

Facilitators' Guide for Training on HIV & AIDS Anti-Stigma & Discrimination



MARCH 2009

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The Guide is largely an adaptation from the *Understanding and Challenging HIV Stigma – Toolkit for Action Trainers Guide* developed by Ross Kidd and Sue Clay, a few exercises from the *Stepping Stones – Training package for HIV and AIDS, Communication and Relationship Skills* developed by Alice Welbourn and the Journey of Hope Tool Kit. We are grateful to the authors of these manuals for their great work.

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PREFACE

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 (PLHIV) indicated that stigmatization and discrimination against PLHIV 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 PLHIV getting access to HIV prevention that encourages people to adopt safer behaviour. 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) seeks to build the capacity of participants from Ga West, Dangme West and Lower Manya Districts under the CSCF 446 project which is funded by DFID through the World Association of Christian Communication (WACC) to enable them lead the Campaign in their respective districts. In order to equip them with the necessary skills, knowledge and attitude to be able to achieve the above goal, this guide was developed through reviewing similar existing guides and manuals.

This guide can therefore be used as generic manual for any training to address HIV & AIDS related stigma and discrimination. The guide is basically fashioned for participatory learning. The idea is to get participants learning through doing – sharing feelings, concerns, and experience; discussing and analyzing issues; solving problems; and planning and taking actions.

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 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 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 a 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 & discrimination 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 assist you
- If you have counselling 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
- Facts Sheets (prepare one(s) with relevant data before the workshop)
- Pictures (*please refer to the sessions pages*)
- Character descriptions on cards (*please refer to the sessions pages*)

INTRODUCTION TO WORKSHOP

Objectives: By the end of the session, participants will

- Be introduced to each other so as to create an enabling environment
- Review objectives and agenda for the training

Exercise 1: Welcome (5 minutes) – Plenary

Exercise 2: Introduction of participants, review of objectives, and workshop agenda
(40 minutes)

Step 1: Participants should be given several tasks to carry out in pairs – each new task with a new partner.

- Task #1: Draw a portrait of your partner. Pairs then introduce each other. After each introduction the portrait is stuck on the wall.
- Task #2: With a new partner, discuss your fears of HIV; write them on cards (one per card). This will be presented in plenary.

Step 2: Review agenda with the group. Write the objectives on the flipchart and tape it on a wall.

Step 3: Work out with participants on norms for the workshop and tape it on the wall.

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 Persons Living with HIV (PLHIV) and we can really make a difference by changing our thinking and actions.

Objectives:

- Help participants identify stigma as a problem
- Help participants connect to stigma on personal emotional level
- Help participants 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?

A.



Picture 1



Picture 2



Picture 3

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 travelling 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 odour.

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, and 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 wore 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.

SESSION TWO: MORE UNDERSTANDING, LESS FEAR

HIV stigma is rooted in both fear and ignorance. Researches have 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 people really have problems with distinguishing between real risks and imagined risks, which leads to 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, which limits the fear that caused stigmatization.

Objectives:

- Help participants articulate their fears about HIV and AIDS
- Enable participants to relate their fears to their response to PLHIV
- Establish that the key cause of stigma is the fear of casual transmission
- Help participants 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 a 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 certain 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 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 a 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 a 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.

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: Wildfire Exercise

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 slips 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?

SESSION FOUR: IMPACT OF HIV INFECTION ON FAMILIES

The family is the basic unit of the 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 HIV positive, there is an impact on the family. This module will assist participants to assess the impact and help in minimizing stigma and discrimination

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: HIV and the Family

Activities

Step 1: Put the picture(s) on a 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?

B.



Picture 4



Picture 5

Examples

Immediate effects on the family

- Shock
- Anger
- Disappointment
- Worry
- Grief
- Sorrow
- Fear of caring for PLHIV
- Fear of neighbours 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 counselling

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 put 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

HIV being a sexually transmitted infection is heavily associated with sex and “bad behaviour” on the part of the affected individuals. In a stigma research conducted by ICRW in 2003 (*Disentangling HIV and AIDS stigma in Ethiopia, Tanzania and Zambia*), many respondents reported that they believed that PLHIV got infected through sexual activities that went against the social norms or religious teachings. The link between sex, religion and stigma is also crucial where there is a strong belief that HIV is a curse or a punishment from God. This chapter seeks to tackle the difficult subjects of sex and morality in our daily lives and explore these issues in relation to HIV related stigma.

Objectives:

- Assist participants to identify effects of stigma on different players and institutions
- Enable participants to discuss the linkages between HIV, sex and morality – the judgments underlying stigma
- Establish that certain groups of people get blamed for HIV because of these judgments
- Assist people to explore attitudes towards sex and morality to talk about sex openly and link sex back to pleasure instead of sin

Exercise 1: Judging Characters

Activities

Step 1: Ask each participant to select a picture card of a character.

Step 2: In pairs, discuss the lifestyle of your character with your partner based on the following questions.

What do they do for living?

Your perceived HIV risk status of this person and why

Step 3: Place the character under the category of perceived HIV risk: “HIGH RISK” or “LOW RISK.”

Step 4: Invite other participants to make any changes and explain why.

Step 5: Facilitate the discussion among the participants based on the following questions.

What did we learn from this exercise?

How does the community perceive or judge high-risk people?

What words do they use?

What are the attitudes behind the words?

What assumptions do we make about the people?

How do we judge/misjudge the people?

C.



Picture 6



Picture 7



Picture 8

Exercise 2: Things people say about certain 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, men having sex with men (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?

- 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

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 certain groups of people.

SESSION SIX: STIGMA AND RELIGION

The church or the mosque is one place where people go for solace. PLHIV must also have that right however some religious beliefs and practices bar them. Several parts of the Bible and other religious books are misinterpreted to the effect that PLHIV 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 PLHIV. Numerous parts of the bible abhor stigma and discrimination.

Objectives:

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

Exercise: Religious practices that stigmatize PLHIV

Activities

Step 1: Begin the exercise with a ‘mock sermon,’ given by a participant who plays 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 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 of some Bible quotations

- 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

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
- Identify ways to help PLHIVs to deal with self-stigma
- Assist PLHIVs to develop their self esteem

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’ (emotional well-being) important for PLHIV to lead long lives?

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

What might prevent PLHIV from feeling good?

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

Self stigma – feeling guilty, loss of friends, stigma by neighbours

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 person living with HIV 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 them to get supportive counselling 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 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 correct 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

A person living with HIV arrives at the hospital from a distant village. He/She joins long queue and gets 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

A person living with HIV enters an 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

Although a person living with HIV 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?

- Identifying issues you want to address
- 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
- 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 status. It also provides clear details of how to find out more.
2. TV interview: A skilful 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. Make your campaign gender friendly
6. Monitoring and evaluation.

APPENDIXES

Appendix 1: SAMPLE AGENDA

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE
<ul style="list-style-type: none"> - Introduction of Participants - Overview of the Training Workshop 	Recap of Previous Day	<ul style="list-style-type: none"> -Sex, Morality, Shame and Blame -Judging Characters 	Recap of Previous Day	Recap
Naming the Problem	More Understanding less Fear	The Effects of HIV/AIDS on the Individual and Family	<ul style="list-style-type: none"> - Coping with Stigma continued - Religion and Stigma 	<ul style="list-style-type: none"> - Micro facilitation - Action Plans
Naming the Problem	More Understanding less Fear	PLHIV coping with Stigma	<ul style="list-style-type: none"> - Didactic vs. Facilitation - Qualities of a good Facilitator 	Action Plan
Daily Evaluation and Summary	Daily Evaluation and Summary	Daily Evaluation and Summary	Summary and Daily Evaluation	<ul style="list-style-type: none"> - Final Evaluation - Closing Formalities

Appendix 2: Pre/post test Questions

Answer all questions

From Questions 1 to 10 Tick the correct answers.

1. Which one of the following is **NOT** a feeling associated with stigma?
 - A. Fear
 - B. Guilt
 - C. Love
 - D. Shame
2. The HIV can be found in the following fluids EXCEPT
 - A. Blood
 - B. Tears
 - C. Semen
 - D. Vaginal fluids
3. Which of the under listed can **NOT** destroy the HIV
 - A. Bleach
 - B. Soap
 - C. Water
 - D. All of the above
4. Fear can be addressed through:
 - A. Distancing or running away from the object of fear
 - B. Finding more about the cause of the fear
 - C. Getting closer to the object of fear
 - D. Stigmatizing
5. You can support a PLHIV by
 - A. Assisting with household chores
 - B. Providing accommodation for the PLHIV
 - C. Spending time with him/her
 - D. Doing A, B and C
6. As community workers what will be our role in changing the perception of people who stigmatize?
 - A. Counselling them on HIV
 - B. Educating them on good morals
 - C. Referring them to the pastors
 - D. Giving them a talk on HIV
7. Which of the following is a way of supporting PLHIV in the church?
 - A. Asking them to openly declare that they are HIV positive

- B. Developing a policy document in the church
- C. Encouraging them to live moral lives
- D. Preach that the HIV is a consequence of immorality

8. Which of the following is a better way of presenting information to adults?
- A. Brainstorming
 - B. Discussion
 - C. Lectures
 - D. Role play

TRUE OR FALSE

From question 11 – 17 indicate whether the statements are true or false by circling the T or F

9. HIV can survive in dried blood at room temperature for six day **True/False**
10. People judge others because it makes them feel better **True/False**
11. If you do not agree to the lifestyle of a female sex worker, you should reject her **True/False**
12. Yaa is HIV because she was served some food and water by Sheila a lady who has been confirmed to be HIV positive **True/False**
13. Sex with a condom posses no risk to the user **True/False**
14. Adults learn to fill immediate needs. This is what motivates them to participate in the learning process at any particular time **True/False**

Answer questions 18 to 23

15. What is the difference between HIV and AIDS?

.....

.....

16. How long can HIV fight off infections without the help of anti-retroviral therapy?

.....

.....

17. When do we consider someone to “have AIDS”?

.....

.....

18. What does the antiretroviral medicine do in the body?

.....

.....

19. Give one biggest fear for disclosing one's status to his/her partner

.....

20. How can counselling and testing services prepare people to cope with stigma?

.....

Appendix 3: ADDITIONAL NOTES ON HIV/AIDS Related Stigma

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.

Stigma is a spoilt identity. To label someone, to see them as inferior because of an attribute they have.

The main Types/of Stigma

- Physical and social isolation from family, friends, and community
- Gossip, name calling and condemnation
- Loss of rights and decision-making power

Other forms include:

- Self stigma-PLHIV blaming and isolating themselves
- Stigma by association- the whole family affected by stigma

What is discrimination?

It is the negative reaction triggered by stigma

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

The Main Causes of Stigma include:

- Insufficient knowledge, beliefs and fears about how HIV is transmitted and the potential/capacity of PLHIV
- Moral judgments about PLHIV – assumed to have been sexually promiscuous
- Fears about death and disease
- Lack of recognition of stigma

Effects of stigma and discrimination

- Kicked out of family, house, work, rented accommodation, organization etc
- Dropout from school (resulting from peer pressure-insults)
- Depression, suicide, alcoholism
- Prevents people from seeking treatment for ailments
- Prevents people from acknowledging HIV status
- Discourage open discussion on the disease
- Make HIV infected people shun away from health care services
- Make infected and affected people feel guilty and ashamed

Appendix 4: Ideas for Using Stigma Reduction Materials

Tips

- Use several different channels and materials to talk to the same people
- Make use of one-on-one or small group discussions as much as possible
- Just posting posters or simply passing out brochures alone is not enough

FBO
Incorporate Stigma into sermons and post posters and pass out brochures after service
Incorporate some of the stigma training manual activities into bible/Quran studies or fellowship group meetings
Talk about stigma in bible/Quran studies or fellowship groups and take participants through brochures
Hold “HIV Stigma Reduction Day” and have groups from the church go out into the communities and talk to people about what God says about stigma. Talk to people through the brochures
Have bus sermons be about what God says about stigma and pass out brochures
Hold a Stigma Reduction Training Session for the community and/or members of the church

A. these pictures show different forms of stigma or discrimination as a starting point of discussion. These pictures can be used as single pictures for a specific exercise or a set from which participants select images for discussion.

a.1



a.2



a.3



a.4



a.5



a.6



a.7



a.8



b

B. Each picture represents a different context in which stigma takes place in a family. Groups are formed under each context and the group analyzes how stigma occurs and develops a role play to show the stigma.

b.1



b.2



b.3



b.4



b.5



b.6



b.7



b.8



C. These cards are used to provide a set of character types which can be used for discussions or making stories. The cards allow us to talk about our assumptions about different types of people. E.g. Stigmatizing someone because of her dressing, occupation, or perception.

c.1



c.2



c.3



c.4



c.5



c.6



c.7



c.8



c.9



c.10



c.11



c.12

