

**HIV AND AIDS ANTI STIGMA TRAINING GUIDE**  
**FOR**  
**TRADITIONAL AND OPINION LEADERS**



## BACKGROUND

According to the current sentinel survey Ghana has a prevalence rate of 1.9%. Comparatively this rate is low and therefore Ghana is described as a country with a low prevalence rate. Notwithstanding this low prevalence rate the country has a huge task in addressing some pertinent issues that have direct linkages with managing HIV and AIDS.

One of the problems associated with HIV and AIDS in Ghana is the high level of HIV related stigma. Interactions with Associations of Persons Living with HIV and AIDS indicated that stigmatization and discrimination against persons living with HIV and AIDS is very high in most communities. This situation directly affects the management of HIV and AIDS and reducing its spread. Stigma presents a significant barrier to accessing care and support services. In view of the fear of discrimination following disclosure of HIV status stigma prevents PLHIV from getting the needed attention from family members. It also functions as a barrier to people with HIV or AIDS disclosing their status and getting access to available support and care services, and to HIV prevention that encourages people to adopt safer behavior. If people are mocked or treated with hostility, they may feel uncared for and are therefore less likely to take steps to protect themselves. They may also infect others in retaliation to the stigma.

It is against this background that the Christian Council of Ghana (CCG) is embarking on a project on Reducing HIV and AIDS Related Stigma and Discrimination among Vulnerable Groups in the Dangme West and Ga West in the Greater Accra Region and Manya Krobo in the Eastern Region. This manual is designed to equip partners with the necessary skills, knowledge and attitude to enable them effectively contribute to the reduction of stigma in the communities.

## **METHODOLOGY**

The tools to be used in the training include:

### **Presentation:**

Presentations are made on topics that are technical in nature and where accurate information is needed and for summarizing sessions.

### **Discussions:**

The manual contains structured framework for group discussions, designed to elicit facts and varied perspectives of issues from the participants. It basically involves reflections on experiences, sharing with others, analyses of issues and planning for action together

### **Experience sharing:**

Participants are offered the opportunity to share real life stories on related topics. Experience sharing is a rich learning process for participants because participants get the opportunity to relate theories to practicality.

### **Tableaux:**

Tableaux are representations of scenes by silent and motionless groups of people, which is a quick method of presenting a situation. It is also another form of presenting real life experience. Discussions that are generated by tableaux are a good learning experience for participants.

### **Role-Play:**

A further step on drawing on the experiences of participants is the use of role-plays. Participants are encouraged to think of situations of their own choice relevant to the exercise in question and dramatize it. An exercise makes participants draw on similar situations in their environment.

### **Brainstorming:**

This is a method of finding answers to problems in which all the members of a group think very quickly of as many ideas as they can. It promotes interaction among participants and allows them to arrive at best ideas.

**Rotational brainstorming:** is a method where participants break into groups, with each group given a starting topic, however after a few minutes group members rotate and also continue to respond to the questions of the other groups. This continues till each group gets to its starting point.

### **Pictures:**

Pictorial presentation is another effective way of describing reality in a setting. It will be used to generate discussions during sessions.

**Energizers:**

Energizers are fun exercises to allow participants to relax their brains and body. There is however an element of learning in energizers, usually in a humorous way.

**Small Groups:**

Small groups are used to maximize participation in discussions. Some trainees feel shy in a large group but in a small group they find it easier to talk. Small groups can also be used to do “task group” work- different groups exploring different topics.

**Buzz Groups:**

Two people sitting beside each other- is a trainer’s secret weapon! This helps get instant participation. It is hard to remain silent in a group of two people.

**Card Storming:**

Participants, working individually or in pairs, write single point on every card and tape them on the wall, creating a quick brainstorm of ideas. Once everyone is finished, the cards are organized into categories and discussed.

**Working with Feelings:**

Many exercises in the Guide involve working with feelings. An important component in anti-stigma training involves working with attitudes towards, experiences of and beliefs about traditionally taboo subjects like sex and death. To do this, many exercises are designed to assist participants express the feelings which often lie behind these attitudes.

As trainers, it is important to create a safe, non-threatening space where feelings, fears and taboos can be discussed and explored openly. The following tips must be considered.

- Setting clear ground rules and expectations around confidentiality, listening and support are essential
- Awareness of your own feelings and fears about the topics you are going to cover will also help you feel more confident during the exercise
- Participants are more likely to trust you if you can share your feelings openly and by doing this, you lead by example
- Remember that no feeling is wrong, but some participants may find it difficult to accept certain feelings
- Remember to always leave enough time for participants to share their feelings and help the group to create an atmosphere where participants know they will be listened to
- Offer participants “time out” if they need to take a break
- Feelings are a powerful tool – use them with the group to develop drama and role-plays, to build on stories, and as examples for the future
- If there are any exercises you do not feel comfortable leading, find a co-trainer who can help out
- If you have counseling skills, you are more likely to be confident in working with feelings

## **DURATION OF SESSIONS**

The whole training programme has been divided into sessions. Each session has a number of activities, which are geared at achieving the purposes of the session. Each session has been designed to cover a specific thematic area. Depending on the activities, each session shall take between **2 – 3 hours**.

## **MATERIALS**

- Felt pens
- Flip chart stand and papers
- Masking tapes
- Note books
- Pens
- Chalks
- Card boards
- Pictures
- Facts Sheets
- Character descriptions on cards

## **SESSION ONE: NAMING THE PROBLEM**

The chapter gets participants to name the problem and acknowledge that stigma exists and it manifests itself in many forums including rejecting, isolating etc. We are all involved in stigmatizing intentionally or unintentionally through our words and deeds. Acknowledge that we stigmatize PLHIV and we can really make a difference by changing our thinking and action.

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### **Objectives:**

- Help the participants identify stigma as a problem
- Help participants connect to stigma on personal emotional level
- Help people describe their own experience of stigma
- Express different types or forms of stigma, causes and effects

### **Exercise 1: Naming Stigma through Pictures**

#### **Activities**

Step 1: Put participants into groups using any technique.

Step 2: Each group first looks at the pictures on the wall and then picks one picture to discuss.

Step 3: The following three questions are asked to the groups.

*What is happening in the picture in relation to stigma?*

*Why is it happening?*

*Does this happen in your community?*

#### **Examples**

##### **Picture One: Eviction**

A family is being ejected from the home – maybe one is HIV positive, landlord does not want them in house.

He fears another tenant can get infected and he will be blamed.

It happens in my community – many people are ejected because of getting sick

##### **Picture Two: Isolation in Bus**

Passengers traveling on a bus have decided not to sit by a particular passenger because he looks lean and sick. The isolated passenger feels dejected because he has realized that no one wants to sit by him.

This is happening because the passengers are not sure of what disease this man is carrying and therefore do not want to risk getting close to him.

This happens in our communities. I refused to sit by a passenger because he had an unpleasant odor.

## Summary by Facilitator

A summary is given of some of the key words related to stigma or forms of stigma that participants are likely to identify through the pictures: *Hiding, rejection, exclusion, blame, violence, denial, disapproval, judgments, eviction, discrimination.*

## Exercise 2: Reflection on Our Experience of Being Stigmatized

### Activities

This is a follow-up exercise from the first one.

Step 1: Participants are asked to find a quiet space alone and think back to a time in their life when they felt lonely or isolated.

Step 2: After a few minutes they share their experiences in pairs and then return to the large group for sharing and processing.

### Examples

I come from a poor family. My father is a farmer and he worked hard so I could get to University. When I went to the college, I was just getting on with my studies, but I became aware that some people were laughing at my clothes and my shoes. They even shouted something out so that I felt ashamed.

The first time I went to the UK, I had dressed in my African dress, proud to be from Ghana. As we queued for the immigration, I saw that a lot of women were getting picked out of the line. Then I realized they were all African women. I myself was called and given a body search by a young woman. I felt humiliated: they treated me like a criminal.

I tested HIV positive and everyone was shocked, especially my family. They blamed me and questioned me – how could it be you?

Step 3: Based on the reflections, the participants are asked the following questions.

***How was the exercise?***

***What do we learn from it?***

### Examples

- The old memories came back strong and fresh
- It was not easy to forget because I was hurt
- It is difficult trying to share that experience
- It is traumatizing
- Discrimination and stigma are all around us
- There is prejudice everywhere

- Some strong feelings make you an advocate to help others
- It makes me understand what others go through and makes me strong
- It makes one adjust to situations and helps others in similar positions
- It makes me more accommodating
- It makes me recognize problems and deal with them when they arrive
- We learn best when we experience it ourselves
- We need to work on negative attitudes to make a positive impact

### **Summary by Facilitator**

The facilitator summarizes the effects of stigma as portrayed by the participants. The exercise is purported at making participants feel stigmatized and reveal how bad it is to stigmatize people no matter what the situation would be.

### **What is Stigma?**

Literary means a mark or blemish on someone or something

A significantly discrediting attribute that reduces the bearer from a whole and usual person to a tainted, discounted one.

Examples woman with issue of blood, lepers in the Bible days

### **Types of Stigma**

- Self stigma
- Family stigma
- Societal stigma

### **What is discrimination?**

It is the negative reaction triggered by stigma

Treating a person or group differently (usually worse) from others.

### **Causes of Stigma and discrimination**

- Some people believe AIDS is a curse from God or witches
- Believe that it can be acquired through the sharing of household items and touching of an infected person
- Belief that healthy looking people cannot have HIV/AIDS
- Religious or moral beliefs that HIV infection is a result of immorality and promiscuity
- The fact that HIV is incurable

### **Effects of stigma and discrimination**

- Prevents people from seeking treatment
- Prevents people from acknowledging HIV status
- Discourages open discussion on the disease
- Make HIV infected people shun away from health care services
- Make infected and affected people feel guilty and ashamed



## **SESSION TWO: MORE UNDERSTANDING, LESS FEAR**

HIV stigma is rooted in both fear and ignorance. Research has shown that everyone has information about HIV and AIDS but few people have enough information to overcome fears associated with HIV and its transmission. Most persons really have problems with distinguishing between real risk and imagined risk and this stigmatizing PLHIV. In the light of the above, this chapter will seek to address the gaps in the knowledge of participants so that they get a clearer understanding and this limit the fear which final stigmatization.

### **More Understanding, Less Fear**

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#### **Objectives:**

- Help participants articulate their fears about HIV and AIDS
- Enable participants to relate their fears to their response to PLHIV
- Establish that key cause of stigma is fear of casual transmission
- Help people explore all the fears openly and provide clear information about how HIV is / is not transmitted

#### **Exercise 1: Fears about HIV**

#### **Activities**

Step 1: A card storm is used to get participants to discuss in pairs and write down points on cards on the different fears in the community about catching HIV through non-sexual (casual) contact and tape them on the wall and cluster common points for discussion.

#### **Examples**

- Sharing office equipment
- Sharing the same office
- Sharing toilet facilities
- Blood transfusion
- Touching HIV positive person
- Eating with an infected person
- Eating food of an infected person
- Kissing
- Sharing hairdressing equipment (saloon and barbering)
- Shaking hands with an infected person
- Touching fluids of infected person e.g. tears, saliva and urine

Step 2: Participants are then asked to pick out the cards they believe do not pose any threat to HIV transmission. There will be a lot of discussions as participants will try to justify why some non-sexual contacts could aid in the transmission of HIV.

Step 3: Introduce Quality Quantity Route (QQR) of Transmission tool at this point. The QQR tool is a useful way of giving clear, unambiguous information about transmission.

**Quality**

The virus must be strong  
HIV cannot survive outside the human body  
It starts to die as soon as exposed to air  
It does not live on the surface of the skin  
The virus can only survive outside the body in a vacuum

**Quantity**

There must be enough quantity of the virus to pose any threat  
Enough quantity is only found in the blood, semen, vaginal fluid and breast milk

**Route of Transmission**

The virus must get into your blood stream  
Our body is a close system  
Common sense and everyday hygiene

**Summary by Facilitator**

The facilitator reemphasizes that HIV related stigma is rooted in both fear and ignorance. It will be noted from the discussion that everyone has some information about HIV and AIDS but not all of us have enough information to overcome irrational fears associated with HIV and its transmission. Every participant knows that HIV can be transmitted through sex, but not all are convinced that they are not at risk through non-sexual “casual contact.” As a result many people fail to distinguish real risks from imagined ones. This fear of casual contact will often lead to isolation and segregation of PLHIV – isolating them from others, giving them separate plates and cups and a separate room among other discriminatory acts.

**Exercise 2: Assessing Risk of HIV Infection****Activities**

Step 1: On separate full sheet of flipchart papers, write in big letters “HIGH RISK,” “LOW” RISK,” and “NO RISK.”

Step 2: Write each of the following points on index cards or on half sheets of A4 paper before starting the exercise and then mix them up:

**HIGH RISK**

- Vaginal sex without a condom
- Having sex with a sex worker without a condom
- Anal sex without a condom
- Many sexual partners without using condom
- Having sex when infected with an STI without a condom

- Having sex with a person infected with an STI without a
- Condom
- Having sex while drunk without a condom
- HIV infected person wanting to have a child
- Using Vaseline or hair oil to lubricate a condom
- Sharing needles with intravenous drug users
- A transfusion of untested blood

### **LOW RISK**

- Oral sex without a condom
- Sex with a condom
- Sex for money with a condom
- Touching the blood of an injured person

### **NO RISK**

- Abstinence
- Kissing, hugging, massaging and mutual masturbation
- Sex between mutually faithful, uninfected partners
- Sharing eating, drinking and cooking utensils with a person with HIV
- Donating blood
- Deep kissing with tongues
- Sharing a toothbrush or hairbrush with a person with HIV
- Being bitten by mosquitoes
- Touching a person with HIV
- Sharing a bathroom or latrine with a person with HIV
- Feeding a person with HIV
- Hugging a person with HIV

Step 3: Tape the flipchart papers of “HIGH RISK,” “LOW” RISK,” and “NO RISK” on separate places on the wall and ask the participants to pick up the mixed cards made at the Step 2 and stick under any category of “HIGH RISK,” “LOW” RISK,” or “NO RISK” with explanation of reasons why the card should go into the selected category.

### **Notes for Facilitator**

Make sure that all the cards are in the right category and offer explanations for misplacements of the cards

## **SESSION THREE: HIV TRANSMISSION**

A clear understanding of HIV transmission is very important since it helps to reduce the unnecessary fear which leads to stigmatization and discrimination against PLHIV. The session will help participants to assess their risk and also discuss how fast HIV can spread if it is not managed effectively.

### **TASO GAME**

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#### **Objectives:**

- Assist participants to understand how quickly HIV can spread
- Assist participants to reduce the perceived distance from PLHIV
- Enable participants to realize that everyone is at risk of being infected with HIV

#### **Exercise 1: The TASO GAME**

##### **Activities**

Step 1: Mark slips of paper with “+” and “-” signs, 25% of “+” and 75% of “-” and fold them.

Step 2: Ask each participant to choose one of the folded pieces of paper. Emphasize that no one should look at their slips of paper until the end of the exercise.

Step 3: Ask the participants to move freely around the training area, stopping to greet friends.

Step 4: After each person has greeted four or five friends, stop the activity and ask everyone to look at their slip of paper.

Step 5: Ask all those who have “+” on their paper to come forward. Explain that this game is pretending that these people are HIV positive.

Step 6: Ask those who greeted any of those who came forward first to come forward also to join their friends. Explain that this game is pretending that these people are at risk of being infected with HIV.

Step 7: Look to see who is left. Explain that this game is pretending that the statuses of these people are unknown. They may have made friends with those infected before they had become infected; but in any case they are at risk.

Step 8: Finally ask the following questions according to this game.

***How many people were originally infected with HIV virus?***

***How many are at risk of being infected?***

***How many others are at risk of being infected?***

***How many remain uninfected?***

***What does this tell us about the spread of HIV in our community?***

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## **SESSION FOUR: IMPACT OF HIV INFECTION ON FAMILIES**

The family is the basic unit of society, everyone belongs to a family. In our African context the extended family system may be useful or not in supporting PLHIV. Once a person is diagnosed positive, there is an impact on the family, this module will assist participants to assess the impact and help in minimizing stigma.

### **How HIV and AIDS Affect the Family**

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#### **Objectives:**

- Enable participants to discuss more openly how HIV and AIDS affect families
- Identify some of the critical issues related to living with, caring for and not stigmatizing PLHIV in family/home

#### **Exercise 1: HIV and the Family**

##### **Activities**

Step 1: Put the picture(s) on the wall or organize a role-play based on one of the themes in the picture.

Step 2: Discuss in small groups on the following questions.

*What is happening in this picture or role-play?*

*What happens when the family finds that one family member has HIV:*

*What are the immediate effects?*

*What are the longer term effects?*

*What are the effects on the PLHIV?*

*What are the families already doing to provide care and support for PLHIV?*

*What is blocking families from helping PLHIV?*

*What practical things can we do as families to support PLHIV?*

#### **Examples**

##### ***Immediate effects on the family***

- Shock
- Anger
- Disappointment
- Worry
- Grief
- Sorrow
- Fear of caring for PLHIV
- Fear of neighbors finding out and being stigmatized
- Denial to accept results
- Family inaction – don't know what to do

- Hatred within family
- Blaming

***Longer term effects on the family***

- Conflicts within the family
- Divorce or separation
- Heavy burden on the caregivers leading to burnout
- Loss of income and money problems
- Children drop out of school and may become orphans
- Widows
- Sexual cleansing
- Property grabbing

***Effects on PLHIV***

- Loss of job, friends and self-confidence
- Become withdrawn and depressed – may resort to drinking
- Lots of worry
- Isolation and self isolation

***What are families doing already to provide care and support for PLHIV?***

- Taking PLHIV for medical treatment
- Raising funds for medical treatment
- Getting help from faith groups
- Trying to provide nutritious food and informal counseling

***What is blocking families from helping PLHIV?***

- Lack of knowledge on how to care for PLHIV
- Fear of infection due to lack of knowledge about HIV transmission
- Blaming and judging attitudes
- Poverty
- Fatigue, burnout

***What practical things can we do to support PLHIV family members?***

- Encourage PLHIV to talk openly about their feelings and listen
- Do not decrease interactions – treat them as you treat other family members
- Chat and spend time with them
- Make them feel wanted
- Encourage them to identify and get treated for opportunistic infections
- Connect them with other PLHIV for sharing experiences and feelings
- Encourage PLHIV to practice safe sex to avoid getting re-infected

**THE FLEET OF HOPE**

[The original fleet of hope concept and materials were created and developed by Bernard Joinet, José Cantal Rivas & Theodore Mugolola]

**Summary**

The spread of HIV/AIDS in Ghana is represented by a rising a flood situation in which all sexually active persons are required to take action to prevent themselves from being attacked by the dangerous creatures in the water (HIV/AIDS and STIs). The available options are the boats of 'Abstinence', 'Faithfulness' and Condom Use'. Being on these boats prevents one from being attacked by the dangers of the rising flood.

In this interest game situation participants discuss the issues using the card characters and the Fleet of Hope Cloth.

### **Objectives**

When this section is complete, participants will:

- Be able to describe what behaviours pit someone at risk of HIV infection and which do not.
- Have identified key issues in their community around staying safe from HIV infection.
- Realise that HIV infection is also a key issue for married couples and long term partners.
- Be able to recall the following Key Messages:

#### **Key Messages**

- HIV infections are increasing everywhere in Ghana, like a rising flood. Anyone who goes into the floodwater risks being attacked by HIV and other STIs.
- You can stay safe from HIV infection using Abstinence, mutual Faithfulness and/or Condoms. These are like three boats to escape the flood.
- Always be on one of these 'boats', the boat of your character, your way of life.
- If need be, switch to another boat.

### **PREPARATION**

Before starting this exercise, sort out a selection of 15 to 25 card characters which the group you are training will recognise as being the sort of people they might find in their own community.

### **ACTIVITY ONE BEING ON THE BOAT OF SAFETY**

#### **STEP 1. Setting the scenario and discussing the key terms**

The facilitator creates the scenario by narrating the following:

*This is a story about a very serious flood and what helped the people in one particular community to deal with it. I will start the story then we will all join in directing and developing the story together.*

*The waters of this flood have been rising for several years, flooding houses, villages, towns and whole countries.*

Lay the cloth with the boat on the ground or hang it up in front of the group.

*This is the flood, and in this flood there are some dangerous creatures.*

Put the crocodile on the cloth.

*Some of these dangers you can see, but others lie hidden in the water. These include HIV and some other sexually transmitted infections (STIs) like gonorrhoea.*

*Initially many people do not notice the flood coming, and they do not know what caused it. Some people climb onto the roof their house, or move to higher ground to escape the flood. But the floodwaters keep rising. How can you escape from a flood? On a boat. There are three different boats available for people to escape the flood – called **Abstinence, Faithfulness and Condom**.*

Involve participants in a discussion to clarify what is meant by these terms, and make use of local terms in common usage, which participants are familiar/comfortable with using.

*Each person in the community can choose which boat they want to get on, depending on their culture, religion, character, age and way of life. Different people climb onto each of the three boats, which stay close together so that it is possible to switch safely to another boat when someone wants to.*

*Anyone not on the boats is swimming about in the floodwater, in danger of being attacked by one of the creatures in the water. Some do not notice the flood coming until it is too late. Others see the floodwaters coming, but it very hard to leave their way of life and change what they have been doing, and so the flood catches them.*

*Some are trying hard climb back onto the boats.*

### **STEP 2. Being on the boats**

Hand out the card characters to participants. Give each participant a character which would NOT represent that individual. For example, if it is a mixed group, give male characters to women and female characters to men. Ask participants one at a time to talk about their character.

*Introduce your character. Give them a name. Talk about them as though they are someone you know. Tell us something about who they are, what they are like, and what they are doing today. Then put them on the boat they are actually on at the moment or in the water if that is where they are. Put them where you think they are now, not where you think they ought to be.*

Ask participants to explain why they have put them there, and facilitate discussion about the issues facing each character in relation to staying on a boat or getting on to another boat. Ask the group what support they could offer the character to overcome the issues/problems they are facing.

Clarify that people can and often do change boats. Illustrate this with the card character that looks like a businessman:

*This businessman has a faithful relationship with his wife most of the time. Then he goes away on a business trip. He gets on the Abstinence boat, but after a week away, he meets a pretty woman. If he decides to have sex with her, he must get on the Condom boat, otherwise he will take a dive into the water. People often move boats when they get married. If you cannot face staying on the boat you are on, change boats. Just stay out of the water.*

Encourage participants to create relationships between the different card characters. The discussion can develop in many directions, addressing different issues through these 'characters'.

## **ACTIVITY THREE**



## HOW HIV CAN OR CANNOT BE SPREAD

This is an optional input, which could be used if participants are not all clear about the different ways that HIV can or cannot be spread.

### **STEP 1. What does or does not put people at risk of HIV infection**

Take two card characters, one male and one female of similar age. Put them in the abstinence boat. Explain that they met each other recently, and the relationship between them is developing. Before meeting, they have had other sexual relationships.

Ask participants the following question:

*If the following things happen, will these two people stay safely on their boat, or will they be in the water, at risk of HIV infection?*

- *They share cutlery (totally safe)*
- *They hold hands and hug each other (totally safe)*
- *They kiss (totally safe, unless they both have bleeding sores on their mouths)*
- *A mosquito bites both of them (totally safe – when a mosquito bites someone, it injects only saliva, not blood. The saliva can have the malaria parasite in it, but the HIV virus is only in the blood)*
- *The woman is in an accident, and is given a blood transfusion at the hospital (should be safe, but if the blood has not been checked properly for HIV, might be in the blood)*
- *The woman sneezes into the man's face (totally safe)*
- *They have sex using a condom (onto the condom boat – very safe (99%) if used properly all the time)*
- *They promise each other that they will be faithful and committed to each other, and agree to have unprotected sex (risky – into the water – if either of them has ever had sex without a condom before, there is some risk that they may have HIV. They should have an HIV test before they can get on the Faithfulness boat.)*
- *One of them has an STI, but they still have unprotected sex (very risky – into the water, maybe head first, so just their feet are left sticking out – this adds humour and impact)*

Take the card character of the pregnant woman and/or the woman with a baby on her back.

Ask participant these questions:

*If this woman is living with HIV, what about the baby/unborn child?(About one in three risk of the baby getting HIV.)*

*A traditional healer cuts tattoos on their bodies and does it for several other people one after the other using the same knife (very risky-into the water)*

### **STEP 2. Discussion Questions**

Using the following questions lead participant to carry out a final discussion of the issues of protection:

- *What local customs might spread HIV through blood?*
- *What can you do to protect yourself if you go to a traditional healer, village health worker, health centre or Hospital?*
- *What can men and Women do to protect their future children from AIDS?*

## **SESSION FIVE: SEX, MORALITY, SHAME AND BLAME**

### **Exercise 2: Things people say about some groups of people.....**

#### **Activities**

Rotational brainstorming is used to carry out this exercise that is purported at linking names calling to stigma.

Step 1: Participants are put into groups by the use of the ‘puzzle technique,’ where they are to find the other parts of the puzzle to form a group.

step 2: Everyone is given a group that they belong to e.g. street child, MSM, sex worker, person living with HIV, teenage girl, widow, etc. Participants stay in the same groups to start the rotational brainstorm.

Step 3: On each flipchart they write down all the things people say about that group – names, expressions, beliefs, etc.

Step 4: As a song starts, the groups switch flipcharts until all groups have written on all flipcharts.

Step 5: A member from each group reads out the names – saying: ‘This is what you say about us....’ After all the groups have read out the names tagged on them they are asked how they felt listening to the words used to describe them.

#### **Examples**

##### ***How did you feel in your group after listening to the names?***

- Felt uncomfortable
- Disgraced
- Self pity
- Committing suicide
- So ashamed

##### ***Things people say about sex workers***

- They are immoral
- Transmitters of HIV
- Prostitutes
- Dangerous
- They love money
- Uncultured
- Disgrace to families
- Bad
- Sinners
- Disrespectful

- Shameful
- Evil

***Things people say about people living with HIV***

- Hopeless
- Not live long
- Prostitutes
- Witches and wizards
- HIV carriers
- We should blame them
- Fornicators
- Deprived
- Disgraceful

***Things people say about street children***

- Burden to the nation
- At risk
- Need help
- Hopeless
- Stubborn
- Unfortunate
- Less privileged
- Criminals
- Bad children
- Wayward
- Thieves
- Vagabonds
- Bastards
- Disrespectful

***Things we say about teenage girls***

- Truants
- Armed rubbers
- Sex drive is high
- Prostitutes
- Husband snatchers
- Irresponsible
- Disrespectful
- Bad
- Vulnerable
- Exposed to risk
- Careless

***Things people say about men having sex with men***

- Taboo
- Shameless
- Abomination
- Evil
- Ill mannered
- Crazy
- Disgrace to the human race
- Useless
- For hell
- Outcast
- They bring curse to the land

**IMAGES AND CONSEQUENCES OF PLWHAS**

<b>IMAGE</b>	<b>CONSEQUENCE (ACTION AS A RESULT OF IMAGE)</b>
Hopeless	Individual- Family- Community-

**Summary by Facilitator**

Emphasize that these groups of people are vulnerable and need help instead of rebuking them, which reinforces the stigma against them. Comment on the power of the words and the level of hurt behind them. State that these names give people a justification for stigmatizing some groups of people.

## **SESSION SIX: STIGMA AND RELIGION**

The church or the mosque is one place where people go for solace. PLHIVs must also have that right however some religious beliefs and practices bar PLHIV. Some parts of the Bible and other religious books are misinterpreted to the effect that PLHIVs are sinners and condemned to death. The good books however direct that all are one in the sight of God and this is inclusive of PLIVs. Many parts of the bible abhors stigma and discrimination

### **Stigma and Religion**

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#### **Objectives:**

- Enable participants to explore some religious beliefs that fuel stigma
- Establish that religion is one of the sources of stigma
- Discuss some negative attitudes of some religious leaders towards PLHIV that perpetuate stigma against PLHIV among congregations

### **Exercise 1: Religious practices that stigmatize PLHIV**

#### **Activities**

Step 1: Begin the exercise with a ‘mock sermon,’ given by a participant who play the role of a religious leader. The sermon is supposed to be one that is judgmental. Organize the seating arrangement of participants to look like a group role-play with everyone in a church or a mosque.

Step 2: After the sermon, ask the participants to discuss the following question.

*What kind of messages came from the preacher?*

Step 3: Group participants according to their religious inclination and ask them to answer the following question.

*What are some forms of stigma that we see in some churches or mosques?*

Step 4: Discuss some of the positive messages that can be used from the Bible, al-Qur’an, or any other religious texts that can help fight stigma. And then give examples.

#### **Examples**

- Jesus talks with a Samaritan woman-John 4:1-26
- The woman caught in the act of adultery-John 8:7
- Judge not so that you shall not be judged (Matthew 7: 1-2)
- Love your neighbor as yourself ( Matthew 22: 39)
- Judging and condemning ( Luke 6: 37)

## SESSION SEVEN: COPING WITH STIGMA

When tackling stigma, it is important to include strategies for supporting PLHIV. PLHIV play crucial role in raising awareness about stigma. Combating stigma automatically links to human rights – fighting to maintain rights is a key element of anti-stigma activities. We can help to build self-esteem, assertiveness and advocacy skills as ways of coping with and challenging stigma.

### **Importance of Feeling Good**

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#### **Objectives:**

- Assist participants to recognize the importance of emotional well-being of PLHIV in order to live long and productive lives
- Identify how we can help PLHIV stay emotionally healthy
- Identify ways that we can challenge stigma and assist PLHIV to cope with effects of stigma

#### **Exercise 1: Importance of Feeling Good**

#### **Activities**

Step 1: Ask participants to draw a picture, make a collage, write a poem, or make a song, and find a way to express ‘what makes you feel good.’

Step 2: Ask them to share their works in pairs.

Step 3: The same pairs are asked to discuss the following questions.

*What do PLHIV need, in order to feel good about themselves?*

*Why is ‘feeling good’ (emotional well-being) important for PLHIV to lead long lives?*

*What might prevent PLHIV from feeling good?*

#### **Examples**

*What do PLHIV need, in order to feel good about themselves?*

- To be loved
- Cared for
- Listened to
- Given information about HIV and AIDS
- Nutritious food
- Involved in family decision making
- Access to proper medical services
- Legal protection to stop them from being fired from jobs
- Prayer and encouragement from spiritual leaders
- Considered to be productive, contributing to family like others

***Why is ‘feeling good’ important for PLHAs to a long life?***

- If our mind feels good, so does our body
- Less likely to fall sick
- More likely to share problems

***What might prevent PLHAs from feeling good?***

Stigma – lack of attention, isolation, lack of care and support

Self stigma – feeling guilty, Loss of friends, stigma by neighbors

**Exercise 2: Stigma, Self-Stigma, and Self-Esteem**

**Activities**

Step 1: Ask participants to act out the role-play below.

**Story for Role Play**

At the market, a PLHIV is refused service and shunned by the traders, who gossip about him being “promiscuous.” He returns home where he pours out his heart to his brother, talking about his frustration and feeling of rejection. He blames himself, saying he was “reckless and therefore deserves to be treated like this.”

Step 2: Ask the participants to discuss in pairs based on the following questions and then share the outcomes of the discussion.

***What happened? Who is stigmatizing? Why?***

***How does the way he has been treated affect his emotional health?***

***What are the indicators of “self stigma”?***

Step 3: Facilitate a discussion among the participants on the following question.

***How can we support PLHIV to cope with stigma?***

**Examples**

- Encourage PLHIV to talk openly with friends and family about their feelings and their situation and be listened to with empathy
- Encourage PLHIV to get supportive counseling from family, friends, or health professionals
- Encourage them to join a support group and share feelings and experiences with other PLHIV
- Allow them to continue being productive by doing things that build confidence and self esteem
- We can challenge stigma ourselves and show stigmatizers that they are wrong to judge
- Recognize that PLHIV have rights to have sex, get married, have children, have work, and have friends, and demand their rights

## Summary by Facilitator

In summarizing the discussion, the facilitator emphasizes the following points.

- Looking after our emotional health is an important part of positive living. Sometimes stigma can really affect PLHIV emotional health.
- Stigma by other people can lead PLHIV to self-stigmatization
- We can all play an important role in challenging stigma, and supporting PLHIV to cope with the effects of stigma.

## Exercise 3: Stigma and Rights

### Activities

This exercise helps to explore how rights can be violated if you are living with HIV. It also looks at how assertiveness skills can be developed to support people to fight for their rights.

Step 1: Ask participants to mention the rights of PLHIV that are infringed upon.

### Examples

*What are some of the rights that can get violated if we are living with HIV?*

- Freedom of association
- Right to privacy
- Right to health care
- Right to family-belonging
- Right to education
- Right to earn a living/employment
- Right to good information
- Right to human dignity
- Right to shelter
- Right to parenthood (having children)
- Right to sex
- Right to marry

### **Assertiveness**

Assertiveness skills can help PLHIV fight for their rights. One reason why PLHIV are treated as “victims” is that they allow themselves to be treated as “victims.” They remain passive, allow others to think and decide for them to keep their own feelings and ideas hidden. PLHIV need to be more assertive if they are to gain more control over their lives and defend their rights.

### **Why be assertive?**

- Increase your confidence



- Stand up for your rights
- Gain more respect from others
- Improve your relationships
- Gain more control over your life.

***Assertiveness Definition:***

Saying what you think, feel, and want in a clear and honest way that is good for yourself and others. It is not being aggressive or showing anger.

Step 2: Rights role -plays using assertiveness skills

Put participants into smaller groups and ask each group to prepare a short role-play to demonstrate how the rights of PLHIV are violated and how assertiveness skills can be used to maintain the rights.

**Examples**

**Right to Treatment**

PLHIV arrives at the hospital from a distant village. He/She joins long queue and got to consulting room late. He/She cannot pay for three months' prescription and cost of drugs. He/She uses assertive skills and mother's interventions to convince the medical officer to give prescription for one month and return in a month's time to continue treatment.

**Skills Exhibited**

Bold about her status

Used another person to assert with her

**Right to Employment**

PLHIV enters interview hall. Because he/she honestly discloses his/her HIV status, he/she is rejected. He/She goes for another organization for an interview and gets employed because he/she demonstrates his/her competence. The first organization discriminated against staff member because of his/her HIV status.

**Skills exhibited**

Showing the panel his/her competence and skills despite the situation

Courageous in speaking out

Looking directly into the face of panel while speaking

**Right to Human Dignity**

Though he/she used to meet with the friends at a spot to discuss issues as daily habit, the friends abandon him/her when they discover his/her status.

**Skills Exhibited**

Confronted friends calmly

Taking control of self

Step 3: After all the role-plays, ask the participants the following question.

***What did we learn from these Role Plays?***

## Examples

### *What did we learn from these Role Plays?*

- Being assertive means being calm
- Try to provide evidence / proof to support your case
- No need to be aggressive
- There will always be challenges, but persist
- Everyday life issues we must learn to strategize
- Be cautious of what you say
- Keep legal implications in mind to support you

## Exercise 4: Using Advocacy to Challenge Stigma

### Activities

Step 1: Brainstorm among the participants on what advocacy is.

### Examples

#### *What is Advocacy?*

- Trying to identify a problem
- Pushing the problem for people to understand
- Designing deliberate action for policy change
- Speaking and taking actions to achieve an objective
- Lobbying people to understand your views
- Processing to bring about change
- Identifying issues you want to address
- Speaking out to people on issues

#### *Advocacy Definitions*

- An action directed at changing the policies, positions and programmes of any type of institutions
- The process to bring about change in the policies, laws and practices of influential individuals, groups and institutions

Step 2: Brainstorm among the participants on how to carry out effective advocacy.

### Examples

1. Press Release: an outline of an anti-stigma campaign is developed, which raises several examples of people who were fired because of their HIV statuses. It also provides clear details of how to find out more.
2. TV interview: A skillful interviewer who is well briefed to ask relevant questions conduct an interview with the representatives of an anti-stigma campaign who ensured that all the details are included

3. Presentation is made to a group of company directors by using a story about a fellow colleague who has been stigmatized at work and resulted in the loss of a big contract.
4. A drama group leads a powerful play about a member of staff being stigmatized, showing different attitudes from their board members and union members.
5. A presentation is made to introduce an anti-stigma campaign to a committee or network of NGOs by providing clear information so as to gain sufficient support from them.

**Notes for Facilitator**

Facilitator assists participants to develop an advocacy campaign strategy. For this, five (5) logical steps should be involved as follows.

1. Identifying and clarifying the issues
2. Establishing goals and objectives
3. Agreeing on targets, audiences and messages
4. Agreeing on tactics and tools
5. Gender proof your campaign
6. Monitoring and evaluation.