

Facilitator's Guide for Training on HIV & AIDS Stigma and Discrimination Reduction



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for **Training** on
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Discrimination Reduction

**Facilitators' Guide for Training on HIV & AIDS Stigma &
Discrimination Reduction**

Published by The Christian Council of Ghana
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The Christian Council of Ghana

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ISBN: 978-9988-1-3578-2

Acknowledgement

The Christian Council of Ghana (CCG) would like to express its deep gratitude to the various individuals and organizations that provided technical support to the completion of the Facilitators' Guide for Training on HIV & AIDS Stigma & Discrimination Reduction. This Guide was developed under the “Reduction of Stigma and Discrimination among the Vulnerable in 3 Districts in Ghana – A rights based Communication and Advocacy Strategy Project (CSCF 0446) which is supported by DFID through the World Association for Christian Communication.

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 and a few exercises from the Stepping Stones – Training package for HIV and AIDS, Communication and Relationship Skills developed by Alice Welbourn. Some other component in the tool kit is from the Journey of Hope and some series of Called to Care produced and distributed by Strategies for Hope. We are grateful to the authors of these manuals for their great work.

Our special appreciation goes to the National Stigma Reduction Task Team members, who facilitated the entire process of the Guide development. Their practical inputs not only strengthened technical aspects of the Guide but also made it more user-friendly.

Among others, we would like to extend our profound gratitude to Messrs. James Nahyi, Kojo Abakah, Mrs. Josephine Sackey and the Project Staff at the Christian Council of Ghana. They did the initial work of the Guide development – review of existing manuals and preparation of the draft. They also conducted the stigma reduction training for a wide range of selected stakeholders who will lead the stigma and discrimination reduction campaign in the Ga West, Dangme West and Lower Manya Districts of the Greater Accra and Eastern Regions.

An appreciation is extended to Miss Joyce Larko Steiner, the Programme Manager who worked tirelessly to get this manual finalised.

Last but not least, I would like to congratulate the agencies that have been leading the National Anti-Stigma Campaign – the Ghana AIDS Commission, the National AIDS Control Programme, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) – for their relentless efforts to address the issue. We humbly hope that this Guide will become a good contribution to their efforts to end stigma and discrimination associated with HIV and AIDS in Ghana.

Accra, December 2009

Rev. Dr. Fred Deegbe
General Secretary
Christian Council of Ghana

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Preface

According to the current sentinel survey Ghana has a prevalence rate of 1.7%. 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) under the auspices of the World Association of Christian Communication (WACC) seeks to build the capacity of community members from identified communities to enable them lead the campaign on Stigma reduction in their communities. 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, experiences 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 Session

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 two - three **(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?



Picture 1



Picture 2



Picture 3

Examples

Picture One: Eviction

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

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

It happens in my community -many people are ejected because they are 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 exercise 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.

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

How was the exercise?

What do we learn from it?

Examples, Responses from Reflection

- 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.

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

What is discrimination?

It is the negative reaction triggered by stigma

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

Session Two

MORE UNDERSTANDING, LESS FEAR

HIV stigma is rooted in both fear and ignorance. Researches have shown that everyone has some information about HIV and AIDS but few people have enough information to overcome fears associated with HIV and its modes of transmission. Most people really have problems with distinguishing between real risks and imagined risks, which leads to stigmatizing PLHIV.

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: Basic facts of HIV & AIDS

Activities

Step 1: Participants are asked to share what they understand about HIV.

Step 2: Facts are given to participants.

A. WHAT IS HIV?

'**HIV**' stands for **H**uman **I**mmunodeficiency **V**irus. It is the virus which leads to AIDS.

'**Human**' refers to human beings; that is HIV needs a human host to survive.

'**Immunodeficiency**' means a reduction in the effectiveness of the body's defence system in fighting infections.

A '**virus**' is a very small germ, or micro-organism. HIV is a very delicate virus, which cannot survive outside the body.

B. WHAT IS AIDS?

'**AIDS**' stands for Acquired Immune Deficiency Syndrome. It is the most advanced stage of HIV infection.

'**Acquired**' means something caught from another person.

'**Immune**' system' means the body's own defense system.

'**Deficiency**' means a lack of something- in this case the CD4 cells, which are the key fighters of infection in the body's defense system.

'**Syndrome**' means a collection of illness that attack the body when the immune system is weak.

C. HOW DOES HIV AFFECT PEOPLE?

HIV attacks the body's immune system and weakens the capacity of the body to fight off many different kinds of sickness. If our body's immune system is weak, we get ill more often and

more seriously, and we recover more slowly from illnesses. People infected with HIV generally develop AIDS several years after becoming infected with HIV. People with AIDS usually die of illness such as TB, pneumonia or septicaemia.

HIV also affects people psychologically, socially and spiritually. Knowing that one is HIV-positive can lead to feelings of hopelessness. In addition, the premature death of one or both parents can have serious consequences for the health and development of children, who become dependent on aged grandparents or other relatives. Learning that one is HIV-positive may also lead to a spiritual crisis in a person's life.

D. WHAT DOES IT MEAN TO BE HIV-POSITIVE?

Being 'HIV-positive' means that a person has the HI virus in his or her body. However, with medication, one might never develop AIDS; but will always carry HI Virus in their body .

E. HOW DO WE KNOW IF SOMEONE HAS HIV?

We cannot know this from any external signs. Most people living with HIV do not look any different from other people. It is only when they reach the stage of AIDS are they likely to develop symptoms such as severe weight loss, a persistent cough, frequent fevers and sweats, skin rashes or flaky skin. A person living with HIV, although healthy and normal in appearance can transmit HIV to other people. The only way to know if we have HIV is through an HIV test.

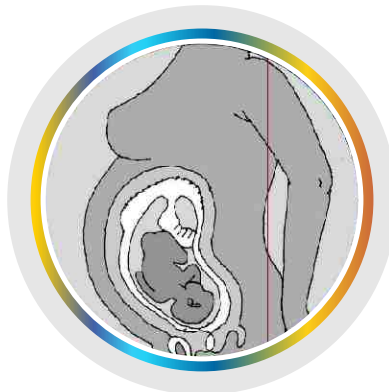
F. IS THERE A VACCINE AGAINST HIV?

No. a great deal of research is being done to develop an HIV vaccine, but such a vaccine has not been found yet.

G. HOW IS HIV TRANSMITTED?

There are three main ways in which HIV is transmitted:

- Through unprotected sex; A single unprotected act of sex is enough to transmit HIV from one person to another.
- Through blood or blood products; Blood is the most potent medium of transmission of HIV. This can occur through a blood transfusion or via an unsterilized blade or needle etc.
- From mother to child; If a pregnant woman is HIV-positive, there is a 15-30% chance that she will transmit HIV to her baby before or during birth. There is also a significant risk that an HIV-positive mother may transmit HIV to her baby through her breast milk.



H. HOW IS HIV NOT TRANSMITTED?

There are many common misunderstandings on this subject. It is very clear, that HIV is NOT spread by mosquitoes or other insects, or by shaking hands, hugging, or sharing clothes, bed-sheets, towels, eating utensils, bathrooms or toilets with an HIV-infected person.



I. IS THERE A CURE FOR HIV INFECTION?

There is no treatment that cures HIV. However:

- HIV causes people to fall sick from a number of diseases or opportunistic infections. These can usually be treated with simple medications.
- Since 1995, some new types of medicines called 'antiretroviral drugs' (ARVs) have been developed and are available. These slow down the reproduction of HIV in the body and allow the body's defense system to regain strength. Many people experienced a tremendous improvement in the quality of their lives after starting ARV treatment. In countries where ARVs are readily available and affordable, deaths due to AIDS have fallen dramatically.
- When given to a woman in labour, ARVs greatly reduce the risk of a baby being born with HIV. In many countries, ARVs are available for this purpose from ante-natal clinic.
- However, ARVs are powerful drugs, and they sometimes have harmful side-effects. In addition, they must be taken every day for the rest of the HIV-positive person's life. Moreover, HIV mutates quickly. Some patients experience treatment failure within a year or two, because the virus develops resistance to the ARV being used. Alternative forms of ARV treatment can usually be prescribed, but these may not always be easily accessible or affordable.
- Even when patients respond well to treatment with ARVs, they do not eradicate HIV. The virus continues to replicate at low levels and often remains hidden in 'reservoir' in the body.

Exercise 2: 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 transmission of HIV through non-sexual (casual) contact, 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 of Transmission (QQR) 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 daily hygiene can alleviate concerns regarding HIV transmission. Eg. you wouldn't share a tooth brush if it were covered with blood.

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 3: 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
- 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

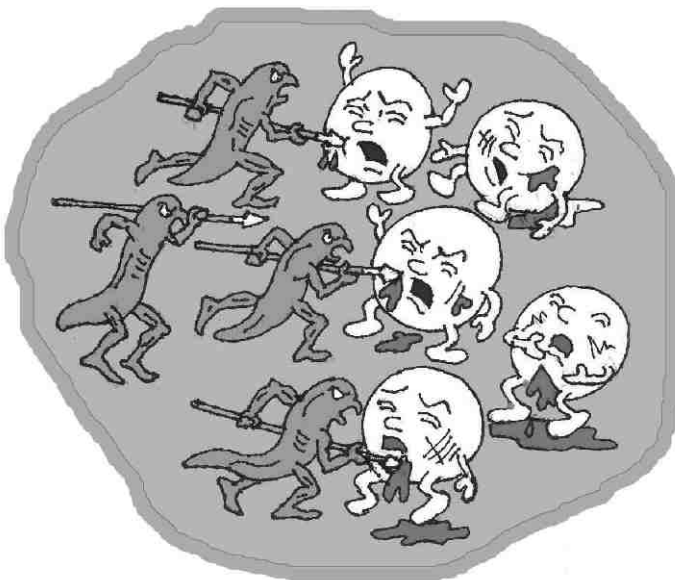
Step 3: Tape the flipchart papers of “HIGH RISK,” “LOW” RISK” and “NO RISK” on separate places on a wall and ask the participants to pick up the mixed cards made at the Step 2 and stick under any category of “HIGH RISK,” “LOW” RISK” or “NO RISK” with explanation of reasons why the card should go into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

Notes for Facilitator

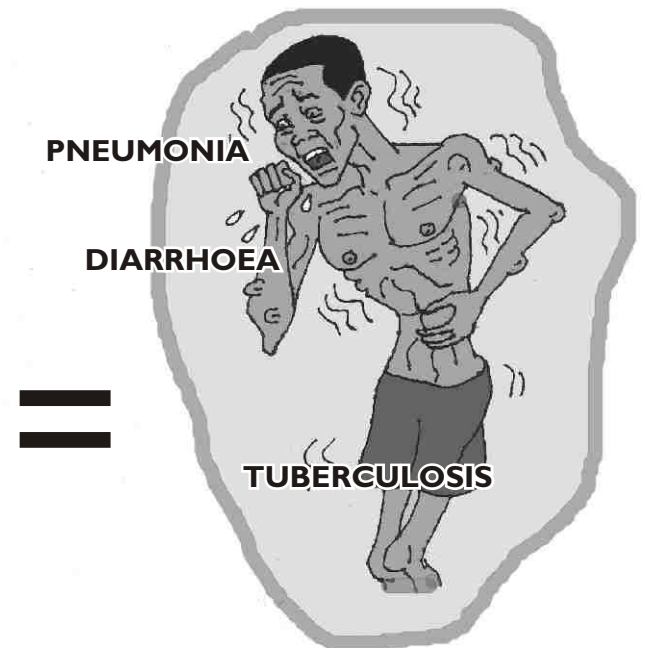
Make sure that all the cards are in the right category and offer explanations for misplacements of the cards.

Exercise 4: Addressing Fears of HIV Infection

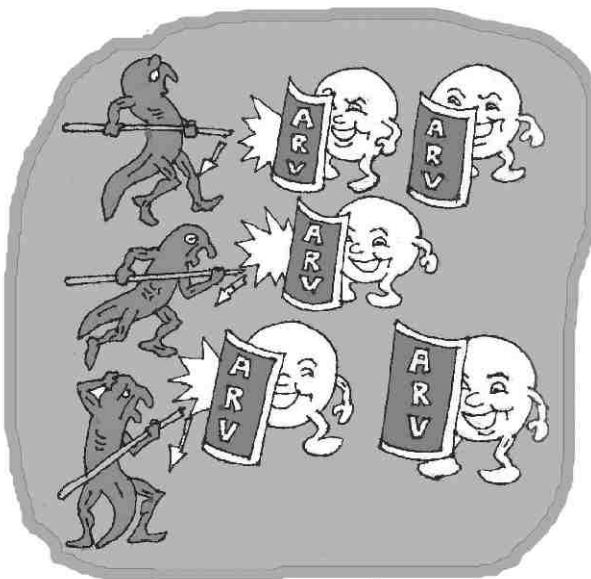
Exercise 5: How Anti-Retroviral Works



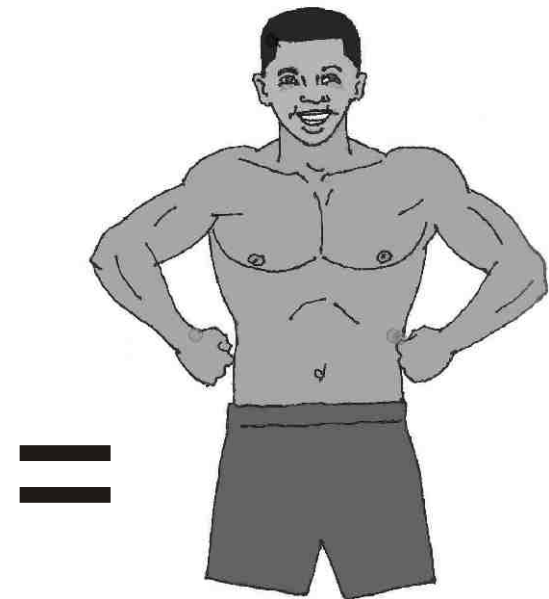
HIV attacks the White Blood Cells and weakens the Immune System



Opportunistic Infections attack the Body



ARVs fight off the Virus and boost the Immune System



PLHIV is healthy and enjoys positive living

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
- Enable participants to realize that everyone is at risk of being infected with HIV

Exercise 1: Wildfire Exercise/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 open 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 with a handshake.

Step 4: After each person has greeted four or five friends, stop the activity and ask everyone to open 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 have had sex by shaking hands with the first and 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?

Exercise 2: Game Replay (Wildfire Exercise/TASO Game)

Step 1: Replay the game, but this time participants have a choice to protect themselves from HIV. Ask how they can protect themselves from HIV. Make sure they include:

- Abstinence
- Having sex with one partner who does not have HIV and only has sex with you
- Having protected sex using male or female condom
- Having sex without penetration (fingering)

Explain that the plastic bags represent condoms; or people can refuse to shake hands with anyone; or the same two people can shake each other's hand all the time.

Step 2: Ask people to decide on their strategies and prepare.

Step 3: Shake up and hand out the papers again, asking people not to open them.

Step 4: Repeat the instructions for the three rounds, emphasising that people should do their own actions, not listen to listen to the facilitator's instructions.

Step 5: Repeat as in round 1 to find how many people are infected this time.

- Ask everyone who shook hands with a “+” on the first round to come and sit in the middle, unless they were wearing a plastic bag.
- Ask everyone who shook hands with “+” on the second round or any of the people in the middle to sit in the middle unless they were wearing a plastic bag.
- Ask everyone who shook hands with “+” on the third round or any of the people in the middle wearing a plastic bag.

Step 6: Ask the people who are still sitting on the outside to explain what they were doing during the game.

Step 7: Ask the following questions and explain what the answers tell us. Remember that anyone who has a “+” is already infected whatever their behaviour, but they can prevent infecting another person if they abstain or wear a condom.

- What was the person who refused to shake hands doing? (abstinence). Are they infected? (Not unless they were positive before abstaining). How did they feel when they were refusing to shake hands? How did others feel when they refused to shake hands? How do they feel now?
- What was the plastic bag? (Protection). Did the people using the bag become infected? (Not unless they already had HIV). How did the people feel when they shook hands with the bag on? How did people feel shaking hands with them? Did anyone say anything or laugh or go to another person? How do people feel about it now?
- What happened to the two people who shook hands with the same person all the time (having sex with one person who only has sex with you)?

Note:

If they shook hands with a person with a condom, they will not be infected.

If neither of them had HIV and they only shook hands with each other they will not be infected.

If the person they shook hands with had HIV or they had HIV, both will be in the middle. In real life, one may still not be infected.

Step 8: *What were the people who touched fingertips doing?* They were enjoying sexual activities without penetration, such as caressing. Did they get HIV? No because no semen, vaginal fluids or blood was exchanged.

Step 9: Ask people to summarise which people did not get exposed to HIV during this game:

- Anyone wearing a bag over their hand
- Anyone who refused to shake hands
- Anyone who shook hands with the same person throughout if that person did not have HIV
- Anyone who did fingertip shaking.

Step 10: Make sure that the participants are all clear about the following statements:

- To be safe when you are having sex only with each other, you should know that you are both free of HIV, or use condoms until you have a test
- If your partner has HIV, having sex only with that person will not protect you unless you use condoms
- People with the “–” who used a plastic bag all the time or refused to shake hands, will not have infected anyone or been infected
- People living with HIV can protect themselves from more HIV and their friends and partners by enjoying sexual activities without penetrating or by using condoms

Step 11: Refer to QQR when explaining the mode of transmission.

Notes for Facilitator

Ask the participants what they learnt and how they will apply it. Also, count how many people were exposed to HIV in round 1 and 2. What was the percentage reduction when some people protect themselves?

Session Four:

MAKING THE RIGHT SEXUAL CHOICES

Summary

Participants try to cross a “narrow bridge” (a thin long stick on the ground representing Abstinence and Faithfulness), over “crocodile infested water”. For those who fall off, a second bridge is added in parallel (representing Condoms / Counsellor use), which then enables them to cross safely.

This fun and quick exercise creates a strong visual as well as physical experience of symbolically using Abstinence, Faithfulness and/or Condoms to prevent HIV infection. It gets everyone involved and starts people thinking about these three options for staying out of the dangerous river containing HIV/AIDS.

Objectives

When this section is complete, participants will;

- Realize that, if they know about the different ways of protecting themselves from HIV infection, it gives them more choices and a better chance of staying healthy;
- Recognize the importance of encouraging and supporting each other to protect themselves

ACTIVITY ONE

WALKING THE BRIDGE

STEP 1. Set the Scene

- Lay down the cloth upside down, with the boats underneath so it looks like a plain cloth.
- Put the 4 crocodiles on the ground (or on the cloth if you are using it).
- Lay the white and blue stick on the ground between the crocodiles (or across the length of the cloth.)



STEP 2. Demonstrate using a bridge

- Introduce the exercise as a fun activity in which everyone can participate.
- Present the setting to the participants thus:
Imagine this area is a big river with some hungry crocodiles and other dangerous creatures in it. You have to cross the river using this bridge, by putting one foot in front of the other so that with each step, heel of your front foot touches the toe of your back foot.
Demonstrate this yourself, starting at the white end of the stick.

STEP 3. Participants try walking the bridges

- Get all willing participants to try walking the length of the bridge, heel to toe all the way, going from the white end to the blue end.

- When everyone who wants to has tried walking the bridge, congratulate those who got across safely. For those people who fell off, assure them that another bridge will help them get across safely. Lay the yellow stick on the ground next to the white/blue stick and about one foot apart from the other.
- Try to walk across the white/blue bridge again, but if you need to, use the yellow bridge as well, so you get safely to the far side. (Demonstrate this yourself). Get everyone to do this. They should all now succeed, but if anyone falls off again, let them have another go until they succeed. When each person gets across, get everyone to celebrate with him or her.

ACTIVITY TWO

LESSON LEARNT

Use the following question as a guide to facilitate discussion about the exercise.

Talking about feelings

- What feelings did you have when doing this exercise-
 - When on the bridges?
 - When you crossed successfully and got the LOVE LIFE sign?
 - When you fell off?

What do the different symbols, like bridges and crocodiles represent?

- What do you think the crocodiles and other hidden creatures in the water might represent?

HIV/AIDS is the key answer. They can also represent other Sexually Transmitted Infections (STIs) like gonorrhoea and syphilis. The crocodile shows the danger, and HIV is more like one of the hidden creatures in the water: you cannot see it and it can bite you without you knowing.

- The bridges are ways of avoiding HIV and going through life safely. The different colours mean different things. What do you think the white and blue stick represent?

White is Abstinence No Sex; Blue is Faithfulness having sex only with one faithful partner who is not infected with HIV. It represents starting on Abstinence then moving onto Faithfulness when you start a long term committed relationship.

- What do you think the yellow bridge represents?
Condoms -using a new condom correctly every time you have sex.

What helps you cross safely?

Ask:

- What helps you to cross safely on the bridges?
- How does this relate to real life?

Facilitate discussion around these questions. Here are some ideas to add if participants do not come up with them:

- Encouragement and support from others for example, it helps if someone else holds your hand as you cross a bridge. How can we encourage and support each other in real life situations?
- It helps to focus on the bridge and where you want to end up; if you focus on the problem of life, the water and the crocodiles, you are more likely to fall in.
- Removing shoes and leaving our bags behind makes it easier to cross safely in real life there may be things we need to remove and get rid of to stay safe, for example a particular relationship that puts pressure on us to have risky sex.

- Being sober if you are drunk or using drugs, you are much more likely to fall in.
- Having 2 bridges makes it a lot easier if you know about and you are able to make use of the different choices available to you, it is easier.

Why is it important to have the choice of two bridges?

Here is a way of explaining why it is important to have the choice of Abstinence/Faithfulness and/or condoms.

Many people say that ideally you should use just the Abstinence /Faithfulness Bridge. Some people manage to stay on this bridge all their life.

However, in reality, many people find it too difficult to stick to this bridge all the time, when this is the only bridge available; many people fall off into the water. But when they can use this yellow bridge as well, they get across safely.

What should we say to people who find they cannot stay on the Abstinence/Faithfulness Bridge?

Should we say: “You must not see this (Condom) bridge? If you find yourself falling off this (Abstinence/Faithfulness) bridge, that is tough, you will just have to swim and risk the crocodiles.”

Or should we show our love and care for others by saying: “Try to stick to the bridge of abstinence/Faithfulness, but if you cannot, please make use of the condoms bridge as well to keep yourself and others safe.”

What have you learnt from this exercise?

The answers to this should include things like:

- If you are not practicing abstinence or mutual faithfulness, you must use Condoms every time to protect yourself from HIV infection.
- If you really love and care about other people, and want them to stay healthy and free of HIV, then you should give them full information about all the options available to them. In other words, it is vital both to encourage Abstinence/Faithfulness, and to make sure people know how to use Condoms and where to get them.
- It helps if you focus on what you want and where you want to go.

Summary

The spread of HIV/AIDS in Ghana is represented by a rising flood situation in which all sexually active persons are required to take action to prevent them 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 affected by the dangers of the rising flood.

In this interesting 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 behaviors put someone at risk of HIV infection and which do not .
- Have identified key issues in their community around staying safe from HIV infection
- Realize that HIV infection is also a key issue for married couples and long term partners
- Be able to recall the following Key Messages:

- HIV infection 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 say safe from HIV infection using Abstinence, mutual Faithfulness and/or condoms. These are like three boats to escape the flood.
- Always is on one of these “boats” the boat of your choice, according to your culture, religion, 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 recognize as being the sort of people they might find in their own community.

ACTIVITY ONE

BEING ON A BOAT OF SAFETY

STEP 1. Setting the scenario and discussing they 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, and then we will all join in directing and developing the story together. The water of this flood have been rising for several years, flooding houses, villages, town 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 of 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. Anyone not on one of 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. Other see the floodwaters coming but find 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 to 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 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 participant 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 discussions can develop in many directions, addressing different issues through these 'characters.'

ACTIVITY TWO

HOW 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 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)
- The woman is involved in an accident, and is given a blood transfusion at the hospital (should be safe, but if the blood has not been screened properly for HIV, might be in the water)
- The woman sneeze 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 participants these questions:

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

STEP 2. Discussion questions

Using the following questions to lead participants to carry out a final discussion of the issue 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?

NOTES FOR USERS

KEY INFORMATION:

WHAT IT MEANS TO BE ON EACH BOAT/BRIDGE OR IN THE WATER

ABSTINENCE-NO SEX

This is the safest bridge (or boat). Abstinence is the only way you can be 100% safe from sexual transmission of HIV.

There are many people on this boat, such as young men and women, people with particular religious beliefs, and anyone who chooses not to have sex. Most people have periods of abstinence during their lives, even if it is just for a few days.

TRUE LOVE WAITS

FAITHFULNESS-STICKING TO ONE UNINFECTED PARTNER WHO HAS NO OTHER SEXUAL PARTNERS

This sort of relationship requires a firm, ongoing commitment between partners to stick to each other and avoid other sexual partners. People promise to be faithful to each other when they get married, but they do not always keep this promise. People who are really committed to loving each other and nobody else in a long-term relationship get on this boat.

If you want to climb safely onto the faithfulness boat, and start having sex without a condom, it is important to check first that both you and your partner are not infected with HIV. If either of you has ever had unprotected sex or if you have had blood contact like a blood transfusion, it is possible you may be living with HIV. You can check this by going for Voluntary Counseling and Testing (VCT) before you start having unprotected sex. If you go together for a test, you can agree with your partner that you will share your results with each other only, and that you will not tell anyone else about the result of your partner's test.

It is possible for polygamous marriages to exist on the Faithfulness boat, but it requires that ALL partners are uninfected and all remain faithful.

CONDOM USING-A NEW CONDOM CORRECTLY EVERY TIME YOU HAVE SEX

This could be either a male or female condom. The male condom is a thin rubber tube that fit over the hard penis and collects the semen so that it cannot enter the vagina, anus or mouth. The female condom is made out of plastic and has a ring at each end. It is inserted into the Vagina before having sex. The rings keep it in place.

If used properly every time you have sex, condoms are very effective at preventing HIV infection.

Female condoms give women more control over the decision to use a condom. However, they are more expensive and not as widely available as male condoms. Male condoms are available everywhere in Ghana.

IN WATER-HAVING RISKY SEX WITHOUT A CONDOM WITH SOMEONE WHO IS NOT YOUR FAITHFUL AND UNINFECTED PARTNER

People in the water are HIV infected. There are many reasons for this. Some do not know about HIV or have wrong information. Some people know about HIV, but they think that it is not going to affect them personally. Others put their trust in long term relationships they are faithful, but their partner may not be. Some women have sex in order to get money and support from men, who may refuse to use a condom. Rape (when a man forces sex on someone who does not want it) normally puts people at risk. Others have had too much drink or taken drugs to think about protecting themselves properly when they have sex.

When someone is in the water, they may pick up other sexually transmitted Infections (STI) like gonorrhoea. Someone with a STI is much more likely to get HIV infection when they next have sex.

JUDGING CHARACTERS

Labels

1. Explain that in a certain community there are nine people living with HIV who need ARV treatment. Unfortunately the Government only has enough ARVs for three people in each community. They asked community leaders and service providers to decide who should have the treatment. The people living with HIV are listed below:
 - a. A girl of 16 who is top of her group at school and gets her fees and helps her family by selling sex
 - b. A boy of 20 years who has a good farm, smokes dagga and has two girl friends
 - c. An orphan who was sexually abused by her uncle
 - d. A divorced woman living with HIV. She is a teacher and cannot have children
 - e. A married man with two wives living with HV
 - f. A young man who is famous at football and has may girlfriends
 - g. A woman with 8 children who had an abortion when she became pregnant again
 - h. A grandfather who takes herbs and proposes girls
 - i. A priest who has sex secretly with a young man
2. Participants are the community members who must decide on who must be treated. Ask each person to think individually which three people they will choose and why. They then go into pairs and share their chosen people with reasons. The pairs find another pair and they try to agree on the three people who should have treatment and justify their choices
3. Ask the groups to present their list and make a master list which ranks the number of times each person was chosen
4. Ask people to look at the ranked list.
Ask:
What did we learn about ourselves and others from this activity?
What reason did we use to decide who should have treatment?
What does this teach us about stigma?
How did it feel to decide who should have the chance to feel healthy and live longer and who should not?
Is it right that people should choose who gets ARVs and who does not?
What else could we do in this situation?
5. Point out that people could also advocate for more ARVs to be available for everyone.

Session Six

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?

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

Session Seven:

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”, “LOW RISK” or “NO 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?

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 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 Eight:

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?

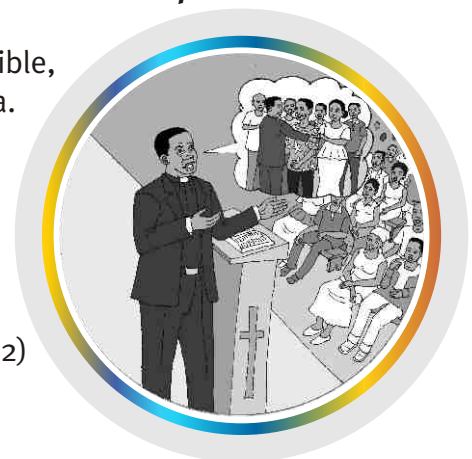
Step 3: Group participants according to their religious inclination and ask them to answer the following question.

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 Nine:

COPING WITH STIGMA

When tackling stigma, it is important to include strategies for supporting PLHIV. PLHIV play a 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 a daily habit, the friends abandons him/her when they discovered 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
- In 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.

Appendices

Appendix 1: 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 Shiella 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 2: 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 3: 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

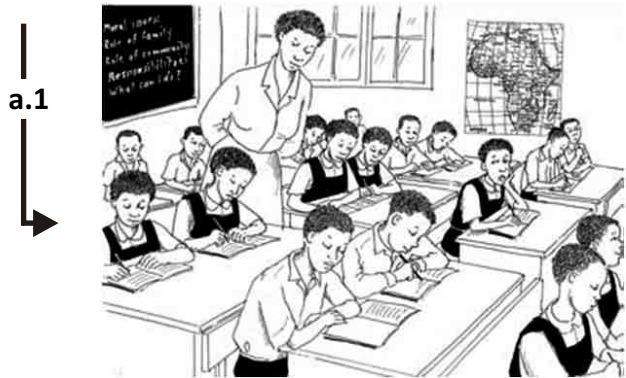
FBO
Incorporate Stigma into sermons and post posters and pass out brochures after service
Incorporate some of the stigma training manual activities into bible/quran studies or fellowship group meetings
Talk about stigma in bible/quran studies or fellowship groups and take participants through brochures
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 (use the fbo stigma reduction manual)

FBO
Incorporate stigma reduction into ongoing activities such as regularly held women’s groups and men’s group meetings. Take time to talk about stigma reduction and walk people through the brochure. Post posters in meeting places.
Incorporate stigma reduction into community theatre. Train all actors in stigma reduction using the Stigma Reduction Manual. Post posters in the town before or after the theatre. Pass brochures out at the end of the theatre and talk to the audience through them.
Incorporate stigma reduction themes in adult literacy classes. Train teachers in stigma reduction using the Stigma Reduction Manual. Post posters in the classroom and work with the class to read the brochure. Be ready to talk about stigma and answer questions. Put up a stigma reduction stall at local festivals and fairs. Put up some posters at the booth and talk to people that comes to your booth through the brochures.
Hold a community contest for a poem/song/story art about stigma reduction. Use the stigma reduction manual to train all people that want to enter the contest before they write their poem/story/song/art about stigma reduction.
Hold a stigma reduction training session for local leaders. Use the stigma reduction training manual. Walk traditional leaders through the brochures and posters and pass out some to the traditional leaders to disseminate in their communities.
Train some hair stylists in stigma reduction using the stigma reduction training manual. Give them some posters to put up in their shop and some brochures to pass out. They can discuss stigma reduction with their clients while they are getting their hair done.

Appendix 4: References

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8. Understanding and Challenging HIV Stigma, Toolkit for Action Change. ICRW
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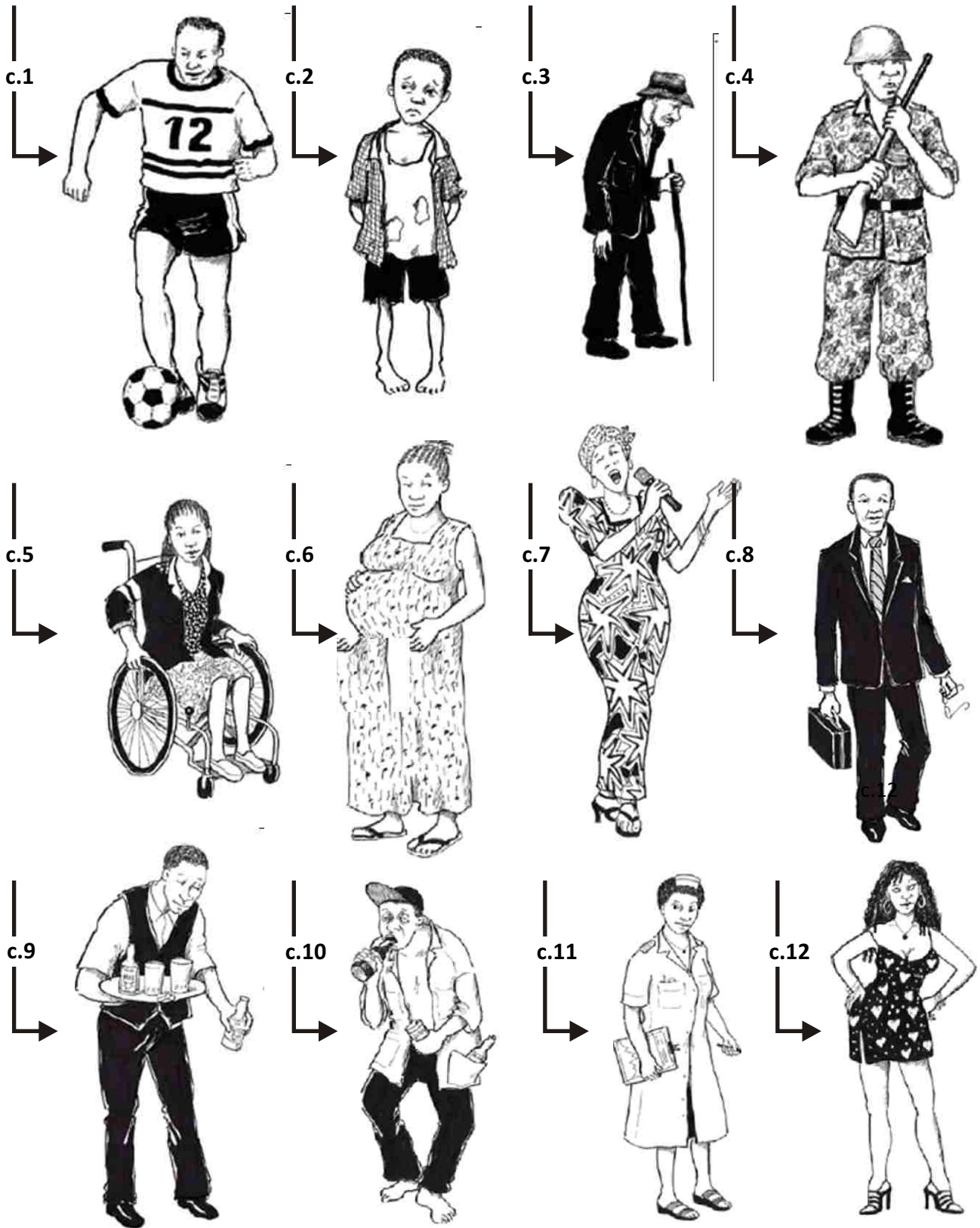
A. These pictures show different forms of stigma or discrimination as a starting point of discussion. These pictures can be used as single pictures for a specific exercise or a set from which participants select images for discussion.



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.



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.



ISBN: 978-9988-1-3578-2



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