO GOOD FACILITATION

EXERCISE 18**1. Ask questions**

Use simple, clear, and “open” questions which allow for many different answers and discussion.

2. Wait for responses

Give people time to think and come up with an answer. Don't bombard them with more questions.

3. Encourage everyone to contribute

Make eye contact, use hands, walk close to shy people and use names.

4. Use minimal encouragements

“Yes...I see...and then?tell me more...” They help to keep the person talking.

5. Listen actively

Use eye contact and body language. Praise and encourage—but don't over praise.

6. Rephrase

Briefly restate what people say in your own words, to make sure you have heard and understood.

7. Probe

Ask follow-up questions to explore issue and make it clearer—“Why? Tell me more. Can you explain further?”

8. Redirect

Get others to contribute: “She said..... Do you agree? What do others think?”

9. Observe

Look around and see who is participating and who is left out. Are people still interested?

10. Summarize

Restate what people have said in a simple, brief form. This will make it easier for people to contribute.

ADVOCACY SKILLS



OBJECTIVES

Participants will be able to:
Demonstrate what is involved in
advocacy on the issue of stigma



TIME

1 hour



MATERIALS

Advocacy Handout

ACTIVITIES

INTRODUCTION

Ask participants: “What is the meaning of **advocacy**?”

DEFINITION

Advocacy is a systematic and organized effort to change unhelpful laws, policies, practices or behavior. It is about pleading for or supporting a cause. It is about social change—creating an environment where specific goals can be achieved. Advocacy can take many forms, including:

- **Quiet persuasion**—to encourage other people to speak out on the issue
- **Confrontation**—to publicize the issue and influence people

STEPS IN ADVOCACY

Explain the steps in an advocacy campaign:

1. Select the issue or problem
2. Analyze the issue
3. Develop specific objectives. What do you want to achieve?
Be clear.
4. Identify your audience: Who do you want to hear your message?
5. Identify your allies—people who support your cause and people who can influence change
6. Create an action plan—describe the steps to achieve your goals and create a realistic timeline
7. Implement your action plan
8. Monitor the action and then make revisions

Divide into groups and ask each group to select an issue they want to win support for (for example, community support for HIV affected families) and plan an advocacy process.

ADVOCACY

EXERCISE 19

Advocacy is a systematic and organized effort to change unhelpful practices or behavior.

What skills are needed for advocacy work?

You will need the skills to be able to:

- Plan a campaign which will succeed in changing people's behavior
- Tell people what the issue is and make them support you
- Find others who agree with you and are prepared to back you up
- Negotiate, deal with the different actors involved in making change

Choose an issue

Select a specific aspect of stigma to focus on such as stigma towards orphans, or discriminatory practices towards families living with HIV/ AIDS. Ask yourself:

- Is the issue widely felt by many people?
- Is it deeply felt—are people angry, frustrated, etc.?
- Will it result in a real improvement in people's lives?
- Can you win on this issue?

Identify and brief key leaders

Look for key leaders who will support your campaign and influence others. Then consider what their interest is in the issue. Don't assume that they are opposed. They may already be convinced of the need to address the stigma issue. Find out their ideas about the issue and get them on board. Avoid making them look bad.

In many cases the leaders will not be adequately informed about the issue. Your job is to explain the issue and its importance clearly and persuasively. Tell them how stigma hurts not only PLHAs but the whole community. Use words and arguments from their perspective. Put yourself in their shoes, learn as much as possible about their situation and tailor what you are saying to their own interests and concerns.

Create some ownership of the need to change on the part of the leaders. Involve them in thinking through the issue themselves. Get them talking and help them see the issue from their own experience.

10 Steps in an advocacy campaign

1. Clearly state the problem or issue
2. Develop a goal and a set of objectives
3. Identify the target audience(s) to engage
4. Identify groups who are affected by the campaign
5. Formulate the advocacy message and identify the methods to get the message out to the target audience (meetings, drama, etc.)
6. Prepare a plan of action and schedule of activities
7. Identify resource requirements (human, organizational, financial)
8. Get support from other key players—NGOs, government, etc.
9. Identify monitoring and evaluation criteria and indicators
10. Assess success or failure and determine next steps

DESIGNING MESSAGES THAT MATTER



OBJECTIVES

Participants will be able to:
Develop simple messages that challenge stigma in innovative ways



TIME

1-2 hours

ACTIVITIES

Cardstorm

STIGMATIZING MESSAGES

Divide into pairs and ask pairs to write on cards messages from the media which have promoted stigma.

“AIDS kills.” “AIDS is a death sentence.” “People who get AIDS have nothing to live for.” “PLHAs are promiscuous.” “Youth are the most affected.” “PLHAs are victims.”

Review the list and analyze what is being said through these messages. [Inducing fear. Incorrect. Overly negative, no positive/hopeful images of PLHAs.]

Then get the group to cardstorm new, anti-stigma messages.

Cardstorm

MAKING ANTI-STIGMA MESSAGES

Ask the same pairs to write slogans on cards promoting a new anti-stigma message.

Examples of messages from anti-stigma campaigns in Uganda

- Give love and care to people living with HIV and AIDS.
- Don't point fingers. Anyone can get HIV and AIDS.
- People living with HIV and AIDS need your care and compassion.

Messages from a workshop:

- People living with HIV and AIDS deserve hope. They can live long lives.
- If you care for people living with HIV and AIDS and give them the love they deserve, they will grow in strength.

If you isolate them, they will die.

- We are all HIV affected—AIDS is part of all of our lives.
- Who can cast the first stone. We have all sinned—so we have no right to throw stones at others!

Summary

The slogans should show that PLHAs' lives are not over—they are not simply waiting to die—they can be just as productive as anyone else.

PLHAs who attended the Stigma Awareness Workshop in Vietnam (September 2002) told media workers: “We deserve a more positive and hopeful image. We are not simply waiting to die. Many of us are living full and productive lives and we want others to know this. We are in good health and living normal lives and we can still make a big contribution to our families and communities. This is the story that we want you to tell people.”

COMMITMENT



OBJECTIVES

Participants will be able to:
Make a commitment to challenge stigma both individually and collectively



TIME

1-2 hours

ACTIVITIES

DEBRIEF AND SHARE

(20 -30 minutes)

Have participants share their overall impressions of the workshop. Make sure everyone participates in this. For instance:

- What did they learn that they didn't know before?
- When did they have the most fun?
- What was the most difficult part of the workshop?
- What will they be able to take from the workshop and apply?
- Who will be the first person they will talk to about the workshop? Who else will they tell about the workshop?
- What will you tell this person about what you learned from the workshop?
- What was the best part of the workshop?

SIMPLE MESSAGE

(10-15 minutes)

If you could put everything you learned during this workshop into a short sentence or phrase, what would be that message or phrase? Again, make sure everyone has an opportunity to participate.

MAKING A COMMITMENT

(10-15 minutes)

Ask everyone to find a partner and to tell their partner what specifically they will do to challenge stigma when they leave this workshop. The “Listening Partner” should be asked to make sure that their partner gets specific—answering the following questions: What, Where, When and with Whom. Switch.

THE POWER OF COMMITMENT— BE A CHANGE AGENT

(10 minutes)

Ask participants to share their commitment with the whole group.

CLOSING

(10 minutes)

Keep this short (Never get between a hippopotamus and the river). Remember to include:

- Acknowledgements (be specific for special individuals, and make sure everyone is acknowledged for their participation).
- Complete evaluation forms.
- Make sure everyone's contact information has been collected, and, if appropriate, arrangements are made to disseminate the list of participants to everyone.
- Ensure appropriate follow up with individuals or groups who want to use the toolkit in their own organizations, workshops or meetings.
- Closing song or ceremony (optional).

DE-BRIEF WITH THE WORKSHOP TEAM

This should be quick—similar to the general group, ask people to share their experience, ask “what worked” and “what didn’t work” and agree on any next steps (follow-up reports, meetings, etc.)