

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



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.



NAMING STIGMA THROUGH DRAMA

10 EXERCISE



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?

WHAT DOES STIGMA LOOK LIKE?

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EXERCISE

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).





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

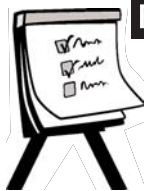
2 hours



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

13 EXERCISE



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

14
EXERCISES



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



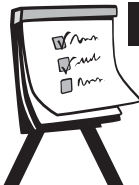
TIME

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

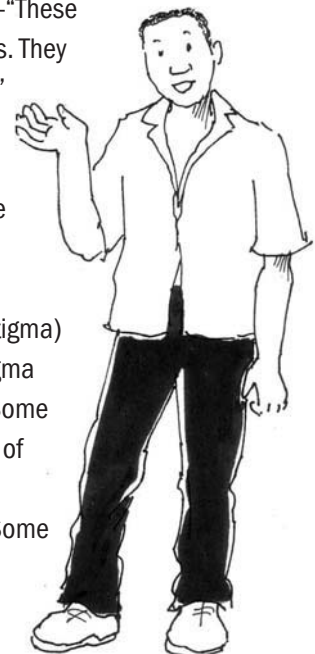
Judging: “You have sinned. You deserve it.” Ridicule: “Why did you bring shame to the family?” Backbiting by neighbors: “What kind of parents are you?” Blaming: one partner blames the other for bringing HIV into the home. Rejection, isolation, neglect. Fears about disclosure—more likely to disclose when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





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.*

COMPARING AIDS, CANCER, LEPROSY, TB

18 EXERCISE



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

10 EXERCISE



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?

DEALING WITH FEARS ABOUT OUR OWN STATUS

7
EXERCISE

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

NON-SEXUAL (CASUAL) CONTACT GAME

8
EXERCISE

An adaptation of the Risk Continuum Exercise



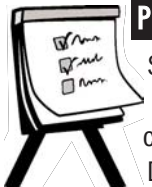
OBJECTIVES

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.